2020

Virtual Tribal-ALTSA-HCS-AAA Fall Summit

# COVID-19 Aging and Disability Resource Center Grant

American Indian Health Commission for Washington State



FOR WELLNESS



Vicki Lowe, Executive Director, American Indian Health Commission (AIHC), a descendant of the Jamestown S'Klallam and Bella Coola First Nations, began working in the Jamestown Tribes Health Program and has seen this program through many changes in the world of healthcare. In July of 2015, Ms. Lowe became the Executive Director of the AIHC. Working with the AIHC, she has utilized her vast knowledge of the Indian Health Care Delivery System, as well as state and federal regulations that govern Indian Health to implement statewide strategies supporting Tribal and Urban Indian health programs.



Jan Ward Olmstead, MPA, Jan is Chumash, a descendant of the California Mission Indians. She serves as Senior Public Health Policy and Project Advisor to the American Indian Health Commission. In partnership with Tribal Leadership, Tribal Health programs, and community members, Jan helps create Native approaches that draw on unique cultural resources, community vision, and the engagement of Tribal elected officials.



Cindy Gamble, MPH, CLC. Cindy is Tlingit and of the Kaax'oos.hittaan (Man's Foot Clan.) As a Tribal Community Health Consultant, she is the project lead for the American Indian Health Commission's WIC Nutrition and Maternal and Infant Health projects. She also works collaboratively on other AIHC projects.







### AMERICAN INDIAN HEALTH COMMISSION ESTABLISHED IN 1994

A forum for 29 Tribal governments and 3 urban Indian health programs

Tribally-driven, Culturallyresponsive NonProfit Organization



Delegates appointed by Tribal resolutions and 3 urban Indian health programs

Mission: Improve the health status of American Indian/Alaska Native people through tribal-state collaboration

Providing Technical Support and Advocacy



9/10/2020

PROJECT PURPOSE To assist the Washington **State No Wrong Door** network to build statewide capacity to serve American **Indian and Alaska Native** (AI/AN) older adults and individuals with disabilities during the COVID-19 pandemic, including the increased needs that are anticipated during the recovery period.

Facilitation of Regional Planning and Information Gathering Sessions

Outreach and Engagement with Tribes/UIHPs

Planning and Coordination

Improve statewide capacity to serve American Indian/Alaska Native older adults and individuals with disabilities

Guidance and Technical Assistance and Training to AAAs/ADRCs

Guidance,
Technical
Assistance to
Tribes/UIHPs on
services and
eligibility

Prepare and plan for increased capacity to address needs during the COVID-19 pandemic and recovery period.



FOR WELLNESS

# Regional Planning and Information Gathering Pulling Together for Wellness Framework

1. Engagement

2. Identify the Best Existing Data and additional Data Needed

3. Regional Gathering Sessions

4. Report and
Disseminate
Findings and
Recommendations



9/10/2020

# Pulling Together for Wellness THE FRAMEWORK

# Mental Physical Culture Spiritual Emotional

#### Tools of the PTW Framework:

- Definition, Vision and Values of the PTW Framework
- Partnership Development Inventory and Process
- Community Health Assessments and Environmental Scans
- Inventory of Cultural Appropriate Strategies
- Matrix: Vision, Goals, Indicators, Strategies (including PSE, EB, PB, PP)
- 18 Competence Domains (knowledge, skills, and abilities)

### Components of the PTW framework:

- Mobilizing at the Tribal/Community Level
- Leadership and Community Engagement
- Recruit and Retain Partners
- Specific Outreach to Youth and Elders
- Engagement of Cultural Resources and Traditional Healers
- Inclusion of Cultural and Historical Consideration in the Planning Process
- Action Planning Process
- Use of Storytelling Balance of Data and Stories
- 7 Generation Strategies Strength-based
- Integrates trauma informed Strategies

### **Generational Clarity**

#### HEAL

Historical Trauma, Ongoing Discrimination, & Racism

Equity and Social Determinants of Health

Adverse Childhood Experiences (NEAR)

Lateral Violence and Oppression

9/10/2020



PULLING TOGETHER FOR WELLNESS



### GROWTH OF THE AI/AN ELDER POPULATION

- The non-Hispanic American Indian and Alaska Native population age 65 and over was 272,250 or 0.5% of the older population in 2017
- The number of Americans age 65 and over who reported they were American Indian and Alaska Native in combination with one or more races was 568,611 in 2017.
- In 2017, there were 437 AI/AN age 100 and over (116 men and 321 women) comprising .5% of all centenarians.



