



## **The Native Aging in Place Project: Building Sustainable LTSS Capacity in your Tribal Community**

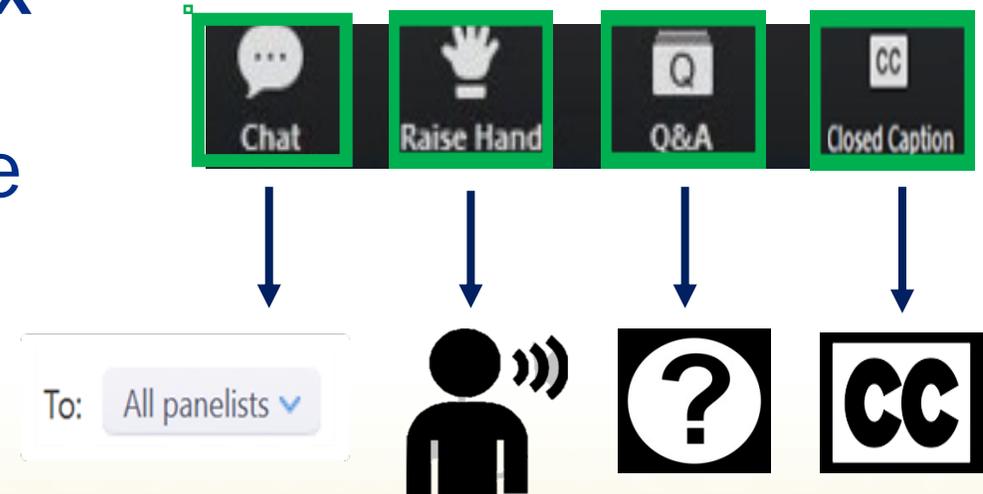
Wednesday, April 28, 2021, 2:00 pm Eastern

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# Presenters



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National Resource Center  
on Native American Aging  
**NRCNAA**

# **The Native Aging in Place Project: Building Sustainable LTSS Capacity in your Tribal Community**

**NRCNAA**

**School of Medicine & Health Sciences – Center for  
Rural Health**

**University of North Dakota**

# National Resource Center on Native American Aging

- 27 years serving tribes, Alaska villages, and Hawaiian homesteads
- Located at the University of North Dakota, School of Medicine & Health Sciences, Center for Rural Health
- Funded by the Administration for Community Living (ACL)
- Two sister centers in Alaska and Hawaii



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# Mission and Vision

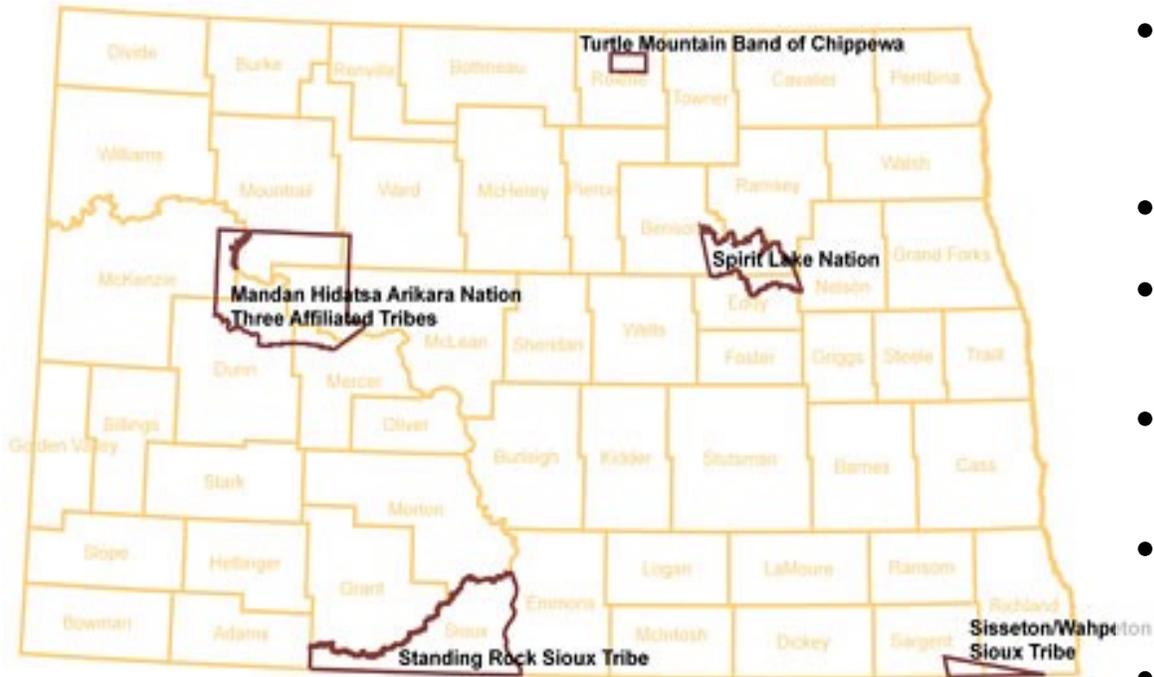
**Mission:** identify and increase awareness of evolving Native elder health and social issues

**Vision:** To empower Native people to develop community-based solutions while honoring and helping to maintain cultural values





- Funded by the Margaret A. Cargill Philanthropies (MACP) in 2016
- Collaboration between Spirit Lake Nation, University of North Dakota (UND) College of Nursing & Professional Disciplines, and the UND National Resource Center on Native American Aging
- Accelerate and strengthen local capacity to develop, deliver, and evaluate home- and community-based long-term services and supports (LTSS) for the elders of Spirit Lake Nation



