

Agency: Commerce, Community and Economic Development**Grants to Named Recipients (AS 37.05.316)****Grant Recipient: Native Village of Unalakleet (Unalakleet IRA)****Federal Tax ID: 92-0039457****Project Title:****Project Type: Planning and Research**

Native Village of Unalakleet (Unalakleet IRA) - Assisted Living Facility

State Funding Requested: \$300,000
One-Time Need**House District: 39 / T****Brief Project Description:**

A pre development project: Funds are sought for the pre-development phase of a sub regional Elder Assisted Living Facility to deliver residential and home based services to Unalakleet, Koyuk, Shaktoolik, St Michael, Stebbins in co-operation with the Norton Sound Health Corp. and in partnership with the other villages.

Funding Plan:

Total Project Cost:	\$350,000
Funding Already Secured:	(\$50,000)
FY2012 State Funding Request:	<u>(\$300,000)</u>
Project Deficit:	\$0

Funding Details:

\$50,000 of funding will come from the partners in this project: the communities being served, and the Norton Sound Economic Development Corp.

Detailed Project Description and Justification:

Returning or keeping elders in their communities has gained momentum over the past few years. Many programs focus upon delivering care to elders in their home, providing assistance with daily living tasks, and modifying individual homes to universal design standards. However, some elders need more definitive care or assistance. This may be a temporary need, such as experienced while recovering from an injury, or a long term need due to frailty or loss of dexterity. Regardless, rural communities recognize that organized assistance programs help retain elders in their community, improve the quality of life for the elders and the community, and create permanent jobs that can be filled by local residents, who have undergone training.

Currently there are neither assisted living facilities, nor any village/home based residential programs in the entire Bering Strait Region. The only facility is the 15 bed Quyanna Care Skilled Nursing facility, located in Nome, and so stressed to serve a growing ageing population that it receives request for skilled nursing from Kotzebue. The result is that many residents are either moved to assisted living facilities outside the region, never to return and isolated from their traditional culture, community and loved ones; or they remain in their Villages suffering from marginal care or worse, because they do not want to leave.

**\$300,000
Approved**

Since 2002 (see Unalakleet's Comprehensive Plan) Unalakleet has proposed to construct, a facility that would meet the needs of its own community and that of the sub-region. Unalakleet has long been a hub community for services to the surrounding area. In 2002 a new sub-regional health clinic was constructed to provide clinical and dental care to the communities of Unalakleet, Stebbins, Saint Michaels, Shakttoolik, and Koyuk. Along with improving healthcare has been the desire to increase other community services. One aspect has been focusing upon assisting elders with daily living tasks and providing affordable residence where elders can live and socialize with their peers. Included in this effort are coordinating community meal programs, home visits to assist with daily living activities, and in-home health care. The desired facility which would fill the need for an elder residential facility and provide a base for coordinating community wide elder programs. And as part of the pre-development work, NVU would establish a compact with the Indian Health Service for its operation.

The project, formally launched over 4 years ago by the Native Village of Unalakleet (NVU) working with the partner Villages of the sub region (Koyuk, Shaktoolik, St Michael, and Stebbins), has accomplished the following in historical order

- Documented tribal support from the Villages of Koyuk, Shaktoolik, Stebbins and St. Michael; collaboration with the Unalakleet Native Corporation, the City of Unalakleet and Norton Sound Health Corporation;
- A comprehensive preliminary Feasibility Study by Larsen Consulting Group;
- Initial funding for the feasibility study by the Department of Commerce, Community and Economic Development
- Acquisition of a well located site across from the new sub-regional Health Clinic
- Funding support for grant writing from Kawerak, Inc. to raise funds to develop a trained workforce and facility.
- The Completion in December 2010 of a Two Part (Quantitative and Qualitative) Comprehensive Sub Regional Needs Assessment to establish the Elders needs and levels of need plus their attitudes and support for/against congregate living. Conducted by Dr. Jordan Lewis, Center for Alaskan Native Health Research, they will form the basis of our pre-development work.
- Receipt of a \$350,000 ANA and an additional \$100,000 from other Sources (including NSEDC, AHEC &, KAWERAK) to support the 5 Village Partnership in the development of of (a CNA certified) trained agency based workforce operated by the Tribes, to deliver PCA level services to all 5 villages. This workforce would form the (personnel) foundation for the staffing of the facility.

Both a social and economic development project, it is now been divided into two programs which are operating concurrently;

1) non-capital construction components of business/organizational planning and workforce development as noted above and now (at this submission) operational. CNA Training in Unalakleet and Fairbanks is about to begin. Business planning and fund development for its operation and management is underway for the agency based services and looking forward to the operation of an eldercare facility.

CAPSIS REQUEST FOR THIS COMPONENT

2) Capital planning and construction:

- a. to include pre-development to preparation of bid documents
- b. construction
- c. Furnishing and opening

Positive Economic Outcomes-----Workforce Development

As noted above NVU and its partner Villages are in final 2 quarters of a project to include organizational /business planning, recruitment of a potential workforce from the partner villages, management, and job training and deployment of home based services delivered to each Village by a local workforce that may be instituted on a job sharing basis.

Management of the workforce will be from a sub regional agency developed for that purpose. This approach will insure that a trained workforce would be ready for employment in the facility when it is completed. (Moving or reassigning a trained workforce from the Villages on a rotation basis -while retaining Home based services.) This approach also benefits elders and the Villages by delivering services sooner and creating jobs.

Construction

Pre-development : FY 2011 (Oct 1-Sept 30) The NVU is requesting support for this portion of the project which would include; survey, environmental review, soils testing, preliminary engineering (site improvement, water, sewer, electric etc) design development, preliminary drawings, final design, bid documents, legal and project management. The site is well located across the street from the health clinic with all services to the site.

Construction: Bids out, materials ordered, and phased construction FY 2012-13.

The Project would create:

- 1) 12-15 permanent jobs by Aug 2011 --- with even distribution in each of the partner Villages.
- 2) Creating an additional 10 FT jobs upon completion of the facility, in Unalakleet but with sub-regional personnel
- 3) Creating a minimum of 20 FT temporary positions for the duration of the construction period
- 4) Utilizing many of the resources available regionally
- 5) Possible leveraging maximum use of the Health Clinic...which also would add jobs- 2-3 minimum
- 6) Indirect economic impact of greater utilization of locally available goods & services
- 7) More stable villages---retention of their Elders
- 8) Serving over a period of 10 years approximately 400 Elders at home or in local residential care...which would amount to extensive savings by the State and Federal gov't which now must pay for moving them to Anchorage

To date NVU has successfully applied for and received over \$500,000 towards the Comprehensive Long Term Care Project, of which \$50,000, the Assessments is applied to the facility pre-development component. NVU is asking for \$300,000.

Project Timeline:

Pre-development: October 2011- September 2012

Entity Responsible for the Ongoing Operation and Maintenance of this Project:

Native Village of Unalakleet

Grant Recipient Contact Information:

Name: Margaret Wood-Hemnes
 Title: President, Unalakleet IRA
 Address: PO Box 270
 Unalakleet, Alaska 99684
 Phone Number: 624-3622
 Email: mwoodh@earthlink.net

Total Project Snapshot Report

2011 Legislature

TPS Report 52591v1

Has this project been through a public review process at the local level and is it a community priority? Yes No

<u>COST CLASSIFICATION</u>	<u>Pre- Development Requested from Ak legislature</u>	<u>These funds are in</u>
1) Market Research/Assessment (Elder Needs and Workforce capacities in all partner villages Needed for planning---		50,000 Completed
<u>2) Planning , Administrative and Legal Expenses</u>		
(a) legal/land transfer documents	10,000	
(b) project management/fund development/grantwriting	10,000	
(c) planing/budgeting/financing	30,000	
(i) property management plan		
(ii) operatining plan		
(iii) approvals- city, corporation, partners		
(iv) community input and approvals for final operating and architectural programs used for design		
(d)construction contract management	-	
(e) construction management /owner	-	
(f) accounting	-	
TOTAL	50,000	
<u>2. Land, Structures, ROW, Appraisals</u>		
(a) Site review - re prep cost and timelines	5,000	
(b) Appraisal	5,000	
(c) Acquistion	35,000	
TOTAL	45,000	
<u>3. Relocation Expenses and Payments</u>	Not necessary	
<u>4. Architectural and engineering fees</u>		
(a) survey	5,000	
(b) environmental review	5,000	
(c) soils testing	10,000	
(d) preliminary engineering (site improvement plan, wat, sew)	30,000	
(c) preliminary drawings /design development	50,000	
(d) final design /bid documents	100,000	
(e) all other engineering	-	
TOTAL	200,000	
<u>5. Other Architectural and Engineering</u>		
<u>6. . Miscellaneous</u>	5,000	
TOTAL REQUEST	300,000	

NATIVE VILLAGE OF UNALAKLEET
WITH:
STEBBINS, ST MICHAEL, SHAKTOOLIK, KOYUK
PRE-DEVELOPMENT – BUDGET \$350,000
REQUEST (\$300,000)

PROJECT: A TRIBAL SOLUTION FOR ELDERCARE IN THE SUB-REGION

RATIONALE FOR THE PROJECT

Based on information outlined in the NVU’s 2011 CAPSIS Project Description , this Narrative including Statements of Need for Sub regional Elders- pp 3-7 , and Statement Need / Sub Regional Economic Conditions pp 8-9, it was decided that the NVU should construct and operate a sub-regional assisted/independent living facility, with support from the Indian Health Service, which now includes support for long term Care Services. Part of the Community Plan since 2002, it is now number #3 on the new (2009-2013) Unalakleet Community Plan, and NVU’s # 1 Priority.

