



**Ensuring Equity in Aging Webinar Series
Culturally Informed Care: Honoring Native Elders Captioners
Transcript
November 4, 2020**

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>> GOOD MORNING AND WELCOME TO THE ENSURING EQUITY SERIES. THIS IS THE FIRST DISCUSSION SERVING OLDER ADULTS. I WANT TO DRAW A NOTE THAT WE HAVE CLOSE CAPTIONING TODAY. WE WILL BE POSTING ON OUR WEB PAGE AND YOU CAN SHARE LATER ON THE WEBINAR. WE DO HAVE QUESTIONS AND COMMENTS TODAY. WE WILL ALLOW THOSE ON THE PHONE OR HERE ACCESSING ON ZOOM TO ASK A QUESTION. WE WILL SHARE THAT TO THE POINT. LIKE I SAID THIS IS THE AGING SERIES WE WILL HAVE THROUGH JUNE 2021.

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. SO WE HOPE YOU CAN JOIN US EVERY MONTH. NEXT MONTH WE WILL FEATURE WHAT WILL DISCUSSION PROGRAMS FOR PEOPLE WITH DISABILITIES. WE HOPE YOU CAN JOIN US FOR THAT. WE ALSO HAVE CULTURAL OLDER ADULTS IN HAD JANUARY. WE WILL CONTINUE TO SHARE OR TOPIC AND THEMES OVER THE NEXT COUPLE OF MONTH. I WILL GO AHEAD AND PASS IT OAF TO DEPARTMENT OF AGING FOR INTRODUCTIONS.

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>> GOOD MORNING WE ARE DELIGHT TODAY TO ENSURE THAT AGING SERVICE ARE FOR ALL I COME TO THIS MORNING. OUTSIDE OF I AM HAPPY TO BE JOINED BY KORI NOVAK. WE WANT TO LISTEN AND LEARN FROM LEADERS AND DEVELOP OUR COMPETENT SEE AND EVEN ALL OF US BRING INTERNAL BIAS. WE ALSO NEED TO GO DEEPER AND LEARN THE HISTORY OF RACISM IN THIS COUNTRY. IT IS NATIVE AMERICAN MONTH.

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. AND THE IMPACT OF THE EXPERIENCE OF TRIBAL NATION WITH THE UNITED STATES AND OUR GOVERNOR HAS MADE HEAL WITH TRIBAL NATION. WITH THAT BACKDROP I WOULD NOT TO INTRODUCE KORI. SHE IS A WONDERFUL PARTNER. AS WE DEEP OUR EQUITY GROUP. WE ALSO LOOK TO DEEPEN OUR WORK TO SEVEN NATIVE AMERICAN PEOPLE. WITH KORI AND HER COLLEAGUES AND THE COMMUNITY WE ARE GROWING. SHE WILL SHARE HER EXPERTIZE. THE TOIYABE HEALTH CARE PROVIDED HEALTH CARE. IT IS SEVEN FEDERALLY TRIBES IN ONE AMERICAN COMMUNITY

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. KORI IS ACCOMPLISH RESEARCH. SHE IS SENIOR RESEARCH. A PROFESSOR AT UNIVERSITY. WE LIVE. WE HAD A SECOND SPEAKER BUT CAN'T BE WITH US TODAY. WE ARE ALL BEING FLEXIBLE. KORI WILL STEP IN AND COVER MORE.

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>> THANK YOU. I REALLY APPRECIATE THIS OPPORTUNITY I SIT IN A BEACH SINCE WE HAVE HAD A STRESSFUL EVENING. I WILL TRY TO KEEP THIS SHORT SO WE CAN GET BACK TO WORK. WE CAN LEARN A LITTLE BIT AND TAKE IT AND USE IT. THANK YOU FOR THE INTRODUCTION I AM THE C-E-O-. WE HAVE EASTERN CALIFORNIA. WE HAVE A REALLY YOU UNIQUE AREA THERE ARE SEVEN TRIBES AS MENTIONED. HOWEVER, I WORK WITH OTHER TRIBES FAR

NORTHERN CALIFORNIA. SO ONE OF THE FIRST THINGS I ALWAYS LIKE TO TALK ABOUT EVEN BEF.

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. IT IS IMPORTANT TO UNDERSTAND WHAT POLITICAL CORRECTNESS IS IN THE EYE OF THE BE HOLDER. I WAS TOLD THAT MANY TRIBES PREFER TO BE CALLED NATIVE AMERICAN. MANY WILL CALL INDIANS. SOME DON'T LIKE INDIAN SOME DON'T LIKE NATIVE AMERICANS. ANY CULTURE AND REFER TO THEIR ETHNICITY ASK WHAT THEY PREFER. YOU WILL HEAR ME CALL INDIAN. THAT IS WHAT I HAVE TOLD THE PREFERENCE TO BE CALLED INDIAN.

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. ELDERS HOLD TIGHTLY TO THEIR BELIEFS AND AS WE GO THROUGH PRESENTATION YOU WILL HEAR ME SAY RESPECT. INDIAN NATIVE AMERICANS IT IS HELD TO A HIGHER REGARD. SO THE NEXT SLIDE PLEASE. SO OF OUR OBJECTIVES HOW TO PROVIDE BETTER SERVICE. IN PARTICULAR I WANT TO HELP YOU UNDERSTAND HOW INDIAN HEALTH PROGRAM FUNCTION AND THE CHALLENGES FACED BY INDIAN AND DISCUSSION THE DIFFERENCE BETWEEN URBAN AND TURN AND USING TODAY TO BE A BETTER PROVIDER FOR SERVICE FOR NATIVE AMERICANS NEXT SLIDE..

