GSA Webinar Series

Aging Native American, Rural, and Homeless Populations: Engagement and Advocacy During the COVID-19 Pandemic

JULY 22, 2020

Conceived and Developed by a GSA Interest Group Partnership

**Environmental Gerontology Interest Group**
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**Rural Aging Interest Group**
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Webinar Panel

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Chief Executive Officer  
Nebraska Urban Indian Health Coalition

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ADRC in Nebraska

David Knego, MSW  
Executive Director  
Curry Senior Center

Aaron Guest, PhD, MPH, MSW  
Assistant Professor of Aging  
Arizona State University  
Moderator

Webinar Agenda

1. Resilience: The Key to the Survival of the Nebraska Urban Indian Health Community
2. Engagement and Advocacy During the COVID-19 Pandemic: Rural Services
3. An Integrated Approach to Working With the Chronic Homeless Population
4. Panel Discussion
5. Audience Q&A
Resilience: The Key to the Survival of the Nebraska Urban Indian Health Community

Donna L. Polk, PhD, LMHP
Chief Executive Officer
Nebraska Urban Indian Health Coalition

The People

- There are more than 500 tribes
- About one third live on reservations
- Reservations are rural and each is governed by one tribe, each tribe has its own culture
- Urban dwellers come from many tribes
- Urban dwellers may not qualify for services offered by their tribes
- Urban programs (UIOs) are authorized under Title V of P.L. 94.437-Indian Health Care Improvement Act
Nebraska Urban Indian Health Coalition, Inc.
Culturally and Linguistically Appropriate Services for Urban Indians

Vision Statement

Nebraska Urban Indian Health Coalition, Inc. (NUIHC) envisions a future with health and wellness for all Native people; where jobs and economic opportunity are available to all; with strong leadership and political voice; and where all Native people share a place and identity in NUIHC’s service area.

What We Do

**Omaha Services — Then**
- Residential Treatment – 10 beds
- Outpatient SUD Services – on site
- Sex Trafficking Prevention
- Tired Moccasins Elders Program
- Soaring Over Meth and Suicide (SOMS) Prevention (youth)
- Transportation
- Computer Access
- Eagle Heights Transitional Housing
- Clinical/Internships – on site

**Omaha Services — Now**
- Residential Treatment – 5 beds
- Outpatient-only telehealth
- Tired Moccasins – meals are delivered 3 days/week – left at door
- Tablet training will be provided in groups of 6 on site
- Community members will be able to use Zip Trip cab service
- Tablets are being provided to up to 100 community members
- Students may have virtual clinicals
## What We Do (cont.)

<table>
<thead>
<tr>
<th>Lincoln Services — Then</th>
<th>Lincoln Services — Now</th>
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</thead>
<tbody>
<tr>
<td>✤ Primary Care Clinic</td>
<td>✤ Fewer patient visits</td>
</tr>
<tr>
<td>✤ 120 Diabetic Registry</td>
<td>✤ 50 patients on the registry will receive tablets with instructions for use</td>
</tr>
<tr>
<td>✤ Educational Groups</td>
<td>✤ No educational groups</td>
</tr>
<tr>
<td>✤ Health Screenings</td>
<td>✤ Patients can be tested for COVID-19</td>
</tr>
<tr>
<td>✤ Transportation</td>
<td>✤ Transportation is still provided</td>
</tr>
<tr>
<td>✤ Referrals to Social Services</td>
<td>✤ Referrals are limited</td>
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<tr>
<td></td>
<td>✤ Some patients have increased anxiety</td>
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## What We Do (cont.)

<table>
<thead>
<tr>
<th>Sioux City Services — Then</th>
<th>Sioux City Services — Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>✤ Action Taxi Transportation to</td>
<td>✤ Action Taxi services are at same level</td>
</tr>
<tr>
<td>Dialysis and Cancer Treatment</td>
<td>✤ Fewer assessments are being requested</td>
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<tr>
<td>✤ Contract with Jackson Recovery to</td>
<td>✤ 30k donated to the Northern Ponca Tribe of Nebraska — Food insecurity is the biggest problem; it was suggested the funds be used to purchase food</td>
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</tbody>
</table>
Resilience
The capacity to recover quickly from difficulties, toughness

- Original pandemic plan was developed in 2006 in response to influenza H5N1
- Information anxiety resulted in me sounding alarm early
- COVID-19 Policies and Procedures were developed to cover everything from working from home, childcare, and unemployment to travel restrictions, quarantine, and how to re-open
- Omaha programs ended March 13th
- The medical clinic did not close, and staff were paid hazard pay
- Donors were notified re: capital campaign status
- Social media is used to keep the community informed
- The mental health of staff is closely monitored
- Virtual management team meetings are held every Monday
- Board members receive periodic written updates

Conclusion

The urban Native American communities in NUIHC’s service areas come from a position of strength. The communities have vision grounded in common values, and each knows the strategies that it will take to realize that vision. People are beginning to come together with the common goal of making the community stronger for the future. Community improvement is a challenging process, but with dedication and leadership, the Native communities, with strong partners like NUIHC, can realize the future they desire.
Tired Moccasins

Engagement and Advocacy During the COVID-19 Pandemic: Rural Services

Carla Frase
Executive Director
Blue Rivers Area Agency on Aging
Aging and Disability Resource Center in Nebraska
Blue Rivers: The Place and the People

- A dominantly rural environment: population centers are few
  - Many with fewer than 200 residents
  - The homes of almost half of the persons we serve are miles from any population center
- Older persons who are fiercely independent
  - They have been the “backbone” of America – dauntless and hardworking
  - Difficult for them to accept any help – especially if the help is coming from “the government”
  - They grew up in a world where more family members stayed at home and people were members of a community – families and church groups helped each other
Needs of the People We Serve