The Sub regional Villages have developed a consensus regarding this approach because Unalakleet is their hub community with a complete infrastructure including a health clinic, reduced alcohol problems when compared to Nome, and the capacity to build and operate the facility as a collaborative effort.

Furthermore, all 5 villages are in their second year of a 2 year project to develop and operate Home Care Services (PCA Services) with CNA level workers, for their Elders and disabled. Funded by the ANA, this project will be completed by Oct 1, 2011.

Both a social and economic development project, the pre-development project has been divided into two components..

- 1) Component # 1 - Non-capital construction activities:** (fully funded/in process- \$450,000)
 - Survey research to determine elders’ numbers and needs and villages capacities to meet them for planning and pre development information;
 - Business/organizational planning for workforce development/operations and operational cost of a constructed facility
 - Recruitment of a workforce from the partner villages and job training (CNA)
 - Management and financial support of the workforce determined by business plan I
 - Implementation for home care of elders used as a prerequisite for staffing a new facility and to also serve as an immediate response to a growing need.
 - Workforce would be deployed and working in all 5 Villages while facility is being developed.

Benefits of Component #1:

- Trained workforce would be ready to work in the facility when it is completed. (Moving or reassigning a trained workforce from the Villages on a rotation basis - while retaining Home based services.
- Fully developed business plan to operate new facility
- Fund development plan in place for operations
- Facility designed to meet measured needs, capacities

This approach benefits elders and the Villages by delivering much needed services and creating jobs sooner---instead of waiting for construction. It also provides for a thoughtful realistic approach to developing a facility – that can take advantage of up to date data...

2) Capital construction Component

- Pre-development:

NVU IS REQUESTING \$300,000 TO COVER THIS FIRST ELEMENT OF THE CONSTRUCTION COMPONENT- (see attached budget)

- | | |
|---|---|
| <ul style="list-style-type: none">▪ Survey▪ Review of needs assessments and data developed from part 1— reviewing non construction data to be used to develop the appropriate facility for elders no longer capable of living at home▪ environmental review▪ soils testing▪ preliminary engineering (site improvement, water, sewer, electric etc)▪ energy efficiencies investigations and fund development▪ business planning | <ul style="list-style-type: none">▪ facility – concepts and designs▪ Bid documents▪ Utilization of energy efficiency design-▪ Potential collaboration with Cold Climate Research▪ design development,▪ preliminary drawings▪ final design▪ bid documents▪ legal and project management. The site is well located across the street from the health clinic with all services to the site |
|---|---|

PROJECT OUTCOMES

- 1) 12-15 permanent jobs by May 2011--- even distributed in all 5 villages.
- 2) Creating an additional 10 FT jobs upon completion of the facility, in Unalakleet but with sub-regional personnel
- 3) Creating a minimum of 20 FT temporary positions for the duration of the construction period

- 4) Utilizing many of the resources available regionally
- 5) Leveraging maximum use of the Health Clinic...which also would add jobs-2-3 minimum
- 6) Indirect economic impact of greater utilization of locally available goods & services
- 7) More stable villages---retention of their Elders
- 8) Serving over a period of 10 years approximately 400 Elders at home or in local residential care....which would amount to extensive savings by the State and Federal gov't which now must pay for moving them to Anchorage

Statement of Need---Elders in the Sub Region

Unalakleet, Stebbins, St Michael, Shaktoolik, Koyuk

Elders living in rural Alaska are forced to leave their home communities to be placed in facilities far away, in urban settings, due to lack of adequate care facilities to accommodate changing needs related to health issues. When an Elder leaves their home village both the individual and community suffers. These are the facts:

1.) Rural Alaska has major challenges with respect to the long term care of its Alaska

Native Elder population.

Rapid Elder Population Growth: Alaska has the second fastest growing Elder population in the United Statesⁱ. This population is growing at a high rate, outstripping population estimates that were used for planning 10 years ago. ⁱⁱ And to compound the problem, much of the growth is attributable to the population living longer, which means as a group, it will have greater needs for assistance. Regional and Sub Regional Statistics are as follows:

Bering Strait Region – Elder Population Statistics

The Elder population is growing at a faster rate than the general population

- Regional Population in 2000 was: 9,196 ; Regional Population in 2007 was: 9,509
- Total General Population increase in six years: 3%
- 2000: Number of Elders ages 60 + was 769; 2007: Number of Elders ages 60 + was: 914
- Increase in Elders 60+ was 15.8%; Percentage of Elders to total population: 9.6%

Number of potential candidates for Elder Assistance in the Region as of 2007

- 2004: Elders 65 + were - 600 or 6.3% of the population –originally projected to be 559
- The number of Elders ages 60-64 were - 314 or 3.3% of the population

- The number of Seniors 55-59 were 481 - 5% of the population

Target Population: Number of potential Candidates for Elder Care in the Southern Sub Region as of 2007

- Combined population of the Sub-regional area: 2,367
- Estimated Number of Elders 60 or over and Seniors (55-59) in 2006: 345
- Estimated number of Seniors and Elders projected forward to 2010-11 (ANA project dates): 404

Growth Rate

- In 2004 The Alaska Native Tribal Health Consortium reported that “the number of individuals needing services in the Norton Sound region (Nome Census region of which Unalakleet’s sub region is a part) is expected to increase by 47% in 2020.

2.) There is severe lack of programs for Elders in Alaska.

Despite the existing number of Alaskan and rural Alaskan Elders and their rapid growth rate, there are **very few programs or plans** in place to meet these challenges.

- The book *Affordable Assisted Living in Alaska*ⁱⁱⁱ, 2008, states that outside the urban area of the Anchorage bowl, the small cities on the Anchorage-connected road system, and Juneau, “there are only 5 assisted living facilities statewide”.
- In February 2007 the Alaska Commission on Aging (ACOA) published its draft plan for statewide senior services for the next four years. The plan discusses ACOA’s goals for senior services, ranging from senior advocacy to job skills development. Specific action items were:
 - (a) **Communities must begin now to build their infrastructure to prepare for the rapid increase in senior population they will witness during the next three decades;**
 - (b) **A workforce focused upon Elders’ services must be developed.**
- *The National Tribal Long Term Care Study*, 12/2008, a survey of current operating programs to meet the needs of the elderly, states that needs and numbers of elders are “skyrocketing”; and “that long term care has become an increasingly important public policy issue” and finally that “there is a need for formal long term care services in Alaskan Native communities”^{iv}

3) The Bering Straits Region’s Elders are severely underserved, and those of the Southern Sub Region currently have no service at all.

- Other than Nome’s 15 bed skilled nursing facility (Quyanna Care Facility, NSHC) there are no facilities or standardized programs in existence to serve the Bering Straits Region’s Elders. ^v
- This statement was recently verified by **Carol Piscoya**, the acting CEO of NSHC (the Region’s only source of comprehensive medical/health care, 550 miles from Anchorage) in her letter supporting the NVU ANA project that **“we simply do not have the resources to give the Elder segment of our Regional population the attention it deserves now.”** She also noted that *“their (NSHC’s) organizational focus is on meeting our greatest challenge to date, the construction of our new hospital, while simultaneously resolving a variety of other socio/medical challenges that exist in Nome and the Region.”* ^{vi}
- **Funding for Native American Programs for the Elderly has been extremely limited, with a major lack of resources to support services for the Elders.** ^{vii} This is true for the Bering Straits Region which has focused on a major health infrastructure project, the construction of Norton Sound Health Corporation’s new 160 million dollar hospital being constructed in Nome for a 2013 opening.
- Other Regional health and social service needs have emerged in Nome to compete with long term Elder care, such as the development of a new alcohol treatment center to replace the one that closed.
- A 2005 study entitled *Long term Care Needs of Alaska Native Elders* ^{viii}, prepared and written by Kay Branch of the Alaska Native Tribal Health Consortium, recommended **“that the Norton Sound (Bering Straits Region) needed an increased effort in the development of home and community based services.”** ^{ix}

4) Lack of infrastructure in 4 of the 5 the Sub Regional Villages creates greater need for assistance to Elders, particularly in winter.

