

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Alaska Native Elder Health Advisory Committee



MEETING SUMMARY

MEETING DATE: October 13, 2009
Alaska Native Elder Health Advisory
Committee

LOCATION: Anchorage

STAFF: Kay Branch

RECORDER: Michelle Gonzalez

MEMBERS: *Present = P* *Absent = A* *Excused = E*

Andrew Jimmie, ANTHC	P	Janet Guthrie, Metlakatla	P	Guests:	
Iver Malutin, KANA	A			Susan LaBelle, Chugachmiut	P
Ethel Lund, SEARHC	A	Staff:		Cyndi Nation, TCC	P
Mary Schaeffer, Maniilaq	P	Kay Branch, ANTHC	P	Lisa Donat, TCC	P
Rose Ambrose, TCC	P	Cheryl Easley, UAA	P	Amanda Lofgren, State of AK	P
Berda Willson, NSHC	P	George Charles, UAA NRC	P	Dr. Bruce Finke, IHS (telephone)	P
Lotha Wolf, MSTC	E	Jim LaBelle, UAA NRC	P	Larry Mercuilieff	P
Allan Upicksoun, ASNA	P	Charles Fagerstrom, ANTHC	P		
James Sipary, YKHC	P	Gary Ferguson, ANTHC	P		
Rose Heyano, BBAHC	P				
Mike Zacharof, APIA	P				

TIME	AGENDA ITEM (PRESENTER):
9:09 a.m.	Call to Order by Chair Andrew Jimmie.
	Invocation - James Sipary, YKHC.
	Announcements – Lotha Wolf is in the hospital. Susie Akootchook has passed away 2 months ago. Issac selected his daughter to take his place on the committee. Kay has sympathy card for Isaac and get well card for Lottie for committee members to sign.
	Iver Malutin is weathered in; George Charles is picking him up from the airport later on today.
	Agenda – Motion to adopt an open agenda (Mike Zacharof, Janet Guthrie).
	Welcome by Chair Andrew Jimmie of Minto, AK
	<u>Old Business</u>
	Motion to approve minutes of April 2009 (Janet Guthrie / Mary Schaeffer) Motion carried. Review ANTHC Board Report and action items

TIME	AGENDA ITEM (PRESENTER):
	<p><u>ANTHC Board Welcome and Discussion</u></p> <p>Don Kashevaroff – Andy Teuber is in Kodiak and is fogged in. The Alaska Native Elder Health Advisory Committee was created a number of years ago to get valuable input in how we should operate our future. This time Mr. Teuber wanted to sit down with you and find out how ANTHC is accommodating your needs.</p> <p>Introduction of Bob Terrazas – Marketing Director for ANTHC</p> <p>Bob Terrazas, ANTHC - At the elders and youth conference we will be hosting a luncheon, to find out how we can do a better job on some issues on how we can work with Medicare and Medicaid.</p> <p>Mike Zacharof, APIA - November the 5th the President has asked to speak with all tribes about health care reform. It would be nice if all tribes could meet and everyone speaks the same language. There have been movements in the past for AI / AN to pay in the past. We need to get together with the other tribes and speak to the president.</p> <p>Don Kashevaroff, ANTHC – we do have an actual person working in DC full time lobbying for us on this issue. I will get you what Senator Murkowski got done.</p> <p>Mary Schaeffer, Manilaq – Is there a possibility of all the tribes getting together and focusing on prevention? When I was growing up there was a lot of prevention at home. Can we start focusing in that area by regions, eliminate some of the fear that is in a lot of people right now. How much we can do ourselves.</p> <p>James Sipary, YKHC – I think it is very important to focus on preparedness and prevention. We have never had so much of these problems and I have lived my life. Suicides and other problems that can be prevented started to appear. Blessed to have ANTHC Community Health Services. Working with Injury Prevention program. Since then from 2005 we have not had suicide happening. As of now I'm starting to hear that suicides are happening around Bethel and the Tundra villages. It is very important to focus on our village's preparedness. Would like to thank Mr. Petram and Mike Bradley for their services to Nelson Island, also Barbara Franks –suicide prevention. By being prepared we can save lives. We can encourage our people to be a part of what we are trying to do. Very glad that ANTHC Marketing is going to visit with Elders and Youth Conference.</p> <p>Mary Schaeffer, Manilaq – For a lot of the elders, it is the worry that makes them sick.</p> <p>Berda Willson, NSHC – As you get older you worry more. Going back to Mary's comment. When I was growing up, with cancer treatment we did not have enough doctors. We know that cancer is an epidemic in our areas. Even nutrition can be prevention. Nutrition has changed so much in my lifetime. I think its having a big impact on our youth. I see a little spark of light that we are becoming aware. A lot of our villages don't have good water to drink. Ive been in some villages where the bottled water is more expensive then the soda sitting right next to it.</p> <p>Janet Guthrie, Metlakatla – We need to educate the young teenagers to not go towards the fast foods.</p> <p>James Sipary, YKHC – Concerns about future disasters. We are now facing H1N1. Preparedness is very important.</p> <p>Mike Zacharof, APIA – I agree with the nutrition piece. The problem that I see is that everything is prepared. It has to be all FDA approved. Everything their going to eat is FDA approved. There's control over what you can and cannot eat by the federal government. We need to go back to our basic foods.</p> <p>Mary Schaeffer, Manilaq – In light of the reform that you were talking about, our niece ended up with a staph infection. Needed a referral to be seen. Couldn't find anyone to refer her. These types of things are happening. Can be prevented.</p>