Source: U.S. Census Bureau, Population Estimates, 2017 and Population Projections. 2018 Profile of Hispanic Americans Age 65 and Over was developed by the Administration for Community Living, U.S. Department Health and Human Services.



### **ELDER POPULATION**

Washington State: 14% are age 65+ Al/AN alone

**Data Source:** Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates, 2016





POVERTY RATE AMONG AI/AN ELDER POPULATION

National Poverty: The poverty rate in 2017 for American Indians and Alaska Natives age 65 and older was 17%.

2018 Profile of Hispanic Americans Age 65 and Over was developed by the Administration for Community Living, U.S. Department of Health and Human Services.







Grandparents living with grandchildren in the household and/or responsible for grandchildren

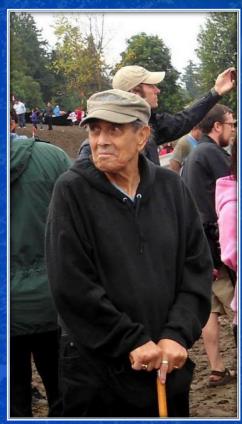
Among non-Hispanic American Indians and Alaska Natives (alone) grandparents age 60 and over living with their grandchildren in 2017, 47% were responsible for their own grandchildren and 53% were not.

2018 Profile of Hispanic Americans Age 65 and Over was developed by the Administration for Community Living, U.S. Department of Health and Human Services.

@American Indian Health Commission



# American Indian/Alaska Native Elders and People with a Disability



### **Disability Status**

In 2017, 47% of older non-Hispanic American Indians and Alaska Natives (alone) had one or more disabilities.

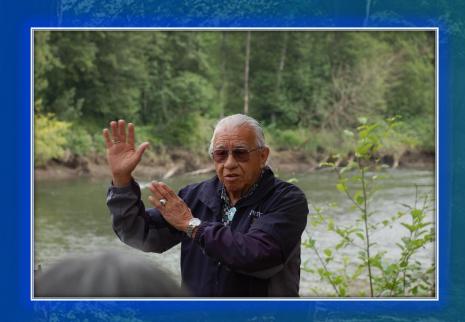
Data Source: Washington Behavioral Risk Factor Surveillance System 2013-2015







# American Indian/Alaska Native Elders and People with a Disability



### **Culture** is Prevention

- 81.2% of respondents indicated regular participation in cultural events
- 78.9% of respondents indicated that they were satisfied with their social activities

UIHI, 2018. A Needs Assessment for Urban Disabled and Elder Natives in King County







"Don't forget the Elders. Many of our Elders are suffering from the effects of the boarding schools. ... the Elders set the path for our communities and our future generations."

Lummi Elder, 2015









- How has your Tribe's Elder Program impacted your life?
- What services or benefits are missing for Elders' in your community/Tribe?
- How has COVID-19 impacted Elders' services in your community/Tribe?

### Our Elders set the path for the future Generations





Perspectives of the Elders









## Perspectives of the Elders













### Project Timeline April 2020 - March 2021

### Apr-Mar

Outreach, Engagement, Partnership Development

### Jul-Sep

Identify Availability of Data: what is tracked and what is needed (quantitative and qualitative)

### Sep-Dec

Regional Gatherings (virtual), providing trainings, information gathering. Establish key learnings

#### Jan

Establish
Recommendations
and Final Report
Disseminate

### Mar

Planning for Next Steps



# THANK YOU!

Vicki Lowe, Executive Director

Jan Olmstead, Senior Public Health Policy and Project Advisor

Cindy Gamble, Tribal Public and Community Health Consultant

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PULLING TOGETHER FOR WELLNESS