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. SO IF YOU ARE NOT FAMILIAR WITH ALASKA NATIVE. WE SAY AIAN IT IS A TERM THAT IS ACCEPTED BY THE GOVERNMENT. THE IMPORTANT THING THERE IS 570 FEDERALLY RECOGNIZE TRIBES. IT COMES DOWN HOW TO ACCEPT SERVICE AS WELL AS FUNDING FROM THE UNITED STATES GOVERNMENT. YOU WILL HEAR ME TALK ABOUT RESERVATION AND THERE IS A DIFFERENCE BETWEEN RANCH. THEY WERE USUALLY THAT THIS FIVE OR LESS

PEOPLE IN THEIR TRIBE. YOU WILL HEAR GOING ABOUT THE STATE WHAT PEOPLE LIVE IN RANCH THAT IS THE 00.

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. INDIGENOUS LANGUAGE AND 80 PLUS NOT TO BE ABLE TO SPEAK ENGLISH. IT IS MANY OF THESE LANGUAGE ARE DYING OR LANGUAGES THAT ARE CONSIDERED DEAD. LANGUAGE ARE IMPORTANT TO THE INDIAN CULTURE MANY LOST THEIR LANGUAGE WHEN THEY WERE PUT IN INDIAN SCHOOLS. THEY WERE TOLD NOT TO SPEAK THEIR LANGUAGE. PARTICULAR THE ELDERS WE THINK ABOUT HISTORY AS BEING THOSE WHAT ARE 80, 90 YEARS OLD. MANY OF THESE PEOPLE IT WAS ONLY A GENERATION AGO THEIR FAMILIES WERE PUT IN RESERVATION AND PUT IN.

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. INDIAN SCHOOLS. IT WAS NOT THAT FAR HISTORY. IT IS REMEMBER YOU MIGHT BE DEALING WITH SOMEBODY IN THE 40s AND THEIR POINTS WENT TO INDIAN SCHOOLS. HOW THEY ACT IN THE PROVISION OF HEALTH CARE. CALIFORNIA DOES HAVE THE LARGERS AIAN IN THE UNITED STATES. THIS IS A MAP THAT SHOWS THE PEOPLE THAT LIVE IN CALIFORNIA. IT IS INTERESTING BECAUSE PEOPLE DON'T THINK A LOT OF INDIANS IN CALIFORNIA YOU THINK OKLAHOMA BUT THERE IS ACTUALLY MORE URBAN INDIANS IN CALIFORNIA THAN IN THE .

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. THEY NECESSARILY IDENTIFY AS INDIAN MAY BE TWO-GENERATION OUT. BUT THEY ARE COUNTED AS URBAN INDIAN HEALTH CARE THAT IS DIFFERENT THAN THE HEALTH CARE MY ORGANIZATION PROVIDES THAT IS MOSTLY WORLD. IF YOU LOOK AT THE MAP YOU WILL SEE THE LAND.

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. ALL THOSE HAVE AMOUNT OF SPACE AND ABOUT 2 OR 3 INDIVIDUALS R FAMILIES PER MILE OR PER HUNDRED MILES. IT IS VERY RURAL. IF YOU LOOK AT THOSE AREAS THAT I MENTIONED ON THE EASTERN SIDE OF CALIFORNIA THAT IS WHAT MY ORGANIZATION SERVICES.

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. SO WE HAVE A BIG AMOUNT OF PEOPLE THAT LIVE IN CALIFORNIA. WE DON'T THINK ABOUT WHEN SERVICING CALIFORNIA. ANOTHER INTEREST THINGS. A LOT OF PEOPLE AS I WAS SAY ARE NATIVE AMERICAN BUT DON'T LOOK NATIVE. WE HAVE A STEREO TYPE AND LONG BLACK HAIR OR DARK COLORING. AS YOU CAN SEE INTEREST THE PICTURES A LOT OF FOLKS DON'T LOOK. IT IS IMPORTANT NOT TO MAKE ASSUMPTION. THAT THEY ARE NOT NATIVE. AS YOU SAW WE HAVE A LOT OF NATIVE MAY BE THEY ARE FAIR SKIN OR BLUE EYES DOESN'T MEAN THEY ARE

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. NATIVE BACKGROUND. MY DNA OR TEST KIT WHO AND WHAT YOU ARE. A LOT OF PEOPLE ARE FINDING OUT THEY ARE NATIVE AMERICAN BLOOD. THERE IS A BIG DIFFERENCE HAVING INDIAN BLOOD AND BEING A MEMBER OF A TRIBE. IF YOU HAVE A NATIVE BLOOD DEPENDING ON THE TRIBE YOU ARE COMING AND HOW THEY ACCEPT INTO THE TRIBE. YOU WOULD REGISTER WITH THE TRIBE IF YOU ARE THE APPROPRIATE BLOOD. YOU ACTUALLY RECEIVE A CARD THAT YOU ARE A MEMBER OF THAT TRIBE.

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. YOU CAN GET ALL THE THINGS THAT NATION OFFERS. THERE IS A BIG DIFFERENCE BETWEEN SAYING I AM AN INDIAN. THAT WILL BE IMPORTANT AS WE TALK LATER. SO LET'S TALK ABOUT SOME POLICY THAT EFFECT OLDER AMERICANS. THE 1ST IHS SYSTEM

ARE PRIMARILY FUNDED BY THE INDIAN HEALTH SERVICE AT LEAST 50 PERCENT. THERE IS HOSPITAL AND CLINICS. THROUGH THE ELDER CARE IHS HAVE HEALTH CARE FACILITY.

