

Palliative Care is Good Care



Source: "http://www.nicoa.org/wp-content/uploads/2023/04/NativeCaregiving-300x200.png"

Prepared by Tom Teasdale, Dr.P.H.
Presidential Professor Emeritus
Hudson College of Public Health
University of Oklahoma

tteasdale2@outlook.com

(also at thomas-teasdale@ouhsc.edu)

for the

Dementia Caregiver Support ECHO
January 25 @ 11:00 am - 12:00 pm PDT
<https://www.indiancountryecho.org>

My Background

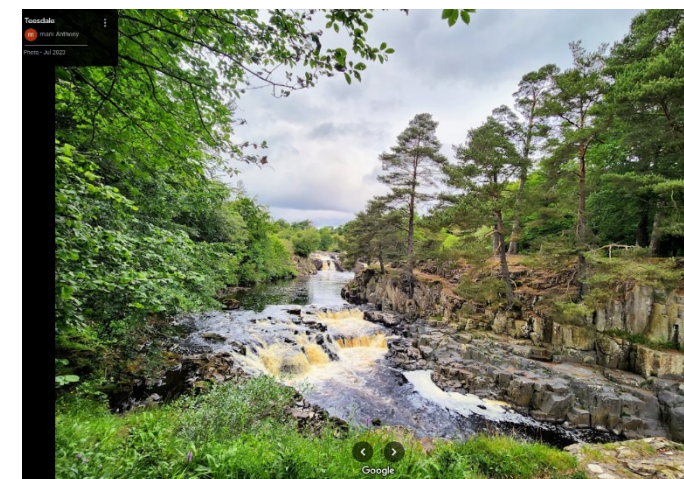
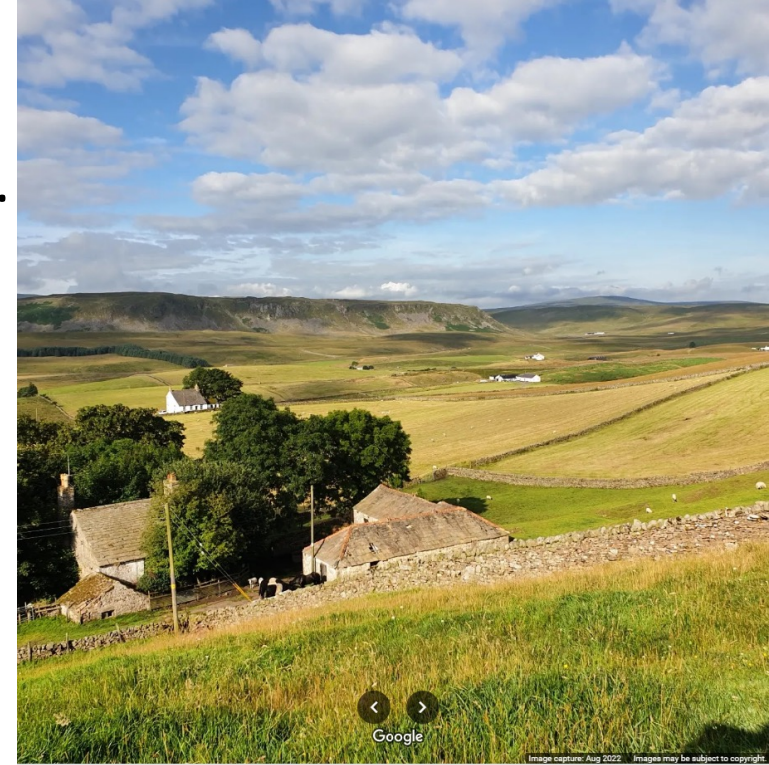
“Teasdale” can be traced back to the Tees River valley, England 1225.

Earliest known Teasdale to step onto your soil was in 1772.

1982-2003: Houston VA & BCM. 2003-2022: OKC VA & OUHSC.


Retired from FT work in 2021.

Serving as PT consultant and program evaluator with Wichita and Affiliated Tribes for past 8 years.



Today

- Talk about Palliative Care with emphasis on those living with dementia.
- Contrast Palliative Care to Hospice Care.
- Give examples of how western palliative care programs can be culture safe.
- Talk about & listen to examples of how indigenous traditions make palliative care better.
- Remind everyone of available resources.



