

Statement of

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Mr. Chairman and Members of the Committee:

On behalf of the Administration on Aging (AoA), I appreciate this opportunity to discuss the health concerns of Native elders and to provide some information about our programs for American Indian, Alaska Native and Native Hawaiian elders. I commend this Committee's commitment to Native Americans and the support you have shown for aging issues in Indian country.

Josefina Carbonell, the Assistant Secretary for Aging, has identified health promotion and disease prevention, including closing the health disparity gap for minorities, among her priority areas for the Administration on Aging. Our focus is on encouraging Americans of all ages to live healthier lives. Healthy living can prevent diseases and certain disabilities, and it can ensure that today's older persons – as well as future generations – not only live longer, but also better.

The American Indian and Alaska Native population is quite a bit younger than the general U.S. population. According to the 2000 Census, only 12 percent of the Native population is age 55 and older, compared to over 20 percent for the general population. The life expectancy of American Indians and Alaska Natives at birth continues to be lower than that of other ethnic groups. By age 55, American Indian and Alaska Native life expectancy improves to be slightly higher than African-Americans but lower than Caucasians. Thus, it is important for us to focus on healthy living throughout the life span.

Great strides have been made in improving the health status of American Indians and Alaska Natives. Advancements in medical science have improved the diagnosis and treatment of many diseases, thus preventing premature disability and death. Chronic diseases now rank among the leading

causes of death. Cardiovascular disease is the leading cause of death for all populations in the United States, including American Indians and Alaska Natives. Available data indicate a great deal of variation in the death rates from cardiovascular diseases among the various American Indian Tribes. While the national death rate from cardiovascular disease for American Indians and Alaska Natives in 1996-1998 was 232 per 100,000 population, the rate varied from highs of 560 in Michigan and 570 in South Dakota to lows of 240 in New Mexico and 153 in California. Researchers suggest that American Indians appear to have increasing rates of cardiovascular diseases, most likely due to the high prevalence of diabetes.

Some American Indian Tribes have the highest rates of diabetes in the world. Nationwide, the prevalence of diagnosed diabetes among American Indians and Alaska Natives age 65 and over, is 21.5 percent. This is nearly double the rate of 11 percent for the non-Hispanic white population, age 65 and over. In some Tribes, notably the Pima Indians of Arizona, half the adults have diabetes.

Diabetes complications, especially end-stage renal disease and lower-extremity amputations are major causes of morbidity and mortality among older Indians. Diet, sedentary lifestyle and obesity are modifiable risk factors for the development of diabetes and its complications. AoA is working both within and outside the Department to help prevent, reduce or control diabetes and its complications. We are working with the Indian Health Service, Tribal health and social service departments, and universities to assist local elders programs in developing programs and services for preventing or controlling diabetes. For example, we are facilitating interactions between staff at Utah State University and Tribes in Utah and the Northwest for gathering native foods. The university is determining the nutrient content of the foods, including the glycemic index which is a measure of how the food raises the

blood glucose level. They will then will work with the elders program staff to incorporate these foods into the meals served to the elders.

Now I would like to talk specifically about title VI of the Older Americans Act. AoA annually awards grants to provide supportive and nutrition services for American Indian, Alaska Native and Native Hawaiian elders. The title VI program has been funding services in Indian communities throughout the country for the last 22 years. In 1980, the first grants were provided to 85 Tribes serving a population of just under 20,000 elders. We now fund 236 grants to Indian Tribes and Alaska Native organizations representing over 300 Tribes, and 2 grants to Native Hawaiian organizations. These programs provide services to nearly 100,000 Native elders.

As the number of elders has increased, their needs have also grown. Today programs provide a wide range of services, including congregate and home-delivered meals, transportation to meal sites, doctor's appointments, wellness programs, home-health services, adult-day care, and family caregiver support, just to name a few. Program performance data from the year 2000 indicate that over 1.7 million home-delivered meals and over 1.3 million congregate meals were provided to elders. Additionally, nearly a million units of individual and family support services, such as homemaker and chore, were provided to elders and their families. More than 700,000 units of information and assistance on issues dealing with Social Security, food stamps, commodity foods and other topics were provided. These services are permitting American Indian, Alaska Native, and Native Hawaiian elders to remain in their homes and communities for as long as possible.

Some elders programs receive substantial Tribal funds and have been able to greatly expand

their services. Tribal dollars are complementary and are critical to the expansion of services. For example, the Mississippi Band of Choctaw Indians has just opened a new senior activities center that includes a walking trail and fitness room. The Chickasaw Tribe is building a community swimming pool adjacent to the senior center so their elders will have ready access to it for their wellness program.