In the lower 48, water, sewer, trash haul, police, emergency and energy services are standard to most communities. There, the elderly can simply go to the tap for water, or their operating bathrooms for toilet and personal hygiene. And ambulance, security and special elder security assistance are only a phone call—or press of a button away. This is NOT the case with many Elders in the Bering Strait southern Sub region as noted below:

- Villages operating with piped water and watering points: Koyuk, Shaktoolik
- Villages operating only with water points: Stebbins
- Villages with water delivery: St. Michael
- Villages with honey bucket hauling: St, Michael, Koyuk, Stebbins
- Villages without trash haul: St Michael, Stebbins Shaktoolik
- Villages with piped sewer: Shaktoolik

- Villages with limited fire safety systems, Stebbins, Shaktoolik
- Unalakleet has a health clinic, and direct flights to Anchorage, and an ambulance
- Only Unalakleet has a comprehensive congregate meal program for its Elders
- Unalakleet is served exclusively with running water and sewer

The lack of facilities creates a special hardship for Elders, unique to rural Alaska and in particular the Sub Region which is open, subject to high winds and freezing cold winters. The often Villages do not have police or firemen...or even a fire truck and hydrants. Basic safety is an issue, particularly when Elders live alone, or without regular checks on their physical and emotional well being.

5) The Southern Sub region is demonstrating signs of social and cultural stress

- The Bering Strait School District (15 Villages, minus Nome) has the 4th highest dropout rate in the State^x and basic reading writing, math and sciences scores are lower than those in the US
- Teen pregnancy rate is increasing ^{xi} and Teen suicide rate is at crisis levels.
- Alcohol and Drug use is increasing –even in the remote Villages.
- Language is dying, and children are less aware of their cultural heritage....despite the interest in culture retention.

6) Elder Care Needs assessment:

In 2007 the National Resource Center on Native American Aging, Center for Rural Health, University of North Dakota^{xii} conducted a national survey of the health, needs, and living conditions of elder Native Americans, and included 123 Elders from our (35% of the Elder population) Sub Region.

- Elders requiring care: 30 were in the moderate range; 4 in the moderate to severe range; and 8 were classified as severe.
- Based on Self assessment with respect to needing or wanting care and responding to 25 questions indicating need – 41 or 33% responded positively that they needed assistance.
- Based on responses to 2 key questions regarding adult day care and participation in a caregiver program, 46 respondents indicated they would use adult day care, while 50 people said they would use a caregiver program if available.
- The Center on Native American Aging ^{xiii} has published several newsletters on Native American Elders and their higher rate of risk, than the national average, for acquiring debilitating diseases. This is another indicator of the need for Elder care services in the **Southern Sub Region**, particularly those that include medical following.

7) The Elders of the Sub Region are likely to live in poverty--- as well as their families.

- Distressed Villages^{xiv} are defined as communities where 70% or more of their residents earn less than \$14,782.00 and 30% or less of its residents older than 16 work in all four quarters. The Villages of Koyuk, Shatolik, St Michael and Stebbins, 4 of the 5 villages in the sub-region cohort are considered distressed by Denali Commission Standards and in need of assistance. (Unalakleet's economic statistics are biased in favor of a higher per capita/household income due to the incomes of the professional non resident employees of the Bering Strait School District as noted above.)
- The IHS reports that 23.5% of Alaska Natives ages 65 and older are living in poverty
- High unemployment, a high percentage of eligible workers not seeking work due to lack of jobs defines the communities of the Southern Sub region.

Due to these conditions, when Elders do need care they are displaced. A few may move to the 15 bed skilled nursing facility, Quyanna Care Center in Nome, which has a long waiting list. The rest are moved out to Anchorage and beyond. But then what?

- Where do the Elders go when they need care? What are the facilities, most of them private, like?
- Being so far away---do they have any advocates or any regular visitors?
- Can their families, coping with poverty, lack of work and/or fixed incomes, (particularly aging loved ones left behind) afford to visit (Nome-\$400 RT ;Anchorage \$500 RT from Unalakleet, \$650-700 from the Sub regional Partner Villages)
- How many Elders are there currently outside our Region?
- Do the displaced Elders make friends easily in facilities located in an urban setting, populated by former urban dwellers?
- What is happening to their communities and culture when they leave?
- Are they in facilities that are Native operated? Are they eating Native Foods?
- How do they fulfill their roles as culture bearers in their final years?

As noted above, in 2002, the Native Village of Unalakleet undertook a comprehensive planning process which included Elder care in the Southern Sub region. Today that concern has moved to a high priority item as stated in 2009-2013 Plan, soon to be published. This is the case because the Tribal Leadership:

- Has recognized that time honored methods of managing social issues were in flux including Elder Care and that no plan was in place to remedy the situation.

- Understood that the increases in the Regional Elder population, coupled with social change is a major problem that must be addressed as a Tribal concern before it reaches crisis levels. Relying exclusively on Village families to deliver consist Elder care is very risky.
- Acknowledges the social and cultural importance of keeping Elders at home and in (their) “place”.

. The Native Village of Unalakleet: Sub regional Elder Care Project: (NVU) with : Koyuk, Shaktoolik, Stebbins and St. Michael.

REQUEST FOR \$300,000 Pre-development support of Sub regional Eldercare facility.

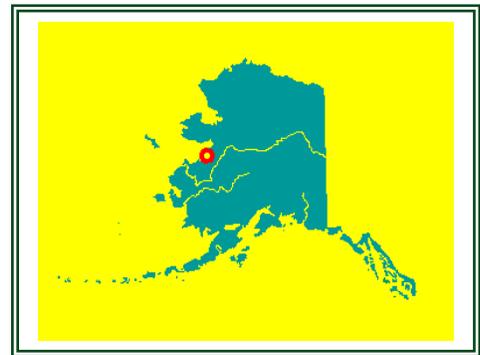
Statement of Need: Income and Poverty

Unalakleet

A community situated on Norton Sound at the mouth of the Unalakleet River, 150 miles southeast of Nome, and 400 miles NW from Anchorage. As the central hub for outlying villages no further than 70 miles away, provides air cargo and scheduled air service to Anchorage and all the Villages in the Sub region.

Though a vibrant community, all is not rosy. Its population numbers 727 of which 681 / 88% are Native Alaskan (Inupiaq Eskimo). Its unemployment rate in 2006 was 14.57 %, although 48.61% of all adults were not in the work force.

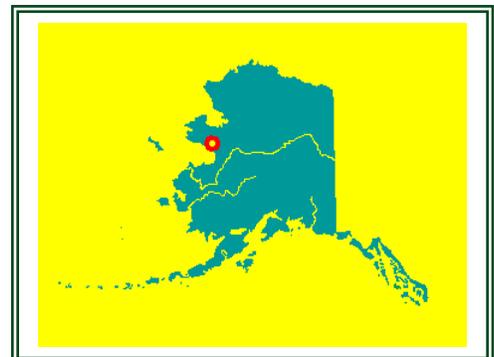
The median household income was \$42,083, per capita income was \$15,845. However that number is skewed as many PT residents are not local. They work for the School District and make very high salaries. Therefore though the data indicates that 11% ^{xv}of residents were living below the poverty level, and 10% of those people 65 or older are living below the poverty line, when corrected for the non-residential data the per centages would be higher.



Koyuk

The Native Village of Koyuk, an incorporated community of 350 residents located at the northeastern end of the Norton Bay on the Seward Peninsula, 70 air miles from Unalakleet.

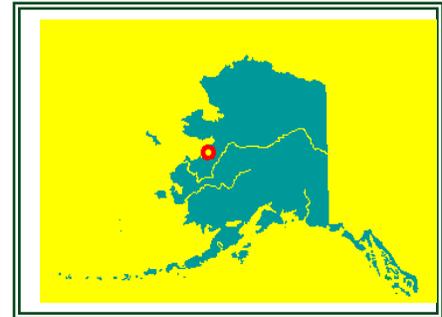
As of the 2000 census, 34.6% were unemployed, and 62.2% of the potential workforce (16+) was not on the labor force. Koyuk’s economy is based on subsistence, supplemented by part-time wage earnings. In the past, there was a small amount of commercial herring but now there is only salmon. Thirteen residents hold commercial fishing permits. Some income is



derived from reindeer herding. The primary food sources are: fish, reindeer, crab, moose, beluga whale, caribou, seal, rabbit, geese, cranes, ducks, ptarmigan, berries, greens and roots. Koyuk is accessed by sea and air.

