

DEPARTMENT OF JUSTICE

# ElderJustice INITIATIVE



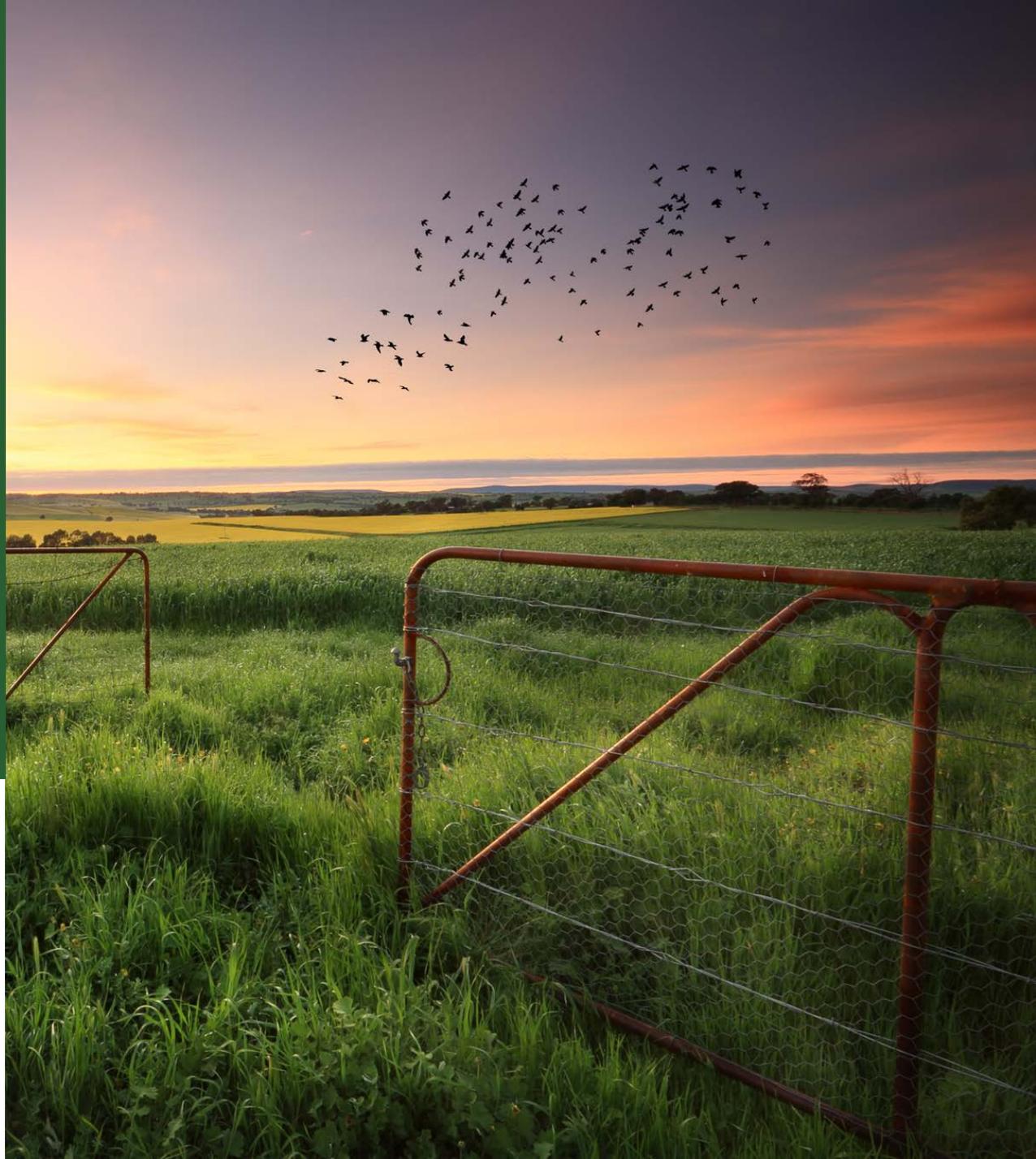
Rural and Tribal Elder Justice  
Webinar Series

## Barriers and Facilitators to Health, Wellness, and Treatment in Tribal Communities Dealing With Elder Abuse

NOVEMBER 8, 2018



**OVCTTAC**  
OFFICE FOR VICTIMS OF CRIME Training and Technical Assistance Center



# TECHNICAL OVERVIEW

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- ▶ If you are experiencing any technical issues with the audio for this session, please let us know in the feedback box.
- ▶ If you have technical difficulties during the webinar, contact Paula Larkin, who is providing technical support for this webinar. Her email address is [paula.larkin@icf.com](mailto:paula.larkin@icf.com).
- ▶ Today's session will be recorded and made available on the training website.
- ▶ If you have questions, type them in the feedback box. We will address as many as possible throughout the webinar.
- ▶ The views expressed on this webinar are the opinions of the presenters, and do not necessarily express the views of DOJ.

