King County Elders and Disabled Needs Assessment

Key Results

11/27/2018

Urban Indian Health Institute
A Division of the Seattle Indian Health Board

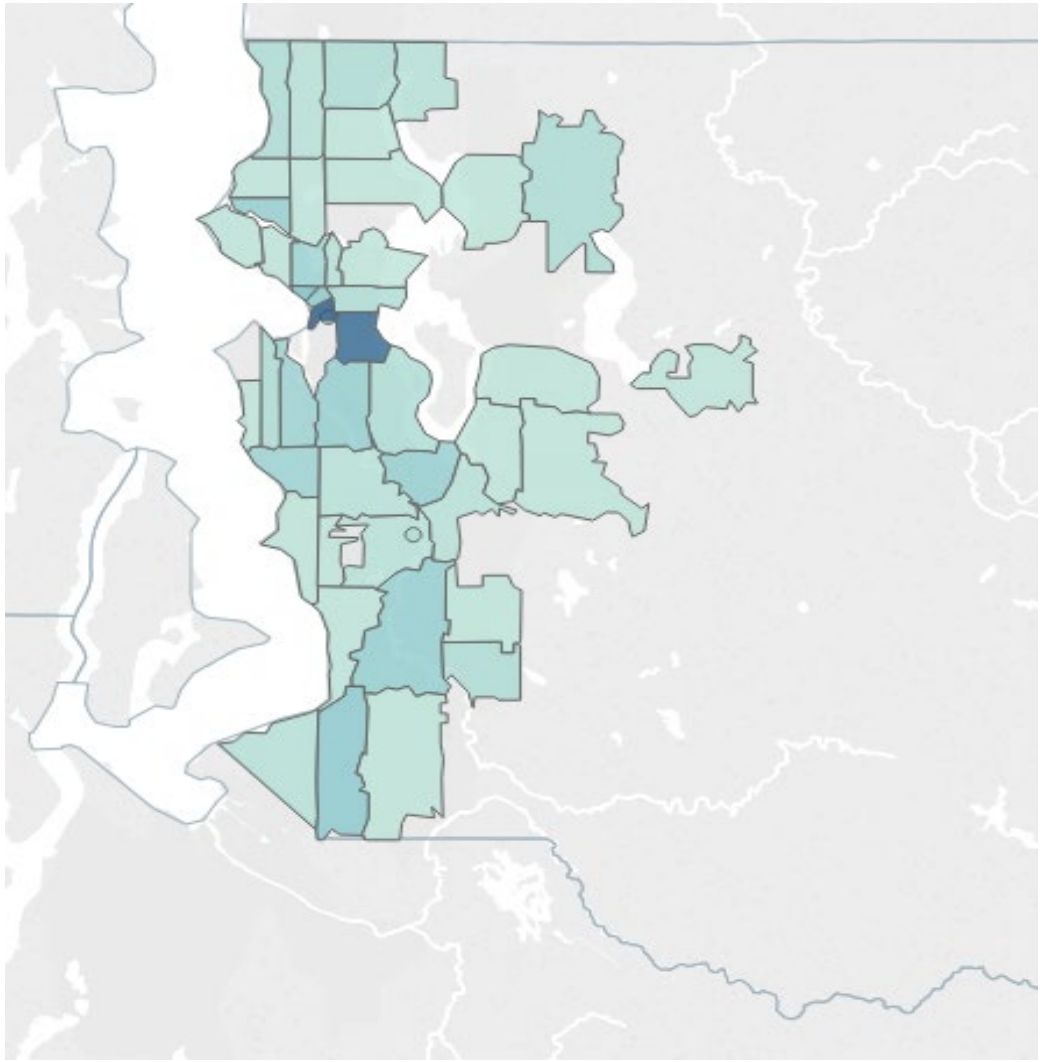
Needs Assessment Overview

- Novel primary data gathering
- Mixed-method approach
- Multiple locations throughout King County
- Based on established key indicators of well-being

Demographics

Geographic Distributions of Respondents

- The majority of respondents came from along the I-5 corridor
- 30.4% of respondents came from the downtown Seattle area



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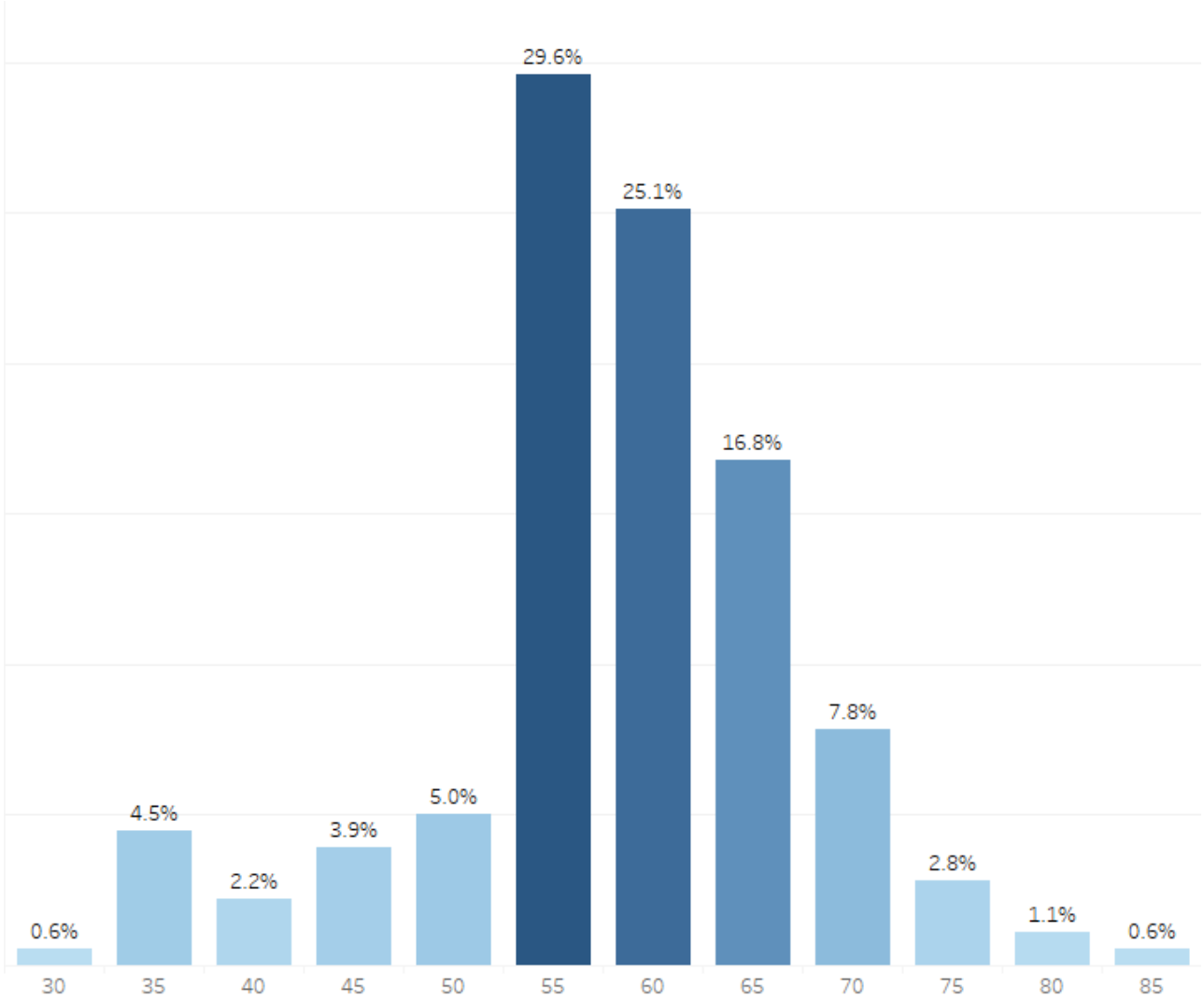
Respondents by Age and Gender

- Majority of respondents female (56.2%)
- Age of respondents followed a generally standard distribution
- Ages ranged from 35 to 85
- Majority of respondents aged 55 and older
- Average age of 60.2



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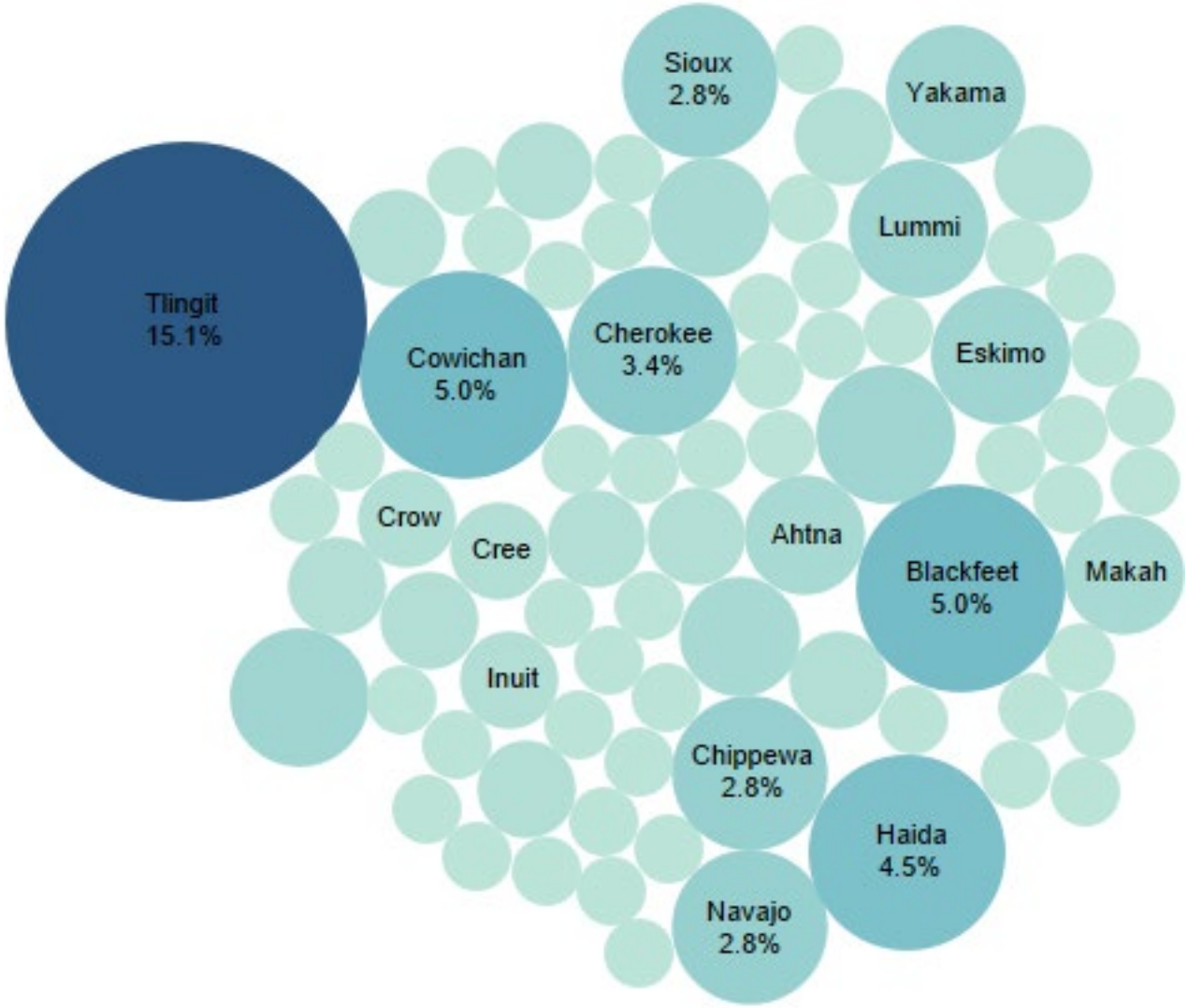
Respondents by Tribe



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Community Input

Key Informant Interviews

Top Health Concerns:

1) Diabetes
2) Substance abuse
3) Mental health
4) Falls
5) Cancer
6) Nutrition

Top Health Needs:

1) Housing assistance
2) Transportation
3) Healthcare literacy/assistance
4) Traditional medicine/healing
5) Independent living assistance
6) Long-term care assistance

Community Voices

- “I have a fear of falling because I always do fall at least once [in the winter] and I have to be careful… if I had better transportation, I wouldn't have to walk so far to get on a bus.”

