

1996

## ACCIP reports, 8 of 10: ACCIP report on the education of California Indians.

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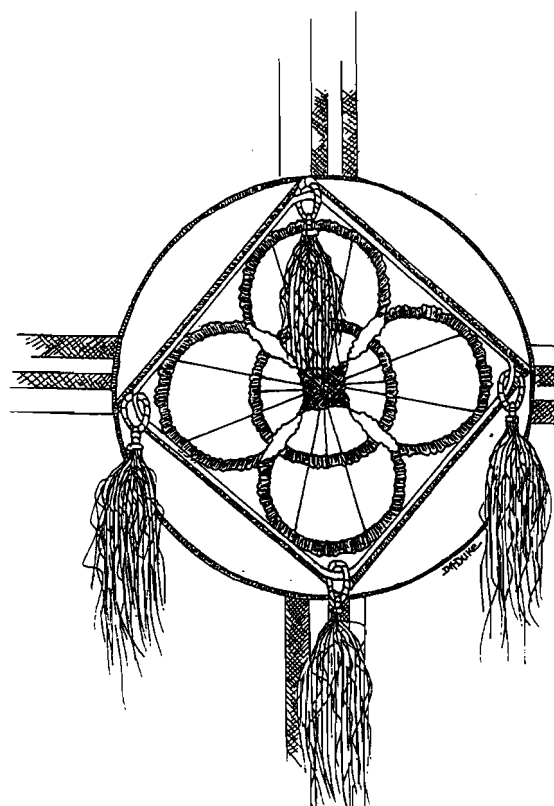
IHS elder health care initiative: March 1996. University of New Mexico, New Mexico Geriatric Education Center, Albuquerque, New Mexico. 1996

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1994

**IHS**  
**ELDER HEALTH CARE**  
**INITIATIVE**

**MARCH 1996**



**PATRICIA SMITH**



## NEW MEXICO GERIATRIC EDUCATION CENTER

American Indian elders encounter numerous barriers in accessing suitable health care. The New Mexico Geriatric Education Center (NMGEC) will improve the delivery of health care to American Indian elders through the development of culturally sensitive faculty, curriculum, and training. Building on substantial accomplishments of a previously funded GEC, the NMGEC will focus its new efforts on the health of New Mexico's American Indian elders. The NMGEC will be organized around four objectives:

- Objective 1: To establish a statewide consortium comprised of three educational institutions, two health care delivery networks, and an Indian advocacy organization for the purpose of building an integrated system for the education and training of health professionals who deliver care to New Mexico's American Indian elders.
- Objective 2: To continue the process of geriatric faculty and curriculum development within the University of New Mexico School of Medicine, College of Nursing, College of Pharmacy, and in the Schools of Social Work at New Mexico State University (NMSU) and New Mexico Highlands University (NMHU), emphasizing culturally sensitive and interdisciplinary approaches.
- Objective 3: To provide continuing education courses in geriatric health care for Indian elders to service providers responsible for providing care to this population, using the existing Indian Health Service, Tribal Provider, and Urban Provider (I/T/U) infrastructure.
- Objective 4: To link with other GECs, the two National Resource Centers for Older Indians (AoA-funded), and Area Health Education Centers (AHECs) in order to take advantage of their expertise in geriatrics for minority populations, and to disseminate Indian-specific curriculum and delivery models developed by the NMGEC.

A state-wide Consortium comprised of the University of New Mexico, New Mexico State University, New Mexico Highlands University, National Indian Council on Aging, Indian Health Service, and Sisters of Charity Health Care Systems will integrate their efforts toward improved health care delivery to Indian elders. All clinical facilities of the UNM Health Sciences Center will be used by the NMGEC, as well as the facilities of the Albuquerque Area Indian Health service. Major outcomes of the NMGEC will be (1) new culturally sensitive curriculum in Medicine, Pharmacy, Nursing, and Social Work; (2) newly educated and sensitized faculty regarding the delivery of culturally sensitive health care to American Indian elders; (3) a corps of trained service providers who are competent to deliver health care to Indian elders; (4) two state-of-the-art videotapes on the subjects of culturally sensitive and interdisciplinary health care delivery to Indian elders; and (5) a national network of GECs, AHECs, and other national centers with access to culturally sensitive curriculum and training models developed by the NMGEC.

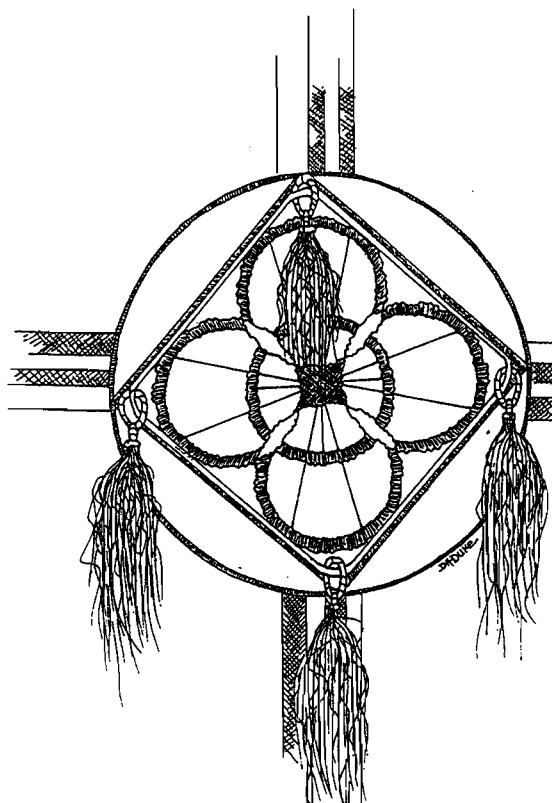
For more information contact:  
New Mexico Geriatric Education Center  
University of New Mexico Center on Aging  
1836 Lomas Blvd. NE  
Albuquerque, New Mexico 87131-6086  
505/277-0911  
Jane A. Ketchin, Manager



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Jane A. Ketchin, Manager





INDIAN HEALTH SERVICE  
ELDER HEALTH CARE INITIATIVE  
FOCUS GROUP MEETING  
MARCH 13-14, 1996  
Albuquerque, New Mexico

UNIFORM CC: SERVICE DRESS BLUE  
SERVICE DRESS BLUE SWEATER

**MARCH 13**

|           |                                                                                |                                 |
|-----------|--------------------------------------------------------------------------------|---------------------------------|
| 0800      | Welcome/Introductions<br>HX Elder Care Initiative<br>Objectives 2 day workshop | Louise Kiger                    |
| 0815-0830 | National Indian Council on Aging                                               | Dave Baldridge                  |
| 0830-0845 | NM Indian Council on Aging                                                     | John Aquino                     |
| 0845-1015 | Current Efforts                                                                | Area Contact<br>Disciplines     |
| 1015-1030 | BREAK                                                                          |                                 |
| 1030-1130 | HQ Elder Care Initiative Efforts                                               | Pat Stenger                     |
| 1130-1300 | Lunch on Your Own                                                              |                                 |
| 1300-1400 | Legislation/Aging Organizations                                                | Ron Freeman                     |
| 1400-1500 | Elder Care Delivery (Panel)<br>Phoenix Elders Committee<br>Zuni Experience     | Wayne Mitchell<br>Linda Terrell |
| 1500-1530 | BREAK                                                                          |                                 |
| 1530-1600 | NM Geriatric Ed. Center<br>HRSA Grant                                          | J. Ketchin                      |
| 1600-1700 | Discussion/Questions                                                           |                                 |

**MARCH 14**

|           |                                                 |  |
|-----------|-------------------------------------------------|--|
| 0730-0800 | Movie: Legacy-America's Indian Elders           |  |
| 0800-0830 | Movie: "Our Elders Speak"                       |  |
| 0830-1030 | Elder Issues/Needs from Area/SU<br>Perspectives |  |
| 1030-1130 | Group Reports                                   |  |
| 1130-1300 | Lunch on your own                               |  |
| 1300-1530 | Where Do We Go From Here? Draft Action Plan     |  |
| 1530-1600 | Wrap-up                                         |  |



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## **ELDER HEALTH CARE INITIATIVE FOCUS GROUP**

### **AREA CONTACTS:**

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11. POR-CLARK MARQUART, MD-503-326-2020
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### **SPECIFIC DISCIPLINES**

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2. HEALTH ED-DONNA LENO-301-443-1870
3. NURSING-LINDA TERRELL-505-782-4431\*\*\*FAX 505-782-5723
4. NUTRITION-ELLIE ZEPHIER-605-226-7456
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6. SUBSTANCE AB-TIM WHITEHORSE-505-837-4121
7. SOCIAL WORK-ANDERSON TSO-520-674-7011\*\*\*FAX 520-674-7008
8. URBAN-DONNA DANTE-602-254-0456\*\*\*FAX 602-254-2488

\*\*\* NO E-MAIL



## OTHER ELDER HEALTH CARE INITIATIVE RESOURCES

1. ASSESSMENT-G MAXSTED
2. BIOSTATS-T D'ANGELO
3. CHRONIC DIS-D GOHDES
4. CHS-N DAVIS
5. CSC- J SAARI
6. DATA-W WOOD/C MASIS
7. DENTAL-M WINKLER
8. DISABILITIES-G TOUBEH
9. EPI-J CHEEK/N COBB
10. GER NURSING-L TERRELL
11. HEALTH PLAN-N ROGERS
12. HEALTH SERV-S GRIFFITH
13. MH- S NELSON/P CROSS
14. OEH-R SMITH
15. PSYCH-M BIERNOFF  
M RUSSELL
16. RDP\*-W FREEMAN
17. STAFF ORGAN-G FOLEY
18. SUDs-HICKORY STAR
19. SW-M A O'NEAL
20. TCAP\*\*/HCA-JT GARRETT

\*RESEARCH DEVELOPMENT  
PROGRAM

\*\*TRADITIONAL CULTURAL  
ADVOCACY PROGRAM

## **BIOGRAPHIES**

David Barrett received his M.D. degree from Columbia University in 1971. His residence training was in Internal Medicine at the University of Washington, Seattle from 1971-1974. "I arrived in Alaska in 1973 as a newly commissioned officer to work as Deputy Director of Alaska Activities Laboratory of the CDC in Anchorage. Two years of medical epidemiology convinced me that my career interest were in clinical practice. I returned to Seattle to complete my internal medicine residency and arranged to come back to Alaska in 1976 as a staff internist at the Alaska Native Medical Center. I have been at ANMC ever since. In 1987, I became Chief of Medicine. My interest in geriatric medicine was assisted by preparation for geriatric certification offered by the American Board of Internal Medicine. I was examined and certified in 1990. I was a community board member of a local nursing home from 1989-1995, and have advocated for increased geriatric services provided by ANMC and by tribal contractors in Alaska. I served a stint as Medical Director of ANMC (Clinical Director) from 1991-1995 and was able to assist ANMC achieve accreditation with commendation by the JCAHO in 1994. I returned to Internal Medicine in 1995 and was again selected to be Chief of Medicine in 1996. Most of my time is directed to full time clinical care of patients, but I am also Chairman of the Alaska Area IRB as well as perform numerous Chief of Service Administrative duties."

Ron Freeman is a member of the Muskogee (Creek) Tribe of Oklahoma, and his education includes undergraduate majors in business administration and biology, a Masters of Public Health in Hospital Administration from the University of California, and is currently a doctoral candidate in Health Services Research/gerontology at Arizona State University. As a Commissioned Officer, U.S. Public Health Service, assigned to the Indian Health Service (IHS), Captain Freeman has had varied professional work experience, including assignments with the Mississippi Band of Choctaw Indians, Choctaw Health Center; nine years as a Service Unit Director at Ft. Yuma and San Carlos; six years as Director, Division of Health Care Administration and Contract Health Service, IHS; and is currently serving as Senior Public Health Advisor, Office of Health Programs, IHS.