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. MANY CARE FOR ELDERING IN THEIR OWN HOME. THE ID OF SENDING TO HOME OR NURSING CARE IS NEW TO MANY OF THESE CULTURE. WHAT IHS CREATE SECOND LEVEL CARE FACILITY THAT ALSO HAVE A NATIVE CULTURE COMPONENT. IT IS VERY NEW I CAN'T SAY ACTUALLY I HAVE SEEN NO SUCCESS YET AS GENERATION CONTINUE THAT WILL BECOME MORE SUCCESSFUL.

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. WE ALSO STARTED THE BRAIN HEALTH. ELDERS WITH PARK SON. IT IS NOT AN ELDER GETTING OLD. IT IS A BIG SHIFT TO CALL OUT A DOOE SEES. IT IS IMPORTANT THAT ALL THESE THINGS AND ANY INITIATIVE THE GOVERNMENT IS OFFERING THAT THERE IS THIS GROUP OF PEOPLE YOU THINK ABOUT HOW YOU GIVE CARE IN A DIFFERENT WAY.

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. LONG TERM CARE IN INDIAN COUNT IT IS BRAND NEW WE ARE SEE THEY ARE UNABLE TO CARE LIKE THEY HAVE. IT IS REALLY NEW TERRITORY AS CREATING DAY CARE HOSPITAL CARE. WE ARE TREADING INTO NEW WATER. WE ARE SEEING IN NATIVE WORLD WE ARE SEEING A NUMBER OF NATIVE AMERICAN THAT ARE ENTERING THAT AGE RANGE.

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. THE AFFORDABLE CARE ACT WAS VERY INTERESTING FOR NATIVE AMERICAN. I AM SURE WE ARE VERY FAMILIAR WITH THE AFFORDABLE CARE ACT. IN GENERAL HEALTH CARE IS IT SOMETHING THAT IS ALL RIGHT. OR SOMETHING WE SHOULD

HAVE. IT IS DIFFERENT FOR NATIVE AMERICANS IT IS A RIGHT. IN THE TRET DOOE AND THE NATIVE AMERICAN TRIBES THEY WERE GIVEN HEALTH CARE FOR THEIR LIVES.

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. THIS HAS CREATED THE INDIAN HEALTH SERVICE AS WELL AS ORGANIZATIONS LIKE MINE. WE WILL TALK HOW THAT FUNCTIONS. IT IS IMPORTANT TO KEEP IN MIND THIS CULTURE IT WAS SOMETHING THAT THEY WERE GIVEN BY THE GOVERNMENT. THEY ARE NOT DEMANDING OUTSIDE OF ROAM. IT WAS SOMETHING THAT WAS PROMISED TO THEM. CALIFORNIA A-B- 1896. YOU CAN WORK IN THE STATE OF CALIFORNIA ON TRIBAL PROPERTY. YOU CAN COME INFROM NEW YORK.

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. IT DID YOU SAY SPECULATE THAT YOU HAVE NEED THE ABILITY START GOING TO GET YOUR LICENSE IN THE STATE OF CALIFORNIA BUT IT IS A WAY FOR MANY OF US WHAT RUN SOME OF THESE RURAL ORGANIZATIONS TO BE ABLE TO GET QUALITY HEALTH CARE PROVIDER. A-B- 1896 IT IS A BIG DEAL TO PROVIDE HEALTH CARE TO RECRUIT CLINICIAN TO WORK IN DEATH VALLEY. PEOPLE LIKE TO VISIT BUT LIVING THEIR IN THE SUMMER IT IS HARD TO GET A CLINICIAN TO CARE FOR MY PATIENTS.

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. NEXT SLIDE PLEASE. SO NOW WE ARE GOING TO GET SOME OF THE ISSUES THAT WE ARE SEEING WITHIN THE ELDER OF THE NATIVE AMERICAN COMMUNITY. AS WE KNOW DESEIZE ALL EFFECT THE NATIVE AMERICAN COMMUNITY IN A GREATER WAY THAN THEY DO IN OTHER COMMUNITIES. AS YOU CAN SEE ONE OF THE INTERESTING THING THE AMERICAN INDIAN ALASKA NATIVE, HOWEVER, THE SURVIVAL RATES. BUT ALSO OF C-O-P-D-. DIABETES IT IS VERY INTERESTING THAT WE MAY HAVE A LOWER RATE OR SURVIVAL RATE IT IS MUCH LOWER.

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. IT IS A PROBLEM FOR ELDER THEY MAY NOT BE GETTING AS SICK AS OTHER GROUPS. WHEN THEY DO GET SICK THEIR SURVIVAL RATE IS MUCH LOWER. NEXT SLIDE PLEASE. SO I WANTED TO TALK A LITTLE BIT IS THIS. YOU CAN OBVIOUSLY READ THE SLIDE HERE BUT ONE OF THE THINGS I WANT TO REALLY REENFORCE. THERE IS A TRUST ISSUE EVERY PART OF CALIFORNIA CAN BE DIFFERENT BUT IN GENERAL THERE IS I TRUST ISSUE BECAUSE OF SOME OF THE TRAUMAS BETWEEN NATIVE AND CALIFORNIA WITH THE GOLD RUSH AND HISTORY CALL TRAUMA.