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	<p>Mike Zacharof, APIA – There’s been a lot of improvements at ANMC. Big improvements in cleanliness. It’s going to take time to implement good ideas.</p> <p>Berda Willson, NSHC – I prefer to go to ANMC. One of the reasons I go is Dr. McCormack. I have a rapport w / her and feel like she cares about me. You feel like your getting the best care.</p> <p>Mary Schaeffer, Manilaq – At the old hospital there was a woman (patient) that couldn’t speak English. The nurses didn’t attempt to help her. I helped her while as a patient myself. There has been a big improvement with care here at ANMC.</p> <p>Don Kashevaroff, ANTHC – Some quick feedback. We are looking at expanding Oncology – adding another Oncologist. I can’t agree with you enough on Native foods. We need to do more and work with the schools. I do thank you for your input.</p> <p>Mary Schaeffer, Manilaq – Even though a lot of people feel preparedness is important, Manilaq has done away with Injury Prevention and Preparedness programs.</p> <p>Berda Willson, NSHC – Needs to be out in the villages – not just a focus in the city. Our villages are very different. Focus needs to be out over the villages – not just in Anchorage. Please keep that in mind for the future.</p> <p>Don Kashevaroff, ANTHC – What ANTHC can do is have the resources available to work with your communities. The ASIST training is an example of ANTHC resources working with communities.</p> <p>Gary Ferguson, ANTHC – Shared the ANTHC Elder Care webpage, which includes information about ANEHAC. From an advocacy standpoint this will be a wonderful resource. For folks that are interested you can direct them to the Elder page – Wellness and Prevention. We have technology and with technology we have the capacity to share wisdom.</p>
	<p><u>ANMC Stroke Registry - Leslie Stephens</u> Leslie presented information about stroke in Alaska Native people, the warning signs and risk factors. Education about stroke needs to begin with children so they can identify if their grandparents are having a stroke and get help immediately. The Stroke Registry at ANMC started in October 2005; they are collecting information and looking for risk patterns. They are seeking approval for a house-to-house survey about stroke. George Charles told the story of his stroke experience, including the warning signs that he missed over the years. Having a stroke impacts someone’s life on so many levels--social, financial, health. Early detection is crucial. Dr. Trimble is teaching the ER staff how to identify the signs of a stroke.</p> <p>Mary Schaeffer, Manilaq – I know Dr. Trimble is doing talking circles of people who have had strokes. Is this still being done?</p> <p>Leslie Stevens, ANMC – Yes. I am willing to go talk to local boards about the stroke registry and our research project. We need the support of the communities to continue the work.</p> <p>Mary Schaeffer, Manilaq – Recommendations on using an interpreter for visiting homes.</p> <p>ANEHAC would like to hear from the Cardiovascular nurse at the next meeting.</p>
	<p><u>IHS Comprehensive Elder Exam - Dr. Bruce Finke (WebEx)</u></p> <p>Introduction of the ANEHAC to Dr. Bruce Finke, with IHS Elder Care Initiative and Chronic Care program. Dr. Finke is a family physician and a geriatrician. 10-11 years ago started doing more work with Elders in Zuni, AZ, he now works nationally with IHS on elder care.</p> <p>Dr. Finke’s presentation focused on elder care—the goals are to maintain health, function and the ability to play a vital role in the community. With elder care there is more focus on functional abilities, managing multiple chronic conditions, identifying adverse effects to medications and including more family</p>