- “A lot of us are really thriving on this… the traditional medicine, but also the prayers and the openness of spirituality. Some of us are lost generations and I’m one of them, so it fits right into something we knew we were looking for, but we didn’t know quite what.”

- “A lot of the [community] is getting back into the traditional medicine. I'm interested in learning everything and anything I can about that myself.”

Community Voices

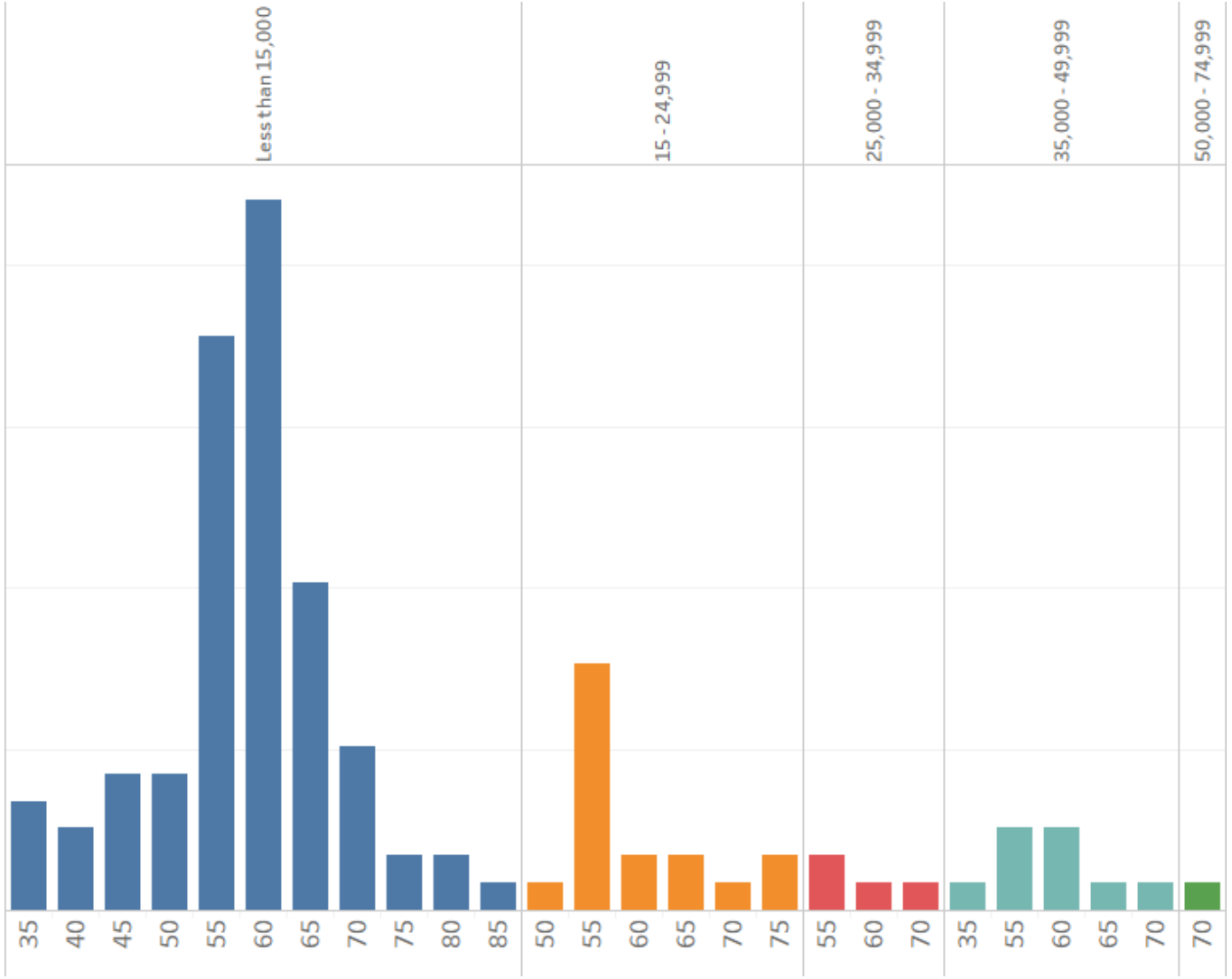
- “I myself have never actually been homeless, but I recognize what they're going through because I have friends who are homeless... They have so many things available to them here, but the waiting list is so long it isn't even funny. I live in a low-income housing building and I found out that there's actually a 13-year-wait to get an apartment in that building.”

- “I have diabetes. There’s people that I can relate to, to talk to that have it also, you know?”

Social Determinants of Health

Respondent Income Levels by Age Category

- Strong correlation between income and health
- Most respondents earn less than $15,000 per year (73.7%)
- Equivalent of only $7.2 per hour
- Median household income in King County is $75,000



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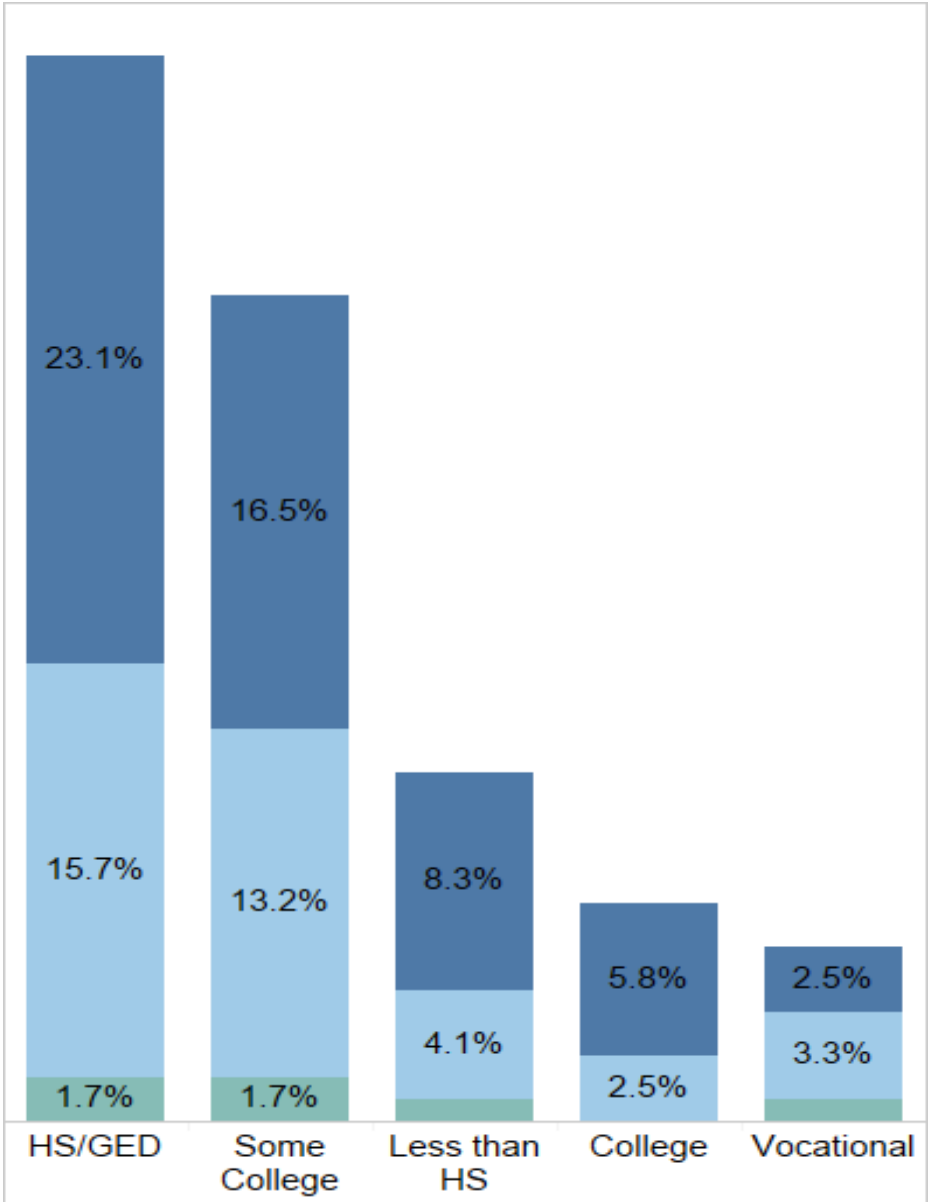
Education Level

- Plays a significant role in socioeconomic status
- Majority of respondents had a high school education or equivalent
- Percentage of college graduates much lower than the King County average (47.9%)



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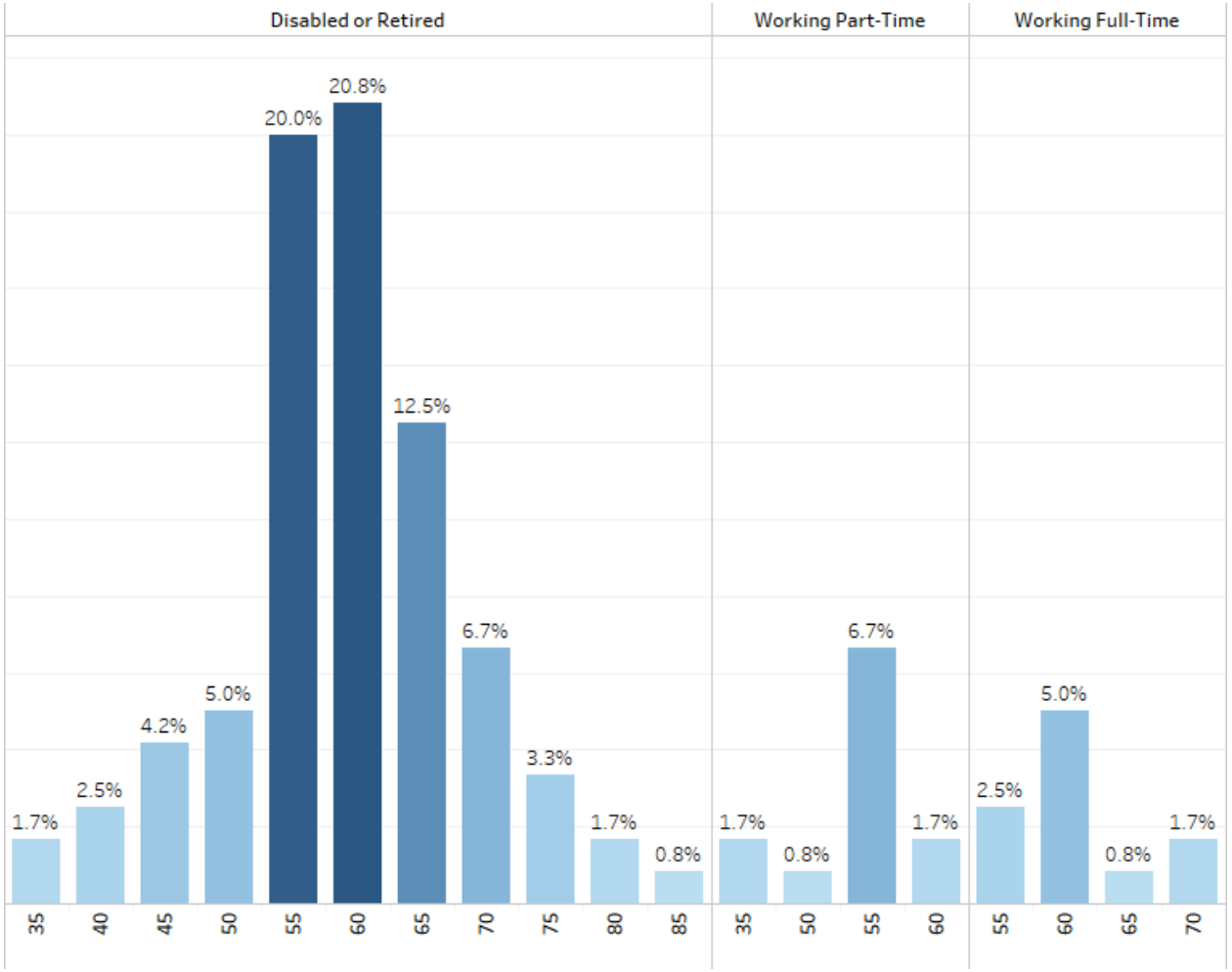
Employment Status