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. A LOT OF ELDERS DON'T TRUST OR GET ANY REGULAR KIND OF HEALTH CARE. A LOT THEY WILL COME IN TO DO CARE. THEY WANT TO BE WITHOUT PAIN. THEY DON'T TRUST WESTERN MEDICINE OR THEY MAY HAVE OTHER DESEES TO CARE FOR. IT IS IMPORTANT TO UNDERSTAND THE BILLS SIDE. PURCHASE PREFERRED CARE IT IS ABOUT THE GOVERNMENT PROVIDING CARE FOR THE SPAN OF THEIR LIVES. THE INDIAN HEALTH CARE PROVIDED P-R-C-. IT IS MONEY FOR ORGANIZATION LIKE MINE IT IS GIVEN PER PERSON FOR A SET BOUND DRAR. YOU COULD BE

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. YOU COME TO CALIFORNIA ON VACATION YOU CAN COME INTO MY CLINIC AND GET YOUR SERVICE AND HAVE THEM PAID FOR. HOWEVER, YOU ARE NOT WITHIN MY BOUND DAIR. I KNOW IT IS A LITTLE BIT CONFUSING. THE ISSUE BECOMES IF YOU HAVE ELDERS AND THE CLOSEST CLINIC IS THREE AND HALF HOURS AWAY. HOWEVER, THEY CAN GO TO NEVADA CLINIC AND GET CARE. THAT BECOMES A PROBLEM BECAUSE WE ARE NOT PAY FG FOR OUR ELDERS.

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. I KNOW THAT WAS A QUICK AND CONFUSING ON P-R-C-MONEY IT EFFECTS ELDERS WHEN YOU START TO SEE TRANSPORTATION ISSUES. IF ELDERS DON'T GO TO THE RIGHT CLINIC THEY COULD BE GETTING CARE. ALL THIS DATA AND THE GRAPHS THAT I PROVIDED TO YOU OF COURSE THERE IS LIMITATION TO THE DATA. WHEN YOU LOOK OR DISCUSSING THERE IS LIMITATION TO THE DATA. INDIAN ARE MISCLASSIFIED. AGAIN WE START LOOKING AT THE TRAUMA THAT TRULY EFFECT ALL THE CULTURE AND ALL THESE PEOPLE.

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. MANY ARE AFRAID TO CLICK THAT BOX. THEY DON'T WANT TO BE CLASSIFIED AS INDIAN. IT IS A HUGE RACIAL THIS THIS GROUP THEY ARE OFTEN UNDER COUNTED. WE SEE THAT CULTURE IS NOT THE FIRST TO RAISE THEIR HANDS TO BE COUNT BECAUSE OF THE PRESUGS. THERE IS NOT ENOUGH NUMBERS. WE GET VERY SMALL SAMPLE SIZES AND. WE CANNOT VALID IT. WE HAVE A LOT OF ISSUES WHEN WE ARE TALKING ABOUT LOOKING SOME OF THE RATES OF DESEIZE AND SOME OF THE PROBLEM GETTING HEALTH CARE FOR NATIVE AMERICANS.

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. THE GOVERNMENT SAY THEY DON'T NEED THAT MUCH MONEY THERE ISN'T MUCH OF THEM OUT THERE. SO MANY INDIVIDUAL NEED THIS KIND OF CASE AND DON'T GET IT BECAUSE THEY ARE UNDER REPRESENTED. THEY DON'T WEAR A FEATHER ON THEIR HAIR AND MISREPRESENTED. I SUGGEST WE WILL CONTINUE TO BATTLE IN THE NEAR AND FAR FUTURE. LET'S TALK B AT PROVISION OF CARE FOR OUR ELDERS.

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. I TALKED TO SOME OF OUR ELDERS WHAT MAKES GOOD CARE FOR YOU AS A NATIVE AMERICAN ELDER. ONE OF THE THINGS THE ELDERS SAY WAS CONSISTENCY OF CARE. IF THEY ARE SEEING A DIFFERENT DOCTOR EVERY TIME THEY COME INIT IS DIFFICULT TO TRUST. WE SEE CONSISTENCY IS IMPORTANT BUT TRUST IS VERY IMPORTANT.

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. A LOT OF THE INDIAN THAT COME TO THE CLINIC SEE THE SAME DOCTOR AND THAT IS WHAT THEY TRUST AND WHO THEY GET INFORMATION FROM. THAT IS NOT TO SAY IF YOU ARE NEW PROVIDER YOU ARE NOT GOING TO BE ABLE TO HELP THESE FOLK. YOU NEED TO UNDERSTAND YOU NEED TO EARN THEIR TRUST. THAT WILL NOT GIVE YOU AUTOMATIC TRUST WITH MANY NATIVE AMERICAN ELDERS. IT IS CONTINUING TO BE THERE AND CARE.

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. CONSISTENCY WHAT YOU TELL THEM. I WILL FOLLOW UP WITH YOU NEXT TUESDAY YOU NEED TO FOLLOW UP WITH THEM NEXT TUESDAY. MANY CLINICIAN WANT TO DO WITH MANY OF THEIR PATIENT NO MATTER IF THEY ARE NATIVE OR AFRICAN ELDER. YOU MAYBE SEEING MULTIPLE PEOPLE. IN THE NATIVE AMERICAN CULTURE THAT IS NOT ENOUGH. IF YOU SAY MY M-A-IS GOING TO FOLLOW UP WITH YOU TUESDAY. THAT IS OKAY. BUT IF YOU SAY I WILL FOLLOW UP. IT IS SHOWING THEM THAT THEY ARE IMPORTANT.