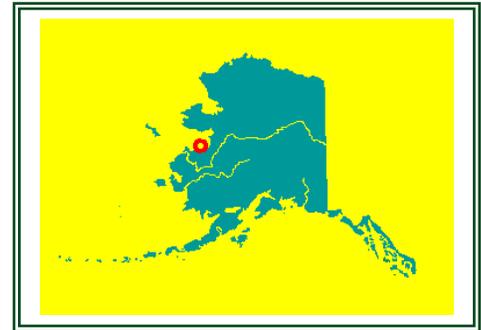
Shaktoolik

The Native Village of Shaktoolik is an incorporated community of 224 residents located on the east shore of Norton Sound of which 95% are Alaska Native (Inupiaq Eskimo.) Lying 33 miles North of Unalakleet. The Shaktoolik, Master Plan 2006-2011 stated that the “need for cash is critical”. In 2006 the unemployment rate was 27.66% with 56.69 % of adults not on the labor force, and the per capita income at \$10,491. Shaktoolik’s economy is based on subsistence, supplemented by part-time wage earnings. 33 residents hold commercial fishing permits, but like the other Sub-Regional villages the herring fishery has collapsed. Fish, crab, moose, beluga whale, caribou, seal, rabbit, geese, cranes, ducks, ptarmigan, berries, greens and roots are also primary food sources.



St Michael

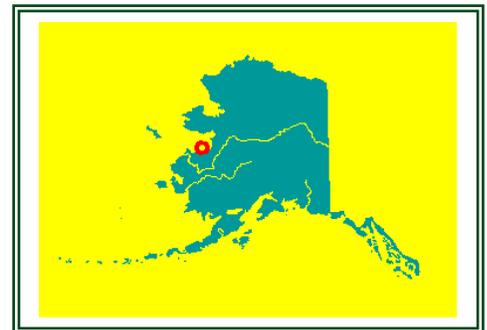
The Native Village of St. Michael (incorporated as a City in 1969) is a community of 427 residents located on the east coast of St. Michael Island in Norton Sound. It lays 125 southeast of Nome and 48 miles southwest of Unalakleet.



The St. Michael economy is based on subsistence food harvests supplemented by part-time wage earning. The per capita income is \$10,692 with the median family income at \$34,000. 23% were below the poverty line. Of the total potential workforce of 205 (16+-), 89 are employed...or 35%. The unemployment rate is 21.2%, and 56.6% are not working or seeking employment. Most cash positions are found in city government, the IRA council and the village corporation, schools, and local stores. Six residents hold commercial fishing permits, but due to the drop in fishing, none are in current use. Stebbins/St. Michael Reindeer Corral Project was completed in 1993 for a herd on Stuart Island. The reindeer are essentially unmanaged.

Stebbins

Stebbins is an incorporated community of 519 residents located on the northwest coast of St. Michael Island, on Norton Sound. It lies 120 miles northwest of Nome, 8 miles north of St. Michael and 40 miles southwest of Unalakleet.



The Stebbins economy is based on subsistence harvests supplemented by part-time wage earnings. The village’s per capita income is \$8,249 and the Median Household Income is \$23,125. 42% of the population is in poverty. Of the Potential Workforce in Stebbins, 161 are employed or 47% with 53% unemployed or not

seeking work. There is a 23% unemployment rate. The City and schools provide the only full-time positions. The commercial herring fishery was, until it failed, very important so its loss was strongly felt.

ⁱ Indian Health Service- presentation on Aging and policy issues related to Long Term Care published by the IHS

ⁱⁱ Ibid

ⁱⁱⁱ Published by the Alaska Dept of Health and Social Services/ Senior and Disabilities Services, the Alaska Housing Finance Corporation, Inc. and the Robert Wood Johnson Foundation with the involvement of the Alaska Native tribal Health Consortium, and other related agencies

^{iv} Results from *The National Tribal Long term Care Study*, prepared by R. Turner Goins, PhD, published by the West Virginia University Center on Aging funded by the office of Rural Health Policy of the US department of health and Human Services p1-9

^v Consumer based care businesses, all located in Anchorage, offer consumer based care, but these services are very limited and isolated. They do not interface with any other health care system in the region, nor are they supervised locally.

^{vi} The Nome community is facing a major problem with Alcohol, as the community is wet, a source of alcohol for all the surrounding villages which are dry or in the case of 2, damp which means alcohol can be brought in for personal consumption. There is no facility existing in Nome for alcoholics. In the winter months that can be deadly so the hospital is forced to accommodate the most inebriated, which places a heavy burden on available beds, staff and patients *Nome Nugget*-editions: 4/14/2008; 2/12/09; 3/6/09.

^{vii} Ibid p 8

^{viii} Supported by the Indian Health Service

^{ix} Ibid p 5

^x State Dept of Education. Statistics for 2007

^{xi} Kawerak Data –referenced earlier in this narrative

^{xii} The National Resource Center on Native American Aging was established in 1994 at the [University of North Dakota](#) in Grand Forks. As a result of a Cooperative Agreement with the [Administration on Aging](#), within the United States [Department of Health and Human Services](#), the resource center’s purpose is to work closely with local service providers throughout the nation to address the needs of American Indian, Alaskan Native and Native Hawaiian elders. Director is Twyla Baker-Maray at tbakerdemaray@medicine.nodak.edu

^{xiii} Hypertension in American Indian and Alaska Native Elders, University of SD Medical School press, Summer 2008

^{xiv} Alaska’s Denali Commission (a State/Federal Agency) has developed this definition as tool to decision making when awarding grants for construction, infrastructure or workforce development for Alaska’s rural areas which it serves.

^{xiv} However as noted above, this number is biased due to the number of non FT residents employed by the Bering Strait School District at high wages.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF SENIOR AND DISABILITIES SERVICES

SARAH PALIN, GOVERNOR

3601 C Street, Suite 310
Anchorage, Alaska 99503
Phone: 907-269-3666
Fax: 907-269-3973

To Whom It May Concern:

It is very important to have Long Term Care Support Services available in all regions of Alaska, so people have the choice to remain in their community. Native Traditions, culture, foods, language, family and community, and guidance from Elders are the core of many rural communities. Home and Community Based Services are available statewide; however in the rural areas services are limited. When services are not available in a community or region the individual relocates to Anchorage or other urban areas.

By displacing Elders from their community it not only affects their health and well-being, but their family, community and the local economy too. One challenge is workforce: shortage of a trained workforce, retention of staff, and career advancement opportunities. Creative and Innovative programs are needed to support the growing demand for workers and services for the aging population. In addition to workforce development there is also need for local services. The vast majority of Assisted Living Homes (ALH) are in Anchorage and other urban centers. It is important for communities and regions to work together to build or establish services to meet the needs of Elders locally. This also provides economic opportunities in the community as well, which is important.

The Department of Health and Social Services, Division of Senior and Disabilities Services has a staff person to assist and provide support to the rural areas in developing long term care including home and community based services and Assisted Living Homes, such as the project in Unalakleet. Currently, the Native Village of Unalakleet is collaborating and building partnerships with key providers to develop feasible and sustainable services in the sub-region of Unalakleet. These partnerships show strong dedication to the success of the project.

Thank you,

 3/4/09

Amanda Lofgren
Rural Long Term Care Development
Senior and Disabilities Services
3601 C Street, Suite 310
Anchorage, AK 99503
907-334-2612
amanda.lofgren@alaska.gov



SERVING THE
VILLAGES OF:
BREVIG MISSION
COUNCIL
DIOMEDE
ELIM
GAMBELL
GOLOVIN
KING ISLAND
KOYUK
MARY'S IGLOO
NOME
SAVOONGA
SHAKTOOLIK
SHISHMAREF
SOLOMON
STEBBINS
ST MICHAEL
TELLER
UNALAKLEET
WALES
WHITE MOUNTAIN

March 13, 2009

Weaver Ivanoff, General Manager
Native Village of Unalakleet
PO Box 270
Unalakleet, AK 99684

Dear Weaver,

Kawerak, Inc. is in full support of the efforts of Unalakleet Native Corporation to assist our Elders in the in the Bering Strait Region with long term community-based care. A new program such as this will offer professional training and jobs to Alaska Native tribal members, and would be a solution to one of the serious problems facing our communities: the loss of rural elders to urban care centers, and with them, much of our language and culture.

Kawerak, Inc. would provide the following support towards the project through our Education, Employment and Training Division:

- Supportive services through our Vocational Training Program for Alaska Native residents that are to be trained and employed for the center, such as travel expenses and lodging if the training is to occur outside of Unalakleet; and
- Financial assistance for an instructor to provide training in the community of Unalakleet through our Village Based Training Program.

We commend your efforts to apply for an ANA grant for this most valuable and needed project. If you require more assistance, please contact Dawn Salesky, VP, EET Division, at (907) 443-4354 or email dsalesky@kawerak.org.