F. Louise Kiger is a registered nurse with over 35 years of experience in the U.S. Navy, Indian Health Service and the private sector. She has a BSN from the University of New Mexico and Masters of Nursing from the University of Washington. Indian Health Service assignments include Santa Fe Service Unit, Albuquerque Area Office and currently serves as Chief Nurse/Director, Division of Nursing. Ms. Kiger is a Vietnam Veteran. In October 1995, Dr. Trujillo asked her to coordinate the Elder Care Initiative to explore avenues to provide improved care to Indian elders. She is a member of Sigma Theta Tau (National Nursing Honorary Society), National Indian Nurses Association, and the New Mexico Indian Nurses Association. She is a member of the Santa Clara Pueblo.

Wayne Mitchell is the Social Service Program Director for the Phoenix Area IHS. He has lived and worked in Phoenix, Arizona for 27 years. Wayne has a bachelor's degree for the University of Redlands, California, and an MSW and doctorate from Arizona State University, Tempe, Arizona. He is the author of several journal articles and has edited two books. He is the current chair of the elders committee of the Phoenix Area IHS and a member of the National Indian Council on Aging. He is of Mandan and Sioux descent.

Anderson Tso is a full-blooded Navajo, originally from Chinle, Arizona. He received his BS in Social Work in 1979 from Utah State University, and a MSW from the University of Utah, Salt Lake City in 1981. He has been employed as Child Protection Services Worker in Blanding, Utah, and currently is a Medical Social Worker for IHS in Chinle where he provides direct services to patients of all ages including individual and family counseling, child abuse and neglect investigation, family facilitation, discharge planning and case management. He also provides consultation for the hospital staff on the Navajo culture.

Patrick W. Stenger, D.O. is a U.S. Army and Vietnam veteran. A University of Texas at Austin graduate in 1973 ( B.A. in Biology), he then attended the Texas College of Osteopathic Medicine in Fort Worth, Texas, graduating with the Doctor of Osteopathy degree in 1977. Dr. Stenger completed a year rotating internship at Zeiger-Botsford Hospitals in Farmington Hills, Michigan. He joined the U.S. Public Health Service in August 1978 and has been with the Indian Health Service continuously since then. Dr. Stenger became certified in 1988 by the American Osteopathic Board of General Practice ( now named the American Osteopathic Board of Family Medicine). He completed a mini-residency in Rheumatology at the University of New Mexico and a three year fellowship in Geriatric Medicine at the University of Cincinnati. In January 1996 Dr. Stenger was awarded a Certificate of Added Qualification in Geriatric Medicine by the American Osteopathic Board of Family Medicine. Currently he is assigned to IHS Headquarters, detailed to the Office of Health Programs as part of the Elder Health Care Initiative.

Linda Terrell joined Zuni Service Unit in 1994 as a Supervisory Clinical Nurse. She has a varied background including Surgical Intensive Care, Medical Intensive Care and Medical-Surgical with the last 9 years as a Head Nurse/Supervisor. She received her Master of Science in Nursing focusing as a Clinical Nurse Specialist in Gerontology at the University of Oklahoma. Her current elder care activities include Senior Companion, Meals-on-wheels, weekly exercises at the Wellness Center, social activities at the Senior Center, yearly Flu, Pneumovax and Tetanus clinics with the CHRs, and a monthly Geriatrics assessment clinic at Zuni Hospital.

Elenora Zephier received her BS in Food and Nutrition in 1982 from Colorado State University, and her MPH in Nutrition in 1985 from the University of Minnesota. Ms. Zephier has previously been a Research Assistant at CSU for the American Indian Food and Nutrition Policy Project and a Project Research Assistant for the WIC Program in Minneapolis. Prior to her current assignment, she was a Public Health Nutritionist at the Pine Ridge IHS Hospital, Pine Ridge, SD. Currently she is the Chief, Nutrition and Dietetics Branch, Aberdeen Area Indian Health Service, and is the Principle Investigator on the Strong Heart Dietary Survey Study in South Dakota and Oklahoma.



David Daniels MD is a Family Physician in Toppenish, Washington. He has served in the IHS in Bethel, Alaska, and in Keams Canyon, Arizona. He has also worked three years at a community health center in rural South Carolina with a nursing home on the campus and a senior housing complex across the street. Dr. Daniels attends patients in two private nursing homes in the Yakima Valley and admits to the private hospital in Toppenish. His interests include cultural sensitivity in presenting and executing advance directives and he's previously written the policy on that issue for Keams Canyon to serve both Hopi and Navajo Indians.

Steven Scheuermann, RN, MPH. In the profession of nursing for twenty six (26) years, receiving my BSN from University of Wisconsin, Oshkosh and MPH from the University of Texas School of Public Health, Houston. Twenty four (24) years have been in public health in a variety of positions and locations. Have been in the Indian Health Service for nineteen (19) years as a staff PHN, PHN director and PHN consultant. Prior experience with elder programs and activities were integrated within a generalized public health nursing program. Attended Dakota Plains Geriatric Education Center fellowship program in 1989-90.

Denise La Pointe received her BA in 1986 in Psychology from California State University, Sacramento (CSUS). She was a substance abuse counselor for 10 years and has done research at Tourquoise Lodge in color therapy, relaxation, creative imagery, behavior modification and parenting. Ms. La Pointe received her Masters in Social Work in 1990 from CSUS. During her internship she was an assistant Lobbyist and a city Program Planner and group facilitator. That experience helped her track both Federal and State laws and legislation for California tribes in the area of substance abuse, child abuse, domestic violence, the Indian Child Welfare Act and elder abuse and other issues. She has also worked with Child Protective Services, and as a County Mental Health Child Therapist. Currently she is one of the Area consultants for Substance Abuse & Mental Health and Headstart, a consultant for child abuse, treatment and foster care, the Indian Child Welfare Act, domestic violence and family preservation.

Lisa Tonrey received her BS in 1980 from Rutgers University, College of Pharmacy, and her Masters of Health Administration in 1995 from Chapman University. She is directly involved in strategic planning and program implementation for the Albuq Service Unit Pharmacy Dept and Area Pharmacy issues, and has recently developed a pharmacist clinician training program. Ms. Tonrey is also involved in disease state management protocol developments. Prior to her coming to IHS she worked as a pharmacist consultant at a nursing home, and trained staff in areas of legal requirements. She currently serves the pueblos of the Albuq Service Unit and is involved regularly with a "brown bag" service and prepares medications in pill boxes or monthly prepacks to expedite better compliance, and to reduce confusion. She also speaks in the pueblos to elders on poison prevention.



Timothy Taylor is a member of the Kiowa Tribe of Oklahoma. He received his BA in 1973 in English and Political Science from the University of Washington, Seattle, his MPH in 1977 in Health Administration from the University of Oklahoma Health Sciences Center, Oklahoma City, and a PhD in Public Health in 1984 from the same institution. He currently is a Health Researcher for IHS with the Alcohol/Substance Abuse Program Branch, and an Adjunct Assistant Professor in the College of Education, Health Education Program and Adjunct Clinical Assistant Professor in the Department of Family and Community Medicine, University of New Mexico.

Charles Hays, MD, MPH, MS is presently Medical Epidemiologist, Oklahoma City Area Indian Health Service and Visiting Associate Professor of Biostatistics and Epidemiology, University of Oklahoma College of Public Health (1992- present). He previously was Medical Officer with the Division of the Control of Tropical Diseases, World Health Organization Geneva, Switzerland (1985-1992), State Epidemiologist and Director, Bureau of Epidemiology and Disease Prevention, Commonwealth of Pennsylvania (1982-1985), and Associate Professor of Family and Community Medicine, University of Massachusetts Medical School, (1973-1982). His present activities relating to the elderly include: Member of the Core Faculty of the Oklahoma Geriatric Education Center at the Oklahoma University Health Sciences Center. In this capacity he has been involved with the development of the grant application for the Red Earth Gerontology Scholars Program (which received funding for three years). As part of this activity he has been involved in the development and review of educational modules for use in this program.

Donna C. Leno, a member of the Navajo Nation, began her career with the Indian Health Service (IHS), an agency of the U.S. Public Health Service, within the Department of Health and Human Services, in 1984 as the Navajo Area Public Health Educator, Chinle, Arizona. She was promoted in 1988 to Portland Area IHS Health Education Branch Chief, Portland, Ore., and in 1990, transferred to the IHS Headquarters in Rockville, Md., assuming the duties and responsibilities of Chief, Health Education of the IHS. Ms. Leno is responsible for the coordination of activities in public health education and health promotion. The Health Education Program delivers comprehensive, high quality programs in community health education, comprehensive school health education, worksite health promotion and patient education. After receiving her bachelor of arts degree in biology from Whittier College, Whittier, California, Ms. Leno attended the University of Hawaii School of Public Health, Honolulu, Hawaii, and earned a master of public health degree. In 1991, she was certified in Health Education by the National Commission on the Credentialing of Health Education.









## **ELDER CARE FOCUS GROUP MEETING OBJECTIVES**

At the end of the two day meeting the participants will meet the following objectives:

1. Gain information on the IHS Elder Health Care Initiative.
2. Gain networking information on elder care issues, services, and resources in IHS, tribal, governmental and non-governmental agencies.
3. Gain knowledge and beginning tools to develop elder care programs/services at the local level.
4. Sketch/recommend an Elder Health Care Program action plan Indian country wide.







# **NATIONAL INDIAN COUNCIL ON AGING**

**EXECUTIVE DIRECTOR: DAVE BALDRIDGE**  
6400 Uptown Blvd., NE  
City Centre 510-W  
Albuquerque, NM 87110  
505-888-3302

See next page for description of activities.

**NOTES:**





# National Indian Council on Aging

## Activities

Funded primarily by competitive federal grants, NICOA represents elders from all the nation's federally recognized tribes. NICOA is not funded by individual tribes and does not pursue special relationships with them.

The organization, as one of ten national contractors for the Senior Community Services Employment Training Program (title V of the Older Americans Act), administers several hundred on-the-job training positions for elders in various states. At its 1992 White House Conference on Indian Aging, NICOA developed a National Indian Aging Agenda for the Future. The highly-acclaimed document will serve as a centerpiece for Indian elder advocacy for several years to come.

NICOA is a recognized authority on issues of demographics, quality of life, and public policy issues pertaining to American Indian and Alaskan Native elders. The organization frequently presents expert testimony before the U.S. Congress, and has been actively involved in reauthorizations of the Older Americans Act.

NICOA works comfortably within the National Aging Network. And its tribal, organizational, and political contacts within Indian Country provide an effective channel for the flow of information.

## History

National attention was first drawn to the plight of American Indian elders when the 1971 White House Conference on Aging included a special Indian Concerns session. Indian delegates from throughout the nation attended, identifying elder issues and making recommendations for improving their well-being.

Although the recommendations were included in the conference report, no immediate action resulted. However, Indian advocates continued to revive the 1971 conference issues, and in 1975, tribal delegates from Arizona, Nevada, and Utah met to plan the first National Indian Conference on Aging.

Funded by the federal Administration on Aging, the 1976 conference drew 1,500 members of 171 tribes to define unmet needs and recommend remedial action.

One recommendation, implemented immediately, was the establishment of a National Indian Task Force on Aging. The 35 elected task force members incorporated as the National Indian Council on Aging, submitting a grant application to the Administration on Aging (AoA) for operational funding.

With an approved AoA grant, NICOA began its advocacy efforts on behalf of American Indian and Alaska Native elders.

