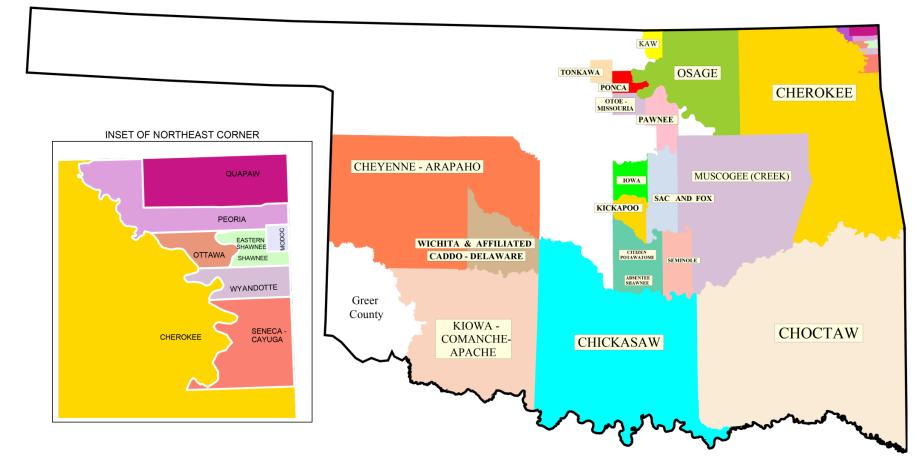
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Native American Outreach: What's Behind the Resistance **2018 SMP/SHP** NATIONAL CONFERENCE August 20–23 • Chicago, IL

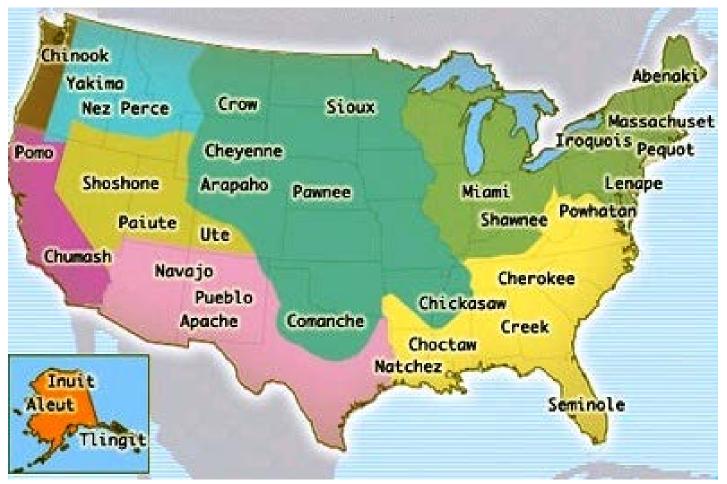
NATIVE AMERICAN OUTREACH What's Behind the Resistance?







### **Pre-Caucasian Invasion**









#### "In 1492, Columbus sailed the Ocean Blue..."



...and got totally lost.....





- Landed on San
   Salvador Island in the Bahamas
- Inhabited by the Taino people



Sbarco di Cristoforo Colombo a S. Salvador- il 12 Ottobre 1492.









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- Most numerous of the indigenous people of the Caribbean, inhabiting what is now Cuba, Jamaica, Haiti, the Dominican Republic, Puerto Rico, and the Virgin Islands
- Complex hierarchical religious, political, and social systems
- Very skilled farmers and navigators
- But all the Europeans saw was that they were naked
  - "similar to Adam and Eve before the snake showed up"



# "We must save them!"



- Clothing
- Religion
- Language

 By 1550, the Taino were close to extinction, primarily due to diseases brought by the Spaniards



# Pilgrims arrived in the early 1600's

- Sick and dying from a difficult journey
- Starving and lacking food sources
- Local natives taught them their methods of farming and gathering.
- Squanto (Pawtuxet band of the Wampanoag tribe) was instrumental in helping the Pilgrims
  - Translator to assist with diplomacy and trade with the other native people
  - Taught them effective methods for planting corn and the best places to fish.







