



# LTSS in Our Community

**Keeping Tribal Elders Connected:  
Real Stories from the Front Lines**

# Disclaimer

This webinar series is supported by GS-00F-0012S/HHSM-500-2016-00065G awarded by the Centers for Medicare & Medicaid Services. The opinions, findings, conclusions, and recommendations expressed in this webinar are those of the presenters and do not necessarily represent the official position or policies of the Department of Health and Human Services or the Centers for Medicare & Medicaid Services.



## Facilitator

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## Panelists



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# About UNITE

## UNITE (Uniting Nursing Homes in Tribal Excellence)

- Entering its 7th year of service to tribal nursing homes and tribal assisted living facilities
- Promotes evidence-based education and training, best practices, and quality improvement initiatives
- Works with any tribe desiring facility and/or home-based services for tribal elders to age in place



# UNITE's Mission, Status, and Location

## UNITE's mission

UNITE partners with Native Americans/Alaska Natives/Native Hawaiians to improve the quality of life of elders through the implementation of evidence-based practices and culturally relevant education and training

- 501c3 with Board of Directors
- Serving tribal elders since 2014
- Membership-based



# Webinar Objectives

- State 3 ways to keep residents connected despite federal and state regulations
- State 3 ways to stay connected during the admission process
- State the healthy benefits of companionship and touch
- State 3 ways to continue the Resident Council during COVID
- Describe how traditional food is beneficial
- State 3 strategies to use technology to reduce social isolation
- List 3 quarantine activities
- State 3 ways to stay connected during the holidays
- State 3 concerns related to masks and social isolation
- Identify ways to keep residents connected when receiving dialysis and other medical treatments



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# Definitions and CMS mandates

“Loneliness and social isolation in older adults are serious public health risks affecting a significant number of people in the United States and putting them at risk for dementia and other serious medical conditions.”



# Social Isolation

Social isolation and loneliness are serious, yet underappreciated, public health risks that affect a significant portion of the older adult population

People who are 50 years of age or older are more likely to experience many of the risk factors that can cause or exacerbate social isolation or loneliness, such as living alone, losing family or friends, chronic illness, and sensory impairments

Social isolation and loneliness may be episodic or chronic

Social isolation presents a major risk for premature mortality comparable to other risk factors, such as high blood pressure, smoking, or obesity



# Social Isolation and Loneliness

Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity

Social isolation was associated with about a 50% percent increased risk of dementia

Poor social relationships (characterized by social isolation or loneliness) were associated with a 29% increased risk of heart disease and a 32% increased risk of stroke

Loneliness was associated with higher rates of depression, anxiety, and suicide

Loneliness among heart failure patients was associated with a nearly 4-time increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits



# Social Isolation and the Health Care System

People generally are social by nature, and high-quality social relationships can help them live longer, healthier lives

Health care systems are an important, yet underused, partner in identifying loneliness and preventing medical conditions associated with loneliness

A doctor's appointment or visit from a home health nurse may be one of the few face-to-face encounters someone has

These visits represent a unique opportunity for clinicians to identify people at risk for loneliness or social isolation



# Social Isolation and Person-Centered Care

Patients must make their own decisions

- Some people may like being alone
- It is also important to note that, even though social isolation and loneliness are 2 distinct aspects of social relationships, both can put health at risk



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# Staying Connected Despite Regulations

Cohorting

Quarantining

Vaccination

Exposure to COVID

Length of time spent outside the facility

Community transmission rates

Family decisions affecting elders

Interdisciplinary team meetings and care planning

Waivers

Social distancing



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# Connections during Admissions and Readmissions





# Connections during Admissions and Readmissions

Admission processes becoming more difficult

COVID testing pre-admission

Lockdowns

Readmission processes for current residents

- § Readmission of COVID-positive residents
- § Readmission of non-COVID-positive resident



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# Compassionate Care

Exemptions for hospice care

Other exemptions



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



# Connections and Resident Council

Door-to-door canvassing

No committee meetings

Concerns forwarded to  
department heads

New processes

Paper trail

Zone impact

Group size

Managing grievances



# Connections and Traditional Food

Spiritual food

Connections: family,  
culture, generations,  
and history

Provides opportunity  
to teach and increase  
participation





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# Cutting Geeoga – Half-Dried Salmon





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# Processing Moose Head for Special Occasions





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# Enjoying Salmon Head





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# Teaching the Cook How to Prep Lush – A Fall Favorite





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# Enjoying Cutting Salmon





# Connections and Social Media/Technology

Lack of computers or internet

Pictures on Facebook

Purchase of tablets

Purchase of cordless cell phones

Declination of outreach by phone or video

Remote counseling sessions

Remote behavioral health sessions

Process of online visits

Consultations

Use of empty room to Skype family



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# Connecting with Sensory Limitations

Low vision and blindness  
Hard of hearing  
Telehealth





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# Connections and Activities

Jumping through “hoops”

Standing on our heads

“I want to go shopping”

Native Connections –  
yard signs

Bird feeders

Blessings by priest on  
facility from the outside

Current visitation policy

Van rides

Community funerals



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# Morning Star Care Center's Elder Council Survey 2020

How are you doing with the COVID guidelines?

How is your care?

Any staff you would like to spotlight, and why?

Any issues or concerns you would like to discuss?

Any improvements we could make to make it better?



# Connections and Holidays

Christmas balloon train

Bringing holiday spirit to rooms

Shared meals via window visits

Family entrance visits

Santa's room visits





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# Connections and masks

Inability to wear mask or refusals

Use of guardian to determine risk/benefit





# Connectivity and Spiritual Needs - Phase 1

Window prayer with priest from local church

Last rites and prayers

- A priest from a local church organization with immunity from a positive COVID test came into the facility to pray with family and residents' days leading up to the residents' passing

Local girls school made Chanli waphahta "tobacco ties" as prayers for our elders in our facility

- These items were hung on the west wall in the facility per the guidance of a spiritual leader



## Connectivity and Spiritual Needs - Phase 2 small group

Used resources, such as a Facebook, live stream from a local church for Sunday services

- Projected the sessions onto a large screen in theater room

Father made prayers for the facility halls and blessed rooms frequently

Drum group sang songs outside the facility to lift residents' spirits and give strength

Mental health issues related to COVID pandemic



## Connectivity and Spiritual Needs: Testimonial

One resident with underlying diagnosis of anxiety experienced an increase of symptoms related to his preexisting condition

The resident believed these symptoms to be a result of being confined to room during the pandemic

The resident and staff were able to find some relief through spiritual guidance of a father of local church

The father would call or video chat with the resident and make-in person visits



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# Companionship and Touch

Additional attention  
of staff

Virtual hugs

Touching and  
vaccinations

Visitation

Caregivers





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# Connections during Dialysis and Medical Appointments

Double isolation  
Waiting outdoors  
Separate quarantine  
“hall”





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# Case Study: Isolation-Induced Dementia

Morning Star Care Center  
March 12, 2020, to October 5, 2020





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# Understanding the Impact of COVID-19 on Tribal Long-term Care Communities

- A new form:  
<https://forms.gle/kPPBR2KZVkJDAwUpX9>
- Voluntary participation
- Aggregate information only
- Submitted monthly
- Quarterly calls to review the data collected



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# Understanding the Impact of COVID-19 on Tribal Long-term Care Communities

Gathering objective and subjective information

Addressing the pandemic

Assistance with best practices

Demonstrating a need

Telling a story

Advocacy

Positive attention

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# Questions and Comments