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. I THINK MANY CLINICIAN YOU GOT INTO THIS HELPING PROFESSION BECAUSE I WANT TO HELP PEOPLE. ALSO UNDERSTANDING MANY NATIVE AMERICAN ELDERS STRUGGLING WITH TECHNOLOGY. HOWEVER, WITH NATIVE AMERICANS THERE IS A COUPLE ISSUES MANY LACK THE INTEREST AND THE

INTRERNT THAT IS IN THEIR RESERVATION. FOR RURAL IT IS HARD TO GET YOUR MIND AROUND THERE IS INDIVIDUAL WITH THESE RESERVATION THAT DON'T HAVE INTERNET AND CANNOT GET INTRERNT.

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. ONE OF THE TRIBES JUST GOT INTRERNT TWO YEARS AGO. IT BLEW MY MIND. YOU DON'T HAVE CABLE TV. BUT LIVERING ON THESE FAR RESERVATION IT IS VERY DIFFERENT WHAT WE MAYBE DIFFERENT TO. NOT ONLY DO THEY WANT TO USE TECHNOLOGY BUT THEY CAN USE TECHNOLOGY. THERE IS USING TECHNOLOGY FOR AN APPOINTMENT. I KNOW SOMEBODY WHO HAS EMBRACE TECHNOLOGY I UNDERSTAND THEY ARE LISTENING TO ME BUT FOR MANY ELDERS IT IS LISTENING WITH EARS AND EYES. IF YOU LOOKING DOWN AT TECHNOLOGY THEY BELIEVE YOU ARE NOT

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. LISTENING. IT IS A LINE YOU HAVE TO BE AWARE OF. OBVIOUSLY YOU ARE TRYING TO TAKE NOTES BUT THE BEST CARE POSSIBLE THAT YOU EXPECT THAT WHAT IT IS OR THEY ARE EXPERIENCING THAT YOU ARE GIVING THEM IT IS IMPORTANT TO KEEP IN MIND THEIR EXPERIENCE IS PROBABLY THE BEST CARE POSSIBLE. IF YOU TYPING ON THE COMPUTER WHILE THEY ARE TALKING. OPENING THEIR HEART TO THEIR HEART. IN NATIVE AMERICAN CULTURE IT IS VERY IMPORTANT TO LISTEN TO THEM. EYE CONTACT, LOOK AT THEM AND LISTENING WITH YOU EAR

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. MANY ELDER NATIVE AMERICAN WILL NOT TELL YOU MAY BE A DIABETES CHECK THEY MAY NOT TELL THAT THEY CAN'T FEEL THEIR FEET. THEY MIGHT BE SAYING I AM HAVING A HARD TIME STANDING UP AND THEN RUBBING THEIR SHOULDER. THEY MAYBE DOING SOME WITH THEIR HANDS BECAUSE IT IS SWLEN AND HURT. NATIVE AMERICANS WILL TELL YOU WITH THEIR BODY

LANGUAGE WHAT IS WRONG WITH THEM. NOT NECESSARILY WITH WHAT THEY SAY OR HEAR.

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. IN RURAL AND URBAN POPULATION TRANSPORTATION IS A PROBLEM. THEY DON'T HAVE A VEHICLE OR FAMILY CAN'T TRANSPORT THEM. THEY MAY LIVE FOUR HOURS AWAY FROM CARE. IT IS IMPORTANT THAT YOU CLINIC OR THE HOSPITAL WHERE EVER YOU ARE WORKING ARE FLEX ABLE. 2 OR 3 NO SHOW PUT YOU IN THE BACK OF THE LIST. IT IS IMPORTANT TO BE FLEXIBLE WITH THIS GROUP OF INDIVIDUALS. UNDERSTANDING THEY MAYBE MISSING OR HAVE SOMEONE DIG A LITTLE DEEP R WHY THEY ARE MISSING APPOINTMENTS. THIS OF COURSE HAS BEE MADE

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. EASIER OR HARD BECAUSE OF COVID. NOT ALL ELDER CAN USE ZOOM. NOT EVERYBODY CAN USE ZOOM. NOT EVERYBODY WANTS TO USE ZOOM AND AGAIN THAT FACE TO FACE AND PERSON TO PERSON CONTACT IS VERY IMPORTANT.

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. YOU THINK WE WILL SEND MEDICINES OUT. THEY WANT TO COME IN AND SEE THE PHARMACY HAND THEM THE BOTTLE OF PILLS. LISTEN JUST LISTEN JUST HEAR WHAT THEY SAY WATCH WHAT THEY DO LISTEN TO WHAT THEY HAVE TO SAY. SOMETIMES IT IS FRUSTRATING. FOR MANY ELDER IT IS DISRESPECTFUL. IT IS IMPORTANT THAT YOU TAKE THE TIME IF YOU HAVE I NATIVE AMERICAN ELDER THAT YOU SEE ON YOUR DAY YOU MIGHT WANT TO GIVE THEM 40 MINUTES INSTEAD OF TEN. YOU NEED TO BE PATIENT AND NEED TO HEAR WHAT THEY SA.

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. TRADITIONAL MEDICINE. TO COME IN AND I HAD A HEAD ACHE AND PROBABLY 90 PERCENT OF WESTERN PRACTICER MAY BE THE WAY THEY CHOSE FOR A SORE. WE ALL HAVE LICENSE THAT WE NEED TO PROTECT AND TELLING SOMEBODY TO CHOSE ROOT COULD BE SCARY IF YOU ARE GIVING SOMETHING FOR THEIR C-O-P-D-. IF YOU LEARN ABOUT IT IT IS HELPFUL AND DON'T DISMISS IT. THEY HAD THE MEDICINE TEA AND PICKED THE NUTS. IT IS REALLY IMPORTANT TO THEM.

