



Seasons of Care: Maintaining Health, Part 3

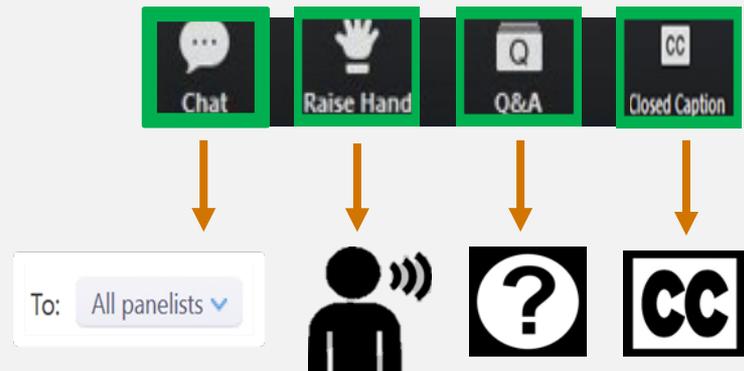
June 28, 2023

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Enjoy the session!





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Today's Presenters



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Webinar Objectives

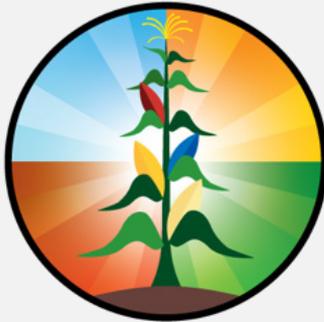
- Understand the importance of having a consistent health care provider
- Identify the conditions that lead to American Indian Elders not having a health care provider
- Describe factors influencing American Indian Elders' satisfaction with health services

Health Care for American Indian Elders and the Seasons of Care Study: A Brief Overview

Health Care for American Indian Elders

- Members of federally recognized American Indian tribes have a legal right to health care
- The Indian Health Service (IHS) includes hospitals, clinics, and programs providing primary care to about 2.56 million American Indians and Alaska Natives
 - Referrals for other care made through purchased/referred care (PRC)
 - Chronic underfunding by Congress limits quality and availability of care
 - < 1% of IHS budget goes to urban clinics
 - No line item for Elder care (e.g., assisted living)
- Health insurance enrollment can help American Indian Elders get and pay for care

The Seasons of Care Study



Seasons *of* Care

National Institute on Minority Health
and Health Disparities grant #R01
MD010292 (PI: Cathleen Willging)

- How do American Indian Elders understand, access, maintain, and use health insurance?
- What are their experiences with help seeking and care?
- What factors affect their access to health care?
- Develop and test a navigation intervention for Elders, caregivers, and providers to improve their access to health care and health insurance

The Seasons of Care Study



Seasons *of* Care

- Elders, tribal leaders, and health professionals
- Quantitative (numbers) + Qualitative (words/stories)
- Surveys
- Semi-structured interviews
- Concept mapping
- Create navigation guide
- Community action board + Elder consultants

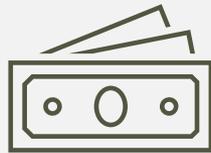
Causes and Consequences of Not Having a Personal Health Care Provider Among American Indian Elders

The Importance of Having a Health Care Provider

Having a consistent and reliable relationship with a health care provider is strongly associated with:



Greater satisfaction with health care



Lower health care costs



Better health outcomes



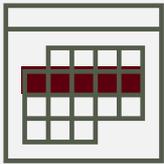
Lower mortality



Reduced risk of preventable hospitalization

The Importance of Having a Health Care Provider

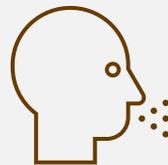
Not having a relationship with a health care provider is strongly associated with:



Longer
hospital stays



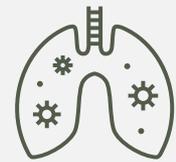
More
hospitalizations



More unmet
health needs



Problems with
medications



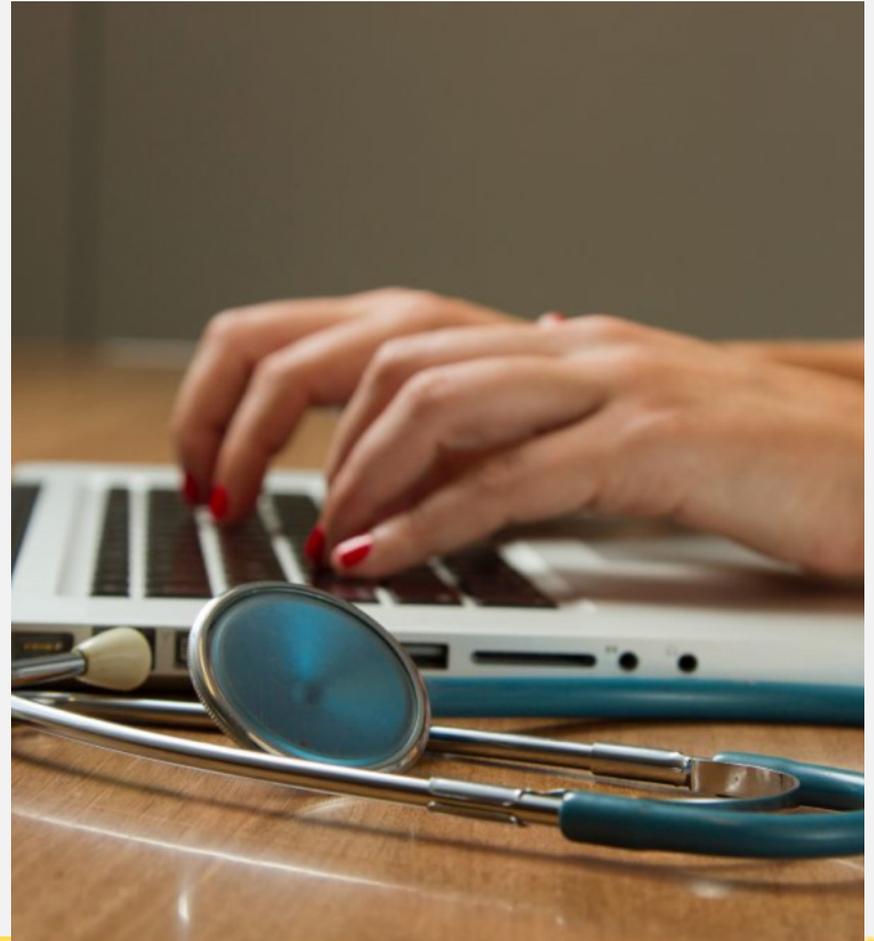
Poorer health
outcomes

Importance of Having a Provider

About 25% of U.S. adults report not having a personal health care provider

Common risks for not having a personal health care provider include:

- Minoritized racial/ethnic status
- Lack of health insurance
- Cost of medical care



Causes and Consequences of Not Having a Personal Health Care Provider

We asked our Elder participants:

“A personal health care provider is a provider who knows you well and is familiar with your health history. Do you have someone who you think of as your personal health care provider?”

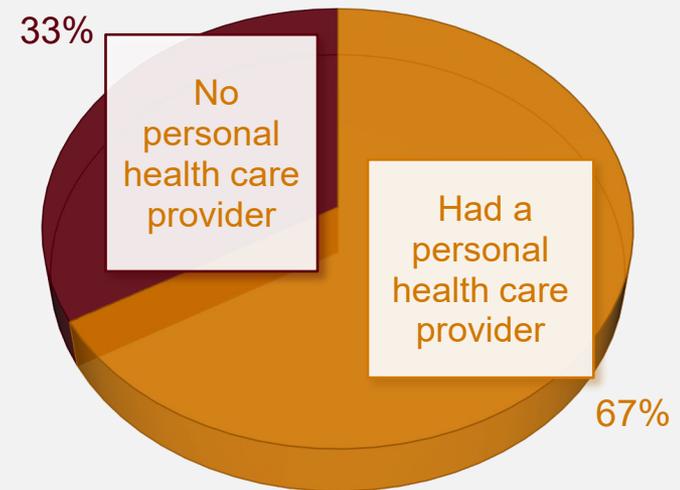
Causes and Consequences of Not Having a Personal Health Care Provider