## National Indian Council on Aging



6400 UPTOWN BLVD., NE CITY CENTRE 510-W  
ALBUQUERQUE, NEW MEXICO 87110  
PHONE 505/888-3302 FAX 505/888-3276

# National Indian Council on Aging

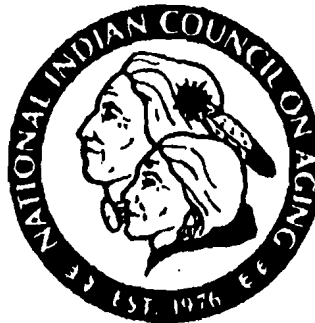
## Who We Are

Since it was founded in 1976, the National Indian Council on Aging, Inc., has operated from its national headquarters in Albuquerque, N.M. Widely recognized by its acronym (NICOA), the organization continues in the 1990s as the nation's foremost non-profit advocate for American Indian/Alaska Native elders.

A 501(c)3 non-profit organization, NICOA employs more than a dozen full-time staffers, operating satellite offices in Phoenix, Ariz., Oklahoma City and Tulsa, Okla. Additional expansion is imminent.

NICOA is governed by a 13-member board of directors—all Indian elders—representing each of the nation's 12 federal Bureau of Indian Affairs (BIA) regions, plus a representative of the National Association of Title VI Grantees. Board members serve two-year terms, meeting semi-annually or annually to conduct business formally.

NICOA voting membership consists of American Indian/Alaska Native elders (age 55 and over); non-voting associate members include non-elder Indians and non-Indians of all ages; and organizational memberships are open to both for-profit and non-profit groups.



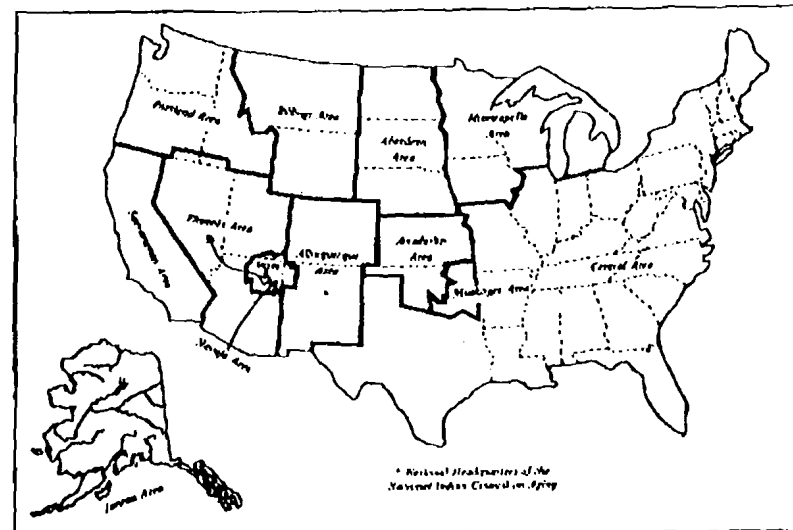
## Mission

NICOA is committed to bringing about improved, comprehensive services to American Indian and Alaska Native elders. Specific objectives are based on recommendations formulated at the 1976 and 1978 National Indian Conferences on Aging.

These objectives range from disseminating information to federal advocacy to establishing and maintaining productive relationships within the National Aging Network.

## Objectives

1. Communication and cooperation with service provider agencies and advocacy organizations in the aging network.
2. Dissemination of information on available resources to the national Indian community.
3. Intercession with appropriate agencies, as necessary, to ensure access to these resources.
4. Provision of information and expert testimony requested by Congress.
5. Acting as a national clearinghouse for issues affecting AI/AN elders.



## Advocating for Native American Elders

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*Dave Baldrige, Executive Director, National Indian Council on Aging, Inc., Albuquerque, New Mexico.*

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### **The National Indian Council on Aging**

Founded by a group of tribal chairmen in 1976, the non-profit National Indian Council on Aging (NICOA) has served as the nation's foremost advocate for American Indian and Alaskan Native elders since that time. The organization is governed by a 13-member Board of Directors representing each of the nation's 12 Federal Bureau of Indian Affairs (BIA) regions and the National Association of Title VI\* Grantees.

For 16 years, NICOA has provided leadership and effective advocacy in the field of Indian aging. The organization has been actively involved in public policy and research efforts on federal, state, and local levels. NICOA's publications on a wide variety of Indian aging issues have been widely distributed and cited.

NICOA is a recognized authority on demographics, quality of life, and public policy issues pertaining to American Indian and Alaskan Native elders. The organization has presented expert testimony before Congressional sub-

committees on many occasions, and has been actively involved in several reauthorizations of the Older Americans Act.

NICOA currently operates three federal grants. One of these involves the administration of a \$2 million Department of Labor program employing elders in Oklahoma, Arizona, and New Mexico (this grant will be increased to \$5 million July 1, 1993). Another project is designed to increase urban elders' enrollment in Supplemental Security Income and other entitlement programs. It follows a successful two-year initiative in which NICOA, targeting more than a dozen reservations, increased elder's enrollment in Supplementary Security Income and other entitlement programs by nearly 40 percent.

### **A National Indian Aging Agenda**

Perhaps NICOA's key achievement of the past two years has been the development of a National Indian Aging Agenda for the Future. Working under a grant from the Administration on Aging, NICOA approached this ambitious objective with substantial concern.

Difficult questions would need answers. What were the key issues? How would input be obtained? Would tribal leaders support an Agenda? Could consensus be achieved? Would Congress respond to it?

In December, 1992, NICOA's Board of Directors took a calculated risk; the organization's upcoming conference, scheduled for August, 1992, would seek (and gain) sanction

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\* Title VI grantees: These Native American organizations (216) receive grants to provide nutrition and other supportive services to the elderly under Title VI of the Older Americans Act.



as an official White House mini-conference. The conference would be atypical, dedicated exclusively to completion of the Agenda, featuring highly-charged "Agenda Issue Sessions," to the exclusion of all other considerations.

### **Developing the Agenda**

The first preconference objective was to gain a sense of the Agenda's potential scope. In April, 1992, a group of ten professionals (ranging from tribal leaders, to an attorney, to directors of Title VI programs) met for two days in Albuquerque, New Mexico. The intensive, informal session resulted in a list of 16 "areas of concern." The list represented a key step: NICOA now had a useful tool for soliciting tribal responses. Within seven days, an "Agenda Questionnaire," developed from the workgroup's list, was mailed to 750 tribal leaders, Indian organizations, and Indian service providers.

At 32 pages, the size of the questionnaire was intimidating, but its rules were simple. Respondents were required to: 1) represent a tribe, tribal organization, or Indian service provider (no individual responses); 2) express perceived problems simply, in their own words; and 3) recommend a solution for every problem listed.

### **The White House Conference on Indian Aging**

By mid-summer of 1992, Congress had discontinued funding for the Washington, D.C., White House Conference staff. Still, NICOA continued to promote its upcoming conference, scheduled for late August in Green Bay, Wisconsin, as an official White House event. The three-day conference, "Elders Speak: Hear our Voices!," opened under a single spotlight, to a single drumbeat. A packed house was visibly moved by Miss Indian America's haunting a cappella version of "Amazing Grace," sung in Cherokee.

The conference continued with animated, unusually high levels of participation. One non-Indian presenter, a 20-year veteran of the national aging network, commented that "This event is a high point of my professional life." In all, the conference drew 1,440 registrants, including 991 Indian elders representing 130 tribes and bands. American Society on Aging members attended, as did representatives from the American Association of Retired Persons, the National Association of State Units on Aging, and directors and staff from three national eldercare institutes.

More than 300 service providers attended the conference, representing 50 federal and state agencies. They were joined by nearly a dozen tribal chairmen, plus directors and staff from 67 Title VI programs. Sixty-four tribes or organizations participated in the Agenda process, offering an estimated 800 responses. The conference concluded with a unanimous vote to approve the initial draft of the Agenda, and a directive to NICOA to begin work on implementing Agenda recommendations.

### **Elders Speak: Hear Our Voices!**

True to NICOA's conference theme, Native American elders have now spoken; with a clear, unanimous voice. It remains for aging advocates to demonstrate that we have heard their voices. It won't be an easy task.

Since the NICOA conference, the Agenda has undergone multiple revisions to incorporate and prioritize a wide range of responses from Indian Country. With the assistance of consultants from Washington, DC, recommendations have been ranked according to frequency of submission and other criteria, including scrutiny by a select group of issue experts, and input from NICOA's Board of Directors.

The final version of the Agenda, which includes an Action Plan detailing NICOA's 1993 objectives for implementation of selected Agenda issues, has recently been printed and will be distributed soon to NICOA members, tribal leaders, and tribal organizations, and organizations in the national aging network. NICOA will be actively seeking coalitions within the national aging network to assist in advocacy for Action Plan issues.

### **Agenda Concerns and the IHS**

The National Indian Aging Agenda for the Future addresses six major areas: long-term care, Indian Health Service (IHS) issues, housing, entitlement issues (Medicare/Medicaid/Supplementary Security Income, Veteran's Administration, Older Americans Act Title VI issues), transportation, and employment. As the Agenda took shape, a common thread began to weave its way through a large number of concerns: comprehensive health care for Indian elders (Table 1). Comprehensive, in this context, includes physical, mental, social, and spiritual health, leading to a quality of life consistent with Indian values.

Perhaps the most formidable barrier to the implementation of the Agenda's health recommendations is current IHS policy, which does not address long-term care in any manner. NICOA has met with top-level IHS staff in Rockville to express our organization's concern about this policy, or lack of it, and to state our intention to bring about its change.

NICOA believes that long-term care is an integral part of the IHS' federal trust responsibility to Indian people. NICOA is extremely concerned that Indian Country's current long-term care crisis will worsen as its exploding population (with an average age of 23) matures, with no IHS mechanisms for eldercare in place.

Although the IHS established a Workgroup on Aging, which has produced substantive recommendations for establishing a focus on aging within the IHS, the recommendations remain unused, as the workgroup has been discontinued. NICOA will continue to suggest that this important initiative be revived, perhaps under the IHS Mental Health and Social Services Branch.

**Table 1. NICOA Aging Agenda; items relevant to the Indian Health Service.**

America's Federal trust responsibility to provide adequate Indian health care provides a consistent context for consideration of Indian Health Service (IHS) issues. Categories of concern include health care reform, funding, and policy.

American Indian elders express a high level of concern over existing IHS policy that does not address any form of long-term care. Consequently, the need for national health care reform that includes provisions for Indian elderly has become an issue of the highest priority.

**A. Health Care Reform**

- A1. Require the abandonment and elimination of the YPLL (Years of Productive Life Lost) policy.
- A2. Future health care reform legislation considered by Congress should explicitly include provisions for health coverage for Indian elders.
- A3. Require IHS to provide a coordinated geriatric focus and ensure the availability of an IHS geriatric assessment for every Indian elder.
- A4. In order to provide the full range of health care services in Indian communities, the Indian Health Service should utilize community members to the greatest extent possible. The IHS should enlist and develop Community Health Representatives (CHRs) and family members in the health care process.
- A5. The IHS must provide a full range of preventive health services for Indian elders, including diagnostic detection and appropriate training of staff.
- A6. Develop case management to include tribal health service providers. Require IHS physicians to continue monitoring and treatment of their patients who leave IHS facilities to go home or enter nursing homes or hospitals.
- A7. Require IHS to develop more effective recruitment and retention programs, especially for those specializing in geriatrics.
- A8. Require federal agencies to standardize, collect, and store patient management data and disseminate such information, including dissemination to tribes, through established telecommunication networks.
- A9. Require the IHS Office of Environmental Health to provide investigation and analysis of the full range of environmental hazards that affect the health of Indian elders, and finance corrective action.

**B. Funding**

- B1. Provide adequate funds so that health care-related devices such as dentures, eyeglasses, hearing aids, and prosthetic and orthopedic devices are available to Indian elders. Revise contract health service priorities to make these high priority items.
- B2. Ensure that more PL-638 funding becomes available to Indian tribes by expediting the application process and the release of funds for Indian tribes. IHS should make funding available for in-home, community-based services for older Indians.
- B3. Ensure the provision of adequate funding for contract health care to supplement long-term home, community, and institutional care.
- B4. Ensure the provision of funding for the transportation necessary for the health care of Indian elderly. Seek authorization for additional transportation.
- B5. Make funds directly available for tribally-sponsored research projects directed at quantifying key Indian elder problems and identifying and assessing alternative solutions.