Dementia Caregiver ECHO
4th Thursday of Each Month | 11:00AM - 12:00PM PT

INDIAN - COUNTRY
ECHO

The Dementia Caregiver Support ECHO, funded by the Indian Health Service Alzheimer's Grant Program, provides mentorship to and support for Indian Health staff (IHS, Tribal, and Urban) to provide effective help and coaching to caregivers of American Indian and Alaska Native people living with dementia. The program will offer a free ECHO collaborative to continue learning, knowledge sharing and support during virtual ECHO clinics focused on support for caregivers in the challenges they face in caring for individuals with dementia, including challenging behaviors, caregiver self-care, care planning and navigation, financial and physical safety, and mobilizing family resources.

Sign Up Today: [HERE](#)

The 1-hour telehealth sessions will offer clinicians an opportunity to present cases, receive recommendations from peers and an interprofessional team of specialists working in Indian Country, and an opportunity to receive Certificates of Completion following participation in a didactic presentation.

What We'll Cover:

- Assessment of the Individual Living with Dementia and their Caregivers
- Interventions for Challenging Behaviors
- Self-Care for Caregivers

Have a question about a patient or scenario?

Could you use some consultation on tough scenarios or challenges that you're having?

If yes, we welcome you to present your patients or questions to peers and specialists for tangible, treatment recommendations by completing and submitting the following form: [FORM HERE](#)

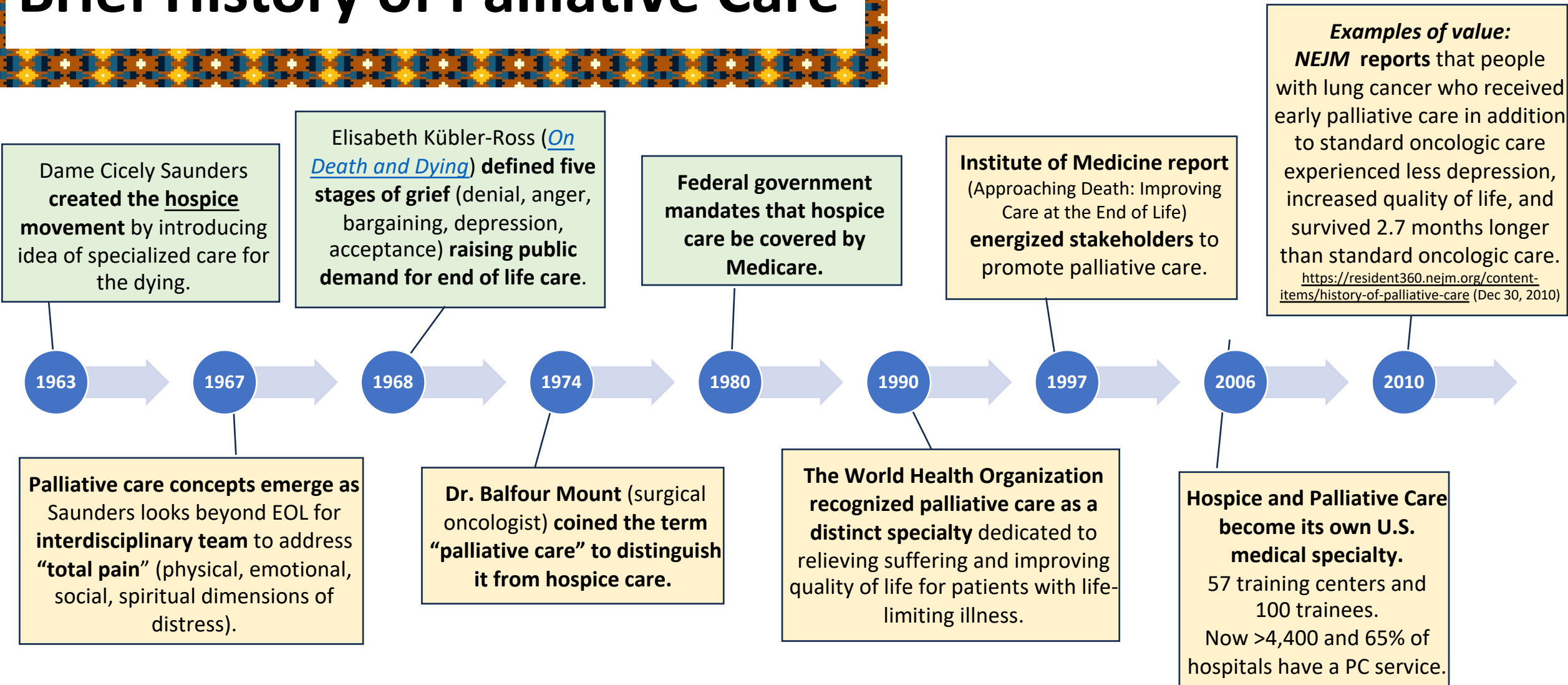
To Join a Session:

Simply click on the Zoom icon 5 minutes before the session begins (or at any time during the session)



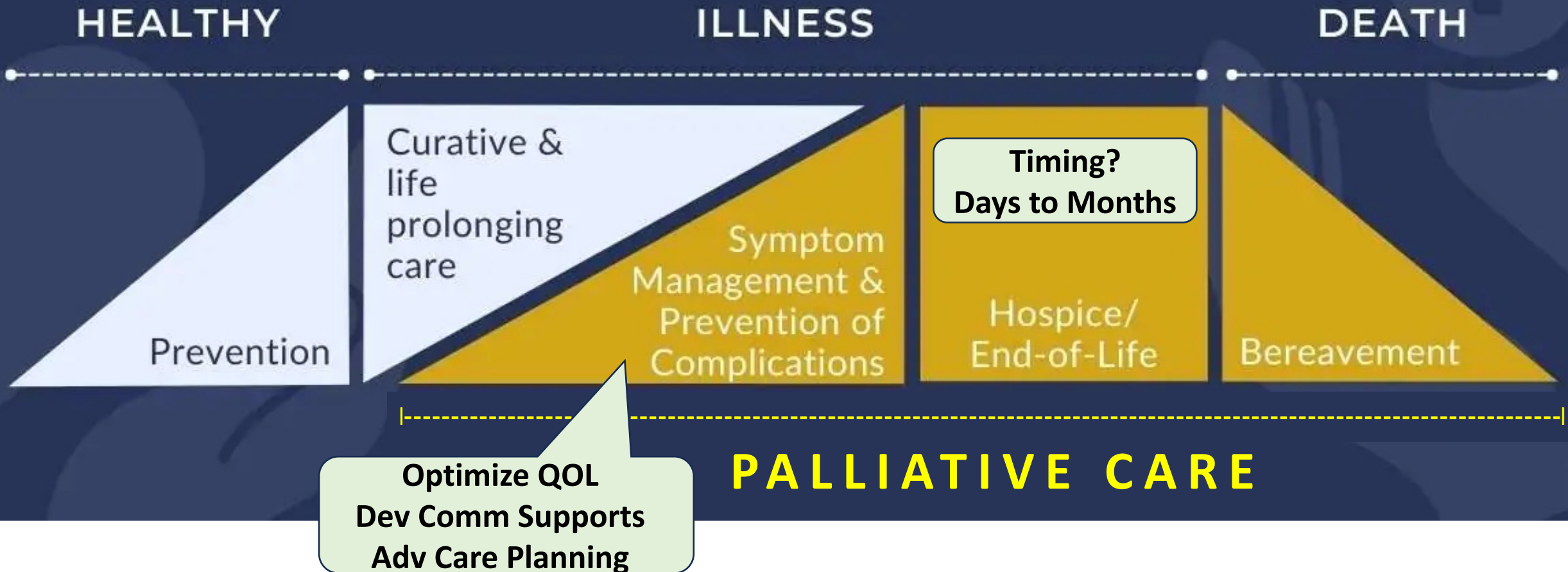
More Information On Indian Country ECHO
www.indiancountryecho.org

Brief History of Palliative Care



STAGES OF ILLNESS & TYPES OF PALLIATIVE CARE

Palliative Care aims to relieve pain, manage symptoms & prevent complications. Therefore, it should start at the diagnosis of a life-threatening illness, in combination with other curative treatment.



Differences Between Palliative Care and Hospice Care

Myths About Palliative and Hospice Care

Palliative care

Specialized medical care for people living with a serious illness.



Myth: When I begin palliative care, I can no longer receive treatment for my disease.

Fact: Palliative care can be provided along with curative treatment.



Myth: I can no longer see my primary doctor when I start palliative care.

Fact: Palliative care teams work with primary doctors.

Hospice care

Focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life.



Myth: In hospice care, I can't receive any treatments.