Sincerely,

KAWERAK, INC.



Loretta Bullard, President

Unalakleet Elder Needs Assessment Preliminary Report
Phase 1 – Quantitative Needs Assessment

Prepared for:

Native Village of Unalakleet

ANA Program Coordinator, Tracy Cooper

UNK Planner & Grant Writer, Margaret Hemnes



Report prepared by Jordan Lewis, Ph.D., Keri Boyd, B.S.

University of Alaska Fairbanks

December 2010

Executive Summary

This report explores the long-term care needs of elders in the Norton Sound sub-region of Northwest Alaska. This study was conducted with five communities, which are: Unalakleet, Koyuk, Shaktoolik, Stebbins, and St. Michael. These communities are comprised of Yup'ik and Inupiat Eskimos. This study used a survey approach to gathering information on the health status and support needs of Alaska Native Elders in each community.

Over the course of October through December 2010, the Project Director and Graduate student visited communities to meet with Elders, caregivers, and family members. The total number of completed surveys was 134 (n=134), which is representative of the communities who participated in the study. Of the 134 completed surveys, 60 were female, 73 were male, and one (1) Elder did not list their gender.

This Phase 1 preliminary report provides a general overview of the health status and expected needs of the Elders in the Norton Sound sub-region. This report will serve as the foundation for Phase II on long-term care programs, workforce development, and recommendations. It is not the intent of this report to secure funding, but rather provide an overview of the elderly population and their current situation in the Norton Sound region.

Section 1: Overview	4
Section 2: Norton Sound Region.....	5
Figure 2: Map of Norton Sound region.....	6
Section 3: Overall of Assessment Project.....	6
Section 4: Overview of data analysis and findings.....	7
Overview of Elders	7
# of people in home	8
Preferred language	8
General health	8
# of hospital stays.....	9
Health Conditions.....	9
Difficulty with Activities of Daily Living.....	11
Health Coverage (insurance, Medicare, Medicaid).....	12
Health Behaviors	12
Smoking and chewing tobacco.....	12
Alcohol.....	13
Nutritional Needs.....	13
Formal Support	17
Self-rated emotional health.....	18
Section 5: Summary	22
Section 6: Acknowledgements.....	22

Section 1: Overview

The State of Alaska is facing a large increase in the number of people over the age of 65, in both rural and urban communities. Many of our rural communities face the challenge of providing health care services and recruiting and retaining health care professionals, and our Elders are faced with the difficult decision of whether to leave their home and community to receive adequate health care in an urban setting. This Administration of Native Americans (ANA) Elder Needs Assessment provides an overview of the health status, living conditions, informal and formal support services, and general population demographics for the participating communities in the Norton Sound sub-region region (Unalakleet, Koyuk, Shaktoolik, Stebbins, and St. Michael). A majority of Alaska Native Elders are supported by family and community members in the familiar environment of their home, where they prefer to grow old. The purpose of this assessment and study is to provide a better understanding of long-term care services and needs in communities and explore the relationship between rural communities and Elders, and what is needed to keep our Elders independent in their own homes and communities.



Figure 1: Aerial view of Unalakleet. Photo by J. Lewis, 2010

Section 2: Norton Sound Region

The Bering Strait region has 9,245 residents, according to 2006 US Census Bureau report (www.census.gov). About 75 percent are Alaska Natives and fall into three distinct linguistic and cultural groups: Inupiat, Central Yup'ik, and Siberian Yupik. The population of Nome is fairly evenly split between Natives and non-Natives. Populations of the neighboring villages are primarily Alaska Native. Village economies are a hybrid of cash and subsistence and very few jobs are available in the villages. Many residents still live traditional lifestyles, relying on land and sea for much of their food. Village Elders are the cultural and spiritual leaders of their communities, and subsistence gathering and preparation of traditional foods, Eskimo dancing, and efforts to

preserve Alaska Native languages are very important to many of these communities today (www.nortonsoundhealth.org).

Figure 2: Map of Norton Sound region



Photo: Norton Sound Health Corporation website (www.nortonsoundhealth.org)

Section 3: Overall of Assessment Project

This assessment project was conducted in five (5) communities in the Norton Sound region, including Unalakleet, Koyuk, Shaktolik, Stebbins, and St. Michael. Over a period of a few months, a total of 134 (n=134) respondents completed the Needs Assessment survey. We worked collaboratively with the ANA coordinators in each of the participating communities, who served as the key informant in each community and introduced us to the community and local Elders. They were invaluable in their support and dedication in completing the surveys and assisting us with the project. They will continue to serve an important role in the project during Phase II and providing assistance in conducting the qualitative, in-person, interviews this Spring 2011.



Figure 3: Smokehouse in St. Michaels. Photo by J. Lewis, 2010

Section 4: Overview of data analysis and findings

Overview of Elders

The population of Elders interviewed for this needs assessment was 45% female and 55% male. Elders interviewed ranged in age from 55 to 88, with an average age of 69; more than 50% of the Elders interviewed were married, 26% were widowed, 14.9% were single, and 8.2% were either divorced or separated. The highest completed grade was on average 11th grade, and the average level of income was less than \$10,000 per year. The Elders interviewed primarily lived with family members (77.6%), with only 13.4% (18) Elders living alone. More than 77% of the Elders interviewed reported living at their current address for 20 years or more.

of people in home

A majority of households in rural Alaska include multiple generations, for example, grandparents, grown children, and grandchildren. The data in this assessment indicate that a majority of households include an average of four (4) family members; 92% of households reported having more than two members in the household (116 respondents), with two households reporting eight family members and two households reported 13 family members in their home.

Preferred language

When asked what the Elder's preferred language in the home was, 48.5% reported English (65 respondents) and 5.2% reported Yup'ik Eskimo (7 respondents). 27.6% of respondents indicated they spoke both English and Yup'ik Eskimo in their homes (37 respondents). In other communities, 7.5% listed Inupiat as their preferred language in the home (10 respondents), and 11.2% listed both English and Inupiat as the preferred language spoken in the home (15 respondents).

General health

Elders were asked how they would rate their overall general health using the following options: excellent, very good, good, fair, and poor. Among the respondents, 38% rated their general health as good (51 respondents) and 30% rated it as very good (40 respondents). Only 3% rated their general health as excellent (4 respondents) and 12% rated their health as poor (16 respondents).

Higher health ratings were significantly associated with fewer people in the home, fewer hospital stays in the past year, fewer falls, fewer health conditions, fewer difficulties with activities of daily living, and fewer nutritional concerns. In terms of

mood, higher health ratings were correlated with significantly lower levels of depression, higher levels of happiness and being calm.

of hospital stays

When asked how many nights they have stayed overnight in the hospital during the past year, 69.4% of respondents indicated they had not stayed overnight in a hospital (93 respondents). There were 26 respondents who spent one night in the hospital (19.4% of respondents), and 14 respondents spent between 2-5 nights in a hospital, with one respondent spending nine (9) nights in a hospital in the past year.

Health Conditions

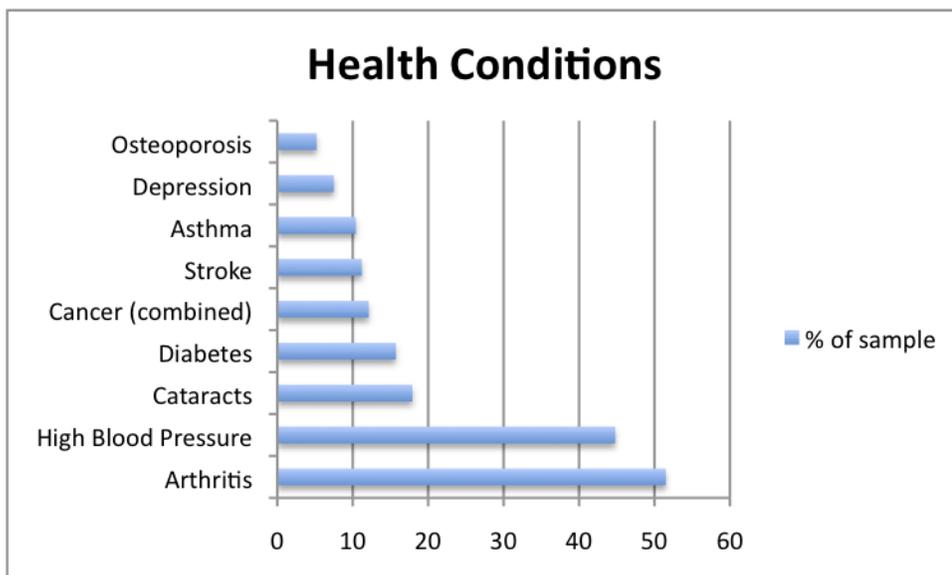
Elders were asked a question about the type of health conditions they have been told by their physician that they have, such as arthritis, asthma, or stroke. Of the total 134 respondents, 51.5% have arthritis (69 respondents), 10.4% of have congestive heart failure (14 respondents), 11.2% have stroke (15 respondents), 14 respondents have asthma (10.4%), 24 respondents have cataracts (17.9%), and 60 respondents have high blood pressure (44.8%). Only seven (7) respondents have osteoporosis (5.2% of all respondents), 10 respondents suffer from depression (7.5% of respondents), and 21 respondents have diabetes (15.7%). Diabetes is further broken down by oral medications, insulin, and dialysis. Of the respondents who suffer from diabetes, 18 respondents (13.4%) take oral medications for their diabetes, 6% take insulin (8 respondents), and no one is on dialysis for their diabetes.