- Squanto's birth name was Tisquantum
- First kidnapped by Captain Weymouth and taken to England in 1605.
  - Treated well and eventually returned to their homeland
- In 1614, captured by English explorer, Thomas Hunt
  - Sold into slavery in Spain along with 20 other Indians
  - Later rescued by Spanish friars and sent to England
- Eventually made it back to New England, only to learn that his tribe had been wiped out by disease
- Settled in Plymouth in 1619 and began working with the Pilgrims









- Seeking "religious freedom"
- After hearing about the success the earlier settlers had decided to immigrate.
- Proceeded to claim any land that wasn't fenced in!





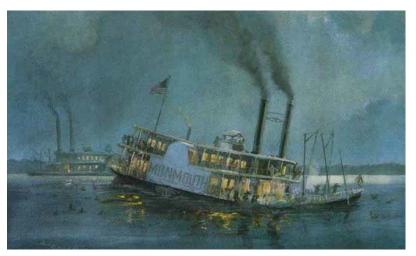
### How do we solve the "Indian Problem"?



#### Three Proposed solutions:

#### -First, Geographical....just make them move





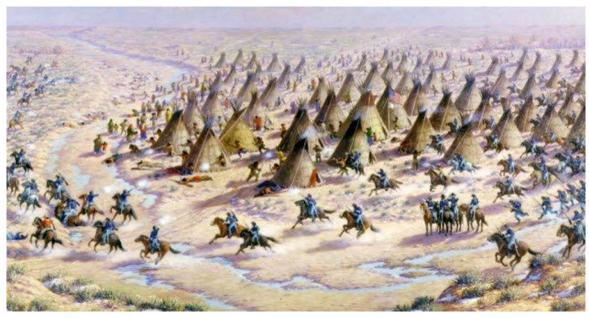


### How do we solve the "Indian Problem"?



#### **Three Proposed Solutions:**

#### - Option two- Military Subjugation/Genocide





### How do we solve the "Indian Problem"?



#### This proved unsuccessful...





### How do we solve the "Indian Problem"?



#### **Three Proposed Solutions:**

- Option Three- Education
  - "Kill the Indian...Save the Man"





- Children forced to leave their homes and families
- Stripped of the clothes, belongings, medicines, and hair
- Forbidden to speak, sing, or worship in their native tongue
- Immersed in Christian education
- Provided rudimentary scholastic training
- Vocational training to become laborers/servants







- Complete isolation from family life/values/culture
  - Loss of identity
- Large dormitories/system resembling prisons
  - Facilities rampant with disease
  - Sexual abuse by staff, and later by other students as they got older
- Students sent home with skills that had no value within the tribal community
- 1978- Indian Child Welfare Act- AI parents gained the legal right to deny their children's placement in off-reservation schools.



- MAP works with 29 of the 38 Federally recognized tribes in Oklahoma
  - Directly or through contractual relationships with other agencies.
  - Many tribes operate multiple clinics/hospitals

• MAP has trained counselors in 12 tribes and health centers









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- Meetings with tribal leadership
- Invitations to education events through tribal connections
- Training tribal representatives as counselors
- Providing printed materials for distribution at health centers/tribal events
- Participation at tribal events
- PBC access to trained MAP counselors to address questions/concerns



- Sovereign tribal nations
  - Unique in their culture, beliefs, values
- Let them know who you are, where you are from, how you can help, and back off!
  - If what you are offering will help their elders, they will reach out to you.
- Keep to the point; don't bring in new topics not previously discussed
  - A great way to build trust is to stick to the approved topic(s).
- Patience.....lots and lots of patience
  - Work at their pace
  - Be prepared for setbacks
    - Staff turnover
    - Changes in leadership

### Resources

- "American Indian Outreach"- Alex Ward
- "The Great Father- The United States Government and the American Indians"- Francis Paul Prucha
- "Indian Removal"- Grant Forman
- "Our Spirits Don't Speak English: Indian Boarding School"- DVD



### Some TVI Misunderstandings

- Tribes define their own age of elderhood, not all at 55+; they are funded on elders who are 60+
- Annual contacts do not a good marriage make...
- Tribes have many services for their elders, however they are generally underfunded and not available regularly
  - Priority One for IHS

- The average Title VI Part A is around \$100,000 to provide I&A, Transportation, Nutrition and administer the program
- Title VI Programs are not able to limit their programs to enrolled members