# PRESENTERS

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**Susan Lynch, JD, DrPH**

Senior Counsel for Elder Justice, USDOJ

**Talitha Guinn-Shaver**

MDT Technical Advisor, USDOJ

**Laurai Atcitty**

Director, Area Agency on Aging, Region 8, Inter Tribal  
Council of Arizona, Inc.

# AGENDA

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- Barriers and Facilitators to providing home health on the reservation
- Multi-disciplinary teams as a facilitator
- Area Agency on Aging and Building a Health Service in a Tribal Community

# BARRIERS AND FACILITATORS TO HOME HEALTH: ABOUT PINE RIDGE



- As of 2011, population estimates of the reservation range from 28,000 to 40,000. Numerous enrolled members of the tribe live off the reservation.
- 80% of residents are unemployed;
- 49% of the residents live below the Federal poverty level (including 61% of all those under the age of 18);
- Per capita income in Oglala Lakota County is \$6,286;
- The infant mortality rate is 5 times higher than the national average;
- Native American amputation rates due to diabetes is 3 to 4 times higher than the national average;
- Death rate due to diabetes is 3 times higher than the national average; and
- Life expectancy in 2007 was estimated to be 48 for males and 52 for females.

# BARRIERS AND FACILITATORS TO HOME HEALTH: PINE RIDGE STUDY

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- Quality of health care on our nation's Native American reservations is poor in many cases.
- On many reservations, care is provided centrally at Indian Health Service (IHS) clinics
  - home health services are non-existent.
- The barriers to improved quality of care on reservations include:
  - the inability to recruit and retain skilled clinical staff,
  - inadequate funding for programming,
  - poor access for Native Americans to health care institutions due to geographic and transportation challenges, and
  - distrust in the Native American population of IHS as a provider.

# BARRIERS AND FACILITATORS TO HOME HEALTH: PINE RIDGE STUDY

- While these barriers to quality of care exist in the institutional setting, even greater barriers exist to providing quality home health care services on Native American reservations.
- Barriers to developing quality home health services include:
  - having sufficient skilled clinical staff and certified nurse assistants (CNAs) to travel to the remote locations on the reservation to provide care,
  - funds to support home health programs,
  - sufficient transportation to support home health outreach,
  - nutritional challenges on the reservation,
  - substance abuse problems on the reservation, and
  - sufficient staff to administer and evaluate home health programs.



# BARRIERS AND FACILITATORS TO HOME HEALTH: PINE RIDGE STUDY

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- Home healthcare services are desperately needed on the reservation because many Native Americans lack access to IHS clinics, financial challenges which are so severe that some lack funds for gas or for any alternative forms of transportation to health clinics, and because some tribal members are too sick and home bound to travel to IHS clinics. Home health care systems do not currently exist on most reservations.
- Native Americans are more likely than the overall population to report begin in fair or poor health, being overweight, having diabetes or cardiovascular disease
- A strong model to overcome barriers is necessary, such as:
  - a model that focuses on gaining additional resources,
  - recruiting health care providers to the reservation, and
  - coordinating with tribal leaders

# BARRIERS AND FACILITATORS TO HOME HEALTH: PINE RIDGE STUDY

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- Barriers to obtaining care based on geography
- Barriers to care based on financial resources (high poverty rates averaging 41% nationally)
- Barriers to care based on availability of providers
- Barriers to care based on safety of providers
- Poor health status, alcoholism, and high suicide rates
- High numbers of uninsured on the reservation (Approximately 65% uninsured on the reservation)

# BARRIERS AND FACILITATORS TO HOME HEALTH: SEMI-STRUCTURED INTERVIEWS

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- Directors of Nursing at select Indian Health Service (IHS) hospitals;
- Discharge Planners at select Indian Health Service (IHS) hospitals;
- social workers at select Indian Health Service (IHS) hospitals
- select members of certain Tribal Council;
- select primary care physicians on the Native American Reservation.