Pre-COVID-19 Needs

Persons we serve are older than 60 years of age and most have at least one chronic disease associated with aging – most often arthritis; typical areas of need are housekeeping, chores, home-delivered meals, social activities, respite for caregivers (typically spouses)

Post-COVID-19 Needs

Needs have intensified due to loss of key resources – e.g., senior centers providing congregate meals, social activities, and health information are closed; chore services are suspended

Stores and doctors’ offices are closed or have limited hours – provision of transportation is complicated by continuous change and requirements of social distancing

Risk of contagion forestalls usual opportunities for observation and connection with older adults by visitors, home-delivered meals, service personnel, and even family – and is unrelieved by online meetings – most are without computer equipment or WiFi service

Resources: Ideas That Seem to Be Working

Built on a foundation of mutual trust and respect established over years, and by staff and volunteers who care about “their people”

Partner with state Public Health Department and other state agencies to develop information and games to insert in home-delivered meals

Engage care managers and other Blue Rivers staff in personal delivery of meals

Decide not to attempt to provide computers or tablets to the people we serve:

- In-home instruction is not feasible
- WiFi service is not available in many areas
- After COVID-19 funding stops, people who were newly connected would be cut off unless they could afford to pay monthly service charges
Resources and Funding

This is our current “funding silo” for the population we serve:

National: Families First Coronavirus Response Act
- Coronavirus Aid, Relief and Economic Security Act
- Older Americans Act

State: Community Aging Services Act / Care Management
- Nebraska Department of Transportation

County: Contributions required as “matches” by federal and state “grants”

City: Contributions required as “matches” by federal and state “grants”

Each funding stream has a separate set of requirements that define how and when the money can be spent, records that must be maintained, as well as reports and evaluation.

The operational requirements of COVID-19 blocked delivery of many services (e.g., senior centers and congregate meals) and required creation of services to meet needs formerly met by the services that were suspended. The most useful “resource” added for COVID-19 was the Declaration of Disaster by the Governor, thereby allowing flexibility of spending of Title Funds intended for specific congregate programs to be used to adapt and enhance home delivery of meals and consumables (e.g., instead of spending on congregate meals in senior centers).

An Integrated Approach to Working With the Chronic Homeless Population

David Knego, MSW
Executive Director
Curry Senior Center
Curry Senior Center

An Integrated Approach to Working with the Chronic Homeless Population

Promoting Wellness, Dignity & Independence for Seniors
Between 2015-2018, it took an average of 2 years minimum to house a homeless senior due to growing demand, fewer options, access points reduced.
Model Programs With No System
San Francisco Department of Homelessness and Supportive Housing - 2018

Goal State: Model System
San Francisco Department of Homelessness and Supportive Housing - 2019
March 16, 2020 – Shelter in Place – SF Response

- Shelters and Navigation Centers – Seniors and Vulnerable Adults transferred to hotels, campgrounds, and trailer parks.
  - Hotels
    - The Good: safe, less stress, great accommodations, more services
    - Not So Good: social isolation, access in emergencies, setting up new protocols
- Medical Respite – No Visitors. Escorts to appointments.
- Walk In – Four to five walk-in patients per day.

Shelter in Place – Curry Senior Center Response

80% of Services Are Essential

- **Drop-In Center** – lower demand – seniors in hotels; six seniors at a time; one hour at a time.
- **Health Center** – 60% operational. “Don’t come in unless you will get sicker by not coming in.”
- **Case Management/Behavioral Health** – few drop-in clients; visit hotels; no home visits. Transition to Telehealth.
- **Social Programs and Health Education** – phone, Zoom, YouTube Channel; cancel all events and groups.
- **Dining Room** – food to go only. Some isolation.
Curry Senior Center – Opening Up

- **Maintain Engagement – Seniors Can Shelter in Place.** In-person extremely limited.
  - Have phones, WiFi, tablets, can receive deliveries in the home.

- **Enabling – Sheltering in Place a Challenge.** Intermittent in-person contacts.
  - Prefer in-person.
  - Help acquire phones, tablets, connections.

- **Basic Support –** Substantial in-person and escorts.
  - Lack of stable housing, health issues use all services.

Panel Discussion

- Please use the “questions” feature accessible on the right side of your screen to submit a question

- We will not be using the “chat” feature today
Co-Hosted by GSA Interest Groups

- **Environmental Gerontology Interest Group**
  Brings together an interdisciplinary group of researchers and practitioners to understand the relations between physical, psychosocial, socioeconomic, social, chemical, food and natural environmental aspects of quality of life in aging.

- **Rural Aging Interest Group**
  Increases the awareness and understanding of rural aging issues and serves as a vehicle for sharing information on rural aging research, policy and practice.

Thank You

- Thank you for joining us today!

- Please contact the panelists with any additional questions:
  - Carla Frase, Carla.Frase@blueriversaaa.org
  - David Knego, dknego@currysniiorcenter.org
  - Donna Polk, dpolk@nuihc.com

- Archived recording of webinar on GSA’s YouTube channel
Webinar Evaluation

In an effort for continual improvement, we would like to hear your thoughts. Please provide feedback by clicking the survey link at the end of the webinar.

Thank you again and we hope you enjoyed the program!

Connect With Us

GSA: Advancing Innovation in Aging
- The nation’s oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging
  - 5,500+ interdisciplinary members around the world touching all facets of aging
- Mission
  - Promote multi- and interdisciplinary research in aging
  - Translate and disseminate research findings
  - Promote/advocate for education/awareness on aging across disciplines
  - Foster application of research into policy development
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