When the Elderly men were asked if they had prostate cancer, 69 respondents (51.5%) reported that they did not have prostate cancer, with 3 respondents (2.2%)

reporting they had been told by their physician they had prostate cancer. 96.3% (129 respondents) did not report having colon cancer; with 5 respondents (3.7%) reporting being told that they had colon cancer by their physician.

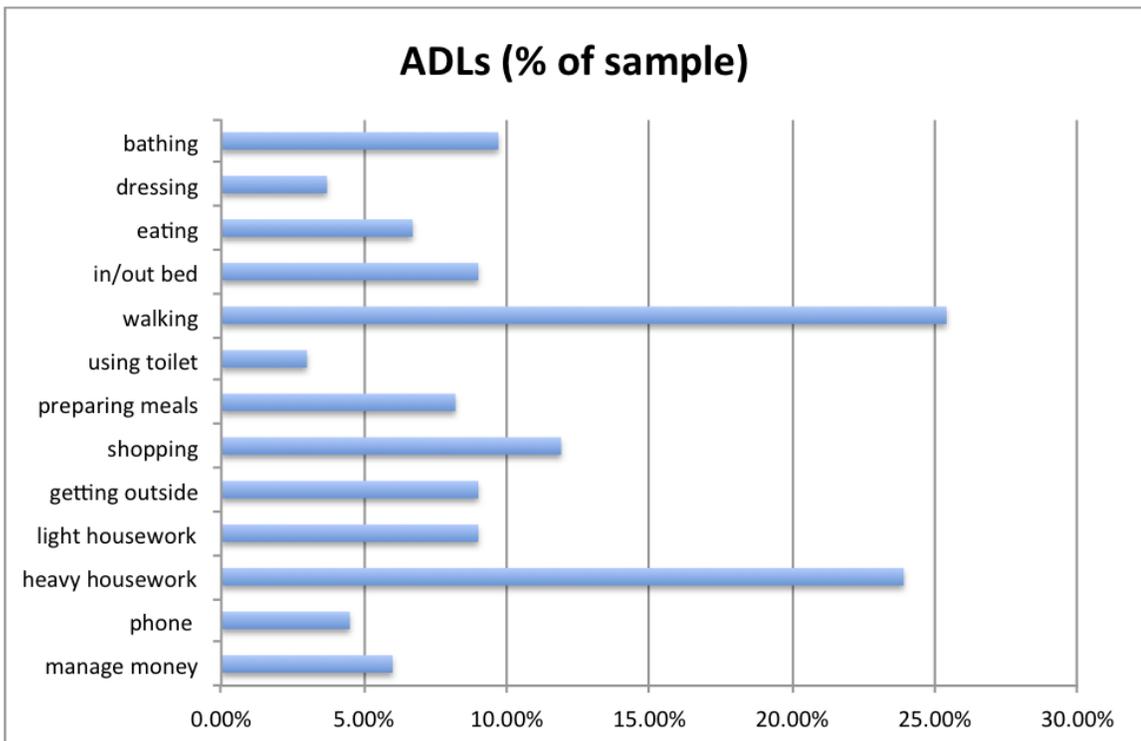
When asked if the Elder had a diagnosis of lung cancer, 132 respondents (98.5%) reported no and one (1) respondent reported they had a diagnosis of lung cancer by their physician. For the women, when asked if they received a diagnosis of breast cancer, 47% (63 respondents) reported they did not have breast cancer, and three (3) women reported a positive diagnosis for breast cancer. Of the total respondents, 68 did not respond to the question (50.7%). Of the total respondents, 65 respondents (48.5%) reported no diagnosis of cervical cancer with one elderly woman reporting a diagnosis of cervical cancer. 68 respondents (50.7%) did not provide an answer to this question.

If asked if they had any other type of cancer diagnosis by their physician, 97.8% (131 respondents) reported no other diagnosis of cancer, with 3 respondents reporting a diagnosis of “other type” of cancer.



Difficulty with Activities of Daily Living

The most commonly reported difficulty in regard to activities of daily living (ADL) was with walking (25.4%), heavy housework (23.9%), and shopping (11.9%). A summary table of the difficulties with ADLs experienced by the Elders interviewed is provided below.



When asked if the Elder experienced a fall in the past year, a vast majority of respondents reported no falls (65.7%, or 88 respondents). 13 respondents (9.7%) reported one (1) fall in the past year with the same percentage of respondents reporting two (2) falls in the past year. Five (5) respondents reported three (3) falls in the past year, seven (7) reported four (4) falls, one Elder reported falling a total of five (5) times and four (4) Elders fell a total of six (6) times in the past year.

Health Coverage (insurance, Medicare, Medicaid)

All of the Elders interviewed have health coverage through Indian Health Service (IHS) and Alaska Native Health Organization (ANHO). In addition to IHS and ANHO Coverage, 38.8% reported being covered by Medicare, 32.8% (44 respondents) are covered by Medicaid, 10.4% (14 respondents) reported having private medical insurance, and four (4) reported having private long-term care insurance and/or Veteran's Administration benefits.

One of the challenges of receiving and/or using health care services in rural Alaska is the inability of visiting the same physician for appointments. 64.2% (86 respondents) do not see the same physician each year, and 24.6% (33 respondents) reported seeing the same physician each year for the health care needs. In addition to not seeing the same physician each year, a majority of respondents do not have regular contact with their physician's office, with 95.5% (128 respondents) reporting no contact. On the other hand, 82.8% (111 respondents) reporting having regular contact with the local clinic and one (1) Elder indicated using a traditional healer.

Health Behaviors

Smoking and chewing tobacco

When asked if they smoked cigarettes, 42 respondents (31.3%) reported smoking everyday, seven (7) smoke occasionally and 62.7% (84 respondents) do not smoke. For those respondents who reported smoking everyday, most respondents reported smoking an average of six (6) of cigarettes per day.

When asked if they use chewing tobacco, 22 respondents reported using chewing tobacco with most going through one chew container per week. Three (3) respondents go

through 2-4 containers per week, with two (2) respondents going through five (5) containers per week. The use of chewing tobacco was significantly associated with higher levels of depression related mood symptoms (feeling downhearted and blue, being unable to be cheered up, feeling nervous).