# RECOMMENDATIONS: ADOPTION OF A MODEL FOR HOME HEALTH ON THE RESERVATION

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- **Mission:** to increase access to home health care and to eliminate health disparities among rural and tribal communities.
- Develop a governance committee of stakeholders, Indian Health Service, providers, and tribal leadership.
- Governance committee develops a detailed work plan including: objectives, activities, and short and long-range outcomes for providing home health services, including funding stream, provider recruitment, community acceptance, and advertising.
- Obtain buy-in and education and training from tribal schools and universities on the reservation.
- Present model at Tribal Council meetings.
- Advertise the home health services on tribal radio networks and in schools, hospitals and convenience stores.

# RECOMMENDATIONS: ADOPTION OF A MODEL FOR HOME HEALTH ON THE RESERVATION

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- Develop a Plan and Team to manage the operations of the home health services project and to manage the funds provided annually for this effort
- Focus on recruitment of highly qualified clinical personnel.
- Identify funding.
- Identify a physical space (renovate a school or other building) to serve as a Center of Excellence for home health care on the various reservations.
- Identify a process of care coordination.
- Identify necessary ancillary services (e.g., dental, speech, physical therapy).
- Consider development of a companion mobile medical clinic.
- Coordinate and collaborate with traditional Indian Health Service clinics to maintain support.

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# ABOUT THE MDT TAC

Our mission is to provide tools, resources, and individualized consultations to facilitate the expansion of elder abuse case review multidisciplinary teams across the nation.

# SERVICES

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- Responding to requests for materials (e.g., toolkits or research)
- Phone consultations to discuss problem solving (e.g., confidentiality issues)
- In-person consultations for communities needing a more hands-on approach
- Educational opportunities such as webinars
- **MDT Guide and Toolkit**



# DEFINING A MDT

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Rooted in the biopsychosocial model, MDTs are defined as representatives from three or more disciplines who work collaboratively, bound by a common purpose.

MDTs have a shared goal and shared definition of the problem they are addressing.



# TYPES OF ELDER ABUSE MDTS

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## INCLUDE



**Elder fatality  
review teams**



**Hoarding teams**



**Mental illness  
teams**



**Elder abuse  
teams**



**Guardianship  
teams**



**Financial abuse  
specialist teams**



**Code  
enforcement  
teams**

# COMMON CORE MEMBERS

Adult Protective Services (APS)

Aging services network personnel

Geriatricians/physicians

Law enforcement

Prosecutors (District Attorneys)

Psychologists/neuropsychologists

Victim-witness advocates/victim service providers

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# TRIBAL ELDER PROTECTION TEAMS

MDTs grew out of a medical framework and can help to address health disparities as they relate to elder abuse in tribal communities, particularly because tribal teams are much more **client centered** than other MDTs.

# TRIBAL ELDER PROTECTION TEAMS

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## Key distinctions

- Putting the client at the center of each case review by actually inviting the elder to the table for discussion and planning
- Working to understand the entire social situation in which abuse is occurring including issues around income, access to healthcare services, employment, possible raising of grandchildren, availability of family caregiver, access to transportation, etc.
- Addressing spiritual abuse
- Acting with the explicit consent of the client
- Focus on restorative justice

# STRENGTHS AND CHALLENGES

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## Key Strengths – Notes taken from MDT trainings in 2018 and 2019

- ▶ “We know our community best. Sometimes even well intentioned interventions don’t work well for our tribal members because of cultural misunderstandings.”
- ▶ “A strong sense of tribal belonging and fear of being removed from the tribe can make tribal team interventions successful when instructing an abuser in how to treat an elder and how to make amends for abuse.”

# STRENGTHS AND CHALLENGES

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## Key Challenges – Notes taken from MDT trainings in 2018 and 2019

- ▶ “Often, our tribal members do not make it to old age because of all of our challenges (health disparities), we need access to services for older adults at a younger age, but do not qualify in time to benefit from those services. The life expectancy of our members creates issues and needs to be addressed”
- ▶ “Many older tribal members will not report abuse or neglect because their family relies on them for income and child care and they are afraid of what will happen to their family structure if they make a report.”

