HONORING NATIONS
ALL-STARS PROFILE

Tohono O'odham Nursing Care Authority:
**Archie Hendricks, Sr. Skilled Nursing Facility,
Tohono O'odham Hospice, &
Other Projects**

Tohono O'odham Nation

Written by Francis Stout & Judith Dworkin
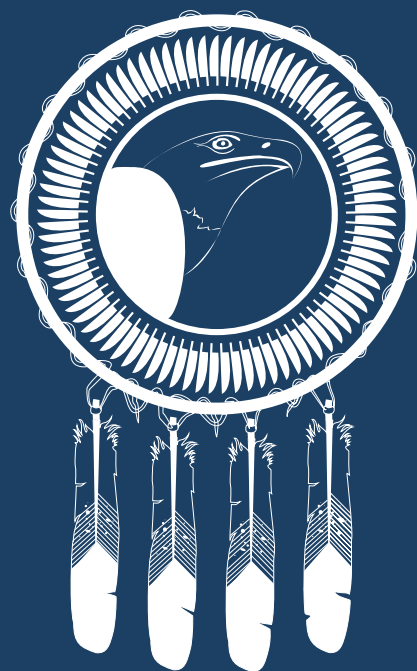**Edited by Niina Haas & Miriam Jorgensen**

Photo courtesy of John Rae / NYC.

SECTIONS

> *"Health is more than the absence of disease. It is a complete combination of intellectual, physical, psychological, social, and spiritual states which form the condition of wellness."*
>
> — Charter Preamble, Tohono O'odham Nursing Care Authority

BRINGING OUR ELDERS HOME

The Dream and the Demand

For many years, due to the Tohono O'odham Nation's location in the Sonoran Desert of Arizona and the sparse population, Nation members did not have access to reservation-based long-term or post-hospital care services. This was particularly true for O'odham elders. Elders admitted to the Sells Area Indian Health Service Hospital for acute care who subsequently required follow up long-term skilled nursing care or a place for post-hospital recovery were discharged to nursing home facilities in the Tucson, Arizona area.

For most O'odham families, a visit to elder family members required a drive of ninety minutes or more—if transportation was available at all. Language and cultural barriers in these urban settings also became a major concern. The facility caregivers could not speak to these residents in the O'odham language, and O'odham residents were not offered traditional foods to eat, could not easily seek the assistance of medicine people, and were not able to spend their remaining days in the desert environment to which they were accustomed. While statistics are not readily available, it is not hard to conclude that placing an ill and frail O'odham elder in a foreign and isolating facility hastens further debilitation and death.

Seeking change, the Tohono O'odham community members asked their government to find a way to provide good, culturally appropriate, and local care so that they could bring their elders home.

Figure 1: Photo courtesy of John Rae / NYC.

The Tohono O'odham Context

The Tohono O'odham Nation is the second largest Native nation in Arizona in both population and geographic size. The Tohono O'odham Nation's land base includes three non-contiguous reservations and additional parcels of land for a total of 2.8 million acres (4,460 square miles) of land. The Nation's boundaries begin near Casa Grande and continue south for about ninety miles. The southern boundary of the Nation runs for seventy-five miles along the United States-Mexico international border. The closest urban populations are Tucson (population 520,116), Casa Grande (population 49,591), and Gila Bend (population 1,922).

The rural nature of the Tohono O'odham lands is further seen in the number of people per square mile. The population density of the Tohono O'odham reservation is only two persons per square mile, as compared to 107 persons per square mile in Pima County (the Tucson metro area) and fifty-six persons per square mile in the state of Arizona overall.

The Tohono O'odham Nation is divided into twelve political districts and eighty-three villages. Nine of these districts are located on the Sells Tohono O'odham Reservation (established in 1917 by Executive Order and in 1931 by Congressional Act). The community of Sells, centrally located within the Sells Reservation, is the seat of the central government. The remaining districts are the San Xavier District (established by Executive Order in 1874), which covers the entirety of the San Xavier Reservation; the San Lucy District, located on the Gila Bend Indian Reservation (established by Executive Order in

1882, modified by Executive Order in 1909); and the Hia-Ced District (created in 2012), located on a parcel of land near Why, Arizona that was placed in trust in February 2009. Together, the Sells, San Xavier, Gila Bend Reservations, and other parcels of land held by the Nation are referred to as the "Reservation."

According to the 2010 US Census, roughly 30 percent of enrolled tribal members (10,201 of approximately 30,000) live on the Reservation. More than 3,300 enrolled members are fifty-five years of age or older, 1,800 of whom reside on the Reservation. A limited housing stock, among other factors, makes multigenerational

Figure 2: Map of the jurisdictional and traditional boundaries of the Tohono O'odham Nation. Map by Forest Purnell, used under Creative Common SA License. Cropped original map.

living arrangements common. Thus, children on the Tohono O'odham Reservation are fifteen times more likely to live with grandparents as compared to urban Arizona communities.