Fact: People may receive medications to help manage symptoms but not treatments to help cure their illness.



Myth: Hospice care is only provided in a hospital or hospice facility.

Fact: It can be provided at home, in a hospital or nursing home, or in a separate hospice center.

Learn more about palliative and hospice care at: www.nia.nih.gov/palliative-hospice-care.

Palliative Care vs Hospice

Care

Similar but Different

Palliative Care

- Focuses on relief from physical suffering. The patient may be being treated for a disease or may be living with a chronic disease, and may or may not be terminally ill.
- Addresses the patient's physical, mental, social, and spiritual well-being, is appropriate for patients in all disease stages,
- Uses life-prolonging medications.
- Uses a multi-disciplinary approach using highly trained professionals. Is usually offered where the patient first sought treatment.

Hospice Care

- Available to terminally ill Medicaid participants. Each State decides the length of the life expectancy a patient must have to receive hospice care under Medicaid. In some States it is up to 6 months; in other States, up to 12 months. Check with your State Medicaid agency if you have questions.
- Makes the patient comfortable and prepares the patient and the patient's family for the patient's end of life when it is determined treatment for the illness will no longer be pursued.
- Does not use life-prolonging medications.
- Relies on a family caregiver and a visiting hospice nurse. Is offered at a place the patient prefers such as in their home; in a nursing home; or, occasionally, in a hospital.

- **Combined Care:** Hospices are the largest providers of palliative care services in the country. Many organizations work together to offer the individual a seamless continuum of care over the course of a serious illness.

PALLIATIVE CARE

HOSPICE CARE

Pain and symptom management to improve quality of life

Focus

Comfort and quality of life, support for patient and family

Any point in a serious illness, even while receiving treatment

When

Illness is terminal and prognosis is 6 months or less

Home and assisted living facilities

Where

Home, assisted living, developmentally disabled and nursing home facilities

Pain and symptom management, disease education, help coping with the impact of serious illness, navigating treatment options, nurse and social worker in-home visits with 24/7 nurse support

Care

Nurses and doctors trained in symptom management and end-of-life care; home health aides for personal care; social workers for emotional and social support; spiritual care; music, massage and other therapies; medication; and medical supplies and equipment

Based on each patient's individual needs – minimally once a month and more often if needed

Visits

Based on each patient's individualized plan of care – minimally once a week and more often when needed