# RESOURCES



Funding:

<http://nativelearningcenter.com/grant-opportunities>  
<https://www.ruralhealthinfo.org/funding/topics>



Tribal Elder Protection Team Toolkit: <https://www.nieji.org/tribal-elder-protection-team>



MDT Guide and Toolkit: <https://www.justice.gov/elderjustice/mdt-toolkit>



Tribal Research Brief: <http://www.napsa-now.org/wp-content/uploads/2017/10/R2P-Brief-Gray.pdf>



Forthcoming Rural and Tribal Elder Justice Resource Guide 11/12/18

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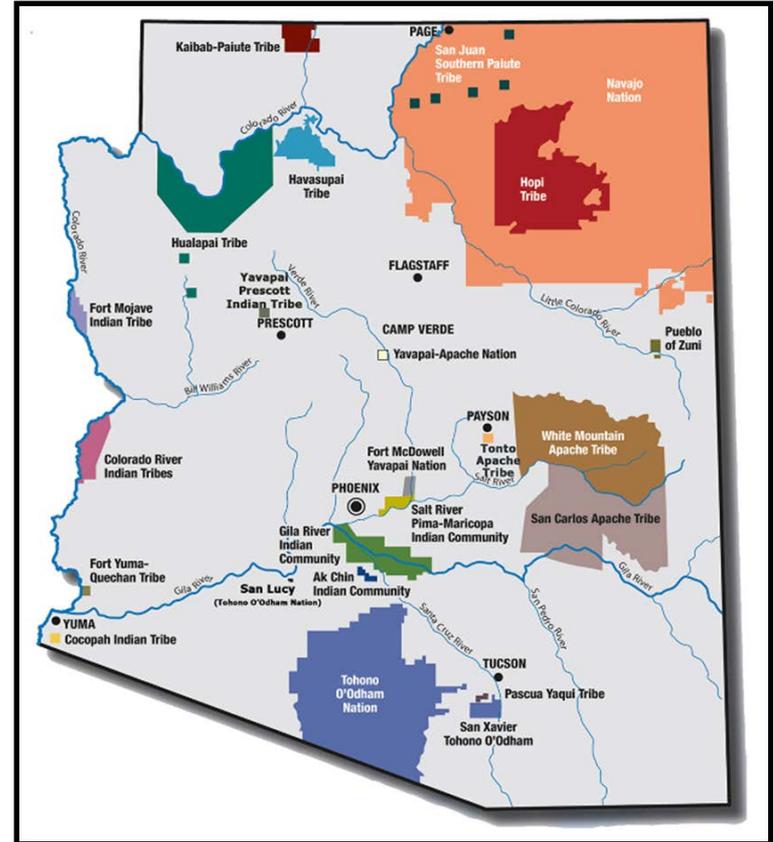
## Rural and Tribal Elder Justice Webinar Series: Barriers and Facilitators to Health, Wellness, and Treatment in Tribal Communities Dealing With Elder Abuse

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[www.itcaonline.com](http://www.itcaonline.com)



# ITCA-AAA, Region 8 Service Area



The program is administered by eight Area Agencies on Aging in Arizona. Each serve a specific area.

The Area Agency on Aging Region 8 serves 21 of the 22 Member Tribes of ITCA.



# ITCA

## Area Agency on Aging, Region 8

- Administration
- Program Development
- Program Evaluation
- Advocacy
- Resource Development
- Tribal Agreements
- Grant writing
- Support AICOA Advisory Board
  - Conference Planning
- Technical Assistance & Training
  - Professional Development (Management)
  - Cook's Training
  - Grant writing Training
  - Driver's PASS Training
  - Case Management
  - Contract and Reporting (T3/T6)
  - SHIP Training
  - Ombudsman Training
  - Customer Service
  - Advocacy Training
  - Caregiver Training
  - Evidence Based Program Training
- Coordination of Title III and VI programs





# ITCA-AAA Title III and VI Programs

## Title III

- Congregate Meals
- Home Delivered Meals
- Transportation
- Socialization and Recreation
- Caregiver Information & Referral
- Caregiver Training
- Caregiver Outreach
- Powerful Tools for Caregivers
- Respite for Caregivers
- A Matter of Balance
- EnhanceFitness
- Chronic Disease Self Management Program
- Long Term Care Ombudsman
- State Health Insurance Assistance Program (SHIP)/Senior Medicare Patrol (SMP)