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. SO UNDERSTANDING TRADITIONAL MEDICINE MAY IN FACT INFORM THE CASE THAT YOU PROVIDE FOR THEM WITH WESTERN MEDICINE WILL MAKE YOU A MUCH MORE EFFECTIVE PROVIDERS. THE TIME AND THE WAY YOU SPEAK TO THEM IS A LOT. SPECIFICALLY FOR INDIANS. IF YOU TALK TO FAST OR TOO SLOW DEPENDS ON THE TRIBE. IT ALL DEPENDS IS NEVER A GREAT ANSWER. IF YOU ARE NEAR A TRIBE THAT YOU KNOW. UNDER A LITTLE BIT. IT WILL SEVER YOU WELL.

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. THERE IS INDIAN HEALTH PROGRAMS. THERE IS ABOUT TEN OF THEM AND REST ARE ALL TRIBAL HEALTH PROGRAMS. IF KNOW YOUR STATE. YOU WILL SEE MOST ARE IN FAR RURAL CALIFORNIA. YOU CAN SEE THAT SOME OF THESE TRIBAL HUMAN SERVICES. HOW MANY OF US HAVE EVER KNOWN WHERE OR LEAN WAS. THESE ARE PLACES THAT DON'T COME TO MIND IMMEDIATELY. IT IS IMPORTANT TO UNDERSTAND THAT THESE INDIAN PROGRAM.

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. ARE THE BACKBONE. THEY MAYBE SEEING YOU THEY NEED A HIGHER LEVEL OF CARE MOST OF THESE PROVIDE A BASIC HEALTH SERVICE.

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. FOR INSTANCE TOIYABE PROVIDE BASIC HEALTH CARE. IF ANYTHING IS NEED OR SPECIALIST AND THEY HAVE TO GO OUTSIDE PROVIDER. WE DON'T NECESSARILY PROVIDE THE KIND OF CARE THAT YOU MAYBE USED TO PROVIDING. THIS IS MY ORGANIZATION AS I WAS SAYING WE DO PROVIDE SPECIFIC CARE ONE OF THE THINGS WE PRY PROVIDE IS DIALYSIS. IF ONE OF MY PATIENT NEEDS DIALYSIS THE CLOSE WOULD BE LAN CAST TER CALIFORNIA. THAT JUST EXPLAINS HOW FAR THESE INDIAN PROGRAMS HAVE TO BE AND WHEN YOU PLACE THAT ON TOP OF ELDE

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. THAT DON'T HAVE TRANSPORTATION DRIVE OR BE DRIVEN AND DRIVE THREE HOURS IT IS NOT THE BEST FOR THE ELDER. THERE ARE NO IHS HOSPITAL IN CALIFORNIA. THE CLOSEST IS ARIZONA. YOU CAN IMAGINE IN THE STATE OF CALIFORNIA IT IS D-SIX PLUS HOUR. MOST OF US IN INDIAN HEALTH WE END UP HELICOPTERING PEOPLE OUT. MY ORGANIZATION FLY PEOPLE OUT 8 TO 10 PER MONTH. THEN YOU HAVE PLACE IN THE GRAND CON YON THEY HAVE TO FLY OUT TO FLAG STAFF.

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. YOU SEE THE ABILITY TO PROVIDE CARE TO ELDERS IT IS DIFFICULT IN INDIAN COUNTRY. THAT IS WHY WHEN YOU HAVE AN ELDER THAT YOU DON'T IGNORE THEM. YOU MIGHT NOT SEE THEM AGAIN FOR SIX MONTHS OR FLIED INTO A HOSPITAL. NEXT SLIDE PLEASE. SO WHAT CAN WE DO. SURVEILLANCE IN AIAN IS CRITICAL HAVING MORE PROGRAMS THAT FOCUS ON CANCER. THAT EFFECT MORE THIS GROUPS THAN OTHERS. IT TAKES LOTS OF THINGS LIKE MONEY. IT FOR THE PROVIDER TO SEE THEM MORE OFTEN AND THAT IS WHERE YOU CAN MAK DIFFERENCE

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. BY GIVING THEM EXTRA TIME. INCREASING SCREENING. A LOT OF THAT IS REALLY ABOUT BEING ABLE TO GO OUT TO COMMUNITIES AND TACKLING THE TIME I WILL RAISE MY HAND AND GO OUT TO DEATH VALLEY FOR A DAY. A LOT OF PROVIDERS DON'T DO THAT. GOING TO THEM. ACCESS TO TREATMENT THAT IS ISSUE WITH TRANSPORTATION THAT CAN BE ISSUE WHERE THEY LIVE OR NOT HAVING ENOUGH CLINICIAN IN INDIAN HEALTH FACILITY OR ANY FACILITY. SOME OF OUR ELDERS DON'T WANT TO SEE PROVIDER THAT IS NOT CULTURALLY CONFIDENT.

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. I REACHED OUT TO SEVERAL CANCER CARE ORGANIZATIONS IN LOS ANGELES THAT WE HAVE WORKING TOGETHER TO BRING CANCER CARE. WE NEED THEM TO UNDERSTAND THAT WE ARE OUT HERE. AND ADVOCACY AND SAYING I REPRESENT A CLINIC THAT HELPS NATIVE PEOPLE. THAT IS REALLY IMPORTANT. IT IS REALLY DIFFICULT TO ADVOCATE IF NOBODY LISTENS. I APPRECIATE THE DEPARTMENT OF AGING TO BE THE FIRST TO TALK ABOUT PROBLEMS NATIVE AMERICANS. THANK YOU SO MUCH FOR HEARING THE PRESENTATION IF YOU HAVE QUESTIONS MORE THAN

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. TO ANSWER THEM. YES THEY CAN BE UNDER MANAGED CARE OR ANY KIND OF HEALTH CARE PLAN. IHS LIKE TO SAY WE ARE THE LAST INSURANCE.