**C. Policy**

- C1. Assure that the IHS adopts the full set of recommendations proposed by the IHS workgroup on aging.
- C2. More data and research should be made available regarding Indian elder health problems and disease.
- C3. Ensure the legislative enactment of the 1992 NICOA recommendations for the reauthorization of the Indian Health Care Improvement Act.

NICOA wishes to point out that, of the more than 800 Agenda recommendations received from tribes and elders, the single most frequent comment was to "get rid of YPLL (Years of Productive Life Lost)." NICOA understands that this internal IHS policy, used to determine resource allocation and program emphasis, affects only a small percentage of IHS funds. Still, since the policy devalues age, it discriminates against elders. Regardless of its actual impact on Indian elders, it is perceived by them as demeaning and as a symbol of indifference on the part of IHS. If the IHS ever embarks on a public relations campaign in Indian country, it should begin with the immediate abandonment of this policy.

### **The Action Plan**

As the National Indian Aging Agenda for the Future neared publication, its most significant addition was a small number of specific objectives, an Action Plan for 1993. Two of these objectives involve the Indian Health Service:

1. *A national health care plan should include provisions for Indian elders.* As Congress reconvenes, many insiders feel that national health care reform is imminent. NICOA will advocate, perhaps as its foremost goal for 1993, that national health care reform must include provisions for Indian elders.
2. *The IHS should adopt the recommendations of its Workgroup on Aging (see p. 85).* The adoption of these recommendations will constitute the single most positive step that Indian Country can take for the welfare of its elders. NICOA extends its offer of full cooperation to the IHS, especially for further consideration of these important recommendations.

### **NICOA and the Older Americans Act**

Many federal entitlements, especially those not health-related, are specified by the Older Americans Act (OAA). In 1991 and 1992, NICOA advocated strenuously for the inclusion of OAA provisions benefiting older Indians. Passed by both the House and Senate in November, 1991, the Act was delayed for months by Senator McCain's (R, AZ) Earnings Test Amendment but was finally signed by the President in September, 1992.

However, despite the long reach of the national aging network, services designed and funded by this Act barely reach most reservations. Alzheimer's education, home chore services, ombudsmen (and most other services encompassed by Title III Area Agencies on Aging) just don't exist in Indian Country.

What Indian elders receive from the federal government, despite wording to the effect that Title VI nutrition

and supportive services will be "comparable to those of Title III," is 216 programs with annual funding of less than \$15 million, when \$30 million would be required to bring the original grantees back to 1980 levels of service. Understaffed, overworked program directors, shuffling limited resources, frequently find they must cut back home-delivered meals to one or two days a week. They are able to supply no supportive services, no referrals, no counseling.

As the 1992 OAA reauthorization was completed, Indian elders emerged with three promising initiatives. First, a new Title VII, "Elder Protective Services," was amended to include funds for tribes to conduct elder protective programs. As originally conceived, the language would have directed money only to individual states. The set-aside for Indian elders was proposed by Senator Jeff Bingaman (D, NM). Title VII covers a broad range of elder advocacy services. However, funds authorized at \$5 million annually for tribes were not appropriated for 1993.

New Title V language provides for up to 574 new jobs to be made available to Indian elders through NICOA's Senior Community Services Employment Program (SCSEP). NICOA, one of eight national contractors operating elderly employment programs, currently provides only 263 jobs in Oklahoma, Arizona, and New Mexico. The increase, which is tied to Congressional approval of the Clinton economic incentive package, may take effect on July 1, 1993.

In a third initiative for Indian elders, two to four National Resource Centers on Native American Elders have been authorized in Title IV. The Centers, operating on three-year grants, will be housed at institutions of higher education to study 1) health problems, 2) long-term care (including in-home care), 3) elder abuse, and 4) other problems experienced by America's Indian elders. The resource centers will also be responsible for disseminating results of their work and training Indian service providers.

In allocating the grants, the Commissioner of the Administration on Aging (AoA) will consult with Yvonne Jackson, Associate Commissioner on American Indian, Alaskan Native, and Native Hawaiian Aging, and with NICOA. It is NICOA's hope that Resource Center projects will complement each other as parts of a long range plan. The legislation was initiated by Senators Jeff Bingaman (D, NM), Robert Dole (R, KS), and Kent Conrad (D, ND) in response to NICOA's concerns about the lack of available data on America's Indian elders.

Title III (State and Community Programs) language has been tightened to include provisions that Area Agencies on Aging (AAA) must demonstrate that they are serving low income, minority elderly. For the first time, the Assistant Secretary of Health and Human Services will be



**Table 2. NICOA 1992 recommendations for the Indian Health Care Improvement Act.**

1. To include in the listed health objectives a specific objective which would require an increase in in-hor medical personal care and chore services, to reach 75 percent of the older and/or disabled population needing such services.
2. To add to the list of objectives a qualifier that would require IHS to emphasize preventative, community-based, family-oriented treatment and services.
- 3.\* To add to the list of enumerated health professions (which are emphasized in the grant, scholarship, and training programs) the field of "geriatrics."
- 4.† To authorize IHS to pay Part B premiums, deductibles, and co-payments for elders who are within 200 percent of federal poverty guidelines.
- 5.\* To permit IHS and tribal health programs to accept and process Medicaid and Qualified Medicare Benefit (QMB) applications, insofar as allowed by Health Care Financing Administration regulations.
- 6.\* To repeal by statute the contract health 72-hour notice regulation for emergency services, insofar as it applies to Indians who are aged 55 and older, or who are disabled, by enacting into statute a 30-day notice requirement.
7. To allow expenditures for water and sewage systems for older Indians whose houses do not meet related housing standards.

\* These were the only recommendations that survived the legislative process.

† Senator Inouye's statement on failure of this proposal: "... Unfortunately, the administration strongly opposed two provisions in the Senate bill: First, the payment of Medicare premiums by the Indian Health Service;...." "...The Senate bill originally contained a provision which would have expanded medical coverage and medical provider options for low-income older and disabled Indians by authorizing IHS to pay Medicare part B premiums. Many users of IHS or tribal health facilities who have Medicare part A coverage have great difficulty in paying part B premiums because of their very limited income. The Senate provision would have, if adopted, authorized IHS to make part B premium payments for the estimated 15,000 Medicare-eligible Indians using IHS or tribal facilities who are between 100 percent and 200 percent of the Federal poverty level. I am particularly sorry that we could not secure the support of the administration because the provision would have simply expanded upon existing, but little used, Indian Health Care Improvement Act provisions which encourage additional Medicare participation by Indian people through IHS/tribal contractor payment of part B premiums...." "IHS already pays Medicare part B copayment and deductibles for those with part B coverage. All we hoped to do here was to assure that all low-income Indians with Medicare part A are able to have access to part B coverage as well."

significantly involved in approving State plans. NICOA believes that more stringent controls on AAA service provision to low income minorities will benefit Indian elders.

### **The Indian Health Care Improvement Act**

NICOA, working closely with attorney Helen Spencer of Evergreen Legal Services (Yakima, Washington), developed the recommendations listed in Table 2, which were designed to create some first-ever IHS consideration of elder care, without over-burdening appropriations for the Indian Health Care Improvement (IHCI) Act. Since Congress will not reconsider this crucial legislation (the IHCI Act) for another eight years, and with reauthorization amendments cleared for the President's signature on October 7, 1992, it was urgent to present these recommendations in a timely manner. Unfortunately, NICOA entered the hearing process too late to influence House language, although most of their recommendations were later incor-

porated by Senator Inouye's staff into SB 5.2481; these were the only recommendations that survived the legislative process (see Table 2).

### **Summary**

Although its advocacy scorecard may vary with the seasons, the National Indian Council on Aging constantly seeks to build coalitions and affirmative relationships with elders, federal agencies, tribal leaders, and aging advocates. At the same time, NICOA must be willing, or occasion, to stand alone in support of Indian elders' best interests.

NICOA's membership, America's Indian elders, constitutes the body and the leadership of our organization. It is their wishes, their directives, that create NICOA's strength. The staff of NICOA remains committed to serving them. In that vein, we welcome every opportunity to work together with the Indian Health Service. □





# **NEW MEXICO INDIAN COUNCIL ON AGING, Inc.**

President: JOHN AQUINO

P. O. Box 1178

San Juan Pueblo, NM 87566

505-852-2293

The NMICOA, Inc., is a non-profit, self-funded organization of Indian elders whose purpose is to advocate for Indian elders in legislative matters.

## **NOTES:**







CURRENT LIST OF ELDER CARE ACTIVITIES/SERVICES  
ALBUQUERQUE SERVICE UNIT  
1996

|                                     |                               |
|-------------------------------------|-------------------------------|
| Immunizations (Flu, Pneumovax, etc) | all clinics                   |
| Meal Programs/Senior Centers        | all pueblos                   |
| Home-Delivered Meals                | Isleta                        |
| Homebound services/Homemakers       | Santa Ana<br>Jemez<br>Isleta  |
| Exercise Programs                   | Sandia, Jemez<br>Isleta, Zuni |
| Transportation                      | all pueblos                   |
| Fall Prevention/Safety Assessments  | SU wide                       |
| Nutrition Education/Assessments     | SU wide                       |
| Geriatric Assessment Clinic         | Zuni                          |
| Rainbow Nursing Home                | ACL                           |
| Elder Day Care                      | Isleta                        |



GRANTEE: PUEBLO OF ISLETA

PROPOSED ELDERLY SERVICES; 4/1/88 - 3/31/89

#9509 NM 2889

TITLE VI DIRECTOR, BETTY JOHNSON

**I. NUTRITION SERVICES**

1. CONGREGATE MEALS
2. HOME-DELIVERED MEALS
3. NUTRITION EDUCATION
4. SPECIAL DIETS

**II. OTHER SUPPORTIVE SERVICES**

1. TRANSPORTATION
2. INFORMATION & REFERRAL
3. PHYSICAL EXERCISE/INTERGENERATIONAL
4. HEALTH SCREENING & REFERRAL
5. ARTS & CRAFTS
6. FIELD TRIPS
7. INDIAN FOOD DISTRIBUTION PROGRAM
8. TITLE VI OLDER WORKER'S PROGRAM
9. LOW INCOME ENERGY ASSISTANCE PROGRAM
10. SENIOR COMPANION/HOME SERVICES
11. HOMEMAKER SERVICES
12. INCOME TAX PREPARATION ASSISTANCE
13. SOCIAL SECURITY/SSMOUTREACH ASSISTANCE AND EDUCATION
14. ADVOCACY: STATE, LOCAL & FEDERAL
15. ELDER DAY CARE

**ADMINISTRATIVE RESPONSIBILITIES**

1. PROGRAM PLANNING
2. STAFF TRAINING
3. REPORTING & RECORD KEEPING
4. NEEDS ASSESSMENT
5. AUDIT ASSISTANCE
6. INTERNAL MONITORING
7. FUND RAISING
8. MEAL COST-INDEXING
9. FOOD PURCHASING
10. MENU PLANNING
11. GRANT WRITING/STATE, FEDERAL CITY, COUNTY, PRIVATE FOUNDATIONS
12. INVENTORY CONTROL
13. COORDINATION/ALL AGENCIES
14. TRIBAL RELATIONS/COOPERATION
15. VEHICLE MAINTENANCE & OPERATION
16. HOME VISITS
17. COORDINATION/WEATHERIZATION
18. ADVISORY COUNCIL TRAINING
19. COORDINATE WITH THE INDIAN AREA ON AGING PUEBLO-APACHE IAAAW/ STATE OF NM

## BILLINGS AREA

## ELDERLY CARE

Elderly care is integrated throughout our primary health care delivery system. Speciality clinics that we have developed which have a major population of elders include diabetic, cardiology, ophthalmology, and rheumatology.