- Formed two groups—Elders with and without a personal health care provider
- Analyzed differences in demographics, health status, health care use, and health satisfaction
- Analyzed interviews of Elders without a personal health care provider
- Compared survey and interview findings

Causes and Consequences of Not Having a Personal Health Care Provider

Elders who *did not* have a health care provider were *more* likely to ...

- Earn less than \$12,000 per year
- Not use the internet
- Rate their health as “fair” or “poor”



Causes and Consequences of Not Having a Personal Health Care Provider

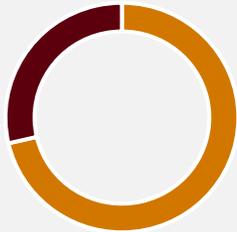


Elders *without* a provider were *more* likely to . . .

- Have had trouble finding a doctor who would see them
- Delay care due to long wait times at health care facilities
- Opt out of filling a prescription due to cost
- Receive unexpected medical bills

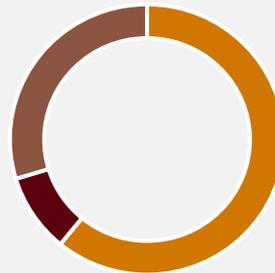
Causes and Consequences of Not Having a Personal Health Care Provider

In the previous 12 months, doctors always listened carefully and explained things in a way I could understand



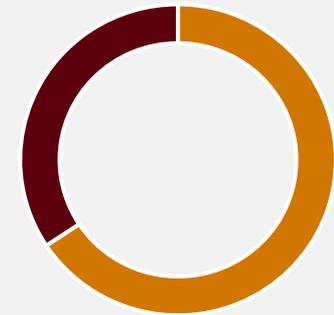
■ Had a provider ■ No provider

In the previous 12 months, I was very satisfied with the care I received



■ Had a provider ■ No provider
■ Other answers

I am extremely/very confident I can get care if I need it



■ Had a provider ■ No provider

Causes and Consequences of Not Having a Personal Health Care Provider

Good health and self-reliance

- “I guess when I’m actually really sick and if I can’t cure myself from taking over-the-counter [medications], then I guess I will have to go see a real doctor. . . but it hasn’t [happened], knock on wood.” (57-year-old man)
- “I don’t have anybody.” (60-year-old man)



Causes and Consequences of Not Having a Personal Health Care Provider

Overlapping barriers to care

- Long wait times
- Not knowing how to find a provider
- Provider turnover

“They’ll assign you a doctor, but you don’t know who it’s going to be. Then it won’t be for another two more months before you can get in. Then you have to go and they have to do a blood test . . . Then the next time, we were going to make an appointment and he’s leaving . . . Then when you go in there, you wait almost 20 minutes before you even get screened. Then you see the doctor and you’re out in ten minutes . . . Then they’ll do a referral for you . . . Then maybe another month later, they’ll say, ‘OK, it’s approved.’ All those things come about.”
(64-year-old man)

Causes and Consequences of Not Having a Personal Health Care Provider

Fear and mistrust of medical care rooted in historical and personal trauma



“I really hesitate to go see them [doctors] because they tell you, ‘You’re this, you’re that.’ Like every time I go there [the IHS hospital], they tell me I have high blood pressure . . . My mother, she took all these medications and I think that they just probably affected her whole system and I think that’s why I just hate to go see a doctor.” (63-year-old woman)

Causes and Consequences of Not Having a Personal Health Care Provider



Fear and mistrust of medical care rooted in historical and personal trauma

“The doctor wanted me to [take it] but I said no because I know that nationwide, a lot of Natives have become diabetic all at once. I just said, ‘I can’t get on insulin.’ I don’t want to get on insulin.”
(58-year-old man)



Which themes resonate most with your experience with Elders? Which are surprising or confusing?