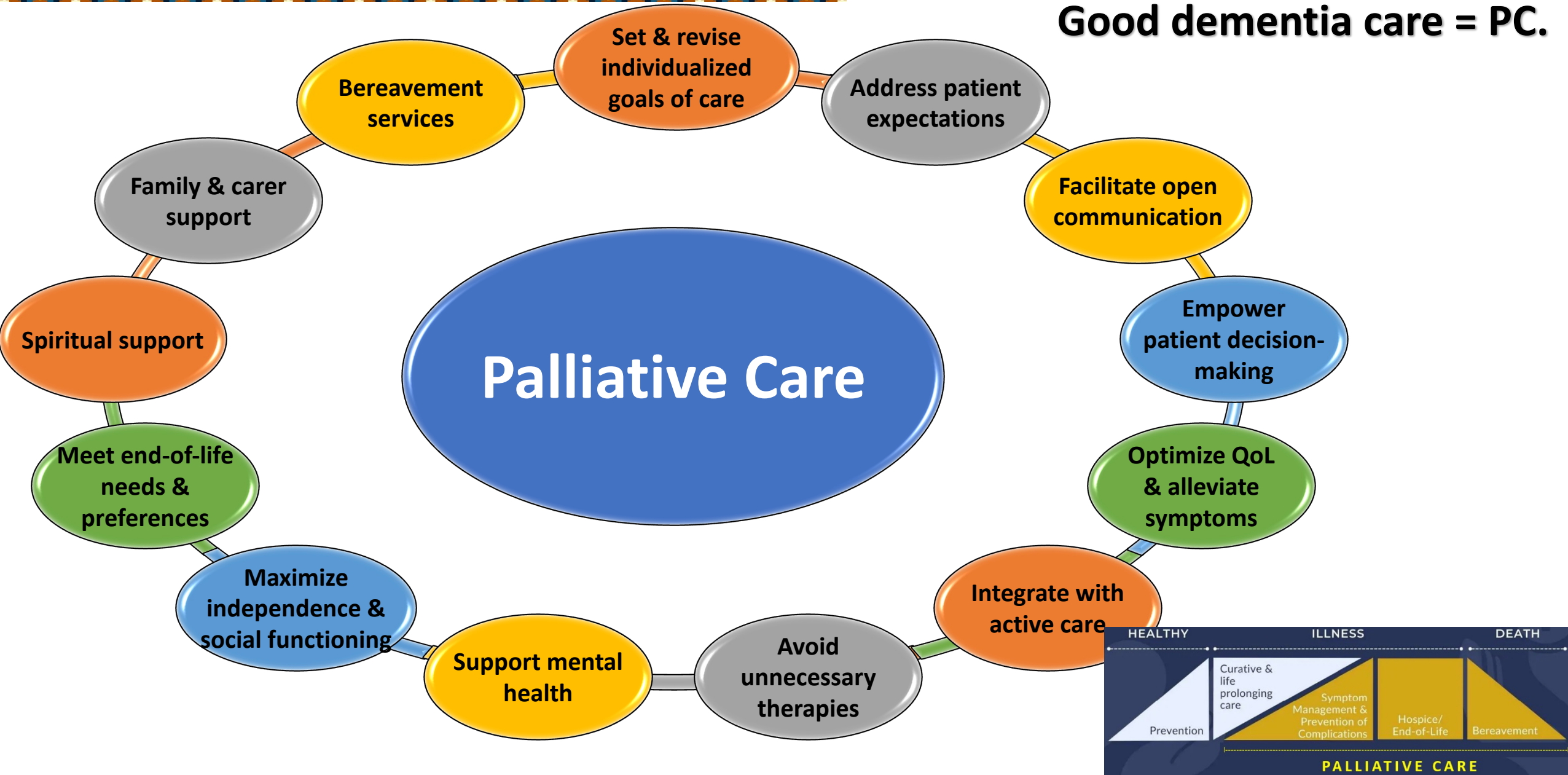
Commercial health plan or private pay

Payment

Available to all – cost of hospice care is covered by most health plans, Medicaid and Medicare

Full Potential of Palliative Care

All are dementia-relevant.
Good dementia care = PC.



Culturally Congruent / Culturally Safe Palliative Care

Culturally-congruent behavioral health is first and foremost an attitude.

To be truly culturally-congruent we must become familiar with Indigenous ways of knowing and being.

We must disentangle ourselves from the existing dominant narratives and seek to understand from an Indigenous perspective.

We need to examine our own relationship to space and time.



Source: Reclaiming Native Psychological Brilliance; Behavioral Health ECHO Series.

Session: Sacred Trust: Decolonizing Screening and Assessment (Jeff King, Danica Love Brown, June 28, 2022).

<https://www.indiancountryecho.org/wp-content/uploads/2022/07/Reclaiming-June-28-FINAL.pdf>

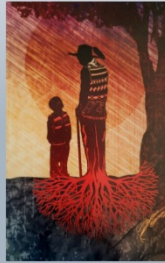
Culturally Congruent / Culturally Safe Palliative Care

Culturally-congruent behavioral health is first and foremost an attitude.

To be truly culturally-congruent we must become familiar with Indigenous ways of knowing and being.

We must disentangle ourselves from the existing dominant narratives and seek to understand from an Indigenous perspective.