The Billings Area was awarded an OPEL grant for FY96. The title is Elderly Wellness. The purpose of the project is to determine if providing health care and health promotion services specially designed for the elderly, will increase their use of health care services and ultimately impact on their health status.

Special initiatives and strategic planning efforts that have focused on the elderly population include:

- a. Elderly care budget enhancement that includes home health services, well elderly clinics, and advocacy as major components.
- b. Some alcohol programs have designated specific counselors for the elderly. These counselors have a more traditional approach and are fluent in the native language.
- c. Service Units have developed Geriatric Task Forces in order to coordinate/case manage care to the elderly.
- d. Managed Care Program is refining case management with a special focus on the elderly.
- e. Area Office received an OPEL grant to "Benchmark Home Health Services" in 94-95. This grant took a close look at skilled home health services on reservations and in rural areas. From this a model has been developed that more efficiently and effectively provide home health services to our elderly living by or on our reservations.
- f. Service Units provide health care to nursing home patients on several reservations. Our physicians and other health care providers are integral members of the health care team caring for these residents.
- g. Area developed a policy on the recognition and treatment of elder abuse.
- h. Our medical social workers provide the mandated LT 101 assessment on all potential nursing home placements
- i. IHS staff are key members of Tribal committees looking at long-term care needs on at least two reservations.
- j. Area and Service Units have worked closely with five tribes in developing dialysis services.



# PURPOSE (GOALS AND OBJECTIVES OF PHOENIX AREA ELDER COMMITTEE

## A. DATABASE DEVELOPMENT

- Expand data base re: disease/services profile for elder population
- Conduct surveys of elders' desires
- Identify population to be served including age, location, and levels of services required
- Create local resource inventory/directory

## B. POLICY DEVELOPMENT

- Advocate for elder services
- Facillitate the creation of Elder committees at each SU
- Develop policies re: eldercare for SU/Area
- Develop an Area wide initiative
- Develop alternatives to LTC Beds
- Facilitate follow-up on IHS recommendation
- Action oriented committee
- Evaluate comm. function

## C. SERVICE

- Focus/create more elder programs for specific problems e.g. alcoholism
- Coordinate network of people and organizations involved with the elderly
- Create local resource inventory/directory
- Create specila health care clinics for the elderly

## D. RESOURCES

- Develop funding sources for elder programs
- Create local resource inventory/directory
- Certification of Tribe/CHR for reimbursement

## E. EDUCATION/TRAINING

- Certification of Tribe/CHR for reimbursement
- Educate tribes to become resource advocates
- Provide information to elders re: special services available to them
- Train caregivers/ medical/mental health/family member about special problems\skills caring for the elderly
- Provide knowledge of benefits (S) for individual elders

ELDERS COMMITTEE  
Phoenix Area  
April 5, 1992

MISSION STATEMENT

We believe that our Native elders are a valuable resource.

The mission of the Elders Committee is to recommend and facilitate the establishment of a distinct set of organized services and coordinated approaches to preventive, acute, chronic and long term health care for the Indian elderly in the Phoenix Area.

## **Community Health Representative Program**

The CHR Program provides health care services to the elderly population. Some tribal programs have the elderly as their target population. They provide health education to them in areas of hypertension, diabetes, nutrition (native foods) and the like; also provide some transportation services for them; deliver medications to them; and provide home visits for follow-up purposes on health status. The Phoenix Area, as an example, has a group of interested individuals who meet regularly to address elder health care issues for their area. This group also provide training, seminars and technical assistance to those requesting information.





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Health Services Administration

Chinle Comprehensive  
Health Care Facility  
Indian Health Service  
P.O. Box PH  
Chinle, Arizona 86503

Elder Care Activities

I. Programs administered by the IHS:

- A. Health Promotion/Disease Prevention
- B. Health Education
- C. Diabetes Education
- D. Nutrition Education
- E. Public Health Nursing

II. Programs administered by the Navajo Tribe:

- A. Aging Services
  - 1. Home Delivered Meals
  - 2. Senior Congregate Meals
- B. Adult In Home Care
- C. Community Health Representative: One in each Chapter (87)

III. Other:

- A. Nursing Homes: Custodial Care Facility (Only 2 on the Navajo Indian Reservation)
- B. Skilled Nursing Care Facilities: located off the Navajo Indian reservation only.

IV. Services needed but not available now:

- A. Home Health Nursing
- B. Elder Day Care Center
- C. Elder Abuse and Neglect Laws: Navajo Tribe doesn't have these Laws enacted or coded.
- D. Skilled Nursing Facilities on the Navajo Reservation

Respectfully submitted,

Anderson Tso, CMSW  
Medical Social Worker





Current Elder Care Activities

Senior Companion

Meals-on-wheels

Weekly exercises at the Wellness Center

Social activities (Bake Sales, Bingo) at the Senior Center

CHR - yearly Flu, Pneumovax and Tetanus

Zuni Hospital monthly Geriatrics assessment clinic



Elder Health Care Initiative  
Focus Group Meeting  
PORTLAND AREA REPORT

Two Service Units have formal Elders' Clinic days -- Warm Springs meets weekly and Chemawa meets quarterly. No one uses a formal Geriatric Assessment or flowsheet, and most C.D.'s don't feel the need for one. Several people mention the need for culturally-appropriate screens for dementia and depression.

Warm Springs, Colville, Neah Bay, and Yakama have (or are developing) tribally run Assisted Living Centers, and have Senior Housing complexes. Colville has a tribally owned Nursing Home staffed by both IHS and private physicians. IHS physicians admit at nursing homes near several other reservations. Some tribes don't have any nursing home within 30 miles, and identify this as a serious problem. Lack of family involvement once a patient is sent to a nursing home is a problem at many sites. Everyone wishes Contract Health could pay some long-term care costs. (Most people wish for 3 weeks a year in Hawaii, too.) Warm Springs is undertaking a program in conjunction with the Oregon Health Sciences University to evaluate and modify the private homes elders live in to keep them at home. Respite care is available through the Colville Tribal Nursing Home. In-home respite care is provided by the Yakama Tribe with a private contract with a local home health agency, including 24 hour care.

Warm Springs has an effort to "mainstream" the wisdom of their elders. They use them in education programs, with one emphasis on early childhood and parenting training. They are working to expand these services and to bill for them.

Legal and social work issues are addressed by the various Area Offices for the Aging. At Toppenish, the Washington Department of Social and Health Services has an Indian Community worker who comes to the Senior Center. The Yakama AOA is undertaking a Case Management System to coordinate all funds for social services for elders including non-natives who live within the Reservation boundaries. Several tribes have attorneys who concentrate on legal issues for the elderly; Yakama also has a private non-profit law firm involved with these issues. Advance Directives and Power of Attorney are the issues of greatest concern in this area. S.U.'s that control their own EMS systems have case conferences to inform their medics about code status of specific patients. No one has a perfect answer for Elder Abuse and Neglect, and several C.D.'s cite a strong tribal law in that area as a crucial need. Several C.D.'s identify family squabbling over elders' assets and guardianship as pressing problems.

AOA's provide meals at most S.U.'s, both in senior centers and in homes. AOA's also provide transportation services, both medical and social, and bring elders to social and cultural events.



**ABERDEEN AREA  
SERVICES TO THE ELDERLY**

According to IHS Service by Area, the number of elderly, 65 years and older, in the Aberdeen Area in 1995 is 4,405. This represents 4.9% of the total population.

In FY94, direct inpatient days and discharges for patients 65 and over were 5,111 and 1,060 respectively. This represented 19.6% and 15.8% of inpatient days and discharges. Direct outpatient visits (IHS and tribal) to the elderly was 70,740 or 9.7% of all visits. One of every five PHN patient services in FY95 were to an elder. In the same year, 12% of all CHR time was for the provision of services to the elderly.

Surveying service unit and area staff for current elderly services being provided, it became apparent there were few programs or activities solely for the elderly. The majority of elder services were integrated with programs directed to the entire population. Services to the elderly were on a "demand care" basis. Services varied from location to location.

The following is a listing of services provided to the elderly.

Elderly feeding programs - communal and homebound  
Senior center  
Elderly protection team  
Foster grandparent  
Green Thumb program  
Sioux Commission on Aging - advocacy  
Adult immunizations - ongoing and special clinics  
Screening/surveillance - BP, blood sugar, pap, breast, footcare etc.  
Elder Wellness activities - exercise and educational classes  
Home health care (tribal) - skilled nursing and nursing assistance  
Nursing home (tribal)  
Home visitation - PHNs, CHRs, etc.  
Adult services (state) - homemaker and personal services  
Dental - dentures and prosthetics  
Senior citizens eye program - low vision,  
Life line/senior Alert - EMS/hospital monitoring of homebound via pagers  
Visitation to retirement and other group living homes  
Hearing evaluation and aide clinics  
Injury/poison prevention in the home  
Medication reminder/refill program



INDIAN HEALTH SERVICE  
ELDER HEALTH CARE INITIATIVE  
FOCUS GROUP MEETING: MARCH 13-14, 1996  
ALBUQUERQUE, NEW MEXICO

INDIAN COMMUNITY HEALTH SERVICES, INC. (ICHS) - URBAN CLINIC

ELDER CARE ACTIVITIES:

1. In response to referrals from the Phoenix Indian Medical Center, the ICHS Community Health Nursing program provide services to elderly clients and their families. The majority of referrals for elderly are in reference to diabetic care. In cases of followup to hospitalization, families are often unprepared for the amount of care required to maintain elderly family members in the home. Issues of diet/nutrition, feeding, hygiene and wound care are most common.

CHN home visits with elderly as well as other clients include home assessments, physical appraisals, physical exams, referrals to appropriate health care delivery systems and/or assistance in accessing community health resources such as senior services.

2. As appropriate, ICHS staff will facilitate the application process for AHCCCS (medicaid) eligibility, particularly if it seems the client is in need of and would be eligible for Long Term Care services. This is usually done by a telephone referral directly to a Long Term Care office.

3. Coordinate with Tribal Long Term Care Case Managers to followup on elderly clients transitioning from a facility into the community and/or clients who are moving from their respective reservation to the Phoenix area to reside with family members.









## An Action Plan For American Indian and Alaska Native Elders

*Stephen W. Heath, MD, MPH, Risk Management Director and Medical Consultant, IHS Office of Health Programs (OHP), Rockville, Maryland; Ramona Ornelas, RN, MPH, Senior Policy Analyst, OHP; and Clark Marquart, MD, Chief Medical Officer, Oklahoma City Area, Oklahoma City, Oklahoma.*

### Introduction

American Indian and Alaska Native (AI/AN) elders comprise a major risk group for poor health, chronic disease, high medical expenditures, and institutionalization. However, the Indian Health Service (IHS) has no organized approach to elderly health care as it does for other groups, such as maternal and child health. It is evident that external and internal pressures to develop more effective and focused services for the elderly are increasing.

In order to assess the impact of aging within the population served by the IHS and tribal health programs, an IHS Workgroup on Aging was established in November, 1991, and held its final meeting in May, 1992. The Workgroup was asked to analyze the resources available in the federal, state, and tribal environments and to suggest strategies for most effectively providing multi-disciplinary services for aging AI/AN through the year 2000. The Workgroup consisted of members from IHS and various federal agencies involved in aging, as well as tribal representatives (Table 1).

This article reviews the findings of the Workgroup and describes their Action Plan that was presented to the IHS Council of Area and Associate Directors in August, 1992.

### Background

Little is known concerning the specific health needs of older AI/AN. Detailed studies of this IHS sub-population are lacking. However, IHS statistics, findings from some national studies and data sources, and the 1990 U.S.

Census provide some useful information. The following sections summarize some of the information on AI/AN elders that was reviewed by the Workgroup.