Health is a major concern among Reservation residents. The self-reported health status among the Tohono O'odham elders shows that fifty-seven percent of O'odham elders rated their health as fair or poor as compared to only twenty-seven percent of non-Native American elders. Further, those who rated themselves as "fair" or "poor" tended to have one or more illnesses or conditions that are considered predictors of the need for future medical intervention and skilled healthcare. These include diabetes (reported by sixty-two percent of respondents), range of motion limitations (fifty-eight percent of respondents), and obesity (forty-seven percent of respondents). The health of O'odham elders is further complicated by modest living conditions. Many of the villages scattered throughout the Nation do not have paved roads, which makes travel difficult. Housing is limited and often not built according to accepted building codes. Hundreds of Reservation homes still lack complete kitchens, complete bathrooms, and telephone service, which mean that the poorest elders often live in homes without adequate plumbing, heating and cooling, or a way to access emergency help.

Limited economic opportunity within the Tohono O'odham Nation is primarily responsible for Reservation residents' comparatively low median household income. Individuals living on the Reservation earn a median income of $27,040 as compared to $50,448 for the state of Arizona. When the community first asked for Reservation-based elder care in the 1970s, limited resources delayed the

execution of plans to bring home the Nation's elders—but did not extinguish the vision of doing so.

The Nation's Response

In 1978, the Tohono O'odham Nation responded to the demands of its members and funded the development of a master plan to build a "nursing home" within the boundaries of the Nation. Unfortunately, the cost of constructing and operating a skilled nursing facility was not feasible in 1978. Yet the voices in support of this goal continued for the next fifteen years, and those most passionate about the goal formed a group that eventually was recognized by the Nation's government as the "Tohono O'odham Nation Nursing Home Advisory Committee."

The dream to bring home the Nation's elders was quickly advanced with the enactment of the Indian Gaming Regulatory Act, which affirmed tribes' right to generate revenues through the construction and operation of gaming casinos. In just over ten years, the Tohono O'odham Nation's gaming enterprise opened three casinos—one in the metropolitan Tucson area in 1993; a small facility in Why, Arizona, in 1999; and a third south of Tucson in Sahuarita, Arizona, in 2003. These casinos have generated substantial revenues that have supplemented the historic revenues of the Tohono O'odham Nation's government.

In 1993, due in part to the financial success of the Desert Diamond Casino, the Nation allocated funding to commence the process of building the first skilled nursing facility on the Reservation. In December 1998, the Nation formed the Tohono O'odham Nursing Care Authority (TONCA) as a tribal enterprise of the Nation. Its first goal was to bring home the elders who were in off-reservation skilled nursing facilities.

"All people deserve to live and die in dignity. Life, death, and dignity are uniquely defined by one's own culture."

— Guiding Principle, Tohono O'odham Nursing Care Authority

TONCA'S PRACTICES OF SUCCESS

Establishing Strong Foundations

TONCA was envisioned as a mission-driven entity that, on behalf of the Nation, would have the ability and flexibility required to successfully develop and operate a skilled nursing facility and advocate for other needed elder programs on the Reservation. It is governed by a seven-member Board of Directors, appointed by the Chairperson of the Nation, and confirmed by the Legislative Council. An enrolled member of the O'odham Nation is qualified to be on the Board of Directors if he or she is at least twenty-one years of age and has sufficient experience, education, and dedication to the improvement of healthcare for aging O'odham to make sound judgments regarding elder care. The Board of Directors is a policy-making entity; it delegates the day-to-day operation of TONCA programs to the programs' professional staff.

The Preamble to the TONCA Charter establishes the breadth of responsibilities held by the TONCA Board. The Charter states: "Health is more than the absence of disease. It is a complete combination of intellectual, physical, psychological, social, and spiritual states which form the condition of wellness."[1] Therefore, care should be provided in a language the residents understand and in harmony with the cultural values and customs of O'odham Himdag (the Tohono O'odham way of life).

Further, in approving the TONCA Charter, the Nation's lawmakers intended for the tribal enterprise to operate independently of the Nation's government. The Charter clearly provides that TONCA control its own budget, open bank accounts, hire professionals (including legal counsel), invest funds, establish a capital improvement fund, develop an annual budget, form subsidiary organizations, and otherwise operate without seeking the consent of the Nation's government. Importantly, however, TONCA benefits from

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[1] This is a distinctly Tohono O'odham version of the definition of health in the World Health Organization's constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." See "Constitution of the World Health Organization," page 1, http://www.who.int/governance/eb/who_constitution_en.pdf, accessed September 23, 2014.

and requires an annual subsidy from the Nation. This ongoing interaction encourages the maintenance of close, positive relationships between TONCA and the Nation's members, the governing bodies of the twelve districts, the Executive Branch of the Nation's government, and the Legislative Council. These productive relationships have enhanced TONCA's ability to meet its objectives and goals.