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WE ACCEPT HEALTH PLANS FROM ANY OTHER ORGANIZATION WE WOULD LIKE TO WORK CLOSER WITH HEALTH PLAN SO THEY UNDERSTAND SOME OF THE RATE THAT THEY PAY MAY NOT BE

ENOUGH WHEN HAVE TO GO PICK UP AN ELDER THAT IS AN HOUR AWAY. WE CANNOT GO GET THEM 4, 5 TIMES A WEEK.

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. WHEN SPEAKING WHAT IS CONSIDERED NATIVE AMERICAN -- THAT IS A LOT WILL HAVE A BLOOD KWAUN TOM ONE FOURTH OF THEY HAVE DECIDED BY EACH TRIBAL GOVERNMENT. THEY CAN ALSO CHANGE IT MANY OF THE TRIBES AS OUR COMMUNITY GROW AND MIX THE BLOOD KWAUN TOM AND IF YOU ARE PROVE LINAGE THEY WILL CONSIDER YOU A MEMBER OF THE TRIBE AND YOU CAN GET INDIAN HEALTH THROUGH THAT.

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>> I JUST WANT TO GIVE VOICE TO THE FULL QUESTIONS. I WANT TO READ THE FULL QUESTION. AS YOU MENTIONED KORI PEOPLE WERE ADOPTED AND IN ADDITION THERE MIGHT NOT BE RECOGNIZE TRIBES JUST WANT TO UNDER LINE AND HISTORY AROUND THIS ISSUE.

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>> IT IS VERY DIFFICULT. EACH TRIBE CAN CHOSE HOW THEY WANT TO DO THAT. YOU ARE ABSOLUTELY RIGHT. THE UNITED STATES AS A WAY TO I KNOW IF I WANT TO SAY CONTROL TRIBE OR WATCH OVER TRIBES. NOW IT IS A SENSE TIFR ISSUES. SOME CONTINUE TO GO BY KWAUN TOM. I WANT TO HAVE A BELIEF OF MY MINE WHAT I BELIEVE MAY OR MAY NOT BE RIGHT. AS ORGANIZATION WE HAVE TO ABIDE BY REGULATION AND SHOW THAT THEY ARE WITHIN MY BOUND DRARS. THAT IS HOW WE ARE RIGHT NOW.

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. BUT I DO AGREE THERE IS FEDERAL STATE RECOGNIZE TRIBES OR MANY INDIAN THAT DON'T HAVE CLOSE TO THEM AND IT IS

DIFFICULT THAT IS SOME OF THE PROBLEMS THAT WE HAVE PROVIDEDING QUALITY CARE FOR PEOPLE.

01:01:08.000 --> 01:01:38.000

>> THANK YOU THE DIFFERENCE BETWEEN IDENTITY AND GOVERNMENT TALL REQUIREMENT. I JUST WANT TO NOEJ WE DO HAVE 15 OTHER QUESTIONS. WE LOVE TO GO OVER AND TAKE AS MANY AS YOU CAN'T AND ANY WE WILL POST AND INCLUDE WITH THE WEBINAR MATERIALS CONTINUE AS YOU CAN.

01:02:32.000 --> 01:03:02.000

>> MY ORGANIZATION DOES HAVE A PLACE WHERE PEOPLE CAN CHECK IF THEY CHOSE TO. AS A WHOLE I DON'T KNOW IF THE FEDERAL GOVERNMENT DOES THAT. WE IN ANY ORGANIZATION SO THAT WE BETTER SEVER OUR PATIENT. RECORDING TELL HEALTH, I THINK IT CAN AND THINGS LIKE THAT THOSE THINGS THAT WE HAVE NOW STARTED USING WITH COVID 19 CAN BE USED THE ONLY ISSUE DOES THE FAMILY MEMBER OR THEY HAVE A PHONE THAT IS CAPABLE FOR THAT. WE HAVE PROBLEMS PHONE SIGNALS. AS LONG THERE IS SOME SIGNAL NOT ALWAY.

01:03:41.000 --> 01:04:11.000

. CELL PHONE SIGNAL. WE CAN GET THAT SHARED AFTER THE ORGANIZATION. READING FROM CHAT; THE BISHOP MY CLINIC THE PICTURE YOU SAW IS THE RESERVATION, HOWEVER, THE OTHER TWO CLINIC IS INDIAN RESERVATION. THERE ISN'T A REALLY DIFFERENCE IN ACCESS IT IS CLOSER. BUT AS FAR CARE THAT WE GIVE OR SERVICE THAT WE PROVIDE THERE IS NO DIFFERENCE.

01:04:49.000 --> 01:05:19.000

. I HOPE THAT YOUR FAMILY WAS SAFE THROUGH THE FIRES. HAPPY CAMP IT IS REALLY ONE OF THOSE AREAS THAT SUFFERED

THIS YEAR. WE WILL PROVIDE RESOURCE FOR L.A. COUNTY FOR ALL THE MAJOR URBAN AREAS. HOW CAN TELL HEALTH BE USED FOR NAFT COMMUNITY. I THINK A DOCTOR CAN PHONE AND USE THEIR PHONE TO SEE THEM. I KNOW WE ARE DOING MORE TO BUY FOR TELL HEALTH EQUIPMENT. THEY CAN JUST COME TO LOCAL CLINIC AND SEE OUR DOCTORS HERE. WE HAVE BEEN USING.

