EMERGENCY MANAGEMENT STRUCTURE FOR USE IN THE ALASKA NATIVE (AN) ELDERLY POPULATION

James C. Hagen, Ph.D., MBA, MPH[1], NHA
Saint Xavier University

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Abstract

Regardless of recent concerns and the horrific results of disasters on vulnerable populations in the United States (US), the use of standardized emergency command and control structures in Long Term Care (LTC) settings has not become common. It is especially true in the American Indian/Alaska Native (AI/AN) population, a unique group in that tribes are sovereign nations within the US, or a "nation within a nation." This paper examines 1) LTC issues in the Alaska Native (AN) population, 2) the need for addressing emergency preparedness and disaster management in the AN culture, and 3) culturally-specific characteristics that must be addressed to allow the preparation and protection of these elders. We must never forget the respect that should be shown to other cultures in preparing, responding, and recovering from emergencies and disasters. This paper reports work in an ongoing project that will ultimately identify specific interventions to be used in the AN population as we continue efforts to address the issues of vulnerable and underserved groups in our nation.

Introduction

According to the National Indian Aging Agenda for the Future (1995), long term care is the single most critical issue facing American Indian Elders. The perception and reality have not changed in the new millennium (American Indian and Alaska Native Roundtable on Long Term Care: Final Report 2002). There is a constant battle between the traditional customs and healing practices constraining the Indian elders to be cared for in the home, and western practices promoting and favoring congregate care settings. Several factors exacerbate the problem of caring for tribal elderly in the homes of the AN population:

It is abundantly clear that there is much work to be done in preparing the vulnerable populations in the United States to be prepared for, and to be able to recover from, major disasters (Hagen, 2007). One of the largest of those populations is the elderly. As shown by Katrina and other disasters, there is much to be done to recognize and respond to the special needs of this population.

Background and Thesis

There are many unmet LTC needs of the Native Alaska elderly.

A. The number of AN elderly is rapidly growing, even faster than the rate seen in non-

[1] 18230 Orland Parkway, Chicago, Illinois, 60527

Indians. More Indians are living longer, and there has been a narrowing of the gap in American Indian and White life expectancy (John and Baldridge, 1996).

B. The American Indian (AI) population, due in part to high birth rates and lowered infant mortality rates, has a much younger median population (22 years) than that seen in the non-Indian population (30 years). Within 40 years, there will be an explosion of AI elderly needing care (John and Baldridge, 1996).

C. The AN elderly exhibit a disproportionately large number of co-morbidities and disabilities than the general population. This means that the ability to handle these problems in the Indian home setting is diminished. According to the National Resource Center on Native Americans (NRCNAA) at the University of North Dakota, there is a "greater need for assistance in the Native American Elders than in the general population." When combined with the lack of long term care services throughout Indian country, a serious problem emerges (Finke, et al, 2002).

D. There is a well documented high level of poverty and lack of education in the AI/AN communities. This makes handling the complex medical issues even more problematic.

E. It is rare to find congregate care settings (e.g. nursing homes) associated with the tribal nations or in Native American communities. This means that elders are isolated from families and their cultures by long distances (Dixon and Roubideaux, 2001; Easley and Kanaqlak, 2004).

F. There is little or no culturally specific training for AI/AN within LTC communities that exists to understand and adjust to Indian cultural realities and expectations (Dixon and Roubideaux, 2001).

There needs to be an appreciation for these age-related cultural differences as plans are made to work together with tribal leaders in the area of disaster management.

Sources of Information and Findings

<u>Cultures Issues of Concern in Caring for Alaska Native</u>

Like so many other cultures, the natives of Alaska have a tremendously rich history and cultural heritage. There are cultural traditions and ceremonies that are vital to the life and dignity of the people of Alaska (Graves, Easley, and Kanaqlak, 2004; Saylor, Easley, and Kanaqlak, 2004). A few of the considerations that should be made in caring for native elders include:

- Continuous involvement of family in decision making processes
- Involvement of the elders themselves
- Use of native staff members and employees
- Native advisory boards

- Respect for, and use of, ceremonies, and traditional arts and crafts
- Subsistence activities
- Counseling that makes use of "traditional ways"

It is important that Alaska Native communities are allowed and encouraged to take their own "healing journeys." It is in the combining of community-based traditional customs and healing practices with western based-healing that the best outcomes might be achieved.