- The majority of respondents were disabled or retired (79.2%)
- 21% of respondent were working part of full time
- Potential indicator of need for income assistance



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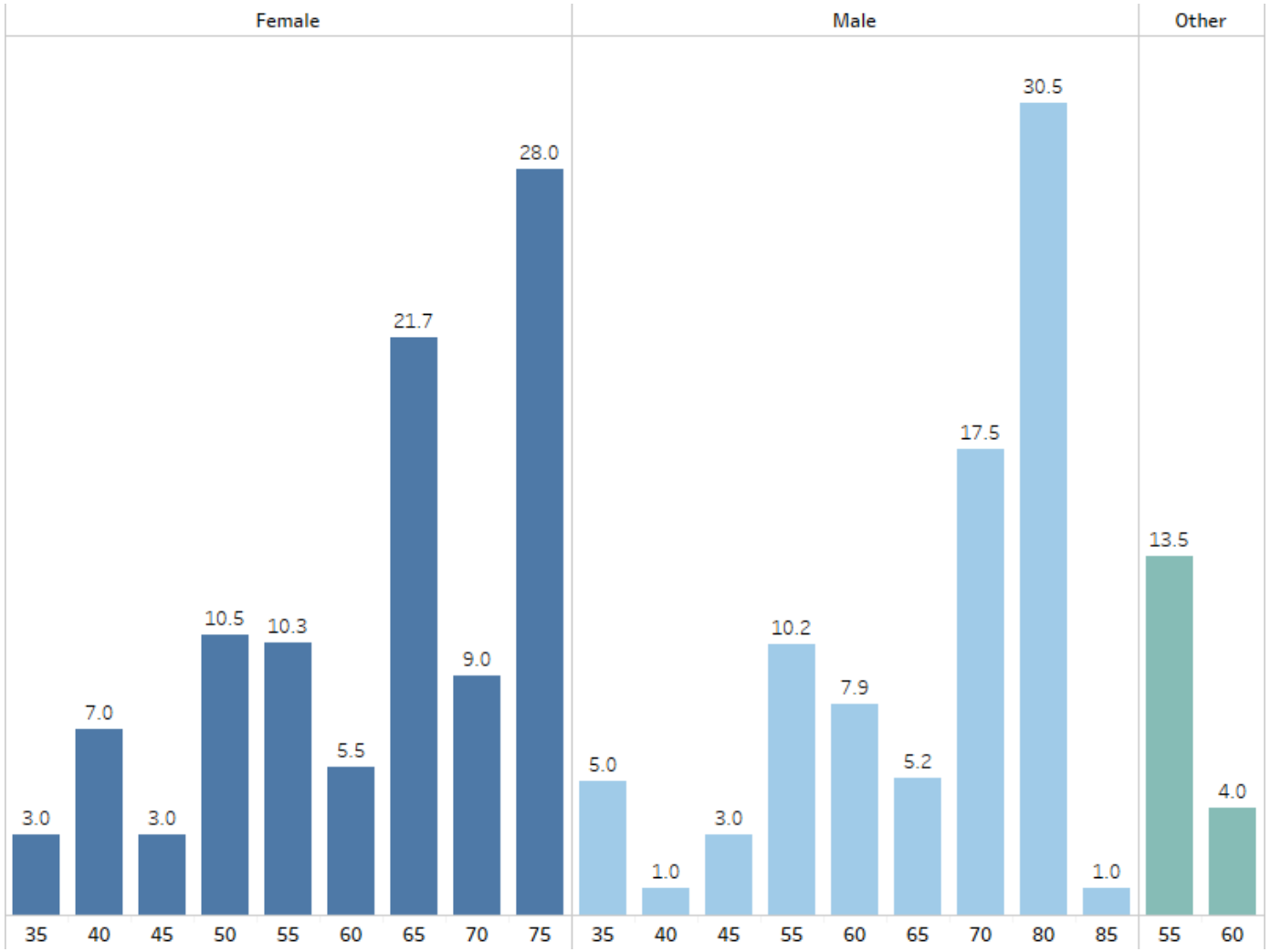
Social Interaction

- Respondents indicated an average of 9.3 days per month of social interaction
- Significantly higher levels of social interaction among older respondents
- Similar trend in response to questions about feelings of isolation



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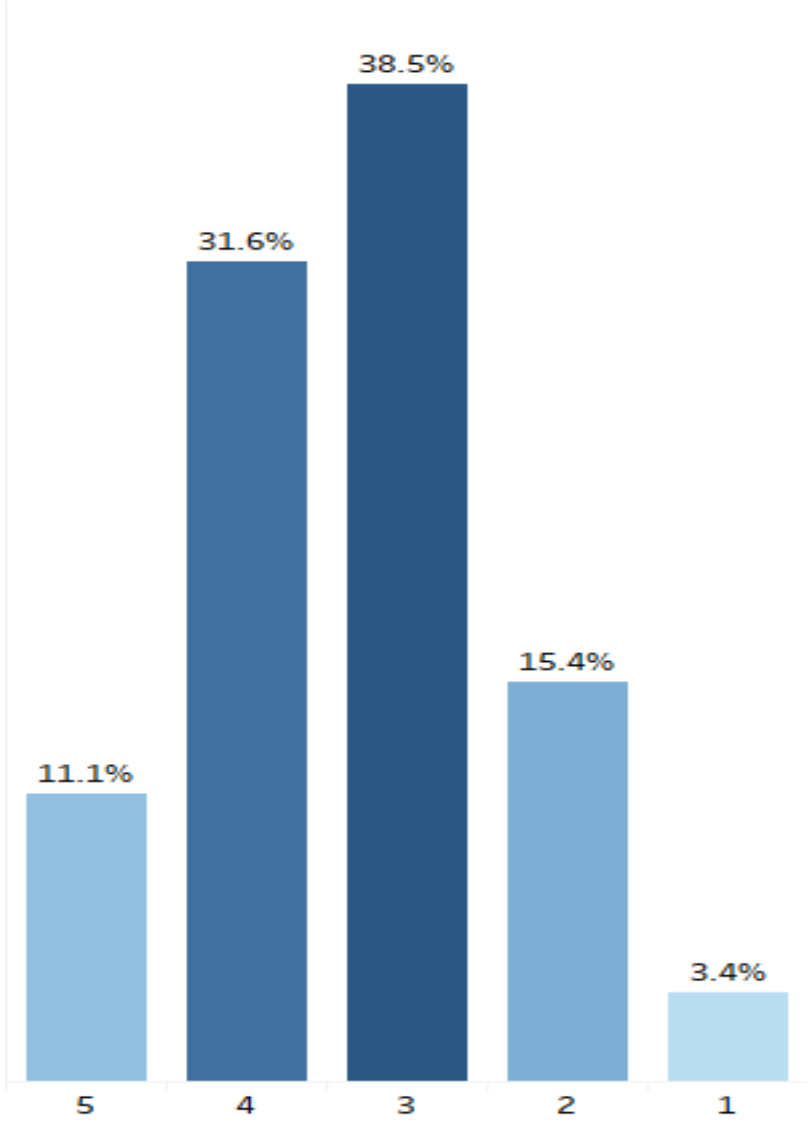
Cultural Interaction

- Cultural connectivity is a key component of health and well-being
- 42.7% of respondents indicated that they participated in cultural activities often (4 and 5), while 38.5% indicated that they participated sometimes
- 18.4% indicated that the rarely participated or did not participate at all (2 and 1)
- No statistically significant difference between genders
- Higher participation rates among elders aged 55 - 70



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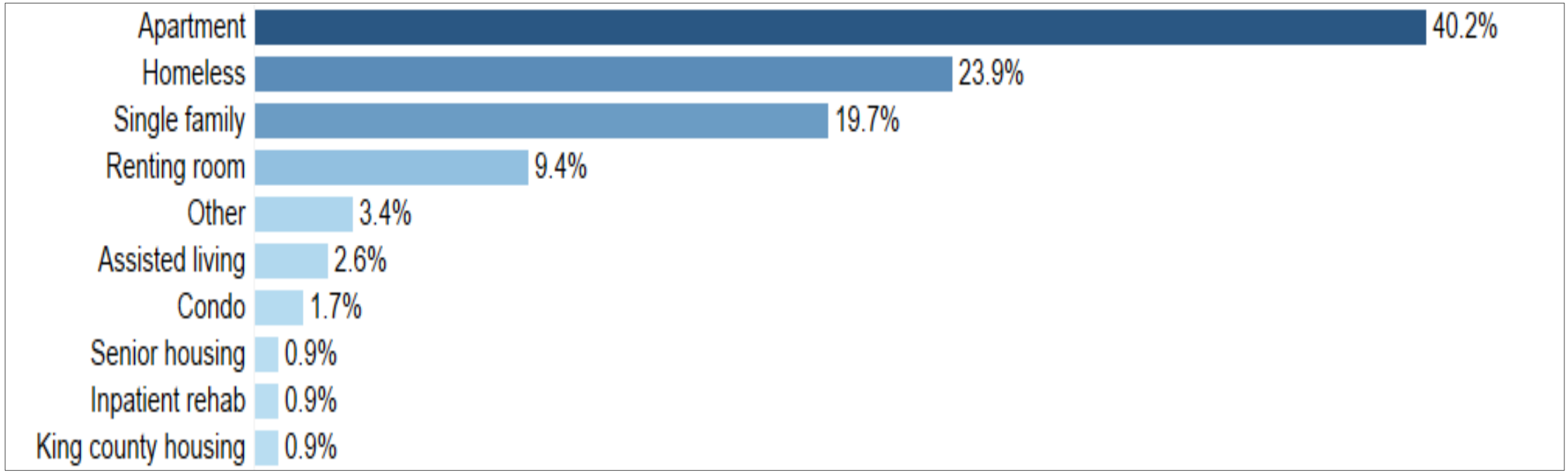
Housing

- 25% of respondents were either homeless or without permanent housing
- 3.5% lived in institutional housing
- 52.6% of respondents lived alone
- Significantly higher number of homeless women, elders (over 55)