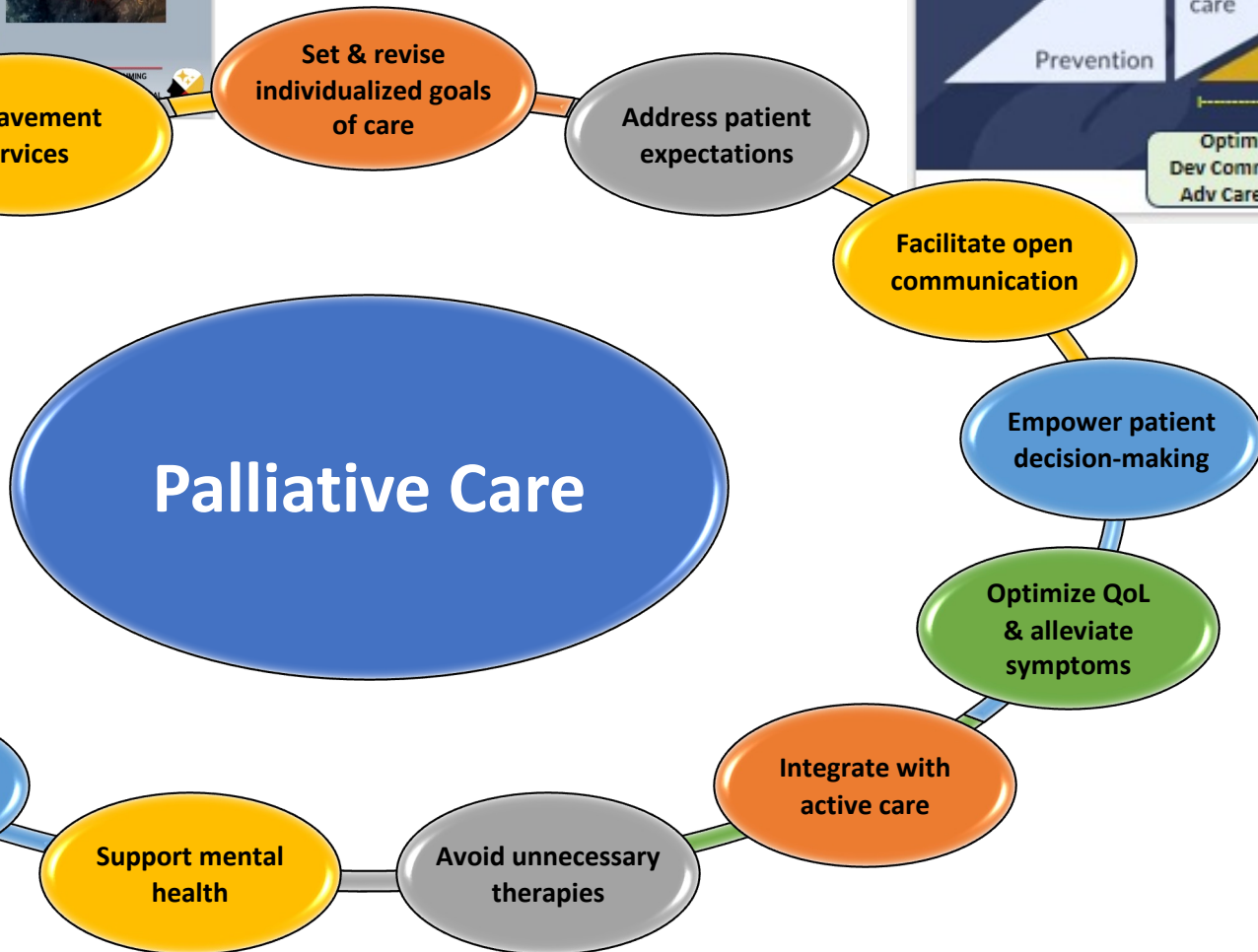
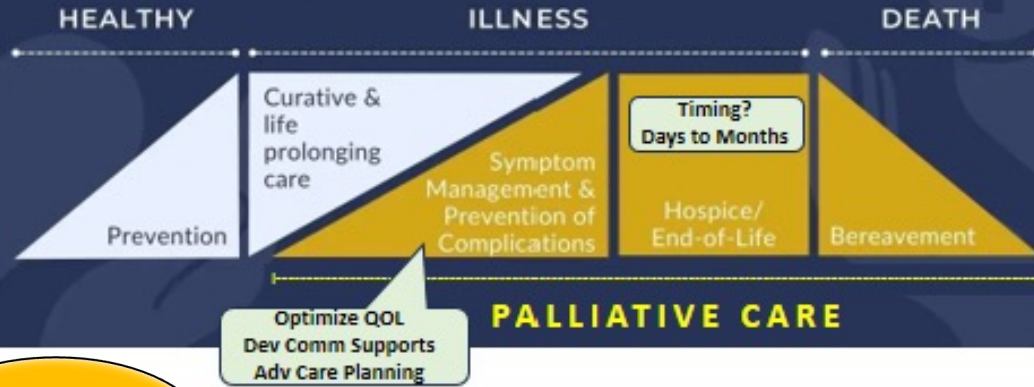
We need to examine our own relationship to space and time.



STAGES OF ILLNESS & TYPES OF PALLIATIVE CARE



Palliative Care aims to relieve pain, manage symptoms & prevent complications. Therefore, it should start at the diagnosis of a life-threatening illness, in combination with other curative treatment.