Efforts thus far in the United States to educate and protect our elderly on matters of emergency preparedness and response have focused primarily on those in congregate care settings such as assisted living, nursing homes, and continuous care retirement facilities (CCRF). Only now is there increased emphasis on reaching out to those elderly who are home-bound due to socioeconomic realities or lack assistance to enter these facilities.

Easley and Kanaqlak (2004) outlined four factors "critical to the survival of Tribal Elders and their communities." These were a concern for the community's welfare, elders being viewed as the culture bearers, the value of giving, and the erosion of traditional values. The last factor, the erosion of traditional values is referred to as a "cultural holocaust," and is impacted by the fragile link to land and place, death from disease, impact of boarding schools, loss of traditional beliefs, threats to spiritual beliefs, and adverse impacts on youth. For these reasons, the elderly are to be highly valued within the community family and community structure, and not likely to utilize congregate care settings, as is the norm for the elderly in the United States. This intent can be superseded if extensive care or technological interventions are needed. Unfortunately this may often lead to being cared for in areas or communities far from the Native Alaskan's community.

Emergency Preparedness Issues for Alaska Native Populations

One of the areas of greatest concern and interest in Emergency Management in this country has been the inclusion and preparedness of our vulnerable populations, especially the elderly. As an already disenfranchised population, the Alaska Native villages and health care facilities must be included in Disaster Preparedness activities. A portion of this work will be to determine what efforts are currently underway, and to introduce the ANTHC and other AN entities to the resources already available to them for disaster preparation. Although historically accustomed to subsistence living, modern conveniences and infusion of western cultural realities have caused a loss of respect for tribal customs and behaviors, making them more vulnerable to the effects of disasters.

As the home of over 5000 earthquakes per year, over 20 active volcanoes, tsunamis, floods, and possessing an enormous military presence, Alaska has been the home of numerous disaster planning efforts and exercises. However, as in the lower 48, vulnerable populations have been excluded from these efforts. This is especially true concerning the Alaska Native cultures.

Training of all LTC workers and in all settings is needed in Alaska. The training would include existing LTC facilities, the Alaska Native Tribal Health Consortium (ANTHC) and/or tribal nations, and would involve a discussion disaster readiness capabilities and connectedness to resources necessary to adequately cope with major disasters. In the AN population, this would focus on at-home readiness and community capability, as well as the preparedness of any LTC facilities.
The increasing number of Alaska Native elderly and their need for increasing levels of care strongly suggest that there will be an increasing need for both community based education and training, long term care facilities within the native communities if possible, and extensive

training and education of staff in Alaskan cities that may be asked to admit Alaska Native residents into their long term care communities.

Discussion

Management of the Alaska Native Elders within community settings or within congregate care settings such as nursing homes or Continuing Care Retirement Communities (CCRC) requires a renewed appreciation for the cultural realities of this population, as well as the exacerbated physical and mental health issues that must be addressed.

There needs to be a more clear understanding of how the Alaska Elders are currently cared for through home health, community care, or more modern long term care settings. It is also necessary to examine the management structures of such arrangements to determine the manner in which cultural issues are respected and addressed. It is the purpose of this work to further examine the organization and management of long term care settings in Alaska native cultures and to determine the efforts and tools necessary to promote cultural and tribal sensitivity. A survey form will be created, individual phone interviews held, and personal meetings scheduled if needed.

It seems almost counterintuitive to say that we must work with the fiercely independent, subsistence living, culturally distinct Alaska native residents to integrate them into a LTC disaster management structure we have built to link the disparate sectors together. However, we can have the utmost respect for community-based solutions that have as their goal keeping tribal elders within their families and communities, while preparing those communities to handle the increasing health and safety issues of aging.