**Population characteristics.** Table 2 indicates how many elders live within the IHS service area (1990 Census data, projected to 1993). Eight and a quarter percent of the IHS service population is age 60 and older, compared to 16.8% for the U.S. population, all races. The percentage of the IHS service population age 65 and older is 5.7%, while 12.6% of the U.S. all races population is in this age range. The percentage of the very old IHS service population (age 85 and older) is 0.48%, compared to 1.2% for the U.S. all races.

More than 50% of the overall IHS service population continues to be those persons under the age of 25. However, life expectancy at birth for AI/AN has increased from 60.0 years during 1949-51 to 71.5 years during 1987-89 for both sexes, compared to 74.9 years for the U.S. all races (1988). Females enjoy a greater life expectancy than males; this is true for both AI/AN as well as the U.S. population as a whole (Table 3). Since 1980, the number of AI/AN age 60 and older has increased from 63,256 to 107,215, an increase of 69%. During the same 13-year period, the IHS service population of AI/AN under the age of 60 increased by only 56%.

Table 4 shows the distribution of elders, age 60 and older, among IHS Areas (1993). Oklahoma has the highest percentage of elders within their service population (11.2%), while Phoenix has the lowest (6.4%).

**Utilization of services.** Although there is currently not a designated program within the IHS to focus and organize health care resources to better meet the needs of elders, the Workgroup discovered that the IHS is nonetheless already dedicating significant portions of its resources and services to this group.

While AI/AN elders (age 65 and older) constitute less than six percent of the IHS user population, they consume

**Table 1. IHS Workgroup on Aging members.**

|                                                                                                                                                              |                                                                                                                                  |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Clark Marquart, MD<br>Chief Medical Officer<br>Oklahoma City Area,<br>Committee Chairman                                                                     | Meg Graves<br>Program Service Aging Specialist<br>Administration on Aging                                                        | Delbert Nutter<br>Service Unit Director<br>W.W. Hastings Indian Hospital                                                                           |
| Beulah Bowman<br>Director,<br>Division of Community Services,<br>Office of Tribal Activities<br>IHS Headquarters                                             | Stephen W. Heath, MD, MPH<br>Risk Management Director<br>and Medical Consultant<br>Office of Health Programs<br>IHS Headquarters | Mary Anne O'Neal<br>Chief, Social Services Mental<br>Health Program Branch<br>IHS Headquarters West                                                |
| Neil Buckholtz, PhD<br>Program Director of Treatment<br>and Management, Neuroscience and<br>Neuropsychiatric of Aging Program<br>National Institute of Aging | Yvonne Jackson, PhD<br>Associate Commissioner for<br>American Indian and<br>Alaska Native Programs<br>Administration on Aging    | Ramona Ornelas, RN, MPH<br>Senior Policy Analyst<br>Office of Health Programs<br>IHS Headquarters                                                  |
| Larry Curley<br>Executive Director<br>Navajo Division of Health                                                                                              | Tulley Mann<br>Director<br>Navajo Area Agency on Aging                                                                           | Teresa Radebaugh, ScD<br>Chief, Dementias of Aging Branch,<br>Neuroscience and Neuropsychiatric of<br>Aging Program<br>National Institute of Aging |
| Nancy Evans<br>Social Work Program Specialist<br>Bureau of Indian Affairs                                                                                    | George Maxted, MD<br>Clinical Director<br>Southern Colorado Ute Service Unit                                                     | Ardel Ruiz<br>Health and Social Standing Committee<br>Gila River Indian Community                                                                  |

**Table 2. Distribution of IHS service population for selected age groups, 1993.**

| Age Group            | Number    | Percent of<br>Total Service<br>Population |
|----------------------|-----------|-------------------------------------------|
| 60-64                | 32,386    | 2.49                                      |
| 65-69                | 27,110    | 2.08                                      |
| 70-74                | 19,124    | 1.47                                      |
| 75-79                | 14,252    | 1.09                                      |
| 80-84                | 8,090     | 0.62                                      |
| 85+                  | 6,253     | 0.48                                      |
| Total AI/AN ages 60+ | 107,215   | 8.23                                      |
| Total AI/AN all ages | 1,302,723 | 100.00                                    |

Source: Modified Age, Race, and Sex Files, and 1993 IHS service population projections; Division of Program Statistics, Demographics Statistics Branch, IHS.

**Table 3. Years of life expectancy at birth for American Indians and Alaska Natives.**

|        | AI/AN<br>1987-89 | U.S., All Races<br>1988 |
|--------|------------------|-------------------------|
| Male   | 67.3             | 71.5                    |
| Female | 75.9             | 78.3                    |
| All    | 71.5             | 74.9                    |

Source: Division of Program Statistics, Demographics Statistics Branch, IHS.

**Table 4. Distribution of IHS service population age 60 and older, by IHS Area, 1993.**

| IHS Area    | Number<br>Age 60+ | Number<br>All Ages | Percent of Total<br>Area Service<br>Population |
|-------------|-------------------|--------------------|------------------------------------------------|
| Aberdeen    | 6,057             | 85,800             | 7.06                                           |
| Alaska      | 6,596             | 94,170             | 7.00                                           |
| Albuquerque | 5,386             | 72,067             | 7.47                                           |
| Bemidji     | 5,154             | 65,799             | 7.83                                           |
| Billings    | 3,412             | 51,019             | 6.69                                           |
| California  | 9,690             | 113,684            | 8.52                                           |
| Nashville   | 5,193             | 56,045             | 9.27                                           |
| Navajo      | 14,938            | 199,836            | 7.47                                           |
| Oklahoma    | 30,969            | 276,411            | 11.20                                          |
| Phoenix     | 7,998             | 124,445            | 6.43                                           |
| Portland    | 9,689             | 136,422            | 7.10                                           |
| Tucson      | 2,052             | 27,025             | 7.59                                           |

Source: Modified Age, Race, and Sex Files, and 1993 IHS service population projections; Division of Program Statistics, Demographics Statistics Branch, IHS.

a disproportionate share of services. During 1990, AI/AN elders utilized 19% of all hospital days, 10% of outpatient visits, 20% of all public health nurse visits, and 38% of Community Health Representative (CHR) services. The average length of stay (ALOS) is 147% longer for elders compared to the ALOS for all ages. Nevertheless, their hospital discharge rates are substantially lower (37% fewer hospitalizations) than those of the comparable U.S. popu-

lation. The use of outpatient services is also lower than in the general U.S. older population (4.8/1000 versus 6.9/1000). It is not known if this lower utilization of health care services reflects lower morbidity or barriers to access to care.

Elders generate a high proportion of third party reimbursements for both Medicare and Medicaid, so their consumption of services is not a financial burden to the IHS. For services rendered in fiscal year (FY) 1991, IHS collections from Medicare totaled more than \$35,000,000.

**Health status.** The six leading causes of death for AI/AN elders are heart diseases, malignant neoplasms, cerebrovascular diseases, pneumonia and influenza, diabetes mellitus, and accidents. Available IHS data indicate a trend of increasing mortality risk for cancer, diabetes, obstructive pulmonary disease, septicemia, and nutritional disorders for AI/AN elders. Smoking and obesity have a high prevalence. Cancer survival rates are the lowest of any U.S. subpopulation, and alcohol-related mortality is substantially higher for Indian male elders. The findings from the National Medical Expenditure Survey/Survey of American Indians and Alaska Natives, conducted in 1987, indicate that older Indian women are far less likely to have had breast exams, mammograms, or Pap smears, compared to the U.S., all races.

**Socioeconomic conditions.** Changing cultural, community, and family dynamics are increasing the demand for public and private responses to the needs of the elderly. A 1980 survey conducted by the National Indian Council on Aging (NICOA) indicated that 16-20% of Indian elders do not have an adequate family support network to care for them if sick or disabled. Most lack access to transportation. Tribal governments frequently provide the only nutrition programs for this age group. Few tribally-operated home health care programs exist, although IHS Public Health Nurses provide some aspects of this care in certain settings.

State policies vary greatly in providing access to state and federally funded programs. Questions regarding responsibility for Indian services in some states are unresolved. Not all eligible Indian elders participate in federally funded income programs.

## Issues

From the foregoing assessment, as well as other sources, it became evident to the Workgroup that several prominent issues relating to the aging AI/AN population needed to be addressed if the IHS were to accept the challenge of developing elder-specific services.

**Research on elder health.** There is a general lack of research relating to the older Indian population. Consequently there is not sufficient information to understand the experience or phenomenon of aging in this population, nor to plan services with any degree of precision. The IHS does

support the development of a national Indian aging research agenda, including epidemiological, health services utilization and access, and biological studies, as well as functional and needs assessments. The IHS is represented and has submitted statements to the congressionally mandated Department of Health and Human Services (DHHS) Task Force on Aging Research recommending parity and inclusion in federally funded basic research and data collection; changes in the research policy governing national surveys, training, and research; and development of appropriate interventions. In order to define program goals, it would also be necessary for the IHS to establish baselines and targets for health improvement, including functional assessments. Mechanisms and funding sources for such research efforts have not been identified.

**Geriatric training.** There are a small number of geriatric trained physicians currently working in the IHS. In addition, IHS internists and family practice specialists contribute significantly to the care of elders. However, as part of a focused approach on elder health, it would be necessary to establish a base curriculum of geriatric diagnosis and treatment information, and develop and promote training programs for appropriate professionals and para-professionals. Specific information pertaining to the care of elders would need to be supplied to all providers through medical education sessions and networking, in addition to utilizing outside sources of training, such as state Geriatric Education Centers.

**Functional assessments.** Few Indian communities have been able to determine functional assessment levels for elders (including activities of daily living). A universally acceptable instrument to assess functional capacities for AI/AN elders is lacking. Such an instrument would be beneficial for both community studies and for use in IHS facilities on an individual patient basis.

**Case management.** Comprehensive geriatric assessment is an approach essential to the case management of the frail elder. This multi-disciplinary activity is time consuming and complex, but if properly employed, can result in significant benefits for the small percentage of elders who consume large amounts of health and human resources. The team approach is designed to determine the medical, psychosocial, and functional capabilities and problems of an elderly individual, with the intent of arriving at a comprehensive plan for treatment and coordinated care. A geriatric assessment tool specifically addressing the elder AI/AN is under development, but needs further field testing and study.

**Home care services.** The Workgroup recommended that any system approach to long-term care for elders should be home- and community-based, with an emphasis on home health services. IHS efforts should be less on institutional care and more on maintaining functional inde-

pendence and preserving the individual elder's integration into the family and community. Where appropriate, the IHS should work conjointly with tribes in developing the necessary professional and management expertise to establish home health agencies.

CHRs are trained para-professionals who provide substantial services to elders. Expanded home health care would require additional training of CHRs. Current IHS community health nursing programs provide primarily public health nursing with some limited attention to home health care, but there is no formal home health care program and there are not sufficient numbers of nurses to expand the effort.

A full assessment of existing services is an essential first step in determining the need and applicability of expanded home health care for elders. Presently, several tribes have either developed proposals for or have started home health programs. These programs were surveyed informally by members of the Workgroup in May, 1992 to obtain their perspectives and recommendations on the viability of home health programs for Native Americans. One of the essential items noted consistently in the survey was the need to obtain Health Care Financing Administration (HCFA) certification as a home health agency as soon as possible so third-party reimbursement can be collected. This requires a sufficient number of registered nurses and nurse's aides to meet HCFA staffing requirements. Collaborative efforts are needed between the IHS, the Bureau of Indian Affairs (BIA), and HCFA to support this effort.

**Elder protective services.** The development and implementation of tribal codes or other social devices for the protection of Indian elders (adult protection services, advocacy groups, legislative measures, etc.) needs to be encouraged. Training for IHS providers in the recognition of and reporting requirements for elder abuse would be a part of this effort. The IHS should have the capacity to provide technical assistance to tribes and set forth guidelines for the use and coordination of available community programs relating to the health and welfare of elders.