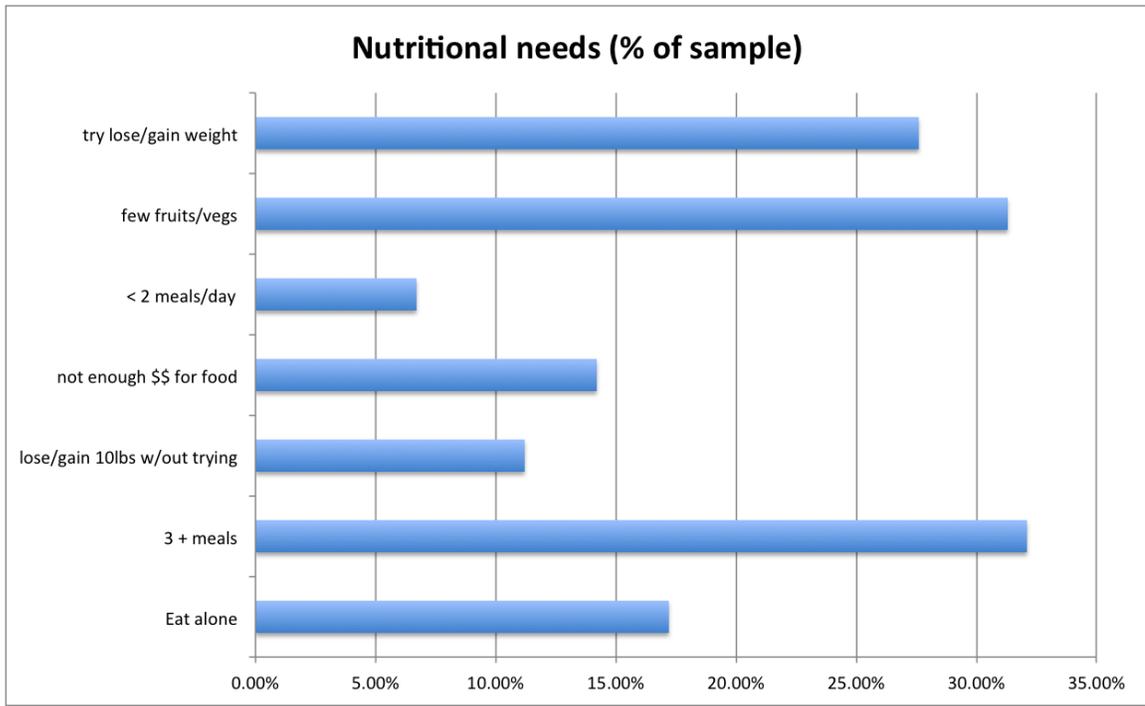
Alcohol

When asked when the last time they consumed an alcohol drink, 28.4% (38 respondents) reported never having an alcoholic drink. 16 respondents (11.9%) reported having an alcoholic drink in the past 30 days, 18 respondents (13.4%) consumed an alcoholic drink more than 30 days ago but less than a year. Of the total respondents (n=134), 22 respondents reported consuming alcohol over a year ago (16.4%) and 34 respondents had an alcoholic drink over three (3) years ago (25.5%).

When asked if they consumed five (5) or more drinks in the past 30 days, 113 respondents (84.3%) reported none. 14 respondents (10.4%) reported 1-5 days where they had five or more drinks in the past month. When asked if they consumed three or more drinks (beer, wine, liquor) almost every day, one (1) respondent reported Yes and the rest of the respondents (132 respondents) reported not having three or more drinks almost every day.

Nutritional Needs

When asked a series of questions regarding their nutritional needs, Elders endorsed items such as requiring 3 or more medications (32.1%), eating few fruits and vegetables (31.3%), and trying to gain or lose weight (27.6%) most frequently. The responses to all of the nutritional needs items are displayed below.



Informal Support

Of the total respondents, 18 respondents (13.4%) reported living alone, 85.1% (114 respondents) reported living with family members in their home. No one reported living with non-family members. When asked if they have family members who provide care, 67 respondents (50%) reported that they have a family member who provides care for them, and 46.3% do not have a family member who provides care.

When asked if they take care of grandchildren, 42.5% (57 respondents) reported not taking care of their grandchildren, with 53.7% (72 respondents) reported taking care of their grandchildren. Only two (2) respondents did not provide an answer.

One of the questions towards the end of the assessment asks whether or not family, or friends, provide assistance when they are sick, and 18 Elders (13.4%) reported that they never receive assistance from family or friends. 41 Elders (30.6%) reported

receiving assistance some of the time, and 72 Elders (53.7%) received assistance all, or most, of the time. Only two elders did not provide an answer to this question.

When asked if family or friends provide help with errands, 38 Elders (28.4%) never, or hardly ever, receive assistance with their errands from family or friends; while 39 Elders (29.1%) receive assistance sometimes, and 55 Elders (41%) receive assistance with their errands all, or most, of the time. Only one Elder did not answer this question

When asked if their family or friends helps with money, 43 Elders (32.1%) reported receiving no financial assistance from their family or friends, while 57 Elders (42.5%) receive assistance sometimes. Of the total respondents, 32 Elders (23.9%) receive financial assistance all, or most, of the time. Only one (1) Elder did not provide an answer for this question.

When asked if they receive assistance from family or friends with fixing their home, 29 Elders (21.6%) reported never receiving assistance, and 55 Elders (41%) receive assistance with home repairs some of the time. 45 Elders (33.6%) receive assistance with home repairs most, or all, of the time, and three (3) Elders did not provide an answer to this question.

Of the total respondents, 38 Elders (28.4%) reported never receiving help from family or friends with their household chores. 45 Elders (33.6%) receive assistance some of the time, and 47 Elders (35.1%) receive help with their household chores all, or most, of the time. Only two (2) Elders did not answer this question.

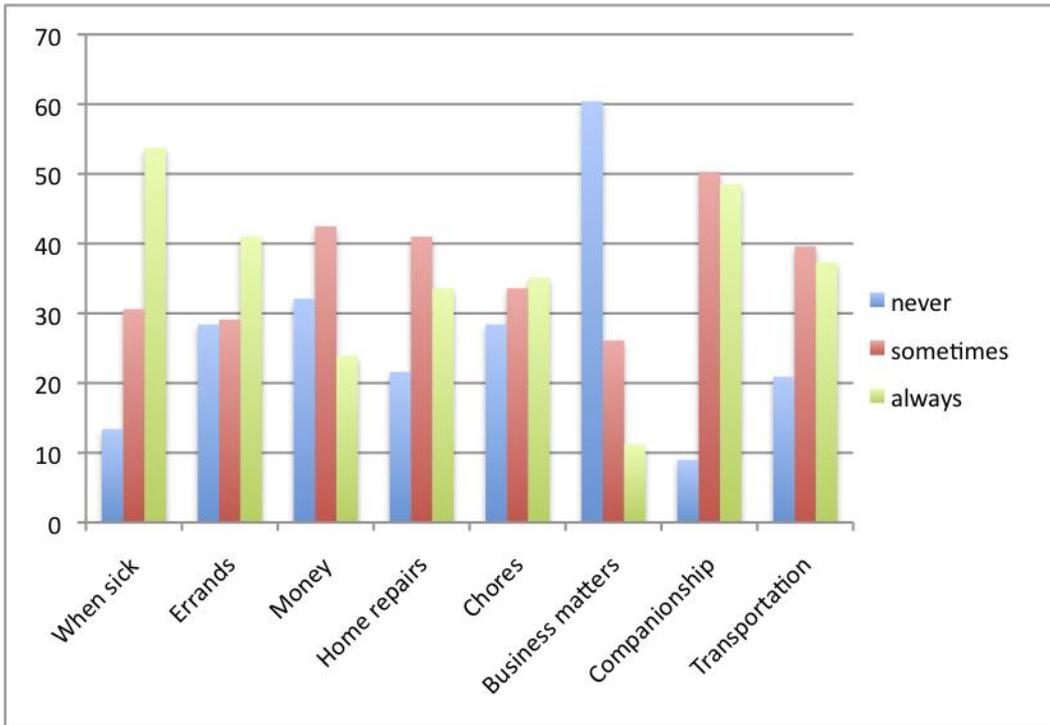
When asked if their family or friends provide assistance with business or financial matters, 81 Elders (60.4%) reported never receiving any assistance and 35 Elders (26.1%)

reported receiving assistance with their financial matters some of the time. Of the total respondents, 15 Elders (11.2%) received assistance when needed, all or most of the time. Only two (2) Elders did not provide an answer to this question.

One of the assessment questions asks whether or not their family or friends provides companionship and a follow up question asks whether or not they listen to their problems. When asked if they receive companionship, only 12 Elders (9%) reported never receiving companionship from their family or friends, while 54 (50.3%) respondents receive this type of support some of the time. 65 Elders (48.5%) reported receiving companionship all, or most, of the time and only two (2) Elders did not provide answer to this question. When asked if their family or friends listen to their problems, 26 Elders (19.4%) reported that their family and/or friends never listen to their problems. 59 Elders (44%) reported they listen some of the time, and 46 Elders (34.3%) reported that they listen all, or most, of the time. Only two (2) Elders did not answer this question.

The final question regarding informal support asks Elders if their family and/or friends provide assistance with transportation. Of the total respondents (n=134), 28 Elders (20.9%) reported that they never provided transportation, while 53 Elders (39.6%) reported receiving assistance with transportation some of the time. 50 Elders (37.3%) reported receiving transportation assistance most, or all, of the time, and only two (2) Elders did not answer this question.