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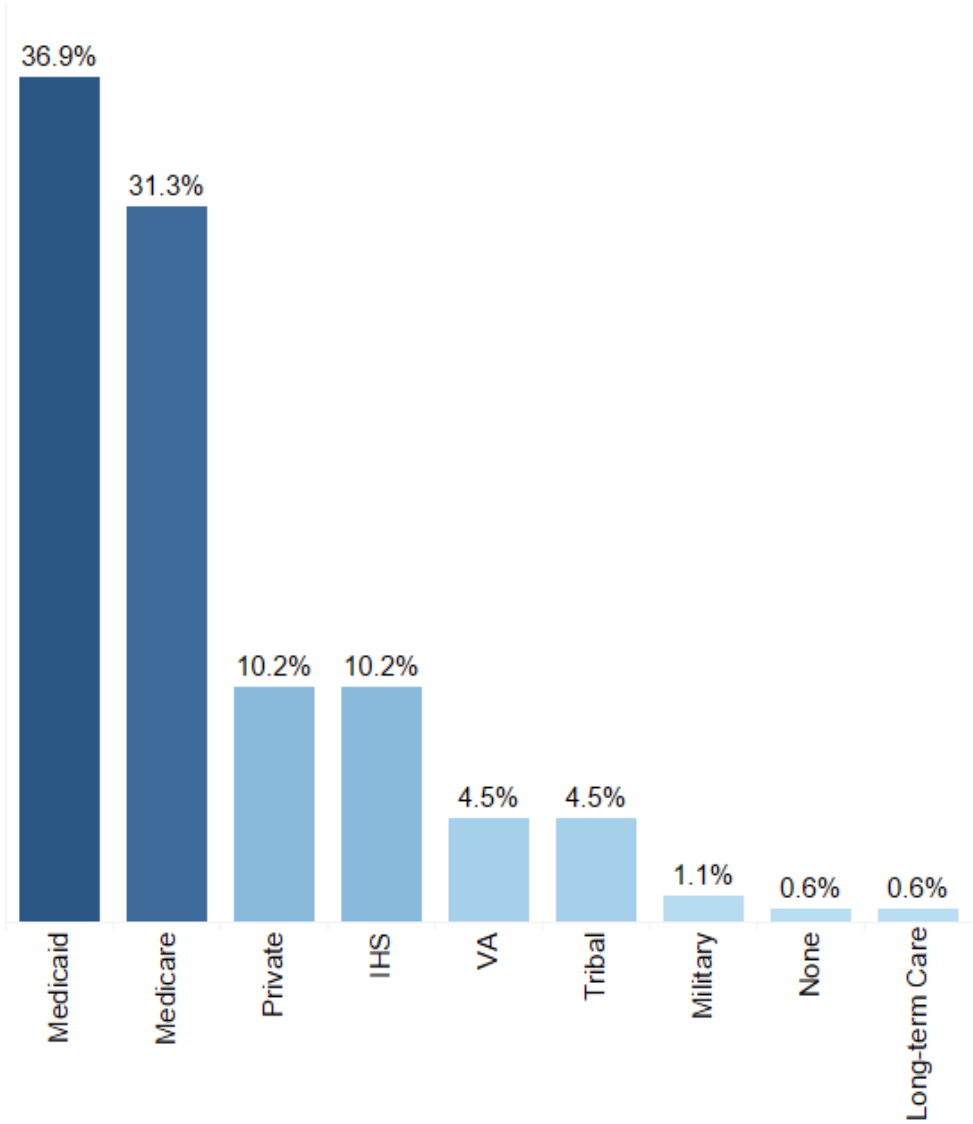
Health Insurance

- 99.4% of respondents indicated that they had some form of health insurance
- 68.2% indicated that they were on Medicare or Medicaid
- A significantly higher number of respondents were receiving Medicaid than Medicare – corresponds to disability rates



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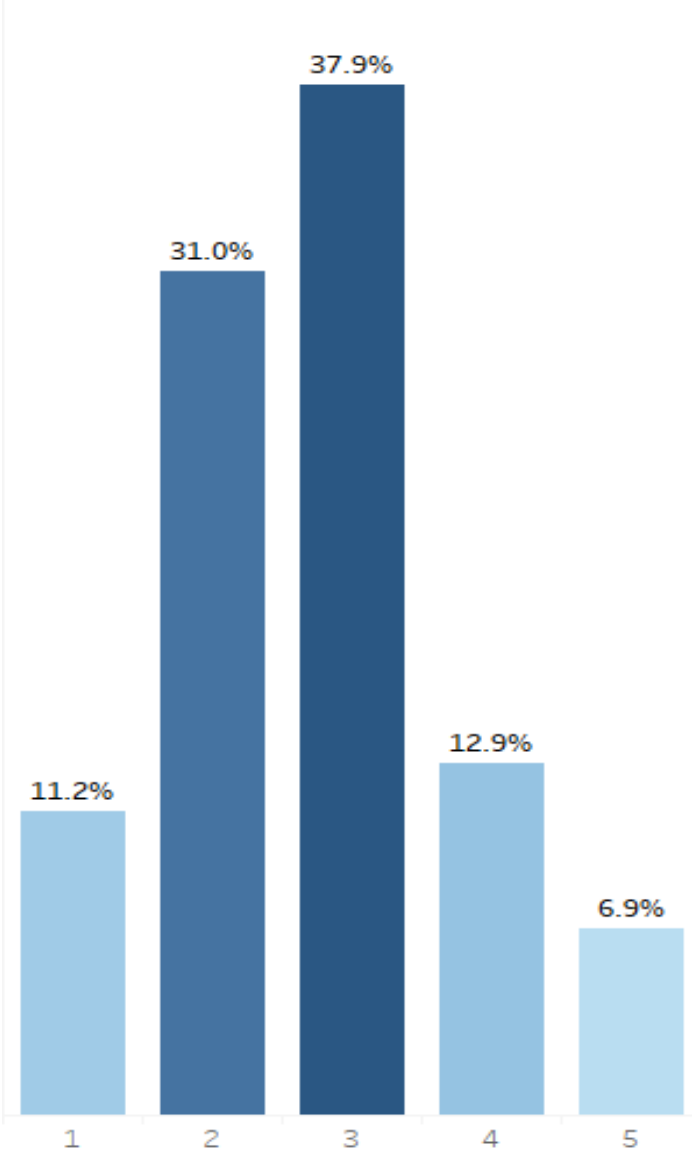
Health Status

Top Health Problems

1) Falls – 54.5%
2) Memory problems (due to disability) – 46.3%
3) Arthritis – 41.3%
4) Vision problems – 40.5%
5) Hypertension – 33.1%
6) Depression - 29.8%
7) Diabetes – 27.3%
8) Cancer – 18.9%
9) Asthma – 15.7%
10) COPD – 9.9%

Physical Health

- 57.7% of respondents indicated that they were in good to excellent health (3 – 5)
- 42.3% of respondents indicated that they were in poor or fair health
- Females more likely to be in good or excellent health than males



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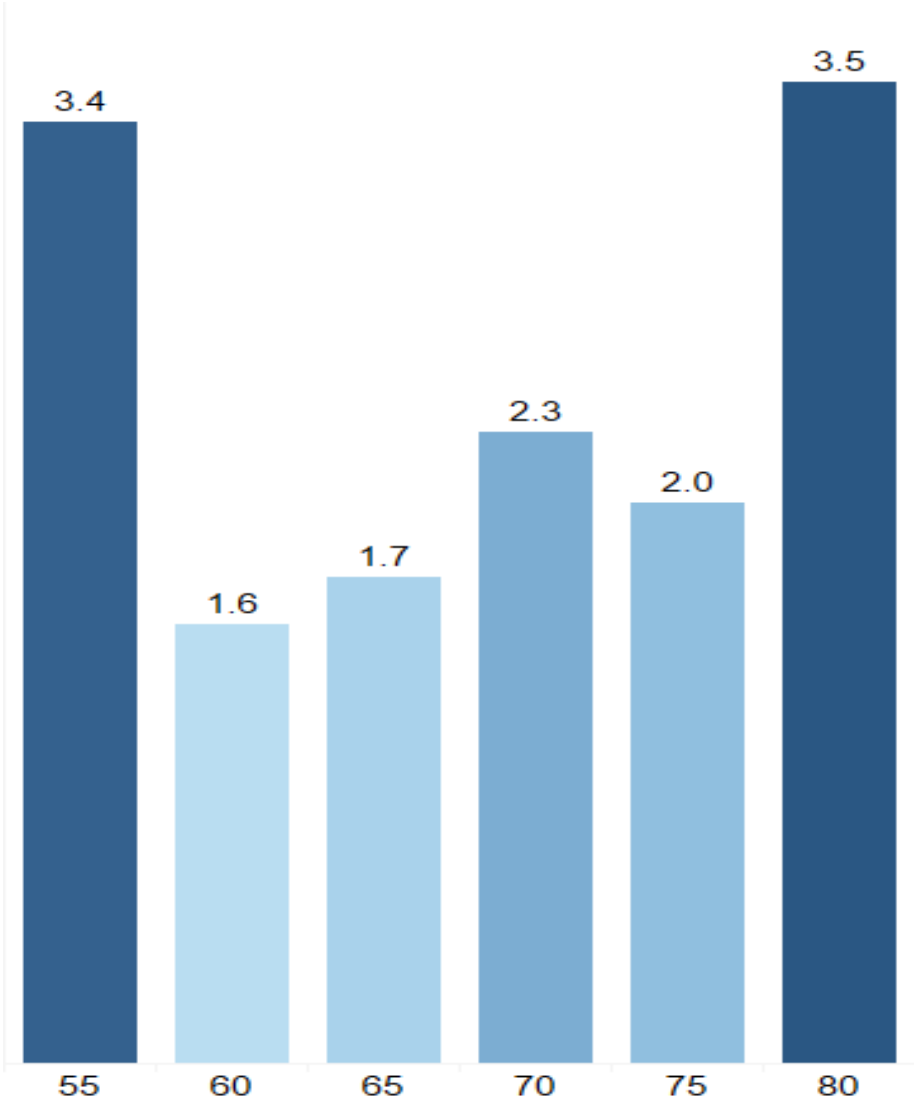
Falls

- More than half of respondents reported experiencing at least one fall in the past year – nearly double the national average for AIAN
- Percent increased with age
- 73.9% of falls resulted in injury
- 33.3% resulted in hospitalization
- Males more likely to fall than other genders
- U-Shaped age relationship



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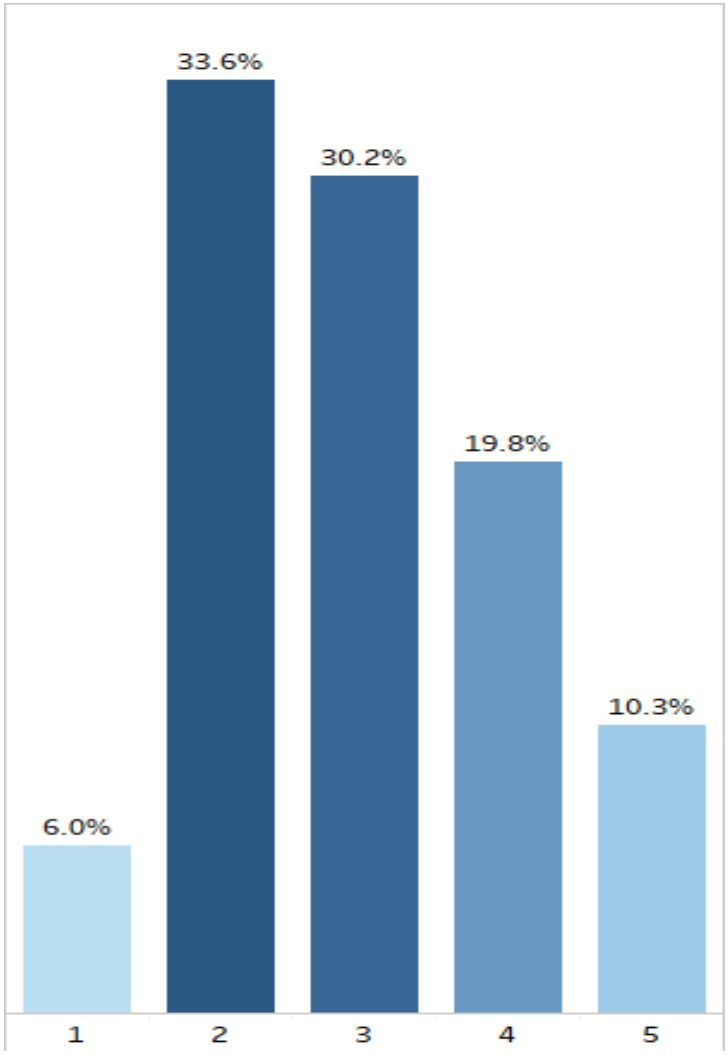
Mental Health

- 60.3% of respondents indicated that they were in good to excellent mental health (3 – 5)
- 39.7% indicated that they were in poor or fair mental health (1 – 2)
- Females more likely to be in good or excellent mental health than other genders