**Inter-agency coordination of services.** The array of community, state, federal, and tribal programs available on the local level to assist elders is fragmented and perplexing to elders and providers alike. Programs are sometimes duplicative and poorly coordinated, with requirements for participation not clearly understood or appropriate to the circumstances of the Indian elder. Better coordination of elder health care efforts among the various resource agencies would improve and simplify the process of providing services to elders. Equally important, interagency coordination of research and model demonstration projects would ensure an efficient and comprehensive approach to future data collection. Agencies with interest in this information include the IHS, the BIA, the Administration on Aging (AoA), and the National Institute on Aging.

As an initial attempt to improve coordination, the IHS and the AoA have drafted an inter-agency agreement (IAA) that calls for sharing technical assistance and education, utilization of IHS nutrition staff at tribal grantee sites, co-sponsorship of activities, and cooperation with other organizations on inter-generational programs. The IAA has been finalized and is awaiting authorizing signatures.

**Swing beds.** Swing beds may provide a means for some of our facilities to deal with the dual problem of increasing under-utilization of existing inpatient services and the need for local elder extended care. The implementation of hospital swing beds, where there is a need for post-acute skilled nursing care services, was supported by the Workgroup. Demonstration projects to further develop this concept were recommended.

However, the associated costs, benefits and/or risks, potential reimbursements, quality of care issues and staffing needs have not been analyzed. To be reimbursed by Medicare, the facility must meet the standards of participation and bear the resulting costs. The Medicare definition of swing beds limits the care provided under this designation to post-acute skilled nursing care. Although there are no legal barriers to formal establishment of a swing bed policy, it is not known what additional benefit would accrue to the elderly nor has there been any congressional mandate or funding directing the IHS or tribes to establish swing beds.

### Workgroup Action Plan

In response to these issues, the Workgroup's Action Plan focused on the establishment of an IHS Elder Health Program to effectively coordinate and manage the complex health and welfare requirements of caring for an aging population (Table 5). Not fully addressing this growing responsibility will leave the IHS less prepared and less capable to deliver adequate services to AI/AN of all ages in the future. The proposed Program would establish an organizational emphasis within the IHS to define and implement policies, procedures, and guidelines relating to elder health, with specific emphasis on primary and secondary prevention strategies to maintain health and functional independence.

There is a growing demand from tribes for technical assistance to increase their capacity to manage and finance elder services, in particular those services financed through Medicare and Medicaid. Many of the services required by this group, such as institutional and/or home- and community-based long-term care, are not within the scope of care currently provided by IHS.\* While the IHS has not been

\* With the passage of 1992 amendments to the Indian Health Care Improvement Act, the IHS now has the authority to enter into contracts with tribes for demonstration projects involving home- and community-based services, and shared services for the delivery of long-term care in tribally-operated nursing homes. No funds were appropriated for these activities.

**Table 5. The Workgroup on Aging's Action Plan.**

1. Establish an IHS Elder Health Program with appropriate staffing and authority to address the specific health and welfare needs of American Indian and Alaska Native elders. The Program should:
  - a. Establish an organizational emphasis within the IHS to define and implement policies, procedures and guidelines.
  - b. Establish baselines and targets for elder health improvement, including functional assessments.
  - c. Identify minimum services that are necessary at the Service Unit level in order to provide relevant clinical services.
  - d. Define specific health promotion and disease prevention initiatives.
  - e. Facilitate and coordinate linkages with available community services, including liaison relationships with national and professional organizations.
  - f. Define the role of the IHS within the spectrum of long-term care services, including home health care.
2. The IHS should allow the implementation of hospital "swing beds" as defined by Medicare provisions, where there is a need for post-acute skilled nursing care services, and where warranted by local resources. Demonstration projects to further develop this concept are recommended.
3. A standardized functional assessment should become a central part of elder health care on a community and clinic level. A single-page document should be developed for inclusion in the patient health record.
4. The development of an interdisciplinary Geriatric Assessment document should continue. A Service Unit-based pilot project to further study the utility of this process is recommended.
5. The IHS approach to long-term care should be community- and family-based with an emphasis on home health services. Our efforts should be less on institutional care and more on improving individual function within the community. Where appropriate the IHS should work with tribes in the development of home health agencies.
6. The IHS should support policies which maximize Medicare and Medicaid reimbursement for elder care and return a significant portion to services for the elderly. Collaborative efforts between the IHS, the BIA, and HCFA to support this effort are recommended.
7. The IHS should improve its capacity to provide technical assistance to tribes in the management of the elder health care network of services.
8. The IHS should support the development of ongoing training for both IHS and tribal personnel in the essential elements of geriatric care, ways to improve access of elders to available resources, information and referral systems, and the technical requirements of long-term care.

required to develop the kind of expertise necessary, and therefore cannot meet the emerging demand, the establishment of a formal elder program with requisite staff expertise and responsibilities would allow for improved technical assistance.

Although a provision for swing beds at certain facilities may be appropriate, the IHS is not in a position to provide long-term institutionalized care for elders. The Action Plan recommends that the IHS work with tribes to concentrate resources for elders on community- and home-based care, rather than institutional care. Activities to maintain an elder's independence, such as comprehensive geriatric assessment and home health care, need to be further developed. Better collaboration among the many providers of elder care services is needed for optimal benefit and efficiency. IHS providers must be knowledgeable of these services.

Additional education for IHS and tribal providers is therefore necessary. Information and referral systems, model functional assessment tools, geriatric care literature, and the technical requirements of the long-term care spectrum of care need to be packaged and disseminated. To accomplish such a task, the IHS would have to tap both internal and external resources.

It was not the intent of the Workgroup to merely form another bureaucratic network within the Agency, but it is widely agreed that oversight of such a complex network of services and requirements is necessary. In addition to program personnel, additional positions for home health care will be necessary. Ultimately, the IHS should support long-term training assignments in geriatrics.

Personnel and budget requirements for the proposed Action Plan were submitted by the Workgroup. However, in this time of fiscal constraint, money for new programs is



not readily available. As a result, funding for an Elder Health Program will not be included in the FY 1994 IHS Budget. Neither does the FY 1993 IHS appropriation contain allocations for targeted elder services, and funding for necessary training has not been identified. The Office of Health Programs is currently determining how to incorporate and emphasize elder health in the existing program without additional financial resources.

### Conclusion

It is noteworthy that a number of activities relating to the care of elders are ongoing within IHS- and tribally-operated programs. Some of these are detailed in another article in this issue of *The Provider*. Native American groups, including NICOA, remain committed to ensuring the availability of the widest possible spectrum of services for elders. NICOA has endorsed the Workgroup's Action Plan as one method to address the current need. It is hoped that an increased awareness of the issues will stimulate constructive debate and effective program planning for the elder AI/AN population. □

### Resources

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## Advocating for Native American Elders

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*Dave Baldridge, Executive Director, National Indian Council on Aging, Inc., Albuquerque, New Mexico.*

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### The National Indian Council on Aging

Founded by a group of tribal chairmen in 1976, the non-profit National Indian Council on Aging (NICOA) has served as the nation's foremost advocate for American Indian and Alaskan Native elders since that time. The organization is governed by a 13-member Board of Directors representing each of the nation's 12 Federal Bureau of Indian Affairs (BIA) regions and the National Association of Title VI\* Grantees.

For 16 years, NICOA has provided leadership and effective advocacy in the field of Indian aging. The organization has been actively involved in public policy and research efforts on federal, state, and local levels. NICOA's publications on a wide variety of Indian aging issues have been widely distributed and cited.

NICOA is a recognized authority on demographics, quality of life, and public policy issues pertaining to American Indian and Alaskan Native elders. The organization has presented expert testimony before Congressional sub-

committees on many occasions, and has been actively involved in several reauthorizations of the Older Americans Act.

NICOA currently operates three federal grants. One of these involves the administration of a \$2 million Department of Labor program employing elders in Oklahoma, Arizona, and New Mexico (this grant will be increased to \$5 million July 1, 1993). Another project is designed to increase urban elders' enrollment in Supplemental Security Income and other entitlement programs. It follows a successful two-year initiative in which NICOA, targeting more than a dozen reservations, increased elder's enrollment in Supplementary Security Income and other entitlement programs by nearly 40 percent.

### A National Indian Aging Agenda

Perhaps NICOA's key achievement of the past two years has been the development of a National Indian Aging Agenda for the Future. Working under a grant from the Administration on Aging, NICOA approached this ambitious objective with substantial concern.

Difficult questions would need answers. What were the key issues? How would input be obtained? Would tribal leaders support an Agenda? Could consensus be achieved? Would Congress respond to it?

In December, 1992, NICOA's Board of Directors took a calculated risk; the organization's upcoming conference, scheduled for August, 1992, would seek (and gain) sanction

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\* Title VI grantees: These Native American organizations (216) receive grants to provide nutrition and other supportive services to the elderly under Title VI of the Older Americans Act.

## **IHS ELDER HEALTH PROGRAM GOALS**

**GENERAL** To provide the services necessary for Elders to remain functional, healthy, and productive members of their families and communities.

### **Specific Short Term Goals**

1. Budget enhancement for FY 1994 to support initiatives.
2. Establish HQ and SU positions, senior clinician appointment.
3. Develop standards of care and/or guidelines for the components of the Elder Health Program.
4. Develop geriatric assessment tool.
5. Identify immunization status of Elders and set goals for updating.
6. Identify data needs and develop needed epidemiologic proposals.
7. All hospital elders will have social service evaluations by time of discharge. High-risk-at-discharge criteria will be developed.
8. Improve mechanism to identify abuse/neglect.
9. Develop guidelines on advance directives, outpatient setting.
10. Develop inter-agency connections/network.
11. Increase awareness of elder health needs and identify training needs.
12. Specific CME funds for geriatric conferences/certificate.

### **Specific Long Term Goals**

1. Home based care programs available to all appropriate patients.
2. All elders will be seen at least yearly.
3. Implemented standards for vision/audiology screening, nutrition, and osteoporosis prevention.
4. Implement geriatric assessment tool using team approach throughout IHS.
5. Formalize Elder care from HQ down to the service unit level.
6. Line item funding; separate appropriations for elder health program.

- 7. Develop models for predicting the need by elders for health and social services and strategies for evaluating the effectiveness of the services provided.**
- 8. Develop guidelines for a variety of services and programs targeted at the Elder, including community programs and elder housing programs.**
- 9. Decrease complications of chronic illness.**
- 10. Decrease number of elders in institutions.**
- 11. Support a geriatrics fellowship for IHS.**



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# **INDIAN HEALTH SERVICE ELDER INITIATIVE**

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Broad goals of the EHCI include targeting prevention and immunizations, treatment of chronic and degenerative diseases, and assessing the elder's quality of life and their ability to live independently.

More specific goals include the following:

1. Target provider and consumer education.
2. Improve elder access to care and continuity of care.
3. Provide maximal tribal involvement in the Elder Health Care Program.

Short term and extended priorities of the Elder Health Care Program will include both geriatric and gerontologic education of providers of health care for older American Indians. Discipline specific, as well as inter-and-multidisciplinary didactic and clinical education and training approaches are envisioned within the scope of the Program. Due to budgetary and expertise limitations we are in the process of surveying Native American Resource Centers, Geriatric Education Centers, Area Health Education Centers, and Geriatric Research, Education and Clinical Centers throughout the country to determine what kind of educational programs are available, and to begin to assess the applicability of these to our needs.

In addition, networking has begun with governmental and non-governmental agencies such as the Administration on Aging, Area Agencies on Aging, the National Institute on Aging, and the American Association of Retired Persons to build a repository of resources, and stimulate partnerships while collating information regarding elder programs or initiatives within other Federal agencies, tribes, States, consortia, or other public or private organizations.

Anyone interested in more information can contact the authors through the IHS E-mail or call us at 301-443-1840 or Fax 301-594-6213.