- Spirit Lake Nation, formerly the Devils Lake Sioux Reservation, was established through a treaty February 19, 1867
- Located in east-central North Dakota
- About 393 square miles or over 245,000 acres (about 60,000 acres are tribal land)
- Dakota Sioux “Mni Wakan Oyate” or “the people of the Spirit Water”
- 4,238 resident population (2010); 6,748 enrolled population
- Median age – **23.4 years** (North Dakota median age is 34 years; U.S. median age is 36 years)
- 1,675 under 16 years (about 40%); about 14% is under age 5
- 611 are 55 and older (15%) (North Dakota 27%; U.S. 25%)

# Spirit Lake Tribe

*Source: Spirit Lake Nation Comprehensive Community Assessment 2015*

# Tribal Participatory Action Research (TPAR) Model

- Framed the discussion and thinking around LTSS and NAPP
- Focuses on social change and community engagement – developed for collaborative work in tribal communities
- Involves and engages community members as stakeholders through every phase of planning, implementation, and evaluation
- Held community conversations over 6 years to identify needs
- Led to a proposal submitted to MACP
- Tribal Advisory Committee



# Native Elder Caregiver Curriculum (NECC)

- Developed with advice and guidance from Native elders to create a teaching/training tool specific to the needs of elders living in rural tribal communities
- The original topic outline was generated collaboratively through a focus group with elders of the Spirit Lake Dakota Nation based on their learning needs as family caregivers and/or experiences as elders needing caregiving assistance to “age in place”
- The NECC is available to download from the NRCNAA website





The NRCNAA and Spirit Lake Tribe built collaborative relationships to expand and coordinate community services



**Empower** the Spirit Lake Tribe to create a sustainable model of community-based services (including LTSS workforce development and caregiver support) that is allowing Spirit Lake elders to **age in place**

## Current Use of the North Dakota QSP Program

- North Dakota has two options for accessing and providing QSP services to assist elders (and adults with disabilities) to age in place
- Independent QSP or QSP Agency?
  - Agency is like a tribal business; supported (in-time) by Medicaid reimbursement
  - Agency does billing, paperwork, taxes, health insurance, worker's comp, etc.
  - Agency provides a support structure, training, and more quality assurance
  - Creates more jobs on the reservation (pipeline Certified Nurse Assistant could become a QSP)

Tribally owned qualified service provider (QSP) agency that

1. provides personal care to elders in their homes
2. leverages partnerships to ensure direct care workforce development and caregiver support

# Spirit Lake Okiciyapi QSP Agency



- ***Okiciyapi*** is Dakota for “helping one another” – elder’s input on the name
- Okiciyapi is the first tribal QSP agency in North Dakota
- **QSP:** in-home provider for **homemaker** and **personal care** services
- Delivered under North Dakota State Medicaid Waiver for Home- & Community-Based Services and the Medicaid Personal Care Services Option



# Making a Difference

- Stakeholders had very strong support, respect, and appreciation for the tribal QSP agency
- Interdisciplinary meetings created better care coordination among providers
- Elders have been able to return home after being in a nursing home because Spirit Lake Okiciyapi services were available
- Tribal members reach out to request QSP services for themselves or their family members
  - In the past, many would decline QSP services because they were concerned about allowing county social workers into their homes or they feared being sent to a nursing home



## Communication & Collaboration

**Partnerships** contributed to increased services for Spirit Lake elders and elders in surrounding communities

- Created **awareness, understanding, and ways to share information:**
  - Stakeholder Advisory Group
    - Area service providers contact Spirit Lake Okiciyapi if they know of someone needing personal care services
  - Regular meetings with interdisciplinary service providers and home- and community-based case managers
    - Elders previously ineligible for services have been **reassessed and are now receiving services**
  - Community informational meetings
    - Provided elders and family members opportunities to ask questions about services and were used to **recruit workforce**

# Building Trust

Reliable community **outreach** service is critical to developing relationships and building trust with service providers and community members

- **Relationships** – Not simply knowing who does what, when, how, and why (important), but also the **quality of the relationship and the nurturing**
- **Going the extra mile** – Following up on other things they see that need to be done for the elder beyond the QSP scope
- **Linking LTSS** – Hospital discharge planning, community health representatives, public health, tribal clinic nurses & doctors, Veterans Administration, etc.



# Something Concrete

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A statement made at a stakeholder meeting “**building something that produces jobs; it is concrete**”

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Reinforces understanding of economic need (high poverty and unemployment)

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Helping people to **age in place** is the overarching goal, but the economic implications – **jobs, income, security** – are essential, too

# Workforce Development – a marathon, not a race

## Agency workforce pipeline:

- Independent QSPs can serve the agency as temporary or on-call staff; they can also be pathways to full-time agency employment
- Respite for independent QSPs – Helps with burnout and peer support
- NAPP has provided training (NECC) to agency and independent QSPs

# Challenges

- (Mis)communication between federal, state, and local systems
  - **Tribal sovereignty** - State office unsure how to proceed with assisting because no tribe “had ever asked before”
  - Eligibility, case management, cost-shares
- Different processes for Veterans
  - Medicaid, Medicare, Veterans Administration
- Continual development of understanding and awareness among tribal citizens and tribal leadership
- Building a business – NOT a program
- Workforce, workforce, workforce!





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## NAPP Team



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