01:05:50.000 --> 01:06:20.000

. WE HAVE BECOME FOR ADAPTED TO USING TELL HEALTH. IT GETSES ALOCATED THROUGH IHS FUNDS AS I SAID WE DON'T HAVE AN IHS HOSPITAL HERE. THE INDIAN THAT THE GOVERNMENT COUNTS FOR CARE BECAUSE OF THE OTHER ISSUE BEING UNDER COUNTED AND MISREPRESENTATION OF THOSE. IN OUR STATE THE FUNDING IS ALOCATED BUT NOT IN A WAY THAT WE FEEL IS FAIR AND WE DO CONSTANTLY GO TO GOVERNMENT.

01:07:15.000 --> 01:07:45.000

. BARRIER ARE TRANSPORTATION THAT IS A HUGE BARRIER. CALIFORNIA IS A VERY HUGE STATE. I THINK IN WASHINGTON DON'T UNDERSTAND HOW BIG WE HAVE. WE CAN'T GO FROM SAN DIEGO TO. I -- THAT SA I BIG BARRIER. OFTEN TIME WHEN WE GO BUILD IHS HOSPITAL WE HAVE PUT OUR NAME IN. IT IS LIKE A GRANT APPLICATION. WE CAN HELP IN INFORM INVEST WE GOT TURNED DOWN BECAUSE LOCAL HOSPITAL IS JUST AROUND THE CORONER. BUT WE ARE WORKING ON IT. CONTACT INFORMATION. YES WE WILL SEND THAT OUT.

01:08:13.000 --> 01:08:43.000

. IS MY ORGANIZATION PART OF THE IHS SYSTEM. YES AND NO. DO RECEIVE IHS FUNDING AND WE ARE FEDERALLY HEALTH CENTER WE CAN ALSO PROVIDE HEALTH CARE TO OUR COMMUNITIES. SINCE WE ARE IN REMOTE AREAS. PHONE NUMBER. I WILL DO THAT IN TWO SECONDS. AS FAR AS I KNOW

WE ARE THE ONLY DIALYSIS THAT ARE RUN BY THE STATE OF CALIFORNIA. THERE IS SEVERAL MOST OF THOSE HEALTH CARE FACILITY THAT WE SAW ON.

01:09:43.000 --> 01:10:13.000

. MAP I AM THINKING THE LARGEST TRIBE HAVE DENTAL FACILITY. OUR SECOND LARGEST AND WE HAVE SEVEN TRIBES MOST OF US DO HAVE DENTAL FACILITY NOT MOST OF US CAN PROVIDE ORTH DONTIST. FOR US IN PARTICULAR SEVER COMMUNITY WE CAN CARE FOR THEM AS WELL THAT IS WONDERFUL THINGS THAT THIS CLINIC ARE IHS FUNDED THEY CAN CARE FOR ANY NATIVE. WHAT IS THE BEST RESOURCE TO UNDERSTAND THE FEDERAL AND STATE RESPONSIBILITY WITH NATIVE CASE SERVICE. ALL THE INDIAN HAVE WORK CLOSELY WITH THE COUNTY .

01:11:02.000 --> 01:11:32.000

. AND THE STATE. SOMEBODY THAT HELPS THE NATIVE COMMUNITIES IN THAT AREA THE STATE CALIFORNIA HAS DONE A LOT WITH NATIVE COMMUNITY AS FAR AS JURISDICTION MANY ARE SOBBERING NATION. THEY WORK IN CONJUNCTION WITH LOCAL AND AREAS IN AGING AND THINGS LIKE THAT. RESOURCE FOR I WILL GIVE THOSE OUT. READING FROM CHOT. YES WE SERVICE NATIVE AND NONNATIVE. SO WE SERVICE EVERYBODY IN THE OUR AREA WHETHER NAY ARE NATIVE OR NONNATIVE.

01:11:43.000 --> 01:12:13.000

. THEY HAVE ALLOWED US AS INDIAN HEALTH PROGRAM TO HELP EVERYBODY ELSE AND KEEP ALL THE ELDERS AND EVERYBODY SAFE. IT IS A PLACE WHERE WE TRY TO CARE FOR PEOPLE IN A CULTURALLY WAY. IT IS REALLY IMPORTANT TO TAKE INTO ACCOUNT ALL CULTURES. WE TRY TO DO THAT AND I THINK IT IS ALL THE QUESTIONS.

01:12:18.000 --> 01:12:48.000

>> THANK YOU SO MUCH KORI WITH THE PRESENTATION ANSWERING 23 QUESTIONS. I HAVE LEARNED A LOT MORE BOTH THE VALUE AND OPERATIONAL VALUES AND EXPANDING OF FUNDING. THANK YOU SO MUCH FOR KICKING OUF OR SERIOUS.

01:13:27.000 --> 01:13:37.000

>> THANK YOU FOR EVERYONE WHAT ATTEND TODAY. IT WAS SUCH A GREAT OPPORTUNITY. I WANT YOU CHECK THE WEB PAGES THAT WE HAVE EQUITY. IF YOU GO TO EQUITY RESEARCH CENTER THAT IS WHERE YOU WILL FIND THE RECORDING. WE ANTI AGING CAMPAIGN AND WE DO HAVE TRIBAL ELDER WITH COVID 19 RESOURCE. THEN WE WILL DO OUR BEST ALONG WITH THE WEBINAR WITH EQUITY CENTER PAGE YOU CAN ALWAYS SENT QUESTIONS TO OUR INBOX WE ARE HAPPY TO SHARE THOSE WITH KOIR.

01:13:37.000 --> 01:13:43.000

. AGAIN I JUST WANT TO THANK EVERYBODY FOR JOINING US TODAY.