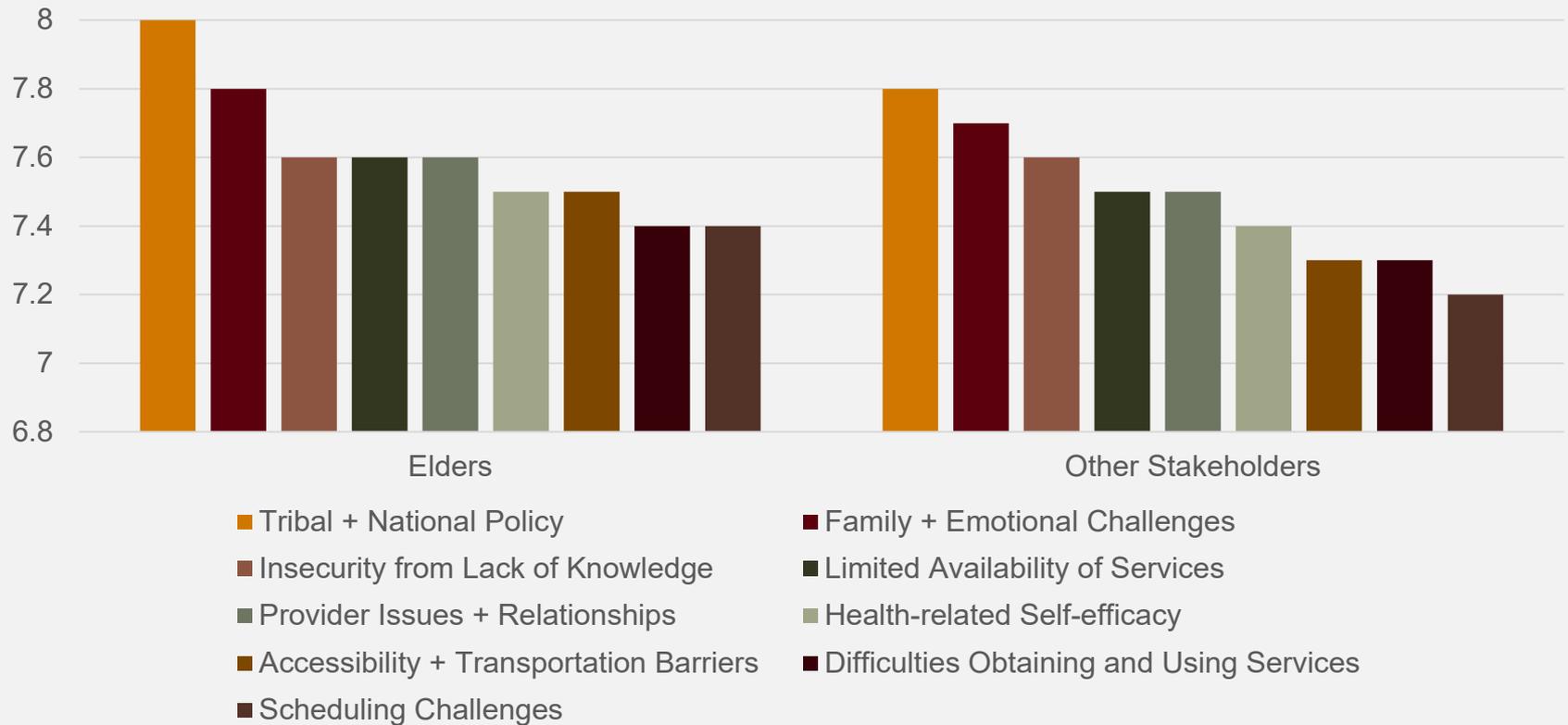
Factors Affecting Access to and Satisfaction with Health Care for Different Groups of American Indian Elders

