THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by: SHIRLEY BENNELL - 2002/2 Churchill Fellow

INVESTIGATE WAYS OF OVERCOMING CULTURALLY INAPPROPRIATE AGED CARE PROVISIONS AND BARRIERS FOR ABORIGINAL PEOPLE.

Contents

1. Acknowledgements

This report details the findings from 2002 Churchill Fellowship Award to visit the United States of America and Canada. Investigating and observing cultural appropriateness in aged care services with the American and Canadian Indigenous people. Specific areas of investigation included:

Provisions and barriers
Keeping cultural in long term care
Cultural securities

My visit to America and Canada and the invaluable experiences I gained would not have been possible without;

The financial assistance given to me by Winston Churchill Memorial Trust, sponsored by the Western Australian Department of Community Development In addition to financial support the high regard of Churchill Fellowships helped open many doors that would have otherwise been closed.

The support and commitment of the Management Committee and Colleagues at the South West Aboriginal Medical Service was invaluable and so very much appreciated.

The friendship, hospitality given to me by the Indigenous North American people, and their willingness to share experiences, knowledge, wisdom and other information, have help to form life long memories.

My family and friends for their love, support and encouragement throughout the whole experience – from lodging the application, to the welcome back to home soil.

Thank you so very much.

2. Executive Summary

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Fellowship objective:

Investigate ways of culturally appropriate Aged Care provisions and barriers for Aboriginal people.

Fellowship highlights includes visiting different American and Canadian Indian Tribes, individuals and organizations:

* Pascua Yaqui Tribe - Tucson, Arizona
* Yavapai Nation - Fort McDowell, Arizona
* Pueblo Indian Elderly Care Centre/nursing home - Laguna, New Mexico
* The National Indian Council on Aging Albuquerque, New Mexico
* Choctaw aged-care nursing home - Philadelphia, Mississippi
* The National Aboriginal Health Organisation - Ottawa, Ontario
* Iakhihsohtha Home for the Elderly - Akwesasne Mohawk Territory,
* Tsiiokwanonhse: te aged-care nursing home - Akwesasne Mohawk Territory,
* Kanonhkwatsher: io, Health Service Akwesasne Mohawk Territory,

2.1 Findings:

Overall I found that North American Indigenous communities struggle to balance similar issues that Indigenous people must manage in Australia. Funding, staff shortages; accreditation and certification requirements define the boundaries for all Aged Care in both countries. The challenge, for all, is how to make Indigenous specific services culturally relevant and comfortable for Indigenous consumers. As in Australia, some North American organizations are better than others in how they have made their Aged Care services culturally relevant.

Some communities had greater economic independence and security (through sustainable revenue) than others. The more economically independent tribes were generally (but not exclusively) able to afford more culturally focused activities and Health Care Programs – which often meant more staffing. A key component of most impressive facilities was the significant levels of Indigenous staff.

3. Programme

HAWAII

Honolulu……2nd June - 8th June
Conference: Four days International Health Conference
Contacts:
Mr Hardy Spoehr
Executive Director
Papaolalokahi Health Organisation

ARIZONA

Tucson…….9th June – 17th June
Conference: two days State Indian Elders Conference
Contacts:
Ms Aleena Hernandez
Program Coordinator Indians into medicine
College of Public health
University of Arizona

Indian Health Service
Tucson Area

Ms Myra L. Caldarelli, LCSW
Family Therapist
Ford McDowell Yavapai Nation
Family and Community Service

Ms Sandra Pattea, RN., M.S
Health Director
Fort McDowell Yavapai Nation
Wassaja Memorial Health Centre

NEW MEXICO

Albuquerque……19th June – 4th July
Contacts:
Mr Dave Baldridge
Executive Director
National Indian Council on Aging

Ms Health DH Mann
Program Manager
National Indian Council on Aging

Ms Linda L. Morales
Director of Community LTC
Elder Service – Pueblo of Laguna
Laguna Elderly Care Centre/nursing home

Ms Gail Cerno
Director of Admissions and Marketing
Laguna Elderly Care Centre/nursing home

Mr Michael Bird
Ex President of the American Public Health Association 2000 – 2001

MISSISSIPPI

Philadelphia……..5th July – 8th July
Contacts:
Ms Judy Rudolf
Director of Nursing
Choctaw Tribal Health Service