A Short-Term Objective and a Long-Term Vision

TONCA's charter created a short-term objective and a long-term vision that together are aimed at improving the long-term services and support available to O'odham members of the Tohono O'odham Nation. In order to accomplish the long-standing dream to bring the elders home to appropriate care on the Reservation, the short-term objective was to open and operate a skilled nursing facility for elders and other

O'odham members that needed skilled nursing care. Recognizing that healthcare is more than just skilled nursing, TONCA's long-term mission is "to take a leadership role in providing a continuum of care and services designed to enhance the physical, spiritual, emotional, social and intellectual qualities of life for aging O'odham and other members of the Nation." As such, TONCA seeks to ensure that services are provided without duplication, fragmentation, or gaps.

The original business plan was developed in 1996, prior to the formation of TONCA. It provided a framework for the development of the skilled nursing facility "and other related facilities required to provide the O'odham elder population with a comprehensive continuum of health and social services." Some of the services listed in the business plan, such as hospice and assisted living, were developed by TONCA. Other services such as home health, community outreach, and

Figure 3: Photo courtesy of John Rae / NYC.

adult day care are not provided by TONCA, but TONCA collaborates and coordinates with the Nation's Health Department to provide them. In order to ensure that the needs of the Nation's members are being met and to determine if new services are needed, the Board periodically revisits the provision of services by TONCA and other Reservation-based service providers.

Ultimately, success with TONCA's long-term mission depended upon accomplishing the short-term objective: opening a skilled nursing facility. In November 2002, the Archie Hendricks, Sr., Skilled Nursing Facility (Skilled Nursing Facility) opened to its first four residents. From that point onward, it has operated at or near capacity, providing short- and long-term care to O'odham members. The majority of the admissions come from hospitals in Tucson, Casa Grande, and Sells, Arizona. In its first twelve years of operation, nearly 600 O'odham members had been admitted and discharged from the facility.

Overcoming Challenges

TONCA faced many challenges throughout the process of opening a skilled nursing facility. Staffing, training, and physical infrastructure were of particular concern. For example, TONCA needed to recruit senior professional staff (including a licensed administrator, a director of nursing, and a business office manager) from outside of the Nation as there were no O'odham members with the appropriate qualifications who were seeking employment. Some Nation members who were hired into managerial positions needed mentorship to be able to meet the challenges of their positions. When construction of the Skilled Nursing Facility was completed, TONCA faced the lack of employee housing—the closest options were either

forty-five minutes away in Casa Grande or ninety minutes away in Tucson. (Notably, the lack of employee housing also was a barrier to finding and hiring qualified professionals.) Additionally, the Skilled Nursing Facility's building had some construction defects.

TONCA was able to overcome these challenges. It hired non-O'odham to key positions with the understanding that, over time, those employees would be replaced by O'odham members. It started a mentorship program to help facilitate the management training needs of its O'odham employees. Employee housing was constructed in order to facilitate the task of hiring and retaining staff, and building defects in the Skilled Nursing Facility were corrected. This series of initial challenges and practical solutions reflect what soon became a defining characteristic of TONCA: its ability to be vigilant of problems and, as needed, adapt and change in order to overcome or prevent such issues.

Staying Relevant, Being Responsive

A community's health needs are dynamic—they evolve over time. Effective community healthcare organizations are alert to these trends so that they are ready to meet needs when they arise. TONCA has this proactive capacity. The Board sets relevant goals for its programs, acquires data that relate to the goals and programs, evaluates the information, and reaches a strategic plan of action for the issue being addressed. After implementation, the Board evaluates whether the results were consistent with the expected outcomes and makes modifications as necessary. This attentiveness and flexibility ensures that TONCA's programs remain relevant to the O'odham community.

Over the course of TONCA's existence, demographic changes within the Tohono O'odham Nation led to a

shift in Reservation healthcare needs. In response, it established and collaborated with other organizations to provide hospice, pre-hospice, and assisted living services. TONCA was also instrumental in founding a consortium of healthcare providers that serve the Nation's population. These programs and collaborative activities are successfully meeting the related healthcare needs of the O'odham members—even in the face of new challenges.

Hospice Services

Shortly after the Archie Hendricks, Sr. Skilled Nursing Facility opened its doors, TONCA became aware of the lack of reliable hospice services on the Reservation. In 2007, the Board expanded its services to provide hospice care. The first hospice admission was on November 16, 2007. By January 1, 2009, the Tohono O'odham Hospice had cared for twenty-eight patients and their families. The Tohono O'odham Hospice brings together a team of traditional healers, doctors, nurses, social workers, chaplains, and volunteers to meet the physical, emotional, and spiritual needs of end-of-life patients and their families. These patients receive services either in their own homes or at the Skilled Nursing Facility. This flexibility is important because it allows patients to complete their lives in the presence of family and community and in accordance with O'odham traditions.