Concept Mapping

- Used to organize/prioritize factors affecting Elders' access to and use of health care and health insurance
- Participants reviewed list of 61 responses (factors) to question: “What makes it easy or hard for American Indian Elders to get good health care?”
 - Sorted factors into thematic piles
 - Ranked factors based on prevalence (how common is it?), impact (how much does it affect Elders' health?), and changeability (how easy is it to change?)
- Compared theme and factor rankings between types of participants (Elders vs. other stakeholders) and among Elders (women vs. men, older vs. younger Elders)

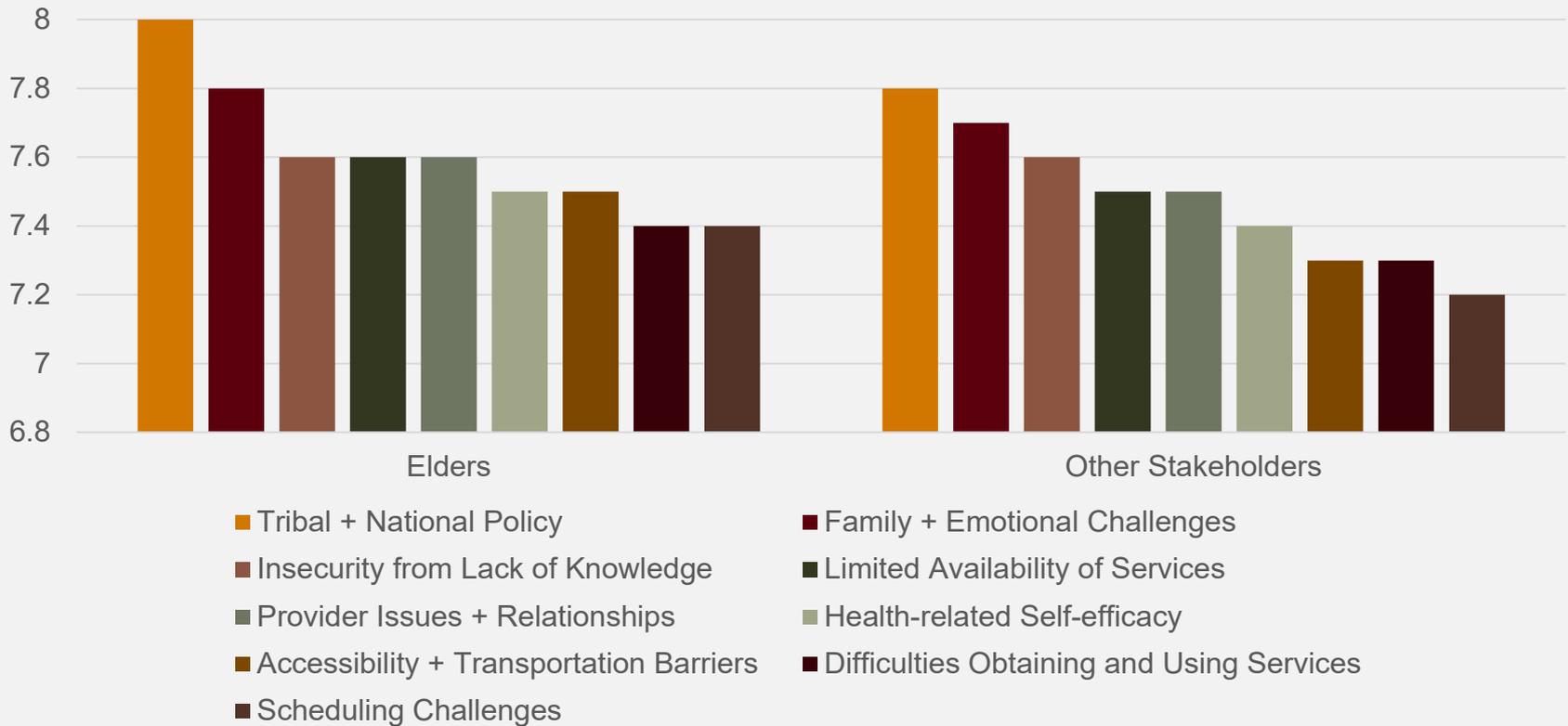
Factors Affecting Health Care Access for American Indian Elders