CANADA

Ottawa……9th July – 26th July
Contacts:
Mr Richard Jocks
Executive Director
National Aboriginal Health Organization

Mr Guy Poirier
Human Resources and Procurement Officer
National Aboriginal Health Organization

Ms Linda Greer
Policy Officer
National Aboriginal Health Organization

Ms Onalee Randell
Director
Inuit Tapiriit Kanatami, Health Department

Ms Roda Grey
Senior Policy Advisor
Inuit Tapiriit Kanatami, Health Department

Ms Sharon Edmunds
Programs Coordinator
Inuit Tapiriit Kanatami, Health Department

Ms Catherine Dallas
Senior Advisor
Inuit Tapiriit Kanatami, Health Department

Be'sha Blondin
Keeper of the Lodge
(Traditional medicine women)

AKWESASNE MOHAWK TERRITORY OF QUEBEC/ONTARIO

Kanonhkwasheri: io Health Service, Quebec

Iakhihsohtha 50 bed Elderly Care Home, Snye – Quebec

Tsiiokwanonhso: te 30 bed Elderly Care Home, Cornwall, Ontario

ENGLAND

London……27th July – 3rd Aug

Winton Churchill Sites

4. Introduction

Throughout my life, for all sorts of reasons, I have been interested and involved in basic grass roots issues of how our older Aboriginal people are cared for. Mostly I have been interested in finding a balance of good care and good medicine within a good cultural context for our older people.

The Churchill Fellowship enabled me to visit many places in North America and talk to people involved in the delivery of Aged Care at the "grass roots" level. The most interesting places I visited were Tucson, Fort McDowell, in Arizona. Laguna and Albuquerque in New Mexico, Philadelphia in Mississippi and three health facilities in Quebec/Ontario. People such as Aleena Hernandez, Dave Baldridge, Judy Rudolf, Linda Greer and Richard Jocks were particularly helpful. They freely gave information and they took me to places and put me in contact with so many other interesting people. I can never thank them enough for their spirit, kindness, friendship and helpfulness.

5. Findings

I am more convinced than ever that we must all pay more formal attention to the issue of culture and long-term care for older people. This seems to be a common theme in many spoken views and discussions documented by the American Indians. As in Australia, there seems to be no national or state formal policy incorporated in any Aged Care nursing facilities, although in North America, the nursing homes that incorporate the most "culture" into their care seem to be the ones in the most remote areas. They appear to be free to include cultural contents in their care for older people because they are distant from the "checkers".

The Aged Care Centre in New Mexico seemed to incorporate some culture into their care plans by bringing daily community life into the home. Community people were doing activities with residents. Elders who still live in the community were having meals and other elder activities on site, but separetate from residents. Also there were on site units for non-residential elders to live in. A strong focus in most of the Aged Care sites that I visited was the continual use **of traditional medicines and spiritual healing methods.** In Canada I was actually introduced to a Medicine Women, and a program of traditional healing at one of the facilities, which included traditional singing, dancing, smoking or smudging (as they call it) and massages. Display of art works and artefacts that enforce connection to traditional spiritual totems were another highlight. Family involvement is strongly encouraged to support these familiar attachments. Having familiar people, familiar foods, familiar language (heard and spoken) and or ways of seeing familiar items, that is bringing culture into long term care. Another method of enforcing culture in long-term care is skilling Indigenous staff as "patient care aids", Australia's equivalent to Aboriginal health workers. This way they engage community people in the care delivery and it also makes economic efficiencies in terms of reducing reliance on nurses, which are in shorter supply and more expensive to employ. Although, as in Australia, a registered nurse needs to be on duty at all shifts.

Nearly all the staff at Laguna Rainbow Nursing Home belong to one of the Nine Pueblo Tribes, so most are related to the residents either by clan or by blood. Many of these employees are bilingual, thus communicating with residents in their own language, a cultural element of Keeping Culture alive.

Set in a remote area near Casa Blanca, New Mexico and away from the "checkers", elders celebrate traditional fiesta days, holidays and holy days. Medicine men are provided when the need arises and ceremonies take place at the centre. Pre-school and school aged children visit on a regular basis, and celebrations often include intergeneration of "young and elder" culture rituals, another cultural element.