Hospice has encountered several challenges, the greatest being a lack of knowledge about what hospice can offer patients and their families. TONCA began a campaign to educate O'odham families about hospice, and through it, information about hospice slowly has grown. In FY 2013 alone, the Tohono O'odham Hospice provided services to thirty-four patients and their families.

The long distances that must be traveled in order to visit patients in their homes is and will continue to be a significant challenge for the hospice staff. For instance, hospice volunteers, who serve as a significant component of a hospice program in an urban environment, cannot be used as effectively in the Tohono O'odham Hospice program. With more than eighty villages spread across the large and rural Reservation, a committed volunteer without transportation cannot visit a hospice patient in a distant village, and it may be months or years before there is a hospice patient close enough for the volunteer to be able to provide service.

Desert Pathways

Through its outreach to the Nation, TONCA learned that there were many families with ill family members who could benefit from pre-hospice services. In response, with a small grant from the Robert Wood Johnson Foundation, TONCA began "Desert Pathways." This program helps O'odham patients and their families address the challenges of living with a serious illness. In fiscal year 2013, Desert Pathways staff made 336 visits to sixty-five members of the Nation and their families.

Desert Pathways staff encounters a wide variety of situations and provide many different services. Some examples of their work include: (i) monitoring an elder in failing health at home when the elder has refused to travel to make clinic visits, thereby alleviating the stress on family members who otherwise would feel they are neglectful for not demanding the elder leave home to visit the clinic; (ii) educating family members on how to deal with developing dementia in an elder or determining that the elder should be evaluated for non-dementia causes of the elder's symptoms; and (iii) assisting an elder and family members in the

Figure 4: Photo courtesy of John Rae / NYC.

structured use of prescribed medications in order to manage pain.

Challenges still exist for the Desert Pathways program, namely the future source of financial support. Grant funds have been exhausted, and there is no obvious source of funding, although the need for these services continues to increase—especially given the number of O'odham members with long-term conditions, such as diabetes and obesity.

Assisted Living Facility

By 2008, TONCA recognized that many of the residents of the Skilled Nursing Facility no longer needed skilled nursing care—but they could not be discharged from the facility because they were unable live independently, and there were no other options for them on the Reservation. TONCA's original site

plan provided for a sixty-bed expansion of the Skilled Nursing Facility. The Board began to evaluate whether this plan could be modified to build one or more assisted living facilities on site. An assisted living facility provides twenty-four-hour staffing and assistance to residents with the activities of daily living, including eating, bathing, dressing, personal hygiene, preparation of meals, supervision of self-administration of medications, laundry service, and housekeeping. Assisted living costs less than half of the average daily cost of a skilled nursing facility to operate.

A new master plan was developed for TONCA's thirty-acre site that provided for four assisted living buildings with ten to twelve residents each. In July 2011, after several years of unsuccessful attempts to gain outside funding, the TONCA Board resolved to commit its own monies to construction of a single

Figure 5: Photo courtesy of John Rae / NYC.

ten-resident assisted living facility. The Assisted Living Facility opened in February 2013 with four residents. By the end of 2013, there were ten residents. Some transferred from the Skilled Nursing Facility, while others came from the O'odham community.

The Elder Care Consortium and Healthcare Network
As an advocate for enhancing the quality of life for O'odham elders, TONCA set out to identify the full spectrum of needed services, gaps in service, and ways to fill those gaps. The analysis pointed to collaboration and service coordination, and led TONCA to become a founding member of the Tohono O'odham Elder Care Consortium (ECC), which also includes the Tohono O'odham Nation's Department of Health and Human Services (HHS), the Tohono O'odham Community College (TOCC), and the Tucson Area Indian Health Service (IHS).

The mission of the ECC is to promote and protect elders' self-determination and well-being and to improve services for elders through collaboration, coordination, and advocacy. The ECC's vision is to be a collective and shared voice for O'odham Himdag, policy improvements, effective service integration, and respect, helping ensure that elders continue to be valued as contributing members of the community. In April 2009, the ECC's members executed a Collaborative Agreement by which they agreed to cooperate in grant applications, program development, and the preparation and dissemination of position statements, reports, and other materials.

In 2011, TONCA on behalf of the ECC submitted and received a three-year grant from the US Department of Health and Human Services Health Resources and Services Administration (HRSA) to enhance the development of a health services network. The network focuses on the needs of O'odham elders by linking the current ECC members' health services and by encouraging the participation of additional ECC partners.

