

# Indigenous Aging in LTC



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Ron Eppes (ron@iasquared.org)

Director of Dementia and Alzheimer's Disease Projects

International Association for Indigenous Aging (IA<sup>2</sup>)



**AMERICAN INDIAN  
and ALASKA NATIVE**  
RESOURCE CENTER FOR BRAIN HEALTH



INTERNATIONAL ASSOCIATION FOR  
**INDIGENOUS AGING**





**Only .4% of physicians are Native - and only 47% of Native patients feel confident their providers understand their background.**

# THE CARE GAP FOR INDIGENOUS SENIORS: LONG-TERM CARE ON NATIVE AMERICAN RESERVATIONS

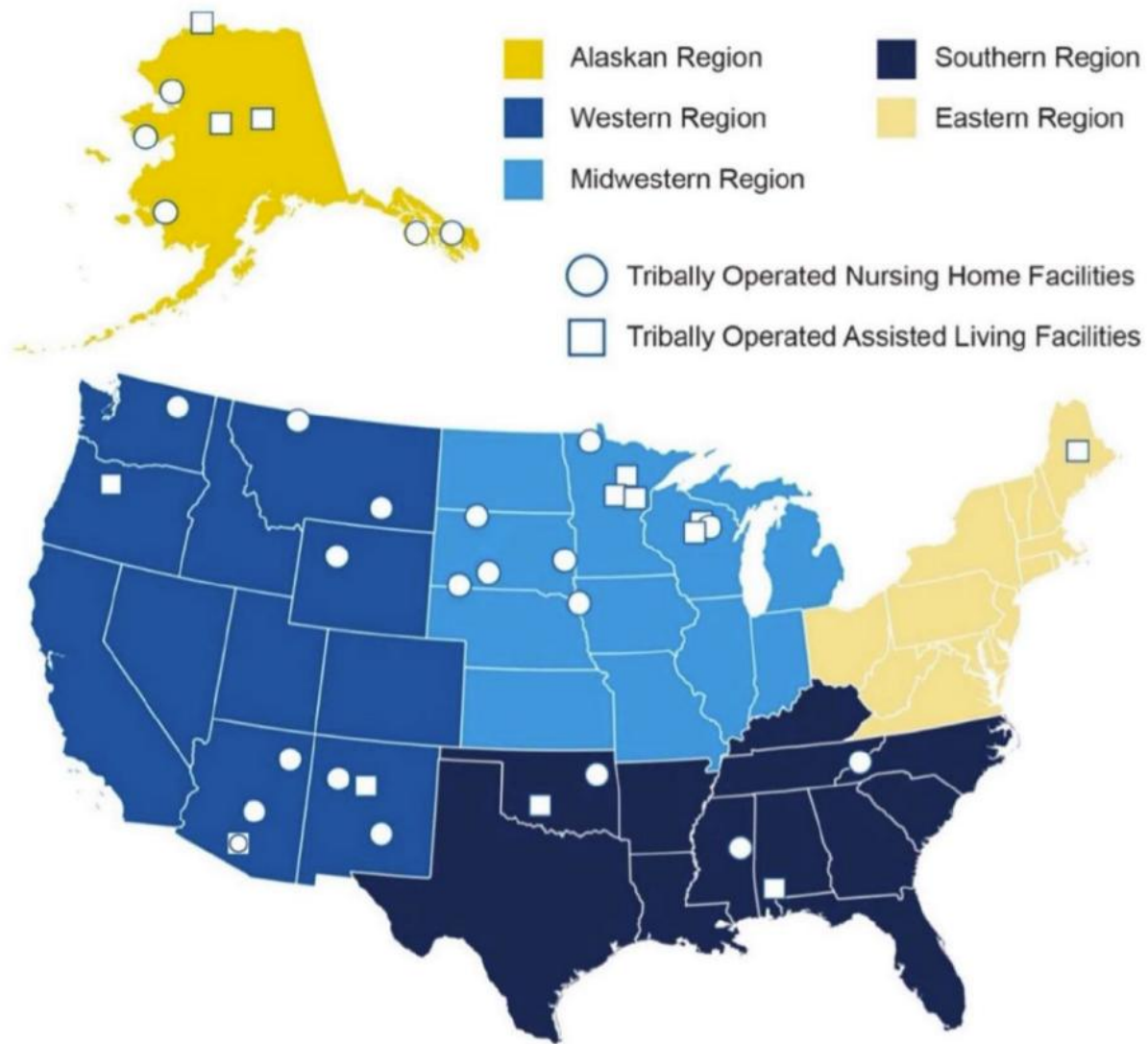
- Information for AIAN peoples is scarce nationally
- What we do know:
  - AIAN elders are underserved and understudied
  - AIAN Elder population is expected to double 2020 numbers by 2050
  - Poverty rates double the national average
  - Higher morbidity and likelihood of chronic diseases
- Language can be a key problem
  - “Long-Term Care” is often equated with “Nursing Homes”
  - AIAN Family Caregivers do not think of themselves as caregivers and therefore miss out on resources available for caregivers
  - Services to assist in caregiving are lacking in community (adult day care, respite, home aides)
- Many elders are eligible for Medicaid expansion but are less likely to apply.
- AIAN caregivers are less likely to be believed by physicians and may face discrimination when seeking Alzheimer’s care.