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	<p>involvement. The four components of elder health are function (can the elder do what they want?), wellness and prevention (immunization, medication review, risk of falling), relationships (the connections an elder needs to remain healthy), and management of acute and chronic conditions. He provided preventive health guidelines and the IHS Comprehensive Geriatric Assessment, which can both be used by tribal health organizations.</p> <p>Dr. Finke also talked about the IPC and will be in Anchorage next week with people from all 38 IPC sites. IPC stands for Innovations in Planned Care or now Improved Patient Care. There are several sites in Alaska—Eastern Aleutian Tribes, Tanana Chiefs Conference, SEARHC (Juneau), and Chugachmiut. Southcentral Foundation plays a key role in training for the sites as some of the work is based on their new model of patient care.</p> <p>Dr. Finke reviewed the preventive guidelines for elders, which brought questions from ANEHAC regarding abdominal aortic aneurysm screening and a rise in breast cancer among men.</p> <p>Dr. Bruce Fink – None of the preventive tests should be done if you aren't going to do anything about them. If someone is not willing to undergo surgery, you would not want to do the test.</p> <p>Berda Willson, NSHC– liked the idea of a “well elder clinic” – have people come in from the village for an all around check up. Oneida – invite elders in once a year for a full comprehensive exam – perfect idea. This can apply to children as well. If we could involve some of our professional students, would be a good way to offer their services. Also try to coordinate appointments so an elder doesn't have to come in multiple times, week after week.</p>
	<p><u>ANTHC Elder Care – Anchorage Long Term Care Facility – Kay Branch</u></p> <p>Kay Branch, ANTHC – Anchorage Long Term Elder Care</p> <p>James Sipary, YKHC– Bethel doesn't have any long term care Yk largest regions has no residential care for seniors The other thing that is good news, all of you remember perhaps Joanie's place – she let me know several months ago that she is leaving the state and was looking to sell Joanie's place. Mike Z can tell you the news about Joanie's place.</p> <p>Mike Zacharof, APIA – Kim Thorp wanted to sell the business, APIA took a look at the place and we wanted to keep the place under a Native organization. A week and a half ago we bought the place so it is still in Native hands. We would like to have one in the region, but it would not be financially feasible. APIA would still like to use the Green House model to build 3 facilities here Anchorage. Our idea is to stabilize individual people who are elderly and take care of them here until they are ready to go back to their communities. We are leasing the property (Joanie's Place) for a year, and purchased the business. My fear was that if we didn't buy the place entirely, it would put us in a bad position. The back yard is big enough to build 2 five bedroom facilities. Joanie's place is a 5 bed facility; a 5 bed facility doesn't have restrictions on what you can eat.</p> <p>Kay Branch, ANTHC – I've shared with you in the past about building a long term care facility in Anchorage. There is more work that we need to do to find out if we are financially sustainable. Board says we can enter into contract with a contractor, this means that we are continuing to look into these possibilities. We need to relook at figure if it really is 100 skilled beds and not 75. Will be working with NCB Capital Impact Organization to look at this model. In the meantime there are some other questions that we may have, especially regarding Medicaid as the primary funding.</p> <p>Rose Heyano, BBAHC, and on the board of the local assisted living home – It's hard to run a place in your own community, the board has difficulty turning down someone they know even if they are not eligible for services through Medicaid. They would not have been able to operate if it weren't for the additional funding through the local housing authority.</p> <p>Andrew Jimmie, ANTHC – there was a little bit of concern entering into this agreement. Any statewide organization should never compete. We can not compete with the regions.</p> <p>Four Green Houses recently opened in Seward. Torie Heart and Ella Gonzalez, visited the facilities with others from the CHA/P Certification Board. Ella</p>