The extent of participation in the network has been significant. Representatives from the Tohono O'odham HHS have included staff from Senior Services, Adult Protective Services, Community Health, Behavioral Health, and Family Assistance. Similarly TONCA, TOCC, and IHS regularly send one or more representatives to general meetings and to mission-relevant committee meetings. In addition to the member organizations' participation, there has also been participation from the Nation's housing authority and planning department.

The ECC and the resultant health services network have made a difference. Prior to their formation, healthcare service providers did not meet on a regular basis to coordinate or to share ideas. IHS, TONCA, and the tribal HHS had no obvious opportunities to participate within a single forum. Despite the fact that each of these entities faces limited resources and a heavy workload, they tended toward "silo" behavior—operating within their own spheres, unaware of the work of complementary organizations. The ECC created an opportunity for representatives of these entities and the TOCC to meet and discuss issues.

The ECC also improved the skilled healthcare workforce on the Reservation. Before the ECC, the Nation sent students to off-reservation programs to receive healthcare training and certifications. With the support of TONCA, TOCC offers an entry-level healthcare course to certify students as caregivers. Graduates are eligible to work in assisted living facilities, including TONCA's. While lectures are provided at the TOCC campus, the practicums are taught at TONCA's Skilled Nursing Facility. Several of the initial graduates have found employment with TONCA's Assisted Living Facility.

Finally, the HRSA grant provided the opportunity to convene IT talent from the ECC members and additional agencies of the Nation (the "IT Committee") with the aim of improving elder care services. The IT Committee first conducted an inventory of technical hardware, connectivity infrastructure, and videoconferencing capability for the Nation. Work now has begun on collaboration with the Arizona Telemedicine Program, including a telemedicine site at TONCA's Skilled Nursing Facility. The team has also created a website, tonelder.org, which is managed by DoIt, the Nation's IT department.

Figure 6: Photo courtesy of John Rae / NYC.

"Our elder O'odham live and die with dignity, in harmony with O'odham Himdag. With the help of the community, Elders live independently, make their own decisions, and have access to the very best healthcare."

— Strategic Vision, Tohono O'odham Nursing Care Authority

WHERE WE STAND – CURRENT NEEDS AND STRATEGIES

A community's ever-evolving healthcare needs constantly create new challenges. For the Tohono O'odham Nation and TONCA more specifically, these evolving challenges relate to funding and the growing range of demands on the Reservation healthcare system. On the demand side, the role of a skilled nursing facility is changing and national trends suggest that skilled nursing facilities will see both a growing requirement for more sophisticated care and an increasing number of requests for short-term rather than long-term skilled nursing care. On the cost side, healthcare costs are rising and there is increased competition for gaming proceeds within the Nation. Though the Indian Health Care Improvement Act of 2010 (a part of the Patient Protection and Affordable Care Act) expands the extent of IHS responsibilities to include long-term care, Congress has not provided any appropriation of funds that would ensure the delivery of such services.

TONCA continues to maintain vigilance over current and projected healthcare-related needs. This allows the Board to make informed decisions regarding future services and administrative and funding needs. The current issues with which TONCA must contend include the changing healthcare landscape, the needs associated with physical infrastructure construction and maintenance, the recruitment of qualified staff, and funding for ongoing operations.

The Changing Healthcare Landscape

The incidence of chronic health conditions continues to rise, which results in elders needing longer and more intensive care. Given this trend, the roles of skilled nursing and assisted living are expected to change. As an alternative to hospital stays, skilled nursing facilities will be handling the "sickest" elders, and assisted living facilities will function more like current skilled nursing facilities. In addition to the modification of facility roles, there is a growing national trend in elder care called "Aging in Place" which, on the Reservation, will require better collaboration among the Nation's departments and tribal enterprises, as well as with private entities and the state and federal governments.

The practice of "Aging in Place" means that an elder lives and ages in a location that he or she prefers.

Rather than requiring an elder to seek necessary care and services at various locations away from home, services are made available at or near the elder's home. The keys to an effective Aging in Place model are a viable transportation system and the provision of in-home services. The lack of viable transportation options on the Tohono O'odham Reservation produces significant obstacles for transitioning to the Aging in Place model. In order to successfully transition to an Aging in Place model, the healthcare providers on the Reservation, including TONCA, must sustain and expand their emerging healthcare network. The maintenance and further development of this healthcare network is a critical step toward breaking down the various barriers that impede the transition to the Aging in Place model and to creating an infrastructure of care.

Physical Infrastructure

To provide quality healthcare, TONCA also must maintain and renovate existing buildings and plan for and construct new facilities to meet changing needs. TONCA's Skilled Nursing Facility was constructed fifteen years ago and had an institutional appearance. It was not only designed without considering the needs of the residents' family and friends, but also proved inadequate for person/resident-centered care, a current approach to long-term care. In 2012, TONCA completed a substantial renovation of the Skilled Nursing Facility to better meet the needs of its residents, changes that coincided with the construction of the Assisted Living Facility.