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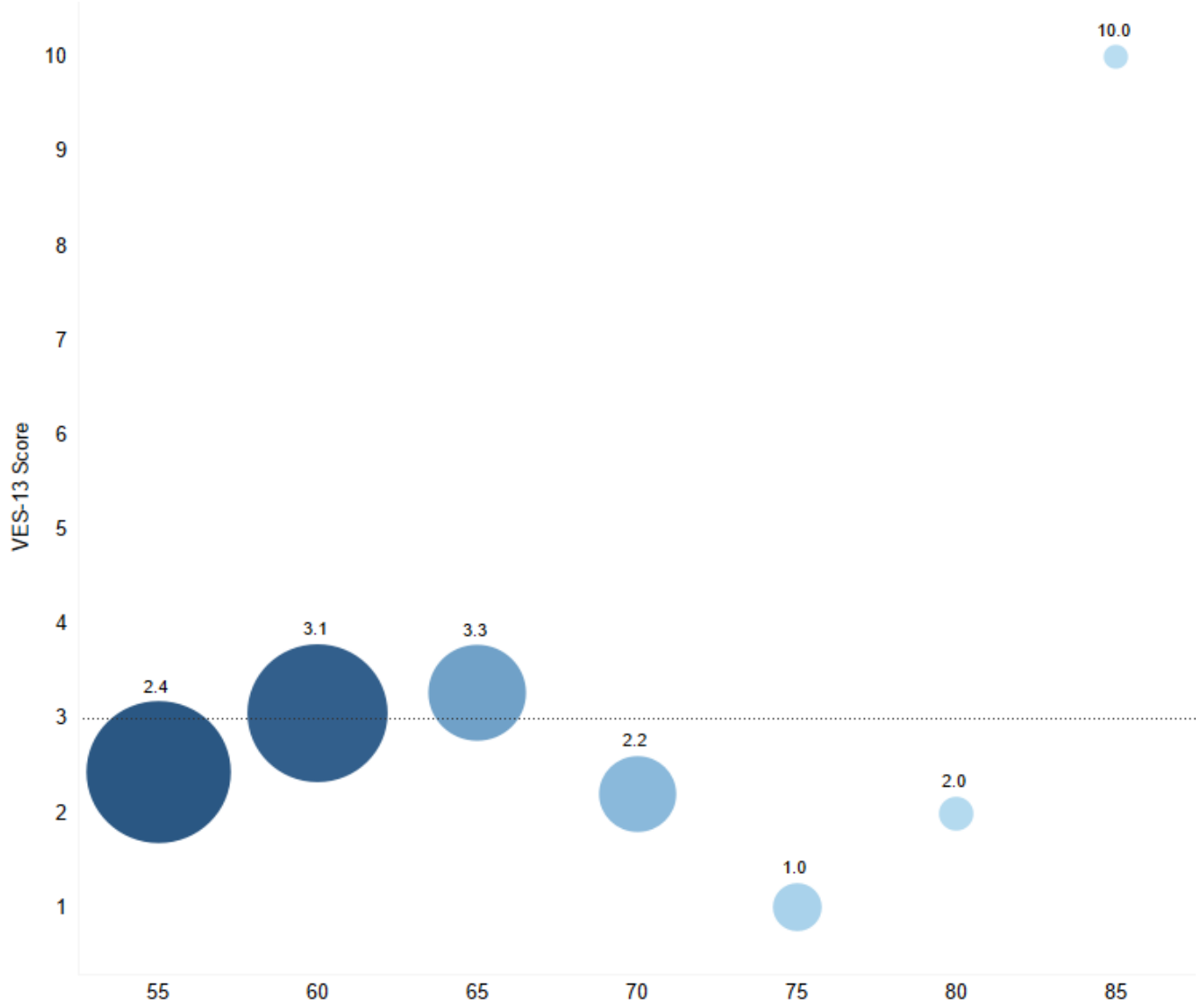
Frailty

Overview

- Frailty is generally recognized as vulnerability to the decline of biological functions, characterized by reductions in strength, endurance, and physiologic function
- Associated with adverse health outcomes
- Useful measure for identifying and mitigating potential health risks
- Survey incorporated the VES-13 frailty assessment instrument
- Assessed four indicators: age, self-reported health, difficulty with physical activities, and difficulties with activities of daily living
- Points assessed for each area
- Scored on a continuous scale of 0 - 9

VES-13 Score by Age Category



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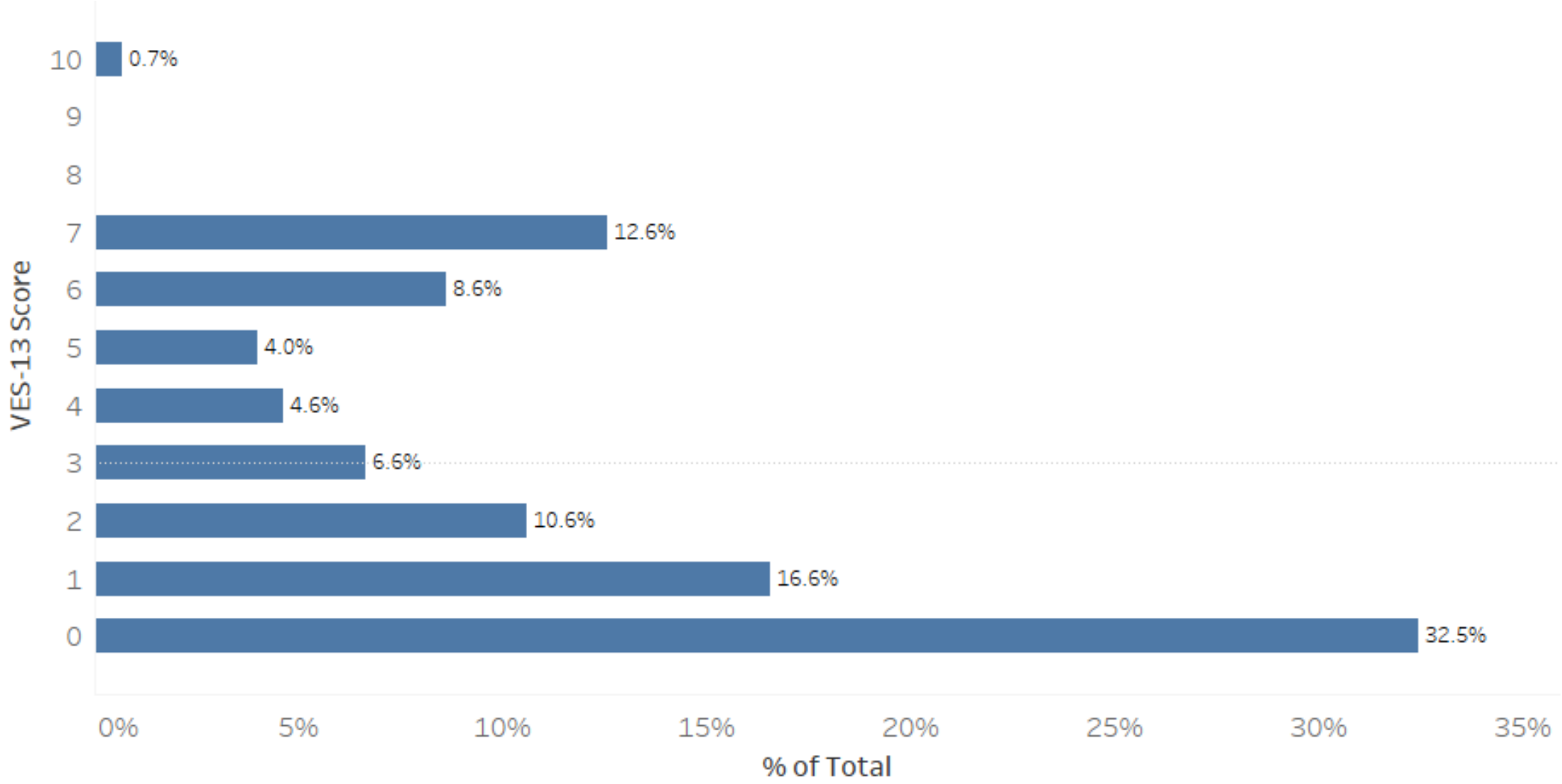
Average VES-13 Score



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Results

- Score of 3 or higher indicates vulnerability
- 4.2 times higher risk of functional decline and death for those scoring 3 or higher
- 31.2% of all participants scored 3 or higher
- 37.1% of all participants aged 55 and older scored 3 or higher
- Still exploring relationship between age, gender, and score

Needs

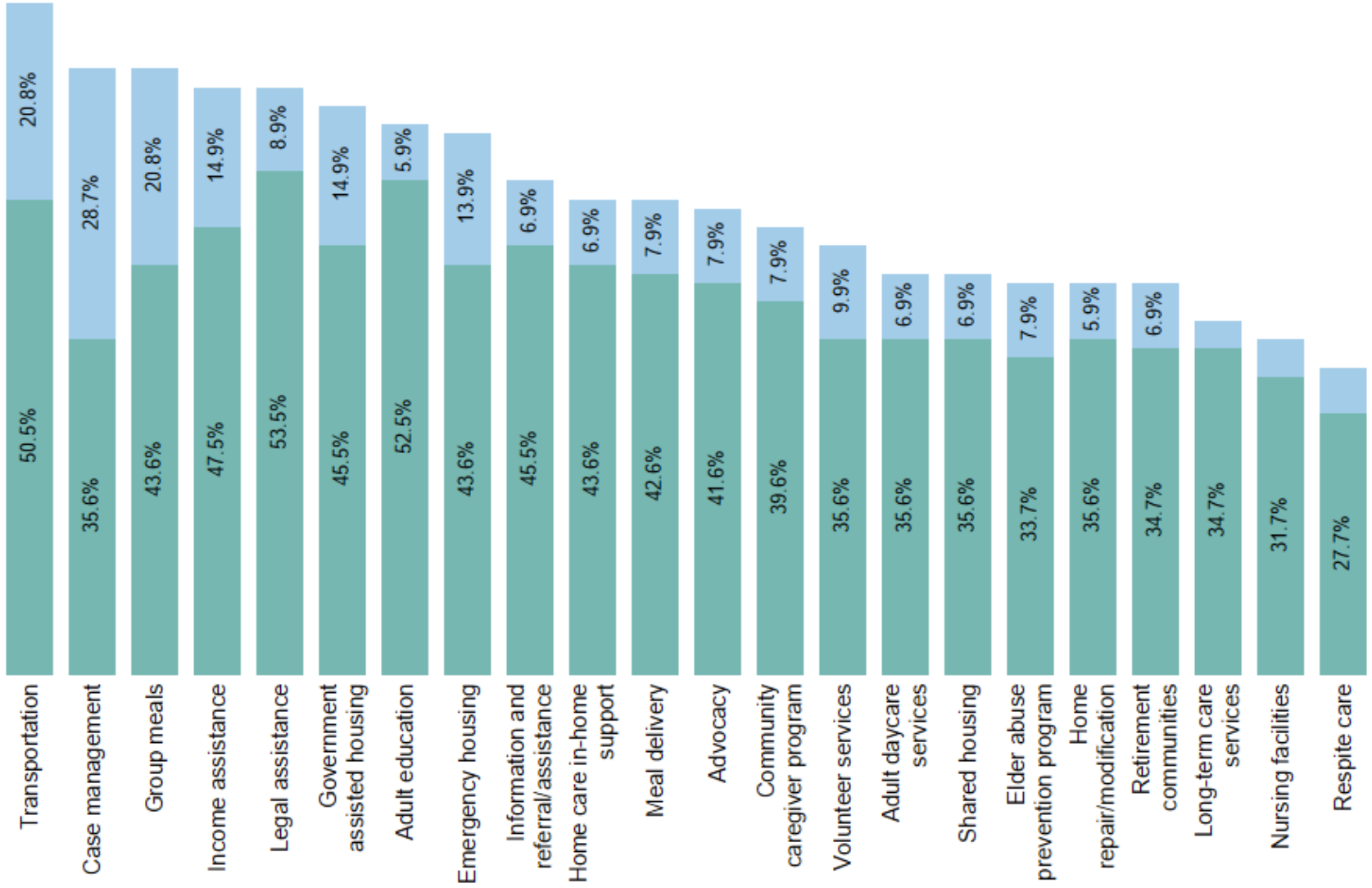
Services Currently Used

1) Transportation – 26.2%
2) Case management – 39.8%
3) Income assistance – 21.6%
4) In-home caregiver – 17.5%
5) Advocacy – 13.9%
6) Respite care – 12.8%
7) Assisted living – 12.7%