How common are these factors among Elders?
(1 = not common at all; 10 = very common)



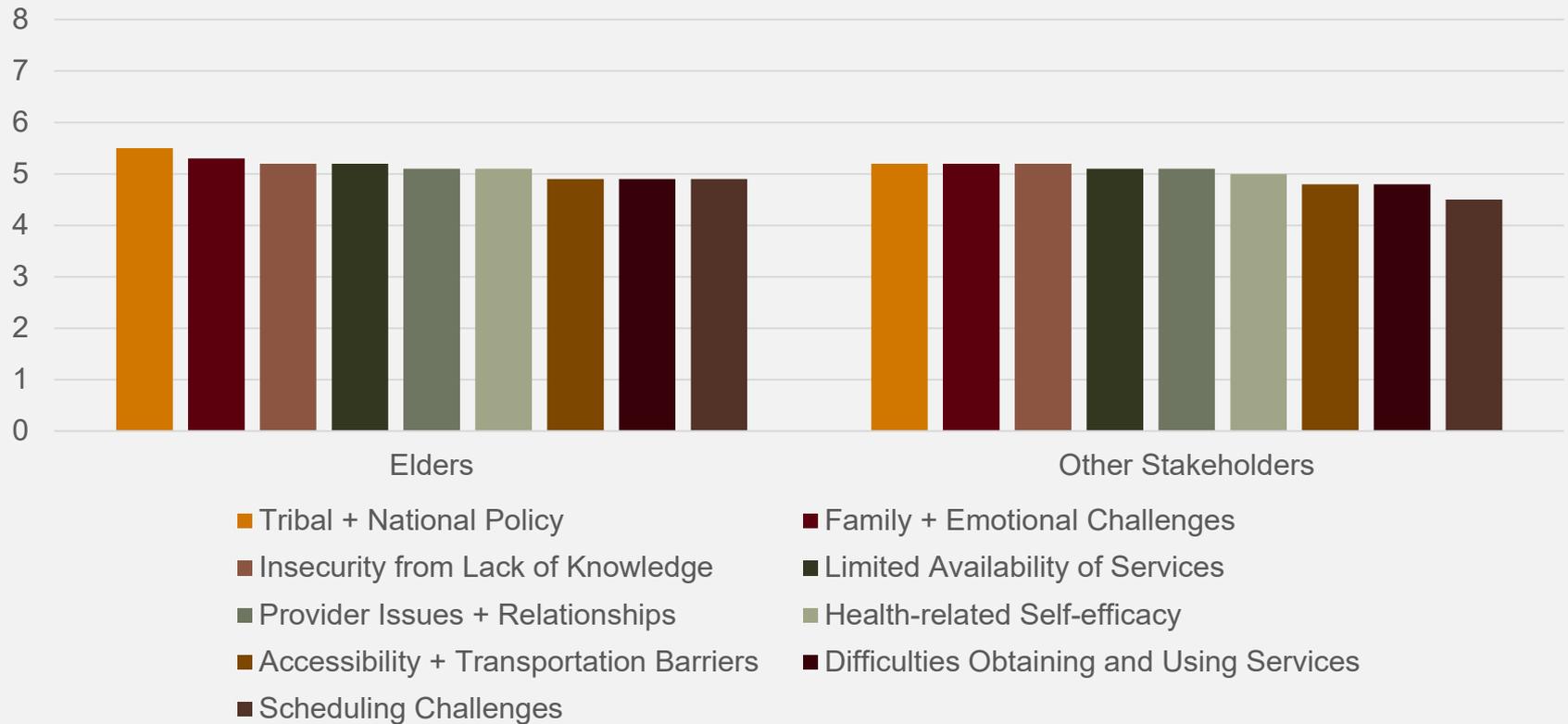
Factors Affecting Health Care Access for American Indian Elders