Another example is the Rosebud Sioux Tribe's expansion of their nutrition program to include providing breakfast for elders with diabetes. This program began as a pilot program with minimal funding from AoA, but has been so successful in helping the elders maintain good glucose control that the Tribe has continued to fund it.

In addition to our programs that directly assist the elderly, AoA now assists those who care for the elderly and those with disabilities. Our new program, the Native American Family Caregiver Support Program, was funded for the first time this past year. We are excited about this new program since it provides support to the caregivers of elders who are chronically ill or have disabilities. On April 1, 2002, we awarded Native American Caregiver Support Grants to 177 Tribes. The grants will allow Tribes to provide respite, information and assistance, training, and counseling to family caregivers struggling to care for family members. This is a critical issue for American Indian families. We know that an increasing number of elders need assistance and most prefer to remain in their homes and communities among familiar surroundings.

Another new program for the Tribes is disaster assistance. The 2000 amendments to the Older Americans Act allowed AoA to provide disaster assistance directly to the Tribes. We are currently working with other agencies in the Department to provide some assistance to the White Mountain Apache Tribe in Arizona.

In order to assist the Tribes in developing home and community-based services for their elders, AoA has awarded two cooperative agreement grants to National Resource Centers for Older Indians, Alaska Natives and Native Hawaiians (Resource Centers) -- one at the University of Colorado and one at the University of North Dakota. The Resource Centers are the focal points for developing and sharing technical information and expertise to Tribes and Indian organizations, title VI grantees, Native American communities, educational institutions and professionals and paraprofessionals. AoA and the Resource Centers collaborated on a study to identify the extent to which home and community-based long-term care programs and resources are available in Indian communities. The conclusion drawn from this survey of 108 Federally recognized Tribes nationwide was that there is a wide disparity between the need for home and community-based services by Indian communities and the availability of these services. While emergency and acute primary health care is usually met, the study found that other services such as mental health, home health, homemaker/personal care, home maintenance, transportation and outreach are only moderately met. Services such as adult day care, respite care, assisted living and short-term rehabilitation services are unmet needs.

One of the keys to successful programs is for local planners and program staff to develop flexible programs to meet the needs of their community. While title VI requires nutrition and information and assistance services, other supportive services may be provided, based upon the Tribe's evaluation of the need.

Although a needs assessment may be conducted in a manner deemed best by the Tribe,

over the years AoA has been repeatedly requested by our grantees to provide assistance. We asked our National Resource Center on Native American Aging at the University of North Dakota to develop a needs assessment tool for the Tribes to use. They developed a standardized survey instrument and data collection procedures for conducting local needs assessments that provides each Tribe with an accurate picture of the status of the local elders. The survey instrument contains several health and social variables important to elder services, including general health status, indicators of chronic disease, and measures of disability.

Participation in using the needs assessment is voluntary. Those Tribes participating receive the instrument, assistance with sampling, and training on data collection from the Native American Resource Center. Since this is funded through our grant to the center, there is no charge to the Tribe for this service. We are pleased to report that some 83 Tribes chose to use the needs assessment this past year and look forward to the presentation of the data collected.

Although Mr. Allery will discuss the results of the needs assessment in detail, I would like to highlight some of the data that are particularly noteworthy in relation to developing home and community-based services and health promotion programs:

- Nearly 30 percent of Indian elders live alone.
- A greater percentage of Indian elders consider their health to be fair or poor (48%) than elders in the general population (34%).
- Many more Indian elders are overweight or obese (75%) than their non-Indian counterparts (53%). Indian elders may be less aware of their overweight status since 44% considered their weight to be “about right.”

- When asked “if at some point in your life you become unable to meet your own needs,” most Indian elders (70%) indicated they would be willing to go to an assisted living facility. Only 18% of the elders indicated they would be willing to use a nursing home.

The feedback we have received from the Tribes using the needs assessment has been very positive. They are happy to have the data but are now requesting additional assistance in interpreting the data and in using the information both in program planning and in writing other grants. We are working with Mr. Allery and his staff in order to provide this additional assistance.

Mr. Chairman, we are very proud that the AoA is able to provide services and assistance to American Indian, Alaska Native and Native Hawaiian elders and their families. We are committed to working with you and your colleagues to improve the quality of life in Indian country in the years ahead.

Thank you and I am happy to respond to any questions you have.