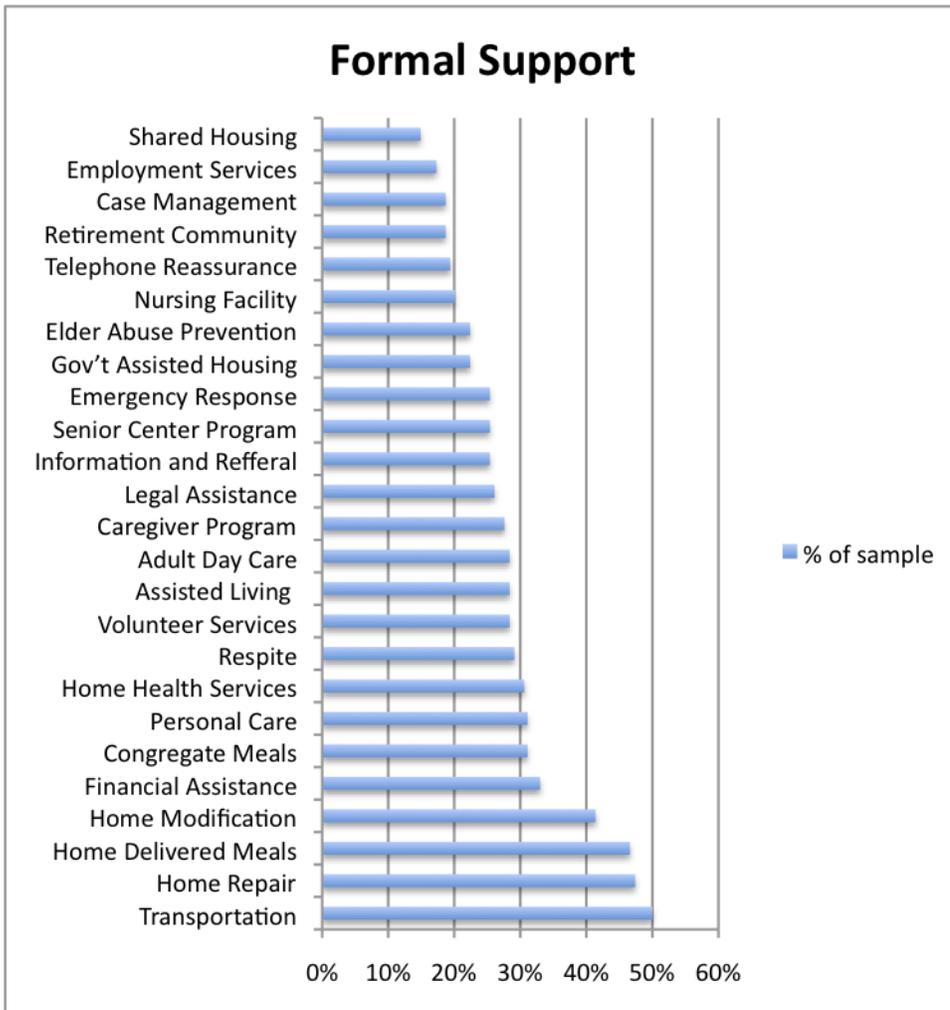
A summary of these findings are displayed below:



Formal Support

Due to the order of the items, a lack of experience with the services, and perhaps the difficulty imagining their declining health may have contributed to low level of service acceptance. A majority of respondents reported not using many outside services if they were made available in their community. Elders in the larger community of Unalakleet were significantly more likely to use the above services than those in the smaller villages, as were those who reported currently receiving higher levels of informal support from family or friends. Additionally, Elders with more frequent feelings of pride in being Alaska Native indicated that they would use significantly less services if they were available. The formal support services Elders most frequently reported as services they would use or are using include: Transportation (50%), Home Repair (47.4%), Home Delivered Meals (46.6%), Home Modifications (41.4%), and Financial Assistance (33%).

The following chart is a break down of all of the services listed in the needs assessment survey and the responses recorded.



Self-rated emotional health

Respondents were asked towards the end of the needs assessment to rate their emotional/behavioral health, and the following section will highlight how Elders rate their emotional/behavioral health as well as their relationship with their family and community.

When asked how often in the past 30 days they reported being happy, 26.1% (35 respondents) reported being happy all the time, 46.3% (62 respondents) reported being happy most of the time, 13 respondents are happy a good bit of the time, and 17 respondents are happy some, or a little bit, of the time, and only one (1) Elder reported not being happy at all in the past month.

When asked how often they felt calm in the past 30 days, 83 respondents (62%) reported being calm all or most of the time, while 20 respondents (14.9%) were calm a good bit of the time. 19 respondents (16.4%) reported feeling calm some, or little, of the time, and three (3) Elders reported not feeling calm at all during the past 30 days.

When asked if they were ever very nervous during the past month (30 days), 65 respondents (48.5%) reported not ever feeling nervous, 55 respondents (41%) reported feeling nervous some or a little of the time, while five (5) Elders felt nervous a good bit of the time. Only three (3) Elders reported feeling very nervous all or most of the time during the past 30 days.

One of the assessment questions asks how often the elder has felt downhearted and blue in the last 30 days, and 47.8% (64 respondents) reported never feeling downhearted and blue in the past month, while 55 respondents (41%) reported feeling downhearted and blue some or a little of the time. Eight Elders reported feeling blue a good bit of the time, or all the time, while one (1) Elder reported feeling downhearted and blue all the time during the past month.

When asked how often they have felt so down that nothing could cheer them up in the past month, 71.6% (96 respondents) reported never feeling that down over the past 30

days. 26 respondents (19.4%) reported feeling this down some or a little bit of the time, while six (6) respondents reported feeling this way a good bit, or most, of the time. Of the total respondents who participated, five (5) Elders did not provide an answer to this question

One of the assessment questions asks how much influence the Elder believes they have over their life, and of the total respondents, only 9 Elders reported feeling they have almost no influence over their lives. 50 respondents (37.3%) reported feeling they have little or some influence over their lives, while 46 respondents (34.3%) feel they have a lot of influence over the lives. 13.4% (18 respondents) reported having total influence over their lives. Of the total respondents, 10 participants did not provide an answer to this question.

When asked if they have a lot of pride in being Alaska Native, 92 respondents (68.7%) reported having pride all of the time, while 11 (8.2%) reported having pride in being Alaska Native most of the time. 12 respondents (9%) reported having pride some or a good bit of the time, while 7 (5.2%) reported only having pride a little bit of the time. Of the total respondents, four (4) Elders (3%) reported not having pride in being Alaska Native. Elders in the smaller villages reported significantly higher levels of pride in being Alaska Native. Higher ratings on pride were associated with lower likelihood of using formal support services, attending routine vision, hearing, and dental appointments, higher levels of downheartedness, not being able to be cheered up, cigarette smoking, and alcohol use. Conversely, higher reported pride was also associated with significantly

higher levels of influence over one's life and more frequent attendance of clubs and activities, and happiness.

A follow-up question to asking about being proud being Alaska Native was a question asking about their level of involvement in cultural practices (food, music, customs) in their community, and 37 Elders (27.6%) reported participating in cultural activities all of the time, with 20 Elders (14.9%) participating most of the time. 27 Elders (20.2%) reported their participation level being some or a good bit of the time, while 13 Elders (9.7%) reported participating in cultural activities a little of the time, and 30 Elders (22.4%) reported not participating at all.



Figure 4: Native Village of Koyuk. Photo by J. Lewis, 2010

Section 5: Summary

It is hoped that this preliminary report will help all levels of service providers (state, city, hospital, Native Associations, etc) better understand the health and social service needs of Elders in this sub-region, as well as what is required to keep them in their own homes and communities. Without understanding the challenges of aging in a rural community, it is difficult to provide appropriate services for Elders.

The quantitative data provided from Phase I of this needs assessment will help to inform the qualitative questions asked in the next Phase as well as our final recommendations regarding workforce development.

Section 6: Acknowledgements

We would like to express our gratitude and appreciation for all the **Elders** who participated in this needs assessment project and invited us into their home to ask them questions. Every participant and their family were very hospitable and kind towards us and were more than willing to spend time to answer our questions and gain a better understanding of the needs, challenges, and celebrations of being an elder in the Norton Sound sub-region. In addition to the elders, we would like to extend a heartfelt thank-you to the ANA Coordinator in each of the communities we visited: Unalakleet, Koyuk, Shaktoolik, Stebbins, and St. Michael. They were invaluable in their support and helping introduce us to the community and elders, serving as our guide and support as we begin this project. They have been a valuable resource and we look forward to continuing our relationship with each ANA coordinator and the Elders they advocate for and support. In addition, each community was very accommodating and willing to work with us to meet

with Elders and community members who may be of assistance in this project. We wish to thank the communities for their support and collaboration on Phase1 of the Needs Assessment project. We would also like to extend a big Thank You to Tracy Cooper and Margaret Hemnes who have started, and continue believe and advocate for this project. Tracy and Margaret demonstrate commitment to supporting and improving the health, well being, and quality of life of the Elders in the Norton Sound sub-region through their support and dedication to this project. We would like to acknowledge their support and guidance as we conduct this project and work collaboratively with the communities to complete this project.

This project is a step in the right direction towards meeting the long-term care needs of our Elders and ensuring they are able to live their remaining years as they wish. Lastly, we would like to thank the Administration for Native Americans (ANA) and Native Village of Unalakleet (NVU) for funding this project and giving NVU and participating communities the opportunity to get a better picture of the long-term care needs and challenges, as well as hear the wishes of our Elders. This project would not have been possible without the support and funding from both the NVU and ANA, of which we are both grateful.