Personal Care

- 51.7% of respondents reported using some sort of personal help in their daily activities
- 35.4% of respondents reported that a family member was providing that assistance
- 82.3% of family members providing assistance were unpaid
- 8.1% of respondents received assistance from a paid personal health care worker

Assistance



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Quality of Care

Quality of Care

- 90.1% of respondents indicated that they felt culturally respected by doctors and other healthcare providers
- 76.9% of respondents felt that their wishes for the kind of care they received were listened to and respected
- **90.9% of respondents received care at the Seattle Indian Health Board**

Recommendations

Recommendations

- Immediately explore options to address the dual-crisis of extreme poverty and homelessness among disabled and elder community members
- Transportation assistance emerged as one of the most common concerns voiced by community participants. Options for improving transportation and mitigating related risks (falls specifically) should be further explored
- Continue to support and reinforce SIHB the elders' program; explore options for expanding or developing a similar program for disabled community members
- Explore opportunities to develop a sustainable, culturally-competent long-term care program to provide for members of the urban disabled and elder AIAN community in King County
- Identify members of the urban native disabled and elder community currently in institutional care or at risk of institutional placement for potential return to their communities

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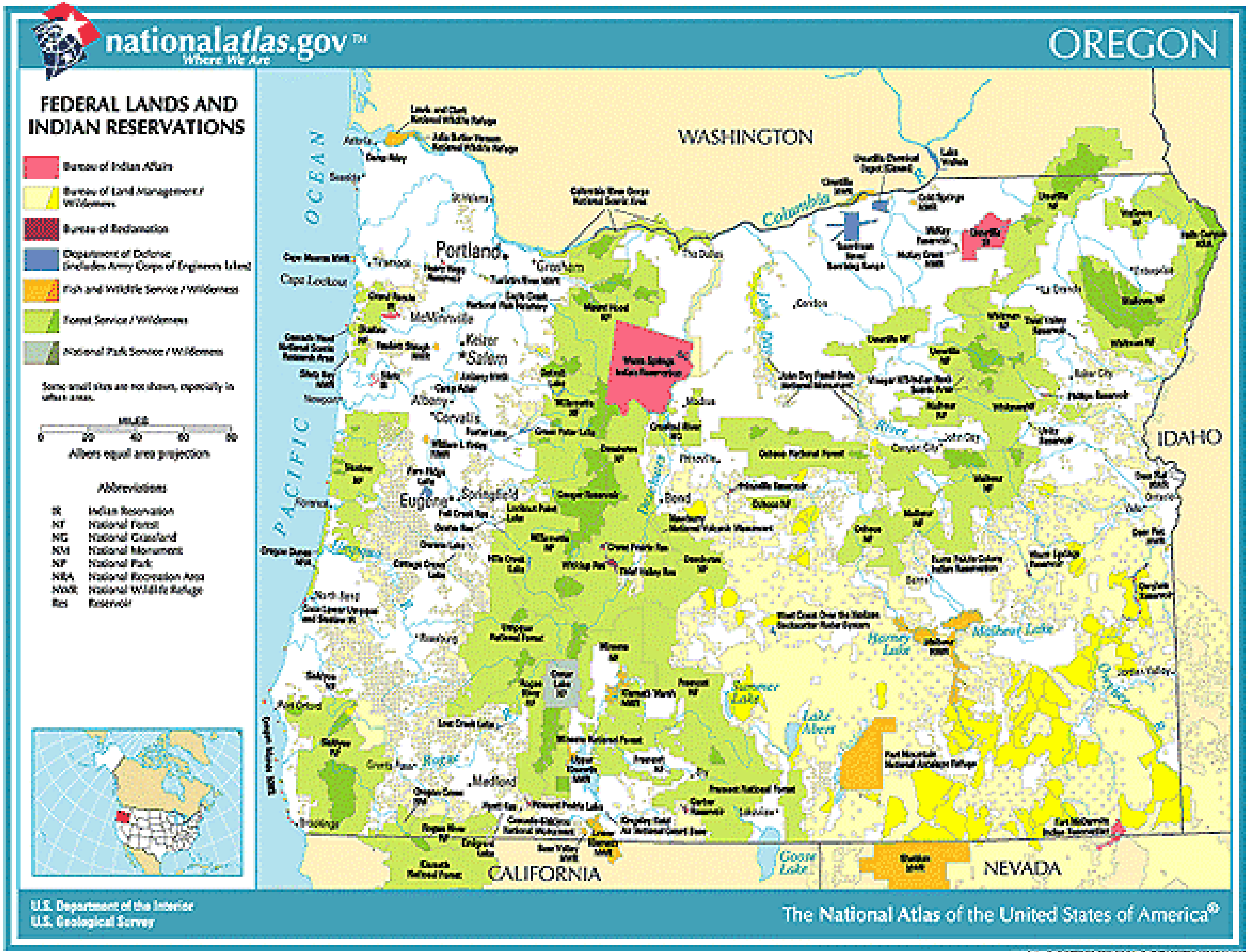

nationalatlas.gov™
Where We Are
OREGON
FEDERAL LANDS AND INDIAN RESERVATIONS
Bureau of Indian Affairs
Bureau of Land Management / Wilderness
Bureau of Reclamation
Department of Defense (includes Army Corps of Engineers lands)
Fish and Wildlife Service / Wilderness
Forest Service / Wilderness
National Park Service / Wilderness
Some small sites are not shown, especially in urban areas.
MILES
0 20 40 60 80
Albers equal area projection
Abbreviations
IR Indian Reservation
NF National Forest
NG National Grassland
NM National Monument
NP National Park
NRA National Recreation Area
NWR National Wildlife Refuge
Res Reservoir
WASHINGTON
IDAHO
CALIFORNIA
NEVADA
PACIFIC OCEAN
Columbia
Portland
Gresham
Salem
Keizer
Albany
Corvallis
Eugene
Springfield
McMinnville
Medford
Bend
Astoria
Cape Lookout
Newport
Florence
North Bend
Roseburg
Grants Pass
Brookings
Port Orford
The Dalles
Madras
Prineville
Burns
Lakeview
Condon
La Grande
Enterprise
Baker City
John Day
Canyon City
Vale
Ontario
Jordan Valley
Warm Springs Indian Reservation
Malheur Lake
Harney Lake
Summer Lake
Lake Abert
Goose Lake
Crater Lake NP
Hart Mountain National Antelope Refuge
Ochoco National Forest
Umpqua National Forest
Winema National Forest
Fremont National Forest
Malheur NF
Umatilla NF
Wallowa NF
Willamette NF
Deschutes NF
Siskiuslaw NF
Rogue River NF
Klamath National Forest
Sheldon NWR
Malheur NWR
Rogue
Umpqua
Owyhee
U.S. Department of the Interior
U.S. Geological Survey
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PRESENTATION

Tribal Navigator Program

HCBS
NATIONAL HOME & COMMUNITY BASED SERVICES CONFERENCE

NASUAD
National Association of States United for Aging and Disabilities

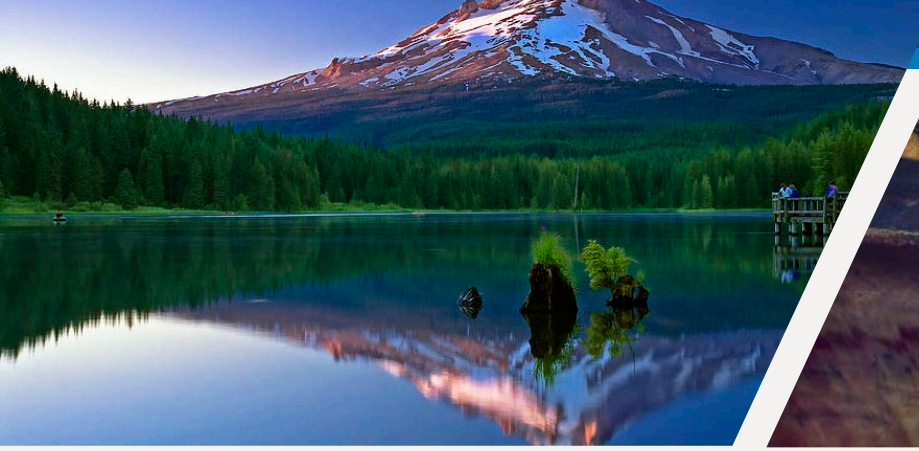
National Conference, 2019

Office of Aging and People with Disabilities, Oregon Department of Human Services

DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

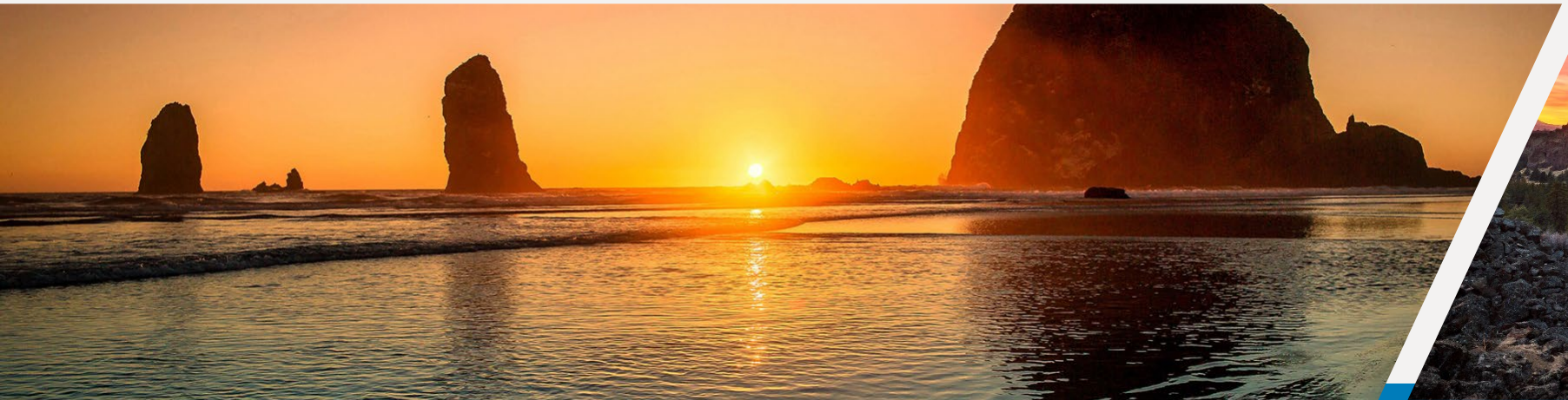
Rebecca Arce, MPP
Program Equity Manager
Office of Equity and
Multicultural Services