It is anticipated that along with the physical realities of aging will come the increasingly difficult issues of dementia and Alzheimers Disease. As this population grows, there will be great need for training and support systems for the Alaska Native elderly. The next step in this process of LTC disaster preparedness is to clearly define the knowledge base of the Alaska Native residents in what must be done to prepare their elderly populations for responding to, and recovering from, disasters, whether they may be natural or man-made.

The Alaska Native Tribal Health System (ANTHC) has recognized that there is a balance that must be obtained between keeping tribal elders in their homes and communities while accounting for increasing levels of acuity and need for facility-based care. However, they emphasize the need not to take the “quick solution” of expenditures and construction, but rather to use strategic thinking that is respects the dignity of the elders throughout their lives. This is also the goal of the National Indian Council on Aging (NICOA). Redford (2002) identifies three areas of capacity needed to sustain these long term care services: financial knowledge to ensure feasibility, availability of an adequate workforce, and commitment of the tribal leadership. This would equally apply to services related to emergency preparedness and management.

There has been this perception of the United States residents that nothing could happen here, and that the resources of our great nation would come rushing in should there be any type of disaster or emergency. Only too recently, we have been forced to admit that on a community level, we are on our own for at least 72 hours after a major disaster. In many ways, those residents and communities whose culture has led them to be independent and self sufficient will be better able to handle disaster. All we need to do is to assure that there will be the needed training and education, and links into the system are identified that will ultimately come to their aid, even if later in the response and recovery phases. Our purpose is to determine what those training and education needs might be, while respecting and supporting their cultural belief systems and practices.

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Bibliography

James Hagen, Ph.D., M.B.A., M.P.H., NHA
Professor and Program Director, Saint Xavier University, Chicago, Illinois

Dr. Hagen is Director of the Disaster Preparedness and Management Certificate Program at the Graham School of Management, Saint Xavier University in Chicago. The program provides education and training for those responsible for helping their organizations prepare,

respond, and recover from both manmade and natural disasters. He is a certified Emergency Response Coordinator, a Certified Public Health Administrator, and is certified by the Department of Homeland Security as a Master Exercise Planner. Dr. Hagen is also Director of the Public and Nonprofit Management program. He is a Professor of Public Health and Epidemiology, and served as Deputy Executive Director of the DuPage County Health Department from 1999 to 2005. Prior to joining the health department, Dr. Hagen was Professor of Public Health at Benedictine University, and before that spent 12 years at Loyola University Medical Center, where he served as Associate Professor of Microbiology, Assistant Dean for Research, and Assistant Dean for Basic Sciences. Dr. Hagen is also a licensed Nursing Home Administrator, and has worked in this area to prepare long term care organizations for the special needs of vulnerable populations.

During the federal TOPOFF 2 full-scale exercise in the Chicago area during 2000, Dr. Hagen served as a public health Incident Commander. He was a presenter for the TOPOFF 3 National Biological Seminar, moderator of Advanced Distance Learning Exercise panels, and a mentor for the New Jersey Venue during preparation for that event. He has worked to train hospitals in several emergency preparedness areas, including communication, isolation and quarantine, and SNS issues. In 2005 and 2007, Dr. Hagen worked as consultant during the Alaska Shield/Northern Edge Military Exercise in Alaska. Dr. Hagen has lectured extensively in the area of emergency preparedness, most recently at the International Emergency Management Society Meeting in South Korea and Croatia. He also worked in post-Chernobyl, post-Soviet Union Ukraine with the health ministry to study recovery issues and to assess public health needs.

Dr. Hagen is a graduate of Michigan State University and obtained his M.S. from the University of Montana. He was trained as a research microbiologist at Loyola University Medical Center, where he earned a Ph.D. He also holds a Master’s Degree in Public Health from Benedictine University, and a Master’s Degree in Business Administration from Saint Xavier University.