5.1 Lessons Learnt

A major lesson for me was my expectation that Aged Care Services in North America were or would be more advanced and culturally appropriate in long term care. However, I found out that Indigenous Australia Aged Care Service is workable, but more is still needed to produce a "good" model that services all.

Although service providers maybe had the answers to how they viewed keeping culture in long-term care as in how it could or should be. They certainly did not seem to have it the way they would like it to be. There seems to be huge issues on truly applying formal cultural appropriate ways with long term care. There also seems to be huge constraints on policies and funding avenues in relation to American Indian health care systems. One American Indian executive director sadly spoke of how the American Indian health issues are still the invisible problems for federal and state governments, but every much a visible problem for the people themselves.

5.2 How to Disseminate Information

To best disseminate the findings of my investigations for Australian service providers would not only be with the Aboriginal Medical Services future policies and service delivery in Aged Care, but also with government agencies and departments by a series of lectures and workshops. My further involvement on National and State Boards and Councils gives me a wider network of people to present these findings to. For example as Western Australia's' representative on the Board of Aboriginal Hostel Limited, which is involved in funding, supporting and assisting residential Aged Care communities (urban, regional and remote) around Australia, cultural advise and suggestions on Aged Care issues would seriously be welcome if a difference can be made with service delivery.

5. 3 Similarities and Common Values

One of the themes that stand out as common between Indigenous Australians, Indian Americans and Aboriginal Canadians is the belief that our aged people should be cared for at home by their own families, among their own people and cultural environment. It is, indeed, a nice thought. However it is an ideal that is becoming increasingly unrealistic. The truth is that people do age. It is also true that Indigenous peoples of Australia, America and Canada are now generally living longer than they did before – even if their longevity is not as high as the general populations of their respective nation. What this means, in short, is that the care needs of older Indigenous people are increasingly beyond the ability of most indigenous families. This is especially true when we consider the other pressures and dysfunctional aspects of Indigenous families in the Western World.

Most health plans, in all these countries – focus on keeping indigenous people at home and having them cared for in their own communities. Yet the reality is that, like the mainstream population, Indigenous peoples will increasingly need nursing homes. This may be an unpopular thought, but statistically this is shown as a certainty as this is not an Indigenous peoples' phenomenon. The same issues are facing all people in every walk of life. It is a case of how we cope with an aging population and how we can maximise the dignity and respect these aged people deserve in the care environment we manufacture for them.

As in Australia, most Indigenous people see residential care as the last option. This is due to added pressures of day to day life. There is a strong preference for family based care in at home – and less reliance on institutional care. Residential nursing care is viewed, as stated by an Indigenous Elder in North America: "*One of the greatest*

fears is being placed in a nursing home far from their families and friends, where no one speaks their language, where food is unfamiliar and where they are left alone to die". (Navajo Nation Elder – Frank Chee Willetto) What is the perfect solution.

The barriers observed in delivering culturally appropriateness in North American Indigenous Aged Care programs is funding. It seems to be more of and issue for some groups than others. Most communities visited had provided their own capital funding for the construction of nursing homes, whereas in Australia that would be almost impossible. Many communities in North America had no specific Aged Care services and only limited access to mainstream services. This was mostly true for all those tribes or communities that did not have access to the streams of income that flowed from having casinos on their lands, or activities such as oil drilling, ranching or other forms of revenue.

5.4 Barriers

Tribal affiliation, enabled access to services operated by different tribal groups. For example, not all nursing homes or other American Indian Primary Health Care services were open to use by non tribal members. Non recognised Indians seemed to be left out of health systems generally and had to rely on the less than perfect Medicaid system or had to take up private health insurance. It is impossible to consider the care of the aged in the USA without referring to the complexities of the US health. Compacting, contracting, Medicare and Medicaid, while peripheral to my studies, it is clearly an issue that defines access to services. The Australian Medicare system for all Australians seems to be near perfect in comparison to that of the American system.

5.5 Provision

Co-location with other Indigenous services seems to be influenced by a community development focus. Health clinics adjoined to the residential premises and situated where other services that residents and community people were able to access. Regular contact with family and friends is an element of balancing "culture" in long-term care.

The above views seems much less of a factor, or even irrelevant in Canada. The health system is similar to Australia but in my view the health system in Australia is better, fairer and more clear than the US or Canadian models. Although I did not focus on funding and legislative issues. The range, complexities and impacts vary across states of the US. But essentially, as in Australia, the broad issues are the same in terms of funding, accreditation, staffing difficulties and access to services by Indigenous people.