Advocacy and
Development Cultural
Navigator



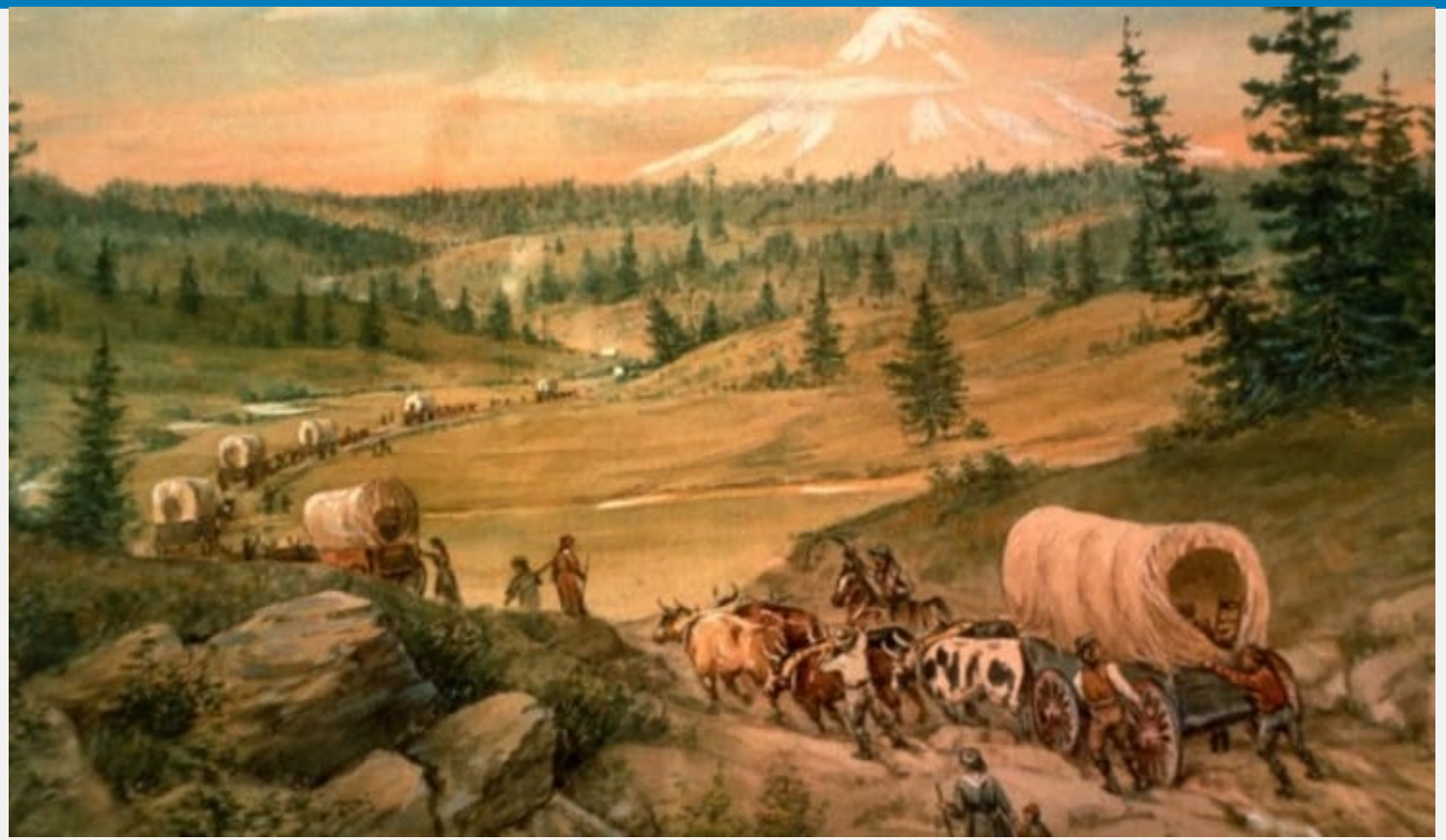
Aging and People with Disabilities Mission:

To provide older adults, people with physical disabilities, and their families with easy access to services, supports, and early interventions that will help them maintain independence, promote well-being, and honor choice, respect cultural preferences, and uphold dignity.



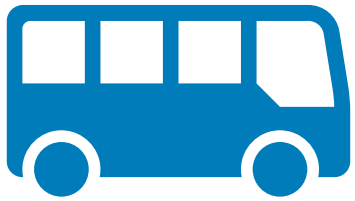
Building Relationships with Native American Rehabilitation Association (NARA)

- Listening sessions with all their staff
  - Three over a year's time
- Going to the Tribes and Organizations
- Delivering on their asks
- Making connections



Oregon as a White Utopia

- Our history
- It is embedded in our institutions
- Best practices

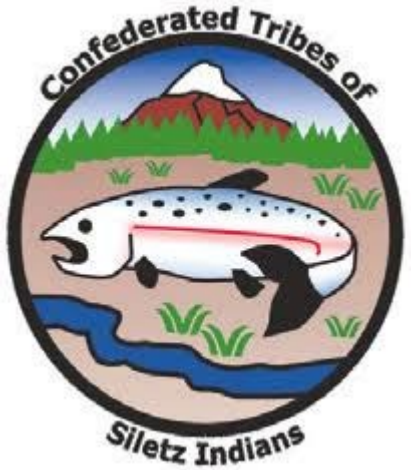


Takeaways

- **Transportation** – no uniform system across three counties. Need assistance in knowing who to call and what services can be provided.
  - The Aging and Disability Resource Connection (ADRC) did a presentation to their staff.
- **Case Management** – staff are not trained to do Long-Term Care Case Management. The system is complex across three counties with contracted entities, local Aging and People with Disabilities offices, and Area Agencies on Aging.
- **Unaware of what services are available** – Tribes need a single point of contact in our office that will answer their questions or find the answers.


Burns Paiute
est. 1972


CONFEDERATED TRIBES
OF COOS · LOWER UMPQUA · SIUSLAW


Confederated Tribes of
Siletz Indians


THE KLAMATH TRIBES
KLAMATH · MODOC · YAHOOSKIN


COQUILLE
INDIAN TRIBE


CONFEDERATED TRIBES OF THE
UMATILLA INDIAN RESERVATION

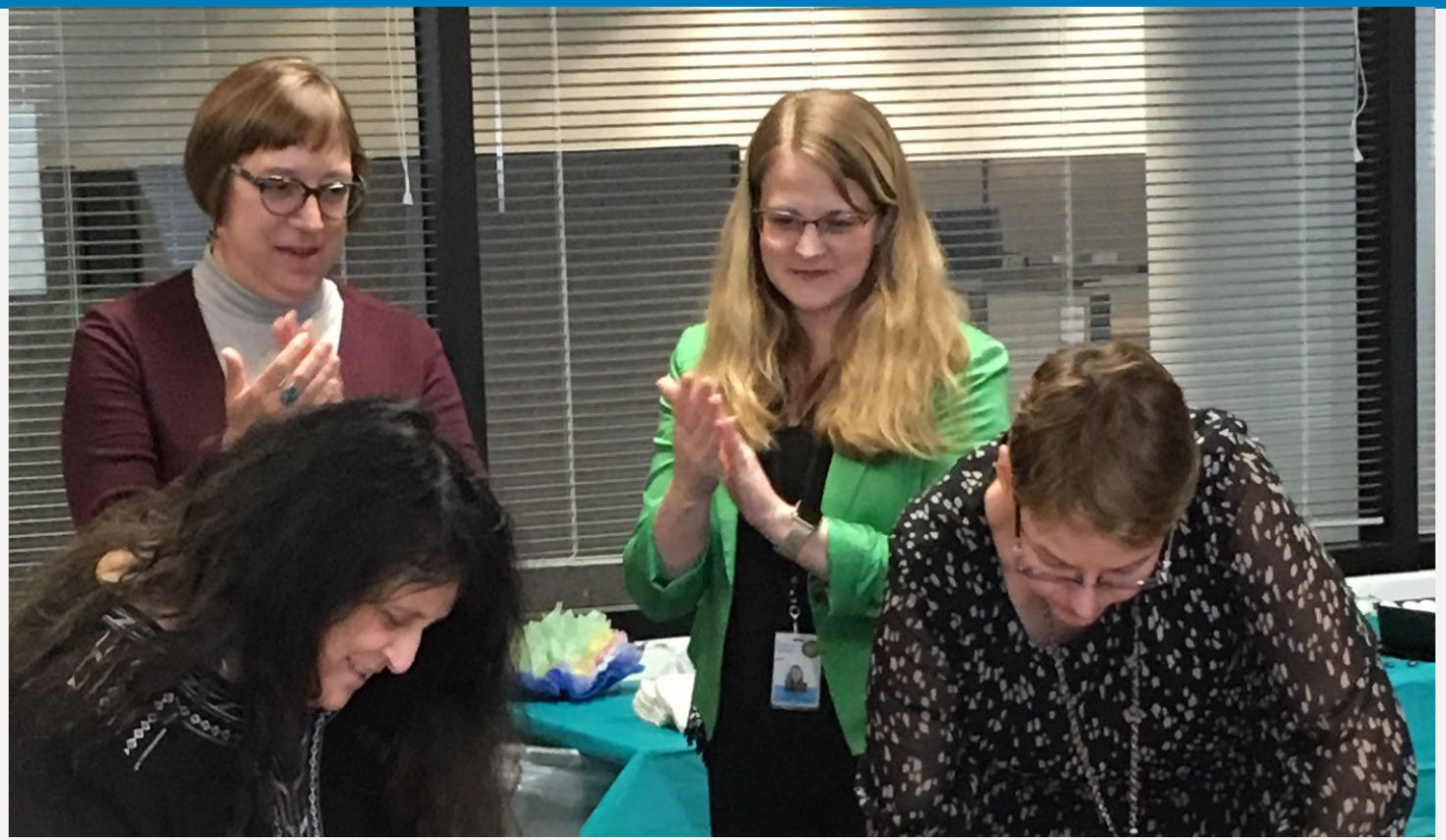

THE CONFEDERATED TRIBES
OF GRAND RONDE


COW CREEK BAND OF
UMPQUA TRIBE OF INDIANS
1853-1982


CONFEDERATED TRIBES OF
WARM SPRINGS
1855

Hearing from all Tribes in Oregon

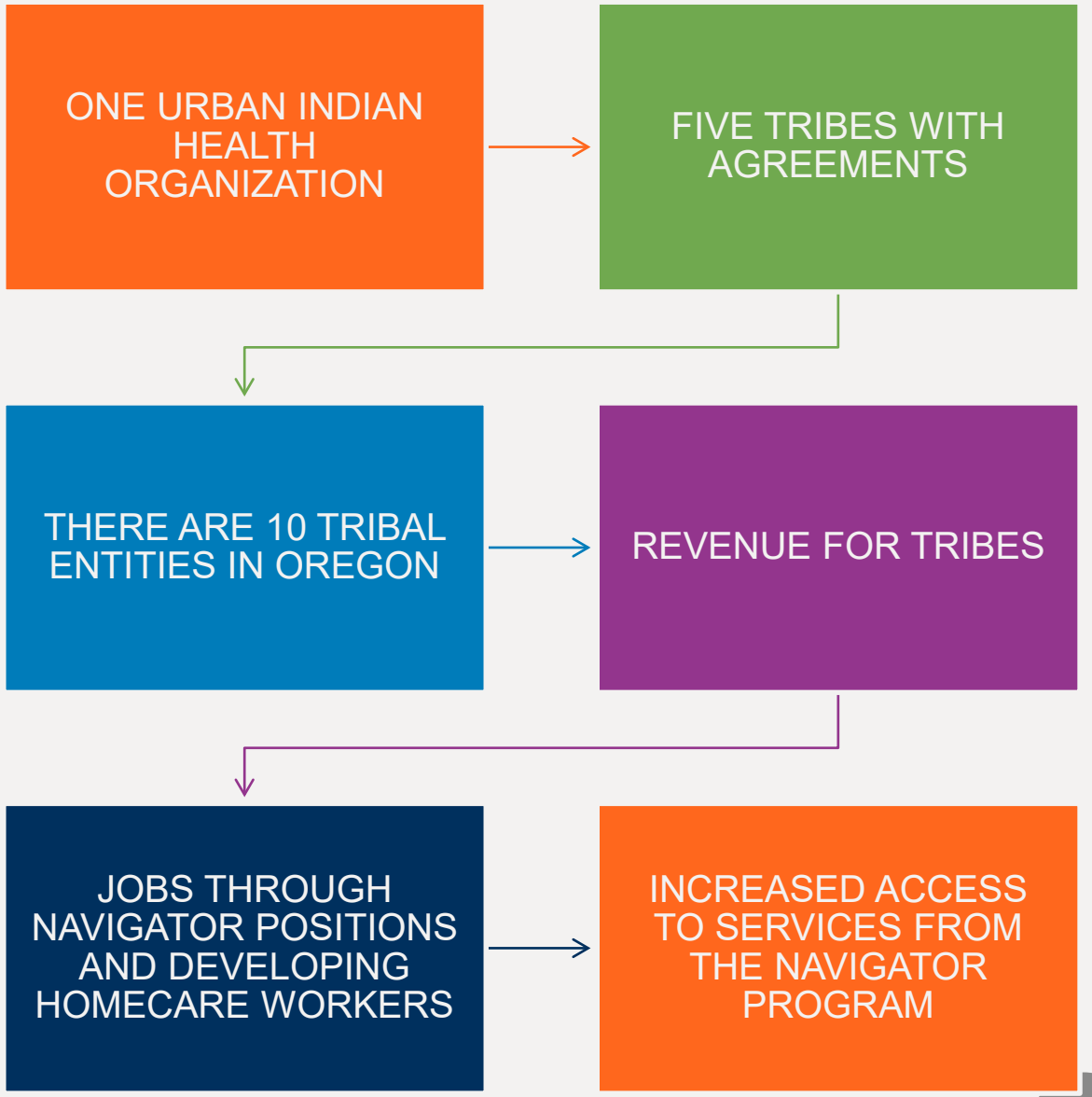
- Similar issues across the board
- Most elders and tribal members with disabilities did not want to interact with Oregon Department of Human Services due to generational trauma and past atrocities
- They wanted someone they knew and trusted to deliver the services and assist their members in finding resources in the Long-Term Care system



