

RELATIONAL, COMMUNITY DEMENTIA CARE FOR ALL: OBSERVATIONS AND LESSONS FROM ON-RESERVATION PROVIDERS, ADMINISTRATORS, AND FORMAL CAREGIVERS IN THE US AND CANADA

Dana Ketcher, Kristen Jacklin, Wayne Warry, Jordan P. Lewis, Melissa J. Blind, Melinda Dertinger, Collette Pederson, January Johnson, Rhonda Trudeau, Karen Pitawanakwat, Lois Strong, Marlene Summers, Wesley Martin, Nickolas H. Lambrou, Megan Zuelsdorff, Carey E. Gleason

BACKGROUND

Research with Indigenous populations in North America has consistently demonstrated divergent views on caregiving for people living with dementia (PLWD) compared to Western biomedical approaches.

Few studies to date have applied strengths-based approaches and, as a result, an Indigenous caregiving framework appropriate for on-reserve/reservation populations has yet to be created.

In this paper, we share research findings that can be used to initiate strategies for culturally appropriate, sustainable, and supported care strategies for Indigenous PLWD.

METHOD

We used a community-based participatory approach to conduct ethnographic research in a culturally safe way among four Indigenous communities in the US and Canada.

Community-based researchers conducted key informant interviews with dementia administrators and providers (n=35), and sequential focus groups with local health care staff/formal caregivers that work with Indigenous older adults (14 sessions, n=17).

Data were coded in QSR NVivo and analyzed using a phenomenological framework.

RESULTS

Participants described numerous assets available to Indigenous communities that help PLWD age in place, based in a wholistic orientation.

Main qualitative themes emerging from the analysis are found in Figure 1.

Indigenous values, past experiences with health systems/ colonization, and lived experiences of dementia were important underlying factors informing an Indigenous caregiving framework appropriate for on-reserve/reservation populations.

CONCLUSION

Western, biomedical models of caregiving for PLWD do not fit with Indigenous value systems and teachings.

Figure 1 illustrates culturally appropriate care for most elders in Indigenous communities. This model will be most effective when paired with culturally appropriate community support services such as home care nurses and respite.

Current research with family caregivers and PLWD will complement and expand our understanding of this Indigenous care model, and may help inform future community-based caregiving interventions.

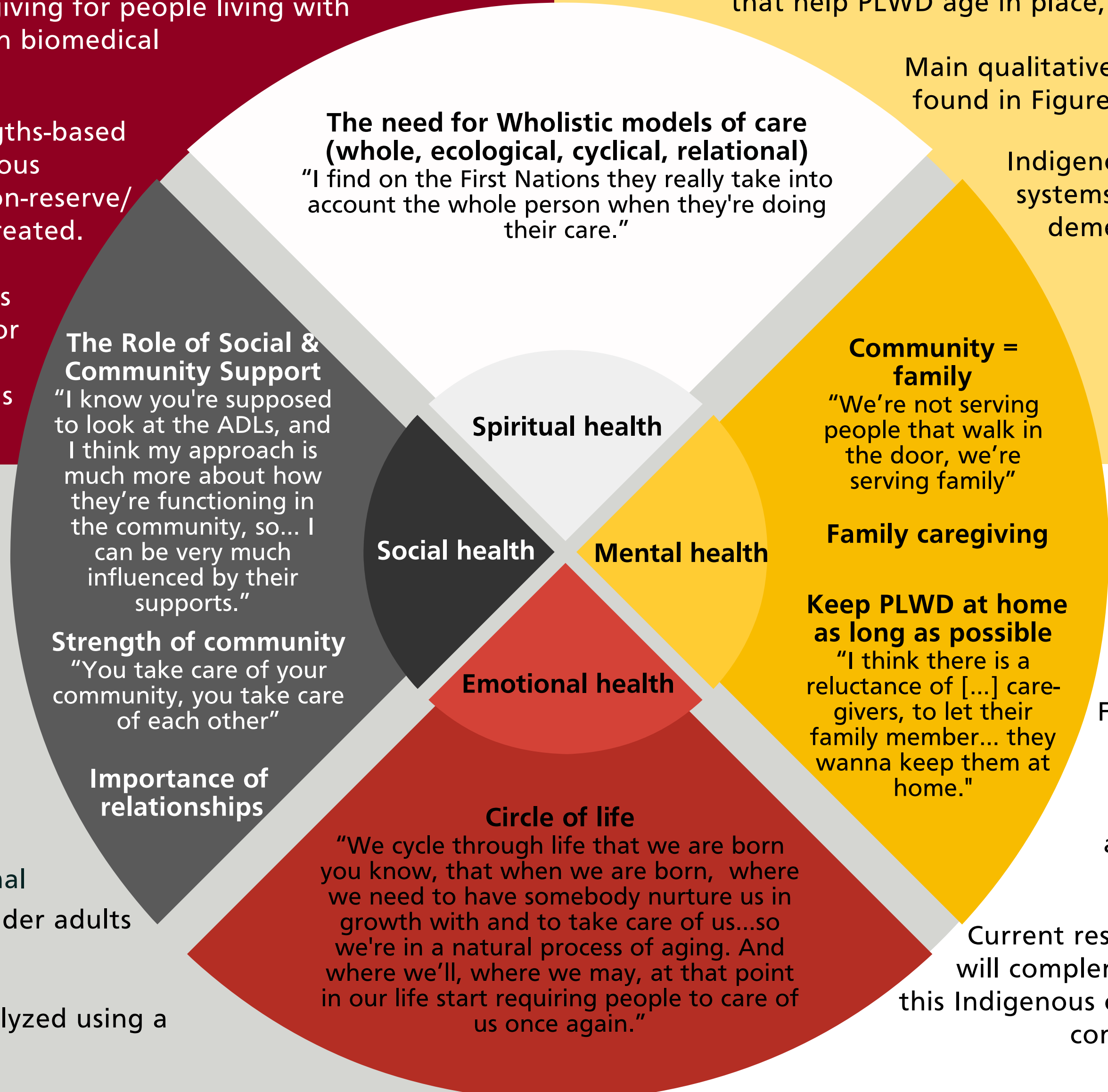


Figure 1. Medicine Wheel representation of relational, family, and community-based Indigenous dementia care



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