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	<p>said “you can make a pretty building but people still need traditional foods and some still looked lonely,” indicating it was still a non-native facility. The food service manager called and wanted copies of Nellie’s Recipes to make food for the residents there.</p> <p>Kay Branch, ANTHC – what I would like to bring to you today is one of the dilemmas around payment. These are questions that have perhaps come up in Nome, about Medicaid eligibility when entering into their nursing home. This is a new service that is a different business from what tribal health organizations usually offer. From that perspective, we need to know what you think about if people willing to spend down their assets and get on Medicaid. The benefit to a tribal nursing home is that people would be in a tribal setting with cultural foods and would be around people they know.</p> <ol style="list-style-type: none"> 1. What kind of education do people need about paying for nursing and assisted living services? 2. What problems can you foresee with families not understanding the costs or not wanting to contribute the elder’s money, dividends or spending down their assets? <p>Elders in nursing homes now can have \$100 a month personal needs allowance. Our financial feasibility shows a cost of \$415 per day or \$12,000 a month for each resident.</p> <p>Rose Heyano, BBAHC– Need more education--families doesn’t think about long term care until they start living it. We need to make a concentrated effort to educate.</p> <p>Mike Zacharof, APIA – At APIA we don’t look at the long term care just for the elderly but for all people who need assistance. This applies to young people as well.</p> <p>Rose Heyano, BBAHC – Need to go in with an open mind. Some of the issues that we’ve had with younger people who are more mobile, how do you pay attention to the social issues that come into a facility. Need to start looking at and evaluating things.</p> <p>Mary Schaeffer, Manilaq – be very clear that regulations need to be followed for a certain reason. Its difficult for families to deal with that sometimes. Mother or father does not want to give up home, due to family members living with them. We’ve had to do some up close education on this topic. It’s really crucial that you bring it out and put all the assets down.</p> <p>Lisa Donat – Family doesn’t do the legal work. We run into those situations where the grandma is taking care of everyone in the house. The family has to make the final decision.</p> <p>Berda Willson, NSHC– There’s a lot of pride with elders and a lot of them don’t want to sign up for Medicaid, Medicare. You can’t force someone to sign up. You see that resistance out there, people working on how to explain this.</p>
	<p>UAA National Resource Center Reports NRC activities – George Charles</p> <p>George Charles, UAA - A good part of our existence is due to our dean Cheryl Easley. She has allowed us to keep a large part of our indirect. Our Dean allows a lot of travel funds for our program. We have not been able to find other kinds of funding. In tab 6 is the fairly recent dynamics that have happened. These are the MOUS’s that have happened one is with ANTHC. The other big plus that we get is the national exposure. One of the things that we did in our news program is to look at a locator service. We did get funding for our third 3-year cycle grant. One of the things as NRC is that we are going to be involved in the stroke prevention registry. Also involved in Chugachmuit’s fatherhood program. I attended the International Wellness Gathering – had several issues were discussed, including suicide. I have DVD, material adjusted to Alaska – helping our people survive – material on the warning signs of suicide. He has stated that his program has had measurable amounts of success with suicide prevention. When we wrote the supplemental, give a preview of what we are going to do the 1st, 2nd and 3rd year. \$25,000 will allow us to pick up 2 positions. Steve Sumeda (grant writer) – this gave is the ability to get him and possibly the services of another grant writer.</p> <p>In joint collaboration with University of Oklahoma, Grandparent program. National Science Foundation, talked to Tammy Henderson on how to get funding, Jerry Mohatt is involved. We as the NRC @ UAA – in working with Alaska community services, elders work with school and talk about cultural</p>

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	<p>values. Mentor other elders in training.</p> <p>Jim Labelle has been instrumental in getting his Masters degree through our program. Paper is going to detail Historical Trauma. Has been accepted into PhD Program at UAA. His dissertation topic is "looking at dynamics of Alaska Native leadership among men"</p> <p>Urging of elders – to have younger folks go through program to speak in public, the Alaska Native Oratory Society.</p> <p>Larry Mercurieff – received grants from Alaska Humanities Forum and UAA to hold five forums to support Alaska Native young people, college students and emerging leaders to reconnect with their roots, learn their histories, engage with key issues, and shape their futures. The first forum will be at the AFN Elders and Youth Conference on October 19.</p> <p>Mike Zacharof, APIA – Im glad that were taking advantage of the younger generation for public speaking.</p> <p>Meeting recessed for the day at 4:35 p.m.</p>