# The Care Gap

- AIAN populations face the highest health inequities of any population in the United States, which creates significant challenges as they age.
- Tribal elders experience higher rates of Alzheimer's compared to white or Asian older adults, the number of tribal elders with Alzheimer's or other dementia is projected to increase five-fold by the year 2060.
- Low- and middle-income tribal elders are more likely to have multiple chronic diseases than those with high-income.
- Those living on tribal reservations historically experience the highest rate of poverty of any racial group in the United States (39%).
- Indian Health Services (IHS)—the federal agency responsible for the provision of health services to members of federally recognized tribes which provides care to 2.5 million AIANs—is chronically underfunded, with the per capita IHS expenditures less than a third of the federal health expenditures for all other populations.
- While IHS was authorized in 2010 to provide long-term services and supports (LTSS), Congress failed to allocate funds to do so.





	Nursing Homes	Assisted Living	Total
Alaska	5	3	8
Lower 48	19	11	30
Total	24	14	38
Oklahoma	1	1	2

Figure 1. A map of the CMS regions and locations of their tribally operated nursing homes and assisted living facilities



Figure 5. Southern region tribally operated nursing home facilities map

Table 4. Information on AI/AN nursing home facilities in the southern region

Legend	Tribal Affiliation	Facility & Contact	Administrator	Certification	Beds	Year Opened
1	Eastern Band of Cherokee Indians	<b>Tsali Care Center</b> 267 Tsali Care Way Cherokee, NC 28719 P: (828) 497–5048 F: (828) 497–5347	<b>Marcheta Campbell</b> P: (828) 497–5048 Ext. 1 E: <a href="mailto:marcheta.campbell@cherokeehospital.org">marcheta.campbell@cherokeehospital.org</a>	Medicare/ Medicaid	120	1995
2	Mississippi Band of Choctaw Indians	<b>Choctaw Residential Center</b> 135 Residential Center Road Choctaw, MS 39350 P: (601) 656–2582 F: (601) 656–0670	<b>Gay Flake</b> P: (601) 656–2582 E: <a href="mailto:gflake@choctawrc.com">gflake@choctawrc.com</a>	Medicare/ Medicaid	116	1987
3	Muscogee (Creek) Nation	<b>Muscogee (Creek) Nation Skilled Nursing Facility</b> 900 East Airport Road Okmulgee, OK 74447 P: (918) 756–9211 F: (918) 756–9452	<b>Debra Brill</b> P: (918) 756–9211 E: <a href="mailto:debra.brill@creekhealth.org">debra.brill@creekhealth.org</a>	Medicare	8	1997



Figure 9. Southern region tribally operated assisted living facilities map

Table 8. Information on AI/AN assisted living facilities in the southern region

Legend	Tribal Affiliation	Facility & Contact	Administrator	Beds	Year Opened
1	Comanche Nation	<b>Edith Kassanavoid Gordon Assisted Living Center</b> 1001 Southeast 36th Street PO Box 908 Lawton, OK 73501 P: (580) 699-3736 F: (580) 699-7595	<b>Linda Climer</b> P: (580) 699-3736 E: <a href="mailto:linda.climer@comanchenation.com">linda.climer@comanchenation.com</a>	9	2014
2	Poarch Band of Creek Indians	<b>Lavan Martin Assisted Living Facility</b> 429 Buford L Rolin Drive Atmore, AL 36502 P: (251) 446-4899 F: (251) 368-5585	<b>Martha Gookin</b> P: (251) 368-9136 E: <a href="mailto:mgookin@pci-nsn.gov">mgookin@pci-nsn.gov</a>	32	2001

# LTSS and HCBS



- Long Term Services and Supports (LTSS) and Home and Community Based Services (HCBS) are programs offered through your state's Medicaid system.
- Each state manages the Medicaid system differently and the programs have different names.
  - Oklahoma (ADvantage Waiver – 65+) (Community Waiver, In-Home Supports Waiver, Homeward Bound Waiver – IDD)
- Some services offered in HCBS include:
  - adult day services • home modifications like ramps, grab bars, and • assistive devices adaptations • chore and homemaker services • in-home nursing • emergency response systems • medical equipment and supplies • meals • participant-directed supports • personal care services • respite care • transportation to medical appointments and other important places in your community.
- More information about LTSS - [LTSS | International Association for Indigenous Aging](#)

# The Dynamics of Difference: Caring for Native Elders

- Native elders often carry a lifetime of systemic racism and cultural erasure. They may have lost their language, culture, health, family, land, or ancestral teachings. A history of generational trauma and poverty can impact their health – particularly as many elders are survivors of abusive boarding schools.
- These experiences affect Native elders today. Consider a CNA who asks a resident why she didn't eat her vegetables. The resident, a boarding school survivor, associates the question with “wasting food” and “being in trouble” and becomes agitated. Or a provider who teases his male patient about his extremely long hair – not understanding the patient's tribal members only cut their hair after the death of a loved one.
- This kind of encounter can alienate Native patients – which is hardly surprising, considering the long and troubled history between Native communities and the medical industry. From forced sterilization to medical experiments to healthcare fraud, many Native patients have good reasons to distrust providers. But where your average patient can go home after a doctor's visit, Native elders in long-term care are enveloped in a 24/7 healthcare experience with mostly non-Native providers.