How much do these factors affect Elders?
(1 = no effect; 10 = very large effect)



Factors Affecting Health Care Access for American Indian Elders

How easy are these factors to change?
(1 = very difficult to change; 10 = very easy to change)



Factors Affecting Health Care Access for Different Groups of American Indian Elders

Themes	Women age 55–64	Women age 65+	Men age 55–64	Men age 65+
Provider Issues + Relationships	3	2	1	2
Tribal + National Policy	1	3	9	1
Scheduling Challenges	2	6	4	6
Insecurity from Lack of Knowledge	5	4	6	4
Limited Availability of Services	6	5	8	3
Accessibility + Transportation Barriers	8	1	7	7
Difficulties Obtaining and Using Insurance	9	7	3	5
Family + Emotional Challenges	4	9	5	8
Health-related Self-efficacy	7	8	2	9

Factors Affecting Health Care Access for Different Groups of American Indian Elders

Agreement across gender and age groups that provider issues + relationships and tribal + national policy have a significant impact on Elder health

- Difficulties associated with interactions with health care organizations (e.g., “Long waits at health care facilities”)
- Unfamiliar technology (e.g., “Limited knowledge of computers or the internet”)
- Indifferent policy environment (e.g., “Health care is a low priority for national politicians”)

Factors Affecting Health Care Access for Different Groups of American Indian Elders

Factors ranked as most impactful **only among men:**

- Not having a “regular” doctor

Factors ranked as most impactful **only among women:**

- Difficulties dealing with emotions related to health care

Factors Affecting Health Care Access for Different Groups of American Indian Elders

Women

Emotional and financial weight of caregiving and fear of becoming a burden on others

Higher life expectancy and age-related accessibility barriers (e.g., not being able to drive, language differences) or losing social support

Men

Lower rates of health care use and not having a relationship with a regular provider

Factors Affecting Health Care Access for Different Groups of American Indian Elders

Factors ranked as most impactful **only among younger Elders (age 55–64):**

- Difficulty scheduling appointments

Factors ranked as most impactful **only among older Elders (age 65+):**

- Not knowing how to influence tribal leadership
- Health care as low priority for tribal leadership
- Not being aware of PRC or how to use it

Factors Affecting Health Care Access for Different Groups of American Indian Elders

Younger Elders

Lack of familiarity with health care system

Less familiarity with self-advocacy

Variable health insurance enrollment, leading to trouble scheduling appointments

Older Elders

Difficulties navigating complex bureaucracies

Difficulties accessing tribal decision-making processes



Which themes resonate most with your experience with Elders? Which are surprising or confusing?

Addressing Health Care Barriers for American Indian Elders: Recommendations



Funding



Elder-specific care



Workforce issues



Culturally congruent care

Addressing Health Care Barriers for American Indian Elders: Recommendations



Fund the Indian Health Service at 100% of need

Funding

Addressing Health Care Barriers for American Indian Elders: Recommendations



Elder-specific care

- Earmark funds for Elder-specific health care needs
- Provide navigation services to assist Elders to access care across health care systems
- Implement social support programming for Elders experiencing and at risk for social isolation
- Consult with Elders when considering changes and improvements to health care delivery

Addressing Health Care Barriers for American Indian Elders: Recommendations



- Address workforce turnover at IHS health care facilities
- Improve continuity of care

**Workforce
issues**

Addressing Health Care Barriers for American Indian Elders: Recommendations



**Culturally
congruent care**

- Train new clinicians on cultural, historical, and personal needs when providing care to American Indian Elder patients
- Address mistrust and low confidence through focused outreach
- Address patient satisfaction concerns appropriately



How else can we enhance access to health care providers and overall care for American Indian Elders?

For More Information . . .



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Questions?



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