The Aging and People with Disabilities Tribal Navigator

- Position hired by and overseen by the Urban Indian Health Organization, NARA
- Navigator from their community, that is trusted and understand their cultural needs
- Navigator is trained alongside our case managers to know our system
- Each AAA and APD office has a tribal single point of contact to case manager tribal member cases and work in tandem with the Navigator.
- All offices have a MOU that supports the Navigator Program
- Best of all, APD agreement with the Urban Indian Health Organization are fully funded. We are giving the tribal entities the funds for these positions.
  - 50% general fund, 50% Medicaid administrative match

Current State



Future State

Waivered Case management where Tribal entities are receiving 100% Medicaid match for Case Management

Thank you!

Rebecca Arce, MPP
Program Equity Manager
Office of Equity and Multicultural Services
Rebecca.E.Arce@dhsoha.state.or.us

MFP Tribal Initiative

Minnesota

- Bois Forte Band of Chippewa
- Fond du Lac Band of Lake Superior Chippewa
- Lower Sioux Indian Community
- Mille Lacs Band of Ojibwe
- Red Lake Nation
- White Earth Nation

MFP Tribal Initiative

North Dakota

- Mandan, Hidatsa, Arikara Nation
- Standing Rock Sioux Tribe
- Turtle Mountain Band of Chippewa Indians

MFP Tribal Initiative

Oklahoma

- Ponca Tribe of Oklahoma
- Wichita and Affiliated Tribes

MFP Tribal Initiative

Washington

- Chehalis Tribe
- Lummi Nation
- Makah Tribe
- Muckleshoot Tribe

MFP Tribal Initiative

Washington (Continued)

- Nisqually Tribe
- Seattle Indian Health Board RAIO
- Spokane Tribe
- Squaxin Island Tribe

MFP Tribal Initiative

Wisconsin

- Bad River Band of Lake Superior Tribe of Chippewa Indians
- Forest County Potawatomi Community
- Ho-Chunk Nation
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Lac du Flambeau Band of Lake Superior Chippewa Indians
- Menominee Indian Tribe of Wisconsin

MFP Tribal Initiative

Wisconsin (Continued)

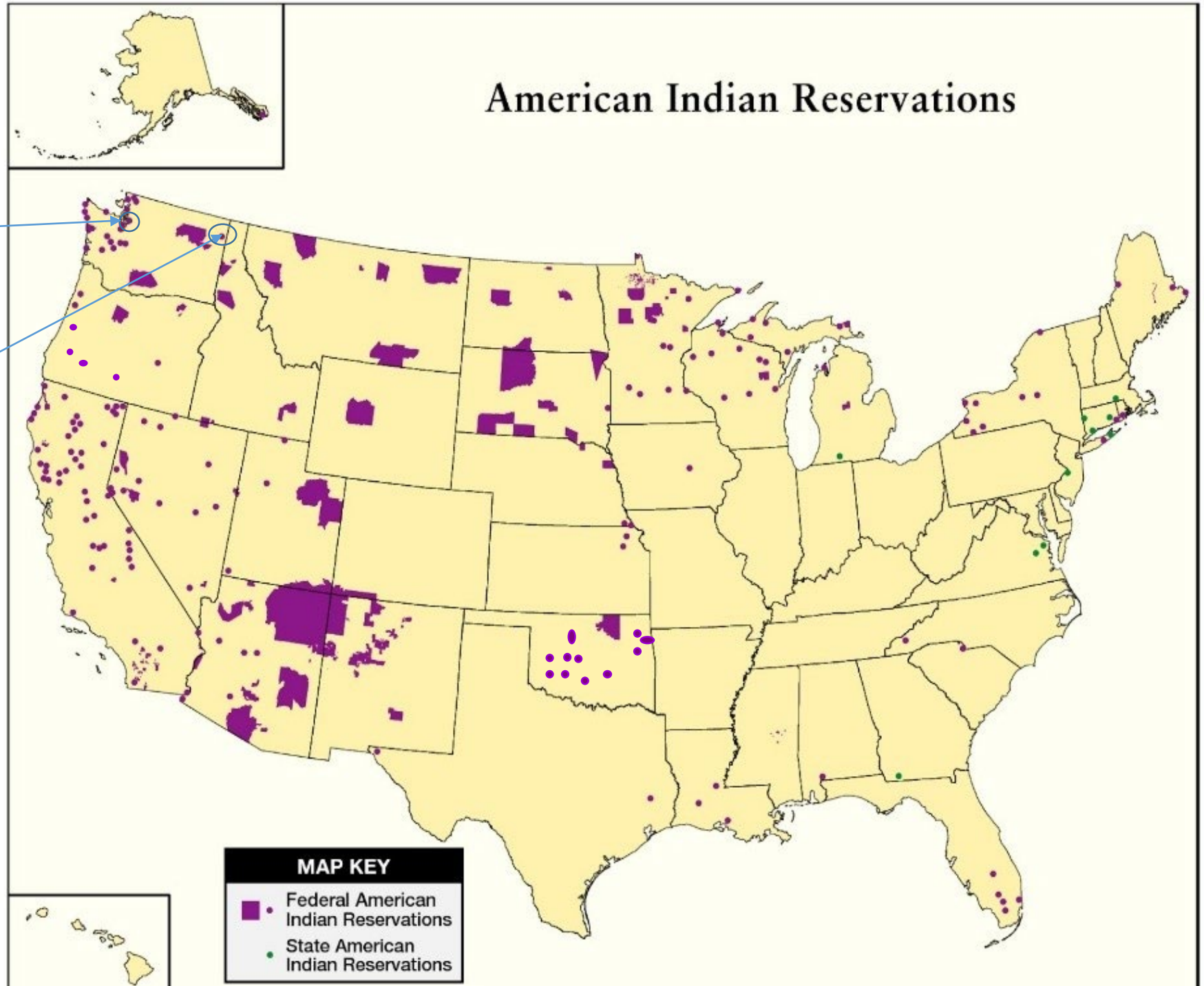
- Oneida Nation
- Red Cliff Band of Lake Superior Chippewa
- St. Croix Chippewa Indians of Wisconsin
- Sokaogon Chippewa Community
- Stockbridge-Munsee Community

MFPTI State Program Contacts

- Minnesota - John Anderson — john.a.anderson@state.mn.us
- North Dakota - Melissa Reardon — melissa.reardon@ndsu.edu
- Oklahoma - Russ Coker — russell.coker@okhca.org
- Washington – Ann Dahl — DahlA@dshs.wa.gov
- Wisconsin – Al Matano — Alfred2.Matano@dhs.wisconsin.gov

Seattle Indian Health Board

Spokane Tribe of Indians



TRIBAL HCBS

States and AAAs working with Tribal Nations

HCBS Workshops

More information on back.

- **Government-to-Government: How States, AAAs & Tribes Work Together to Implement LTSS**
- **Building Infrastructure and Coming Home: Improving Access to LTSS for American Indians and Alaska Natives**
- **Urban Indians and LTSS: The Importance of Cultural Recognition and Culturally Attuned LTSS in Urban Areas**
- **Red Lake Nation: Building Tribal Service Capacity**

***Left:** A Wisdom Warriors Chronic Disease Self-Management trainer prepares for a training. **Middle:** A Lummi Nation representative shares elder service program information with other tribes, Washington State and Area Agencies on Aging. **Right:** Mr. Joseph, of the Sauk-Suiattle Tribe, moved home from a nursing home with the help of the MFP program.*

Money Follows the Person Tribal Initiative

Goals:

- Transition eligible and interested tribal members from institutional settings back to their communities.
- Expand the leadership role of tribes in the design and operations of Medicaid funded programs tailored for tribal members.

Values:

- Promote government-to-government relations
- Enhance tribal infrastructure
- Increase access to needed services
- Address disparities
- Design and implement effective programs
- Maximize fiscal resources

National Home & Community Based Services Conference

August 26-29, 2019 • Baltimore Marriot Waterfront, Baltimore, MD

Government to Government: How States, AAAs & Tribes Work Together to Implement LTSS

Tuesday, Aug. 27, 2019
2:45 p.m.-4:00 p.m.
Room: Raven

This panel will examine issues associated with developing government to government relationships between Tribal Nations and States. Tribal Nations have a unique governmental and political status which is important to recognize and respect. Speakers will share their state's best practices for working with Tribal Nations in the development and implementation of a broad array of services and supports including utilization of Medicaid LTSS and Care Coordination.

Building Infrastructure and Coming Home: Improving Access to LTSS for American Indians and Alaska Natives

Wed., Aug. 28. 2019
2:45 p.m.-4:00 p.m.
Room: Galena

Determining priority needs, identifying challenges and developing best practices to increase access and delivery of LTSS on Tribal reservations is a very individualized experience. Each Tribe is a unique sovereign government in culture, customs and rules. Tribal nation health leaders and state representatives will share their stories of how MFP Tribal Initiative support helped advance their LTSS goals.

Urban Indians and LTSS: The Importance of Cultural Recognition and Culturally Attuned LTSS in Urban Areas

Thursday, Aug. 29. 2019
8:30 a.m.-9:45 a.m.
Room: Laurel CD

Native people residing in urban areas face significant health disparities, poverty and homelessness that create additional barriers to LTSS and increase risk of institutionalization. Presenters from Washington, Oregon and Minnesota will describe how issues have emerged, been identified and responded to, based on research findings.

Red Lake Nation: Building Tribal Service Capacity

Thursday, Aug. 29. 2019
11:30 a.m.-12:45 p.m.
Room: Raven

Red Lake Nation's expansion of home and community based services was developed as part of a government-to-government partnership between the Tribal Nation and the Minnesota Department of Human Services, and was funded through the Money Follows the Person (MFP) Tribal Initiative. Red Lake Nation identified priorities based upon a well-executed strategic planning process, which involved interviewing a broad range of key informant stakeholders and 100 tribal elders. Session participants will be provided a general overview of the MFP Tribal Initiative and its goals; they will learn of the importance of developing government-to-government relationships in carrying out expansive projects; and they will see how applied research methods can be used to inform the strategic planning process. The project has already had a significant impact in improving the array of culturally relevant services available to tribal members. These gains are sustainable and will be expanded to address the needs of individuals living off the reservation in urban settings.