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# Thoughtful, Innovative, Effective

- Programs with no reservations can focus on agencies which served tribal people for outreach
  - NAYA, NARA, Portland
     Area Indian Health
     Board
  - FQHCs
  - Veterans Programs

- Linguistics is more than language!
  - Being mindful of communication styles and the importance of face-to-face, ONGOING meetings

# Thoughtful, Innovative, Effective

- Multi-disciplinary teams
- Elderabuse agreements and team efforts
- Resource Guides with tribal resources with input from tribal resource experts
- Tribal-specific dementia training

 "Cross AAA" coordination on behalf of individuals needing services

- Identification of tribal strengths and working with them
- Collaboration on events
   with tribal communities
- Outreach to Leadership

# Thoughtful, Innovative, Effective

- Using proven, Tribalspecific models
  - Wisdom Warriors
  - IHS partnerships
  - Native Caring
     Conference
- Including representation on Advisory Councils

- Recognizing that state boundaries sometimes prevent "outlying" tribal members from their own tribal services
- Attending Native events
  - First Salmon ceremonies
  - Namings, Funerals, Elders
     Dinners
  - Canoe Journey

# **Suggestions for Success**

- You NEED to get to know the staff **PERSONALLY**—as with any part of the network, it will work better if folks have a personal understanding of the hopes and dreams of the program, not just the statistics
- Stop by to visit. Go to lunch. Ask about simple things which might help
  - Hand-me-down kitchen equipment
  - Ride to a meeting
  - Proofread a grant
  - Coordinate cooks training with a provider

### **Suggestions for Success**

- If you don't get a response, try another avenue. If the second avenue didn't work, go face to face.
  - Keep in mind the cultural barriers caused by generational trauma
  - Keep in mind the barriers which may exist due to "rural and isolated"



### **Suggestions for Success**

- Do not assume that if it works at one tribe, it will work at another
  - If you know one tribe, you know one tribe
  - Common threads include healthy skepticism due to false or unfulfilled promises and an enormous respect for Elders
- The Only Important
  Stuff is what is
  happening this minute.
  Do not be offended if
  another event
  preempts a meeting.

# **Results of Tribal Outreach**

- Relationships with local tribal communities
  - Travel together
  - Attend cultural and business events together
  - Billing agreements for Medicaid Services
  - Collaboration on grants
    - Mutual Letters of Support
    - Incorporation of efforts

- Thousands of Dollars of tribal-specific grants,
  - Chronic Disease Self
     Management
  - Elder Abuse prevention
  - Nursing Home diversion
  - Oral Health
- Thousands of Indian Elders served successfully

## **Title VI MIPPA Grant Awards**

- DUE AUGUST 17, 2018
- 12 month grants from September 30, 2018-September 29, 2019
- MIPPA grantees specifically help low-income seniors and persons with disabilities to apply for two main programs that help pay for their <u>Medicare costs</u>:
  - The <u>Medicare Part D Extra Help/Low-Income Subsidy</u> (LIS/Extra Help), which helps pay for the Part D premium and reduces the cost of prescriptions at the pharmacy, and
  - The <u>Medicare Savings Programs</u> (MSPs), which help pay for Medicare Part B.
- Partnerships and/or collaborations can expand program services for great outreach and impact!

# **Funding Requirements**

- All expenditures must be properly documented and allowable under the cost principles of the grant.
- Minimum requirements:
  - One Community Announcement
  - One Community Outreach Event
- Announcement and Outreach must be to eligible Native Americans about:
  - Medicare Part D
  - LIS
  - MSP
- Do you know your local SHIP office?!



# What does <u>not</u> count as income & resources?





- House you live in
- Car you drive
- Furniture and household items
- Housing, food, energy benefits
- \$1,500 set aside for funeral costs
- Land held in trust by the U.S. for an individual or Tribe
- Funds held in trust by the Secretary of the Interior for a Tribe and distributed per capita to members of the Tribe
- Up to \$2,000 per year received by a Native American/Alaska/Hawaiian Native that is derived from individual interests in trusts or restricted lands
- Payments to members of specific Tribes as provided by federal legislation

# Things to Consider for your Report

- Any partnerships or collaborations that were helpful?
- Any challenges or actions taken to address challenges?
- What was produced as part of this grant? (articles, fact sheets, newsletters, videos)
- What impact did these activities have on the community?