6. Recommendations

To present recommendations with this investigation, it is necessary to comprehend the provisions that need to be observed with relation to cultural aspects and long term care. At the same time it is necessary to reiterate the provisions and the barriers. Then, hopefully put forward some sound recommendations for Indigenous people long term Aged Care planning.

The barriers of historical factors need to be understood and resolved before moving forward in the establishment of culturally appropriate Aged Care Programs. Lifestyles are changing – whether people live in urban, regional or remote areas. Keeping culture vital while delivering long term care in multiple settings governed by external policies reflects the fragmentation and problems we are faced with today.

The task is to identify ways to elicit culture from Elders about what their life experience has taught them. Culture, care and the primary voice of our Elders are essential to the development of long term care that fits with their expectations. Culture provides protection for people, it gives support – like a house – security, warmth, belonging, it gives a physical and emotional balance, and it gives ownership. With that comes Cultural Securities that help to develop the understanding – the ways and types of services that are needed to provide quality of life that's fair and equal for all people.

The National Indian Council on Aging, based in Albuquerque New Mexico could be seen to be a good example for our system in Australia to follow. This Council is managed by a Committee which represents the voice of the Elders. The Council is a "go between" for the Federal Government, State Government and Tribal Government. Their role is to influence government decision making and ensure all Tribal inputs are considered in the decision making process. A concept similar to this could be developed as a major connection to government here in Australia.

6.1 Policy Issues

Ask the question! What has the Australian Government seriously done to give Elders a role and responsible avenues to maintain or keeping cultural ways in long term care for older Indigenous people?

The most important elements for developing policies in long term care programs are that they meet the needs of Indigenous Elders, they are a vision that needs to be shared by Federal and State Governments as well as the people themselves. Various Federal and State agencies supporting long term care services must understand that smaller communities may require more flexibility in meeting requirements for accreditation and certification for Aged Care facilities.

6.2 Models

Planning tends to follow dollars rather than cultural values and community based input. In the past, nursing homes represented the extent of our understanding of long-

term care. What are the best models for Indigenous communities? Grassroots planning is needed to determine appropriate service models for long term care. Aboriginal culture and values must play a key role in defining the types of long term care services. Appropriate models are needed for different communities and ways in which services are delivered for different groups.

6.3 Stakeholders Involvement

It is critical to identify those who should be involved in the planning process as it is important to involve stakeholders at all levels – Aboriginal Medical Services, other service providers, Aboriginal Elders, people with disabilities and their families, and the informal "movers and shakers". All need to participate in planning and development of the most appropriate Models.

6.4 Evaluation

There has to be an evaluation of the current capacities for long-term care. Models should be designed with vision and flexibility to adjust to changing needs and demands. To develop a shared vision requires good communication between the parties as well as Model programs that provide tangible evidence of successful and sustainable approaches.

6.5 Data and Demographics

Demographic data is important in understanding the levels of care in a community planning for future services this includes prioritisations to determine which services should be, developed first and which can be developed later. Attention in the planning process to improve collaboration between existing service networks and providers will produce more options and expand the array of services potentially in Indigenous communities.

7. Conclusion

Not all is better across the other side of the world. Australia does well in some comparisons. Australia recognises the need for Indigenous specific Aged Care services. The Australian Medicare health system definitely doesn't seem to have the same complexities as those in the US.

Although having said that, for Indigenous nursing homes to successfully fill the gaps in cultural appropriateness in age care services, I believe one of the ways to attempt this is to build a standard measuring tool into the accreditation documentation. A tool that ensures that cultural content and relevance is an issue important enough to be assessed for compliance.

If the nursing homes are set specifically for Indigenous groups, then it makes sense that there must be some active focus and assurance that cultural content plays a real part in the function of the home. Each cultural group should define for themselves what those measures would be to "keep culture in long term care".

8. Bibliography

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Baldridge Dave, Baldridge John, "Health and Long-Term Care for Indian Elders", in The National Indian Council on Aging Report: National Indian Policy Centre, Washington, DC 1996

Dixon Mim "American Indian and Alaska Native Communities" Washington DC, American Public Health Association 1998