TONCA continues to face the challenge of finding funds to complete the remaining assisted living buildings in its master plan and to expand its wastewater

Figure 7: Photo courtesy of John Rae / NYC.

system, which with current construction, is near maximum capacity. Partnership with the Nation's housing authority on a regional wastewater facility, which TONCA is seeking, would meet TONCA's needs and those of a proposed neighboring housing project.

Staffing

The location of TONCA's facilities, about 100 miles from the urban centers of Tucson and Phoenix, continues to be a challenge in hiring and retaining professional staff. As noted, TONCA's responses

included the construction of employee housing and a partnership with TOCC to train caregivers for the new Assisted Living Facility and for positions elsewhere in the Nation. It also entered into mentorship agreements to provide support and further training for O'odham employees and provided opportunities for O'odham employees to seek education and training that would allow for advancement within the organization.

For example, after training and testing, the dietary manager of the Skilled Nursing Facility advanced to the position of Manager of the Assisted Living Facility. To ease her transition to this new role, the Administrator of the Skilled Nursing Facility mentors her. Likewise, an O'odham social worker advanced to the position of Administrator-in-Training at the Skilled Nursing Facility. Once he passes the state and national exams, he will spend a year as the Assistant Administrator, which qualifies him to be considered for the Administrator position.

Financial Resources

Funding is an ever-present concern for any organization or program. TONCA continually looks for ways to secure the financial resources that keep its programs running. Its primary source of funding is an annual allocation from the Tohono O'odham Nation. TONCA successfully modified the funding cycle so that every five years, the Nation agrees on an annual funding level, which then is provided in a single lump sum prior to the start of each fiscal year. Currently, TONCA is in the fourth year of a five-year cycle, and it has started the process of seeking support for the next five-year period. Before making this request, however, the TONCA Board will make presentations and seek support from the District Councils of each of the twelve districts of the Nation. The larger districts often require Board members to visit each community in the district before taking action. For a seven-person Board, the coordination task and the travel requirements for gaining community and District Council buy-in are substantial.

As a fiduciary of its owner, the Tohono O'odham Nation, the TONCA Board seeks to demonstrate that its resources are spent intelligently, with an eye toward amplifying benefit while keeping costs down. To do this, TONCA maximizes its third party reimbursements from AHCCCS, Medicare, and private insurance with an effective medical billing component. It also plans for the vagaries of changes in federal and private reimbursement programs by maintaining a reserve of Board-directed funds for uses such as capital improvements, risk management, building replacement, level-of-care improvement, and education. These funds are invested with an investment advisor until needed. Finally, in preparation for the
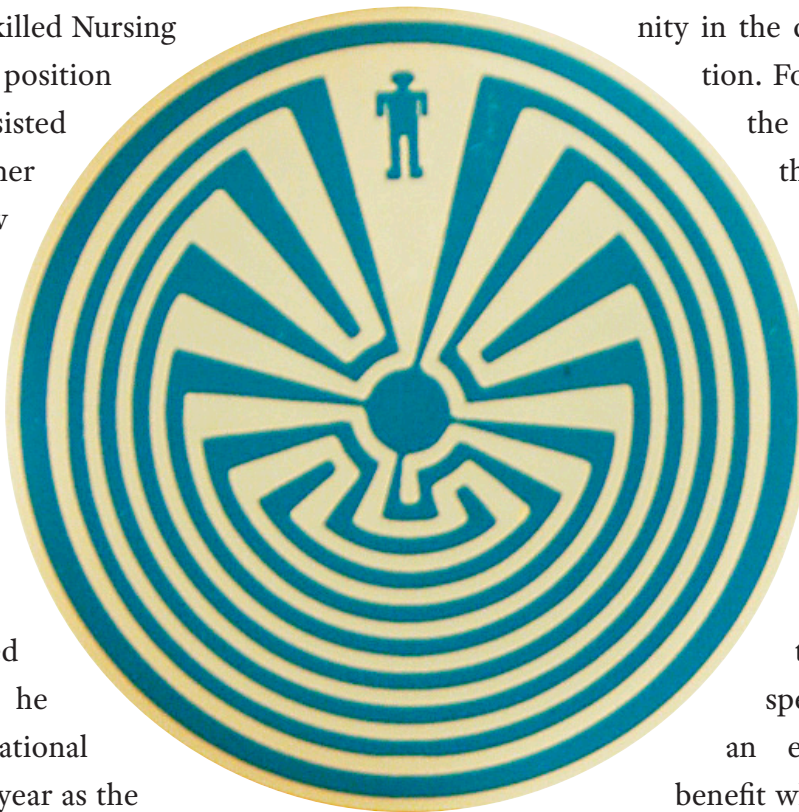
extraordinary event that the Nation ceases its subsidy to TONCA, it has adopted plans for transferring the residents in its care to other facilities.