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What are your lessons learned completing this project?

# **A Menu of Possibilities**

- Medicaid Providers
- Benefits Counselors
- Elder's Dinners
- Caregiver Recognition
- Caregiver Training
- Kinship Care Conferences
- Diabetes Education
- Title VI Director Training
- Adult Foster Home business plan
- Planning and service development

- Assistance with Medicare and Medicaid Access
- Medication Management
   Training
- Foot Care
- Alzheimer's Grant
- Homecare Agency development
- Transportation Services
- Home Care Worker Recruitment
- Health Care Career Path mentoring
- Elder Abuse Councils

# **State Specific MIPPA Flyer**



### Getting Help with Medicare Costs

Health care can be expensive. If you have Medicare and have trouble paying for your health care and prescriptions, you may be able to get help from several programs.

#### Two Programs That Can Save You Money

#### Extra Help

Extra Help helps you pay for your Medicare Part D (prescription drug) costs. If you get Extra Help, you will have either no or a reduced premium for your drug plan, and will pay between

#### Where to Get Help

Every state has its own State Health Insurance Assistance Program. In Nebraska, this program is called the Senior Health Insurance Information Program (SHIIP) and is run through the Nebraska Department of Insurance.

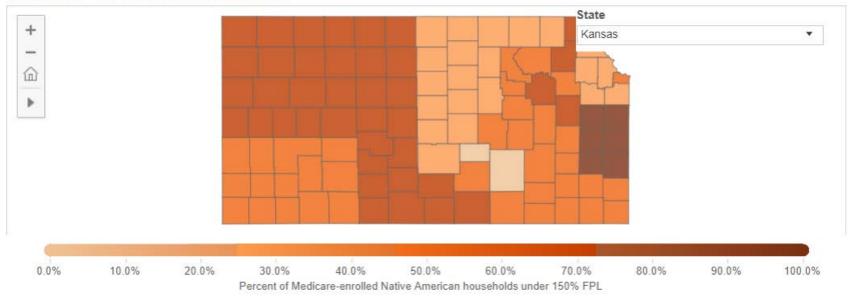
The SHIIP provides free information and assistance to people with Medicare and their families. You can ask your SHIIP if you qualify for Extra Help or the Medicare Savings Programs. Even if you cannot get help from these programs, your SHIIP may be able to help you select a prescription drug or health plan that can save you money.

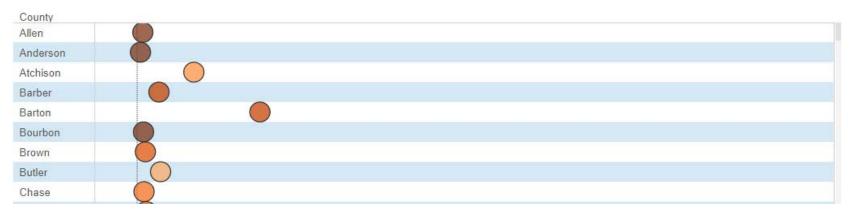
Contact your SHIP by calling 1-800-234-7119 or visit: <u>http://www.doi.ne.gov/shiip</u>.

### **Map Visualizations**

😋 Native American Visualiza 🗙 🚺	The second base of the second based on the sec	
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Homepage > Economic Security	y > Benefits for Seniors > Visualization Tools > Native Americans & Medicare Visualization f 😏 in G+	S 🗢 🕂
Us	ing data from the American Community Survey 2012 5-Year Sample, this map presents	
	ormation on Native American households with at least one household member enrolled in	
M	edicare and with incomes below 150% of the Federal Poverty Level (FPL), which makes them	
po	tentially eligible for many core benefits. This map does not indicate whether households are	
alr	eady receiving benefits; instead, it is meant to indicate areas where there are high	
со	ncentrations of poverty among Native populations.	







- Explore participation by program type
- Adapt programs to meet the needs of tribal communities
- Examine program effectiveness among tribal communities and racial minorities