# 5 Practices for Culturally Responsive Long-Term Care

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## 1. Accept feedback

### a. Cultural humility

This can be a tough one. But even healthcare workers with the best intentions can misstep when caring for someone of a very different background. When this happens, it's natural to receive some advice – or even a gentle correction – from coworkers and residents. If this happens to you, don't take offense; just show your willingness to learn and provide great care.

# Practices for Culturally Responsive Long-Term Care

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## 1. Accept Feedback

## 2. Be patient

### a. Everyone has bad days, everyone gets frustrated

You'll encounter a patient or resident who seems to be testing you. Chances are, they've probably been treated poorly before in a clinical environment and now they are assessing whether you can be trusted. Other times it is a family member. You don't know the challenges they have had to get to this point nor those they are currently facing.

# Practices for Culturally Responsive Long-Term Care

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1. Accept feedback
2. Be patient

## 3. Communicate respectfully – and don't rush

- a. Native people often report that providers rush them through encounters or cut them off mid-sentence.
- b. Give your patients and residents time to think about their answers and ideas; listen to what they say and give them time to ask questions

# 5 Practices for Culturally Responsive Long-Term Care

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1. Accept feedback
2. Be patient
3. Communicate respectfully – and don't rush

## 4. Study trauma-centered care

- a. Being told to eat a specific food or being helped to a bathroom, may be a reminder of past traumas – especially if they've survived boarding schools or grown up in families impacted by them.
- b. Help elders find ways they can use their voice and exercise their autonomy to help them feel more in control of their healthcare experience.

# 5 Practices for Culturally Responsive Long-Term Care

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1. Accept feedback
2. Be patient
3. Communicate respectfully – and don't rush
4. Study trauma-centered care

## 5. Prepare for end-of-life care

- a. End-of-life transitions with elders can look a little different. Ask the elder's family about their preferences.

# At the End of the Day, It Is About Trust

- American Indians rightfully don't trust Western Medicine, US Federal Government, nor US State Governments
  - A lot of historical trauma
  - I'm from the government and I am here to help!
  - These continue today
- Trust is earned through relationship building
  - Time: Patience and Persistence
- An ECHO from last year:
  - [Building Trust: Cultural Humility and Effective Communication in Tribal Eldercare](#)

# Connect With Us!

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[www.iasquared.org](http://www.iasquared.org)

[ron@iasquared.org](mailto:ron@iasquared.org)

301-861-0632

Facebook/Instagram/X/LinkedIn

[megan@iasquared.org](mailto:megan@iasquared.org)

# About the *Supporting Indigenous Culture in Long-Term Care Initiative*

As the Indigenous elderly population continues to grow and increasingly enters long-term care (LTC), it is important to support the cultural needs of these elders. The Ontario CLRI's "Supporting Indigenous Culture in Long-Term Care" initiative identified and developed culturally appropriate resources to support Indigenous residents in LTC. Resources were developed and spread with support from partnerships with Indigenous organizations and communities across Ontario and Implementation Advisors with experience in dissemination and implementation, and knowledge of LTC.

The project aligned with the [United Nations Declaration on the Rights of Indigenous Peoples](#) (2007) and work to address various [Calls to Action from the Truth and Reconciliation Commission of Canada](#) (2015).

If you have a resource for supporting Indigenous Peoples in LTC that you believe should be added to the below list, contact us at [info@clri-ltc.ca](mailto:info@clri-ltc.ca).

[Diversity and Inclusion Digital Calendar](#)

[The Four Sacred Medicines](#)

[Supporting Diversity and Indigenous Culture in Long-Term Care](#)

[Ontario Indigenous Cultural Safety \(ICS\) Training](#)

[Saint Elizabeth First Nations, Inuit and Métis Program](#)

[Ontario Caring Advisory Circle](#)

[Developing Culturally Grounded Dementia Educational Materials for Indigenous Community-Based Care](#)

[Anti-Aboriginal Racism in Canada](#)

[Alzheimer's Disease and Related Dementias in Indigenous Populations in Canada: Prevalence and Risk Factors](#)

[Supporting Indigenous Culture in Ontario's Long-Term Care Homes: Needs Assessment](#)

[Palliative Care Toolkit for Indigenous Communities](#)

[Indigenous Culture Card – London and Middlesex](#)

[Equity Diversity and Inclusion in Long-Term Care](#)

[Indigenous Land Acknowledgement Guiding Framework](#)

# The Healthy Brain Team



Megan Dicken (Houma | Potawatomi)

Megan, Public Health and Aging Associate, brings a unique understanding of the American Indian/Alaska Native people and challenges they face. She is an active, enrolled member of the United Houma Nation of Louisiana, and also has Potawatomi heritage. Megan has a vested interest in helping the AI/AN community at large and co-founded the Georgia Indigenous Peoples' Association (GIPA).