## Title VI

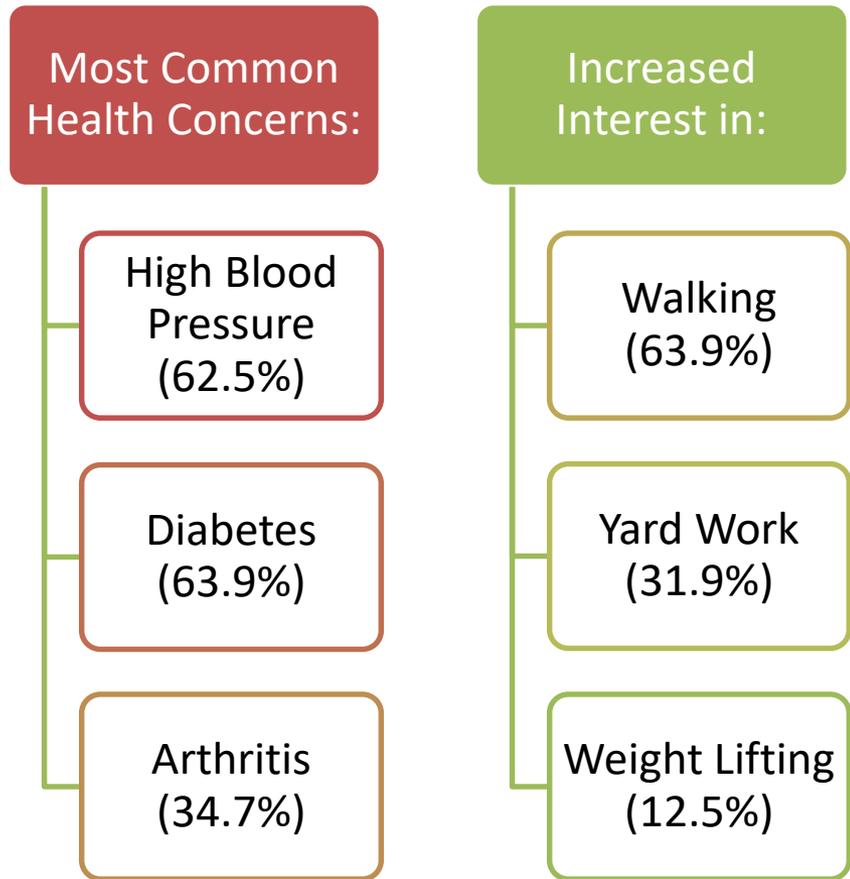
- Congregate Meals
- Home Delivered Meals
- Transportation
- Chore Service
- Outreach
- Nutrition Education
- Information & Assistance
- Caregiver Support Services





# Needs Assessment & Program Goals

The ITCA Title VI (consortium) needs assessment results is used to develop services, program goals, and outreach presentations.





# Building a Service within a Tribal Community

1. What are you trying to build?  
Are you adding a new service, expanding an existing service, etc.
2. Target population
3. Awareness of Scope of Work & eligibility requirements
4. Strong communication
5. Timeline
6. Roles and responsibilities of all parties
7. Deliverables
  - a. Reporting Unit & Measurement
8. Shared Goals
9. Point person(s)
10. Project completion date
11. Inventory, delivery, & multiple vendors
12. Sustainability



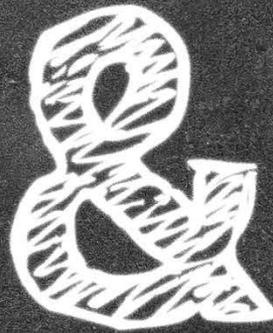
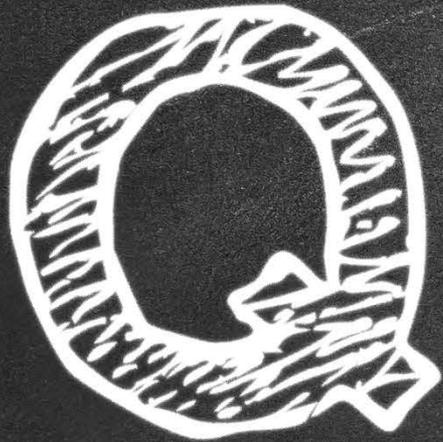
# Working with Tribal Communities

## What works for us

1. Relationship with Tribal Governments and non-tribal entities.
2. Culturally Sensitive – know the cultural norms
3. Addressing the “Big Picture” - behavior change
4. Tribes drive the service
5. Service, Care and Training Plans
6. We’re invested...

## What needs to be improved

1. Coordination of Resources
  - a. Staff
  - b. Training
  - c. Funding
  - d. Program support
2. Infrastructure
  - a. Transportation
  - b. Internet/phones
  - c. Aging technology
  - d. Facilities
3. Advocacy



# CONTACT

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# Questions

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**Elder Justice Initiative**

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