DEEPER DIVE

PC components are designed for person-centered care.

Culturally congruent/safe care is inherently person-centered.

Resources

- There are great IC ECHO sessions across many topic areas relevant to palliative care & hospice, even if not specifically so named.
[End-of-Life Care for Elders With Dementia | Aug 11, 2022 | Rhonda Oaks](#)
- <https://www.cdc.gov/aging/healthybrain/Indian-country-roadmap.html>
- 4-page Reference Sheet. Gachupin FC, Throssell H. American Indian End of Life Considerations. Tucson, Arizona: University of Arizona, Department of Family and Community Medicine, College of Medicine, July 2019.
- Vellani S, Puts M, Iaboni A, Degan C, & McGilton KS. (2022). Integration of a Palliative Approach in the Care of Older Adults with Dementia in Primary Care Settings: A Scoping Review. Canadian Journal on Aging / La Revue canadienne du vieillissement 41(3), 404–420. <https://doi.org/10.1017/S0714980821000349>
- Kaela Schill and Susana Caxaj. Cultural safety strategies for rural Indigenous palliative care: a scoping review. BMC Palliative Care (2019) 18:21.
<https://doi.org/10.1186/s12904-019-0404-y>
- Racine L, Fowler-Kerry S, Aiyer H. Integrative review of the needs and challenges of indigenous palliative care in rural and remote settings. J Adv Nurs. 2022 Sep;78(9):2693-2712. doi: 10.1111/jan.15287. Epub 2022 May 16.
[PMID: 35578573](#).



The poster for Dementia Caregiver ECHO features a circular illustration of a diverse group of people, including a woman holding a baby, an elderly woman, and a man. The text is arranged in a clean, professional layout with a teal and grey color scheme. A prominent call to action 'Sign Up Today: HERE' is enclosed in a dark teal circle. The poster includes the ECHO logo, the event schedule, a description of the program's goals, a list of topics to be covered, and instructions on how to join a session. A QR code is located at the bottom left, and a box for more information is at the bottom right.

Dementia Caregiver ECHO
4th Thursday of Each Month | 11:00AM - 12:00PM PT

The Dementia Caregiver Support ECHO, funded by the Indian Health Service Alzheimer's Grant Program, provides mentorship to and support for Indian Health staff (IHS, Tribal, and Urban) to provide effective help and coaching to caregivers of American Indian and Alaska Native people living with dementia. The program will offer a free ECHO collaborative to continue learning, knowledge sharing and support during virtual ECHO clinics focused on support for caregivers in the challenges they face in caring for individuals with dementia, including challenging behaviors, caregiver self-care, care planning and navigation, financial and physical safety, and mobilizing family resources.

Sign Up Today: HERE

The 1-hour telehealth sessions will offer clinicians an opportunity to present cases, receive recommendations from peers and an interprofessional team of specialists working in Indian Country, and an opportunity to receive Certificates of Completion following participation in a didactic presentation.

Have a question about a patient or scenario?
Could you use some consultation on tough scenarios or challenges that you're having?
If yes, we welcome you to present your patients or questions to peers and specialists for tangible, treatment recommendations by completing and submitting the following form: **FORM HERE**

What We'll Cover:

- Assessment of the Individual Living with Dementia and their Caregivers
- Interventions for Challenging Behaviors
- Self-Care for Caregivers

To Join a Session:
Simply click on the Zoom icon 5 minutes before the session begins (or at any time during the session)

More Information On Indian Country ECHO
www.indiancountryecho.org

Thank You!



Oklahoma Dementia Care Network

OU Medicine-Geriatrics program to improve care and health outcomes of older adults living with AD/ABRD and their family and friend caregivers.



OKLAHOMA HEALTHY AGING INITIATIVE

OU Medicine-Geriatrics community education & services program



THE WICHITA AND AFFILIATED TRIBES
ALZHEIMER'S & DEMENTIA PROGRAM INITIATIVE (ADPI)
MEMORY AND MUSIC PROGRAM



INDIAN + COUNTRY
ECHO



ALZHEIMER'S ASSOCIATION®

www.alz.org/oklahoma

OK Chapter, Tulsa.

800-272-3900

- Information and Referral
- Care Consultation
- Safety Services
- Early-Stage Engagement Programs
- Support Groups
- Monthly Educational Programs
- Brain Health Awareness
- Clinical Trials



Cases? Comments?