KEYS TO SUCCESS

TONCA was established to lead the way for the Tohono O'odham Nation in the provision of healthcare and services that "enhance the physical, spiritual, emotional, social, and intellectual qualities of life for aging O'odham and other members of the Nation." While this journey has been beset by challenges, TONCA enacted solutions to overcome them while also remaining alert for new needs. These experiences provide powerful lessons for any organization, tribe, or enterprise that seeks to follow a similar mission.

See the Forest and the Trees

The establishment of TONCA was inspired by a strong desire among the Nation's members to bring home elders living in off-reservation care facilities. Yet, this objective did not embody the full extent of TONCA's mission. By focusing on the big picture, as well as the details, TONCA ensured that its "grand vision" of providing high quality, culturally informed healthcare for the Nation's elders remained the guiding principal for all its work.

Stay Relevant *and* Adaptive

TONCA's founders had the foresight to know that healthcare needs operate in a fluid environment, in which old needs become obsolete and new ones take their place. In healthcare (and perhaps in any field focused on people), evolving regulations, technology, and social expectations require organizations, their policy makers, and their administrators to pay attention to new trends and prepare for their impact. TONCA achieves this through: (1) constantly seeking data on new healthcare and regulatory needs within and outside of the community, (2) analyzing the data to make appropriate plans, and (3) evaluating current programs for effectiveness in meeting goals. These practices ensure that TONCA is able to stay true to its vision while simultaneously addressing on-the-ground needs and community health trends.

Embrace Flexibility

In the pursuit of a mission, many organizations face challenges that require them to re-evaluate the effectiveness of old protocols. This can become a stumbling block for organizations that are hesitant to consider new paths and forgo outdated plans. The flexibility inherent in TONCA's operating culture means that it is able to quickly respond to an issue in order to meet its ultimate objective. For example, instead of stopping at the realization that there were few qualified O'odham candidates for employment in the Skilled Nursing and Assisted Living Facilities, TONCA reached out to the Nation's community college to establish training programs, began an in-house mentoring program, and hired non-O'odham professionals with the understanding that they would ultimately be replaced by O'odham counterparts. Such flexibility allows an organization to take creative, proactive steps to overcome obstacles.

Persist, Persist, Persist

Every community has things that they would like to change, improve, or modify. When faced with challenges that make these dreams difficult to realize, however, some communities withdraw their support. This was not the route taken by the Tohono O'odham community members. They wanted to bring their

elders home to the Reservation to receive care that was culturally appropriate and closer to their families. Although this dream took decades to become a reality, the O'odham members who believed in it never gave up. Advisory committees were formed, plans were made, and when the financial resources were finally available, the Nation was poised to make the necessary steps to get a facility up and running, turn it over to a tribally chartered enterprise, and reap the rewards of their long and diligent efforts.

CONCLUSION

When Tohono O'odham elders can live close to home and are offered excellent and culturally appropriate care, their families are strengthened. Native nations suffer when the older generation is forced to leave the community; their departure interrupts the transfer of knowledge and practices, straining the bonds of family and friends. Today, O'odham elders who are ill, injured, or disabled are no longer forced to leave home or go without medical care. They can receive care or live out their final days surrounded by family, friends, and familiar traditions. With an emphasis on professionalism, high standards, customized care, and a no-compromise attitude toward the fulfillment of its mission, TONCA offers its elders nursing services that are both of the highest quality and culturally relevant. The importance of caring for O'odham elders in the community where they belong is summed up with wisdom by one of the program's guiding principles: "All people deserve to live and die in dignity. Life, death, and dignity are uniquely defined by one's own culture."

Figure 8: Seal of the Tohono O'odham Nation. Image courtesy of the Tohono O'odham Nation.

ACKNOWLEDGEMENTS

HONORING NATIONS BOARD OF GOVERNORS

Chief Oren R. Lyons, *Onondaga*
Chairman of Board of Governors & Chief and Faithkeeper, Onondaga Indian Nation

Sherry Salway Black, *Oglala Lakota*
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Heather Kendall Miller, *Athabascan*
Attorney, Native American Rights Fund

Andrew J. Lee, *Seneca*
Vice President, Northeast Region, Aetna, Inc.

Michael Lipsky
Distinguished Senior Fellow, DĒMOS & Visiting Professor of Public Policy Georgetown Public Policy Institute

Mark Macarro, *Pechanga Band of Luiseño Mission Indians*
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Alfreda Mitre, *Paiute*
Tribal Program Director, US EPA – Region 8 & Former Chairwoman of the Las Vegas Paiute Tribe

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ABOUT THE HARVARD PROJECT ON
AMERICAN INDIAN ECONOMIC DEVELOPMENT

Indian Country is undergoing a remarkable renaissance—by embracing and exercising the inherent sovereignty of Native nations. These nations are being rebuilt, poverty is being pushed back, and cultures are being strengthened as Indian communities take charge of their own destinies. Yet, the road is long and the legacies of denied rights of self determination present unending challenges.

Working with our partner, the University of Arizona's Native Nations Institute, the Harvard Project provides support for the Nation Building renaissance in four core program areas:
- Honoring Nations national awards program
- World-class research
- Senior executive education for Native leaders
- Education on contemporary Indian affairs for policymakers & the general public

HONORING NATIONS

Honoring Nations is the flagship program of the Harvard Project, sharing outstanding examples of tribal governance. Born directly from our work with hundreds of Native nations, its guiding principle holds that, through effective self governance, tribes themselves possess the keys to social, political, cultural, and economic prosperity.

By shining a bright light on success, Honoring Nations helps expand the capacities of Native nation builders by enabling them to learn from each others' successes. Honorees serve as sources of knowledge and inspiration on challenges ranging from constitutional reform law enforcement to environmental protection, economic development, and cultural strengthening.

To date, Honoring Nations represents:
- 118 awarded programs, including three All-Stars, from over 80 Native nations
- Far reaching dissemination of lessons learned from best practices
- Fifteen years of replication in Indian Country and around the world
- A distinguished Board of Governors drawn from across Indian Country

Through their work and vision, honorees are building the foundations for the future of Indian Country. By their dedication accomplishment, they embody the wisdom of a Wet'suet'en Chief—they put "*a new memory in the minds of our children.*"

HARVARD PROJECT SPONSORS

Bush Foundation

The Bush Foundation's mission is to be a catalyst for the courageous leadership necessary to create sustainable solutions to tough public problems and ensure community vitality. Established in 1953 by 3M executive Archibald Bush and his wife, Edyth, the Foundation works in communities across Minnesota, North Dakota, South Dakota and the 23 Native nations that share the same geography. Specific to Native nations, the Foundation is supporting their self-determined nation building strategies.

Arrow Mountain Ranch Family Foundation

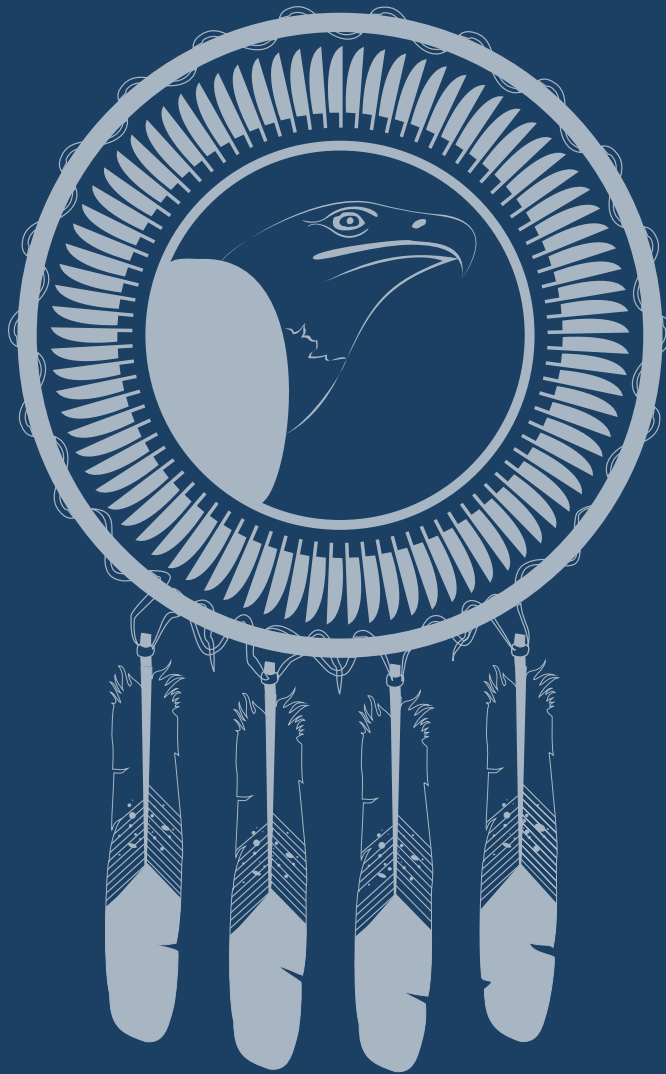**Christian A. Johnson Endeavor Foundation**

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For more information, please contact:
The Harvard Project on American Indian Economic Development
79 John F. Kennedy Street, Cambridge, MA 02138
617-495-1480 | www.hpaied.org

**The Harvard Project on
American Indian Economic Development**
John F. Kennedy School of Government
Harvard University
79 John F. Kennedy Street, Cambridge, MA 02138
www.hpaied.org