# **INDIAN HEALTH SERVICE** **ELDER INITIATIVE**

## **VISION**

American Indian and Alaska Native elders will achieve and realize the optimum outcome of their health and independence in their own homes and communities.

## **MISSION**

To provide quality health services to all American Indian and Alaska Native elders with maximal IHS, Tribal and community partnerships while maintaining the highest level of compassion, dignity, respect, and cultural sensitivity.



|                                                     |                                     |
|-----------------------------------------------------|-------------------------------------|
| <b>Women's Equity Action<br/>League</b>             | <b>202-898-1588</b>                 |
| <b>Y-ME Natl Organization for<br/>Breast Cancer</b> | <b>800-221-2141 or 708-799-8228</b> |



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**(As of March 1996 this is only a draft-all**  
**numbers and addresses have not been**  
**checked yet)**

**INDIAN HEALTH SERVICE**

**RESOURCE GUIDE**

**FOR**

**AMERICAN INDIAN**

**AND**

**ALASKA NATIVE**

**ELDERS**

prepared by  
IHS ELDER HEALTH CARE INITIATIVE  
1996





## **THE INDIAN HEALTH SERVICE ELDER HEALTH CARE INITIATIVE**

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PATRICK STENGER, DO, Member, Elder Health Care Initiative, IHS Office of Health Programs (OHP), Rockville, Maryland; LOUISE KIGER, RN, MN, Coordinator, IHS Elder Health Care Initiative; and RON FREEMAN, MPH, Senior Public Health Advisor, OHP.

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The Indian Health Service (IHS) has historically provided health care for Indian elders as they present to IHS facilities for acute complaints, chronic disease follow-up or hospitalization. While American Indian elders account for 8.3%<sup>1</sup> of the American Indian population 60 years and older, their numbers increased 52% during the decade 1980-1990<sup>2</sup> and are expected to triple by the year 2030<sup>3</sup>. The IHS is exploring avenues for improved health care to approximately 100,000 elder American Indians and Alaska Natives in response to the substantial growth of this population during the last decade; elder's demand for more services; and a shift over the last 50 years in prevalence from acute and infectious diseases to chronic and degenerative ones.

In October 1995 the Director of IHS, Michael H. Trujillo, M.D., M.P.H., implemented an Elder Health Care Initiative (EHCI) charged with developing an Elder Health Care Program (EHCP) for American Indian/Alaska Native elders. The Initiative is composed of three Indian Health Service professionals (the authors) at Headquarters in Rockville, Maryland, and work groups consisting of Indian elders, individuals active and knowledgeable in elder care issues, and members of national

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<sup>1</sup>IHS. Trends in Indian Health-1995.

<sup>2</sup>IHS, Division of Program Statistics.

<sup>3</sup>Bureau of the Census, Pub. No. P25-1104.

Indian organizations, and a IHS-wide interdisciplinary focus group.

The laudable efforts of the IHS Workgroup on Aging in 1991-92 preceeded the current Elder Health Care Initiative and has provided a background, and understanding of issues and basic goals for the present project. The groundwork forged by the Workgroup on Aging included reviewing long term care issues, identifying the array of elder services needing coordination and networking, recommending short and long term goals for elder health, and proposing an action plan and concept document for an IHS Elder Health Program manual. An excellent summary of the Workgroup on Aging activities was reported by Heath, Ornelas and Marquart in the May 1993 issue of The Provider.<sup>4</sup>

The action plan and program goals of the Workgroup on Aging have been incorporated into a series of goals statements that are being examined by a number of American Indian elders as well as Board members of the National Indian Council on Aging, the Navajo Area Agency on Aging, the Intertribal Council of Arizona Area Agency on Aging, and the New Mexico Indian Council on Aging. At the time of this writing (February 1996) plans are being finalized for a meeting in March 1996 of an IHS-wide focus group composed of the IHS Elder Health Care Initiative representatives, twelve Area Elder Contact appointees, and specific discipline delegates. The purpose of this meeting is to share and disseminate knowledge of elder initiatives and programs in existence and to formulate an action plan for addressing elder care issues IHS wide.

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<sup>4</sup>Heath S, Ornelas R, Marquart C. An Action Plan For American Indian and Alaska Native Elders. The Provider. May 1993; 18(5):81-86.

# **INDIAN HEALTH SERVICE**

## **ELDER HEALTH CARE PROGRAM**

### **SPECIFIC PROGRAM GOALS**

1. **To work with tribes to promote the health and well-being of older American Indian/Alaska Natives (AI/AN) by:**
  - a. providing services necessary for elders to remain or become functional, healthy, and productive members of their families and communities and/or by
  - b. providing technical assistance to tribes in the management of the elder health care network of services.
2. **To provide an effective, accountable, and cost-effective program of health care for AI/AN elders with on-going evaluation of quality, appropriateness, and outcome measures.**
  - a. Inventory and evaluate all IHS, Tribal, and urban elder health care programs and services current and planned.
  - b. Encourage and support a national Indian aging research agenda, including new research projects and health care delivery programs.
  - c. Identify data needs and develop epidemiologic proposals.
  - d. Develop medical and other allied health professional expertise in Indian aging through geriatric and gerontological education, research, and training of staff and improved practice standards for health care providers of elder AI/ANs.
  - e. Develop standards of care and/or guidelines for each component of the EHCP.
  - f. Develop models for predicting the needs of elders for health and social services and strategies for evaluating the effectiveness of the services provided.
3. **To promote the development of comprehensive home and community care programs and supportive services to preserve the individuals elder's integration into family and community.**
  - a. Work with tribes in the development of home health agencies, and home and community-based services and programs.
  - b. Facilitate and coordinate linkages with available community services, including liaison relationships with national and professional organizations.
  - c. Develop partnerships and provide support to family caregivers by linking them with community resources.
  - d. Design a Resource Directory of services and information listing programs, services and supports available to AI/AN elders.

4. **To decrease complications and incidence of chronic disease and disability through education, screening, surveillance, and annual assessments.**
  - a. Educate community leaders, the AI/AN elder, and community care programs in Health Promotion/Disease-Disability Prevention (HP/D-DP) strategies.
  - b. Define specific HP/D-DP initiatives. Establish baselines and targets for health improvement including functional assessment.
  - c. Identify immunization status of elders and set goals for updating.
  - d. Implement standards for nutritional and audio/visual screening and for osteoporosis prevention.
  - e. Provide clinical preventive services and functional assessments annually for each elder.
  - f. Provide comprehensive geriatric assessment and management for the frail elderly.
  - g. Facilitate access to elders for timely and appropriate care, identifying the need for intervention before that need becomes acute.
5. **To institute preventive strategies of elder abuse and neglect.**
  - a. Evaluate the incidence of AI/AN elder abuse/neglect.
  - b. Identify the agencies addressing the issue and encourage the development and implementation of tribal codes or other social devices for the protection of the AI/AN elder.
6. **To encourage the maintenance of AI/AN indigenous health care cultural traditions, rituals and treatments.**

# **NATIONAL RESOURCE INFORMATION**

## **QUICK REFERENCE LIST**

|                                                          |                                                                  |
|----------------------------------------------------------|------------------------------------------------------------------|
| AARP                                                     | 202-434-2277                                                     |
| AARP Insurance                                           | 800-523-5800                                                     |
| AARP Pharmacy Service                                    | 703-684-9244                                                     |
| Administration on Aging                                  | 202-245-0724 general<br>information<br>202-245-0641 publications |
| AIDS Hot Line                                            | 800-432-AIDS                                                     |
| Alzheimer's Disease and<br>Related Disorders Association | 800-621-0379                                                     |
| Alzheimer's Disease<br>Education and<br>Referral Center  | 301-495-331                                                      |
|                                                          |                                                                  |
| Amer Assoc of Homes for the<br>Aging                     | 202-296-5960                                                     |
| American Assoc of Retired<br>Persons (AARP)              | 202-872-4700                                                     |
| American Diabetes<br>Association                         | 212-683-7444                                                     |

|                                             |                              |
|---------------------------------------------|------------------------------|
| American Heart Association                  | 214-373-6300                 |
| American Pharmaceutical Association         | 202-628-4410                 |
| American Physical Therapy Association       | 800-999-2782                 |
| American Self-Help Clearinghouse            | 201-625-7101                 |
|                                             |                              |
| Children of Aging Parents                   | 215-945-6900                 |
| Commission on Legal Problems of the Elderly | 202-331-2297                 |
| Continence Restored                         | 212-879-3131 or 203-348-0601 |
| Eldercare Locator                           | 800-677-1116                 |
| Elderhostel                                 | 617-426-7788                 |
| Food / Drug Administration                  | 301-295-8012                 |
| HERS (Hysterectomy Education Resources)     | 215-667-7757                 |
| HIP(Help for Incontinent People)            | 803-585-8789                 |
| National Cancer Institute                   | 800-4-CANCER                 |
| National Dietetic Association               | 312-280-5000                 |

|                                                  |                    |
|--------------------------------------------------|--------------------|
| National Health Information Center               | 800-336-4797       |
| National Institute on Aging                      | 301-496-1752(2947) |
| National Institutes of Health                    | 301-496-4000       |
| National Organization for Rare Disorders         | 203-746-6518       |
| National Safety Council                          | 312-527-4800       |
| National Self-Help Clearinghouse                 | 212-840-7606       |
| National Women's Health Network                  | 202-347-1140       |
| Natl Assoc of Area Agencies on Aging             | 202-296-8130       |
| Natl Assoc of Home Care                          | 202-547-7424       |
| Natl Assoc of State Units on Aging               | 202-898-2578       |
| Natl Citizen's Coalition for Nursing Home Reform | 202-797-0657       |
| Natl Coalition on Older Women's Issues           | 202-466-7837       |
| Natl Commission on Working Women                 | 202-332-1405       |
| Natl Council on Aging                            | 202-479-1200       |



|                                                                       |                             |
|-----------------------------------------------------------------------|-----------------------------|
| Natl Council on Alcoholism                                            | 212-206-6770                |
| Natl Heart, Lung, and Blood Institute                                 | 301-496-4236                |
| Natl Institute of Arthritis and Musculoskeletal and Skin Disorders    | 301-496-8188                |
| Natl Institute of Neurological and Communicative Disorders and Stroke | 301-496-5751                |
| Natl Organization for Women                                           | 202-347-2279                |
| Natl Osteoporosis Foundation                                          | 202-223-2226                |
| Natl Senior Citizens Law Center                                       | 202-887-5280                |
| Nursing Home Information Service                                      | 202-347-8800                |
| Older Women's League                                                  | 202-783-6686                |
| President's Council Physical Fitness / Sports                         | 202-272-3421                |
| Prostate Hot Line                                                     | 800-543-9632                |
| Social Security Admin.<br>(Automated line)                            | 301-594-1234 (800-772-1213) |
| The Arthritis Foundation                                              | 404-872-7100                |

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## **ADVOCACY/LOBBYING/POLITICAL ACTION**

**Administration on Aging**  
**(See under Government Agencies)**

**American Association of Homes for the Aging**  
**(See under HOUSING/HOME CARE/DAY CARE)**

**American Association of Retired Persons (AARP)**  
**(See under MEMBERSHIP ORGANIZATIONS)**

**American Medical Association**  
**(See under PHYSICIAN ASSOCIATIONS/REFERRALS)**

**Asociacion Nacional Pro Personas Mayores**  
**(See under SPECIAL INTEREST/ETHNIC GROUP)**

**Association of Retired Americans**  
**(See under MEMBERSHIP ORGANIZATIONS)**  
**Concerned Relatives of Nursing Home Patients**  
**(See under HOUSING/HOME CARE/DAY CARE)**

**Eldercare America, Inc.**  
**1141 Loxford Terrace**  
**Silver Spring, MD 20901**  
**(301)593-1621**  
**Lobbying group for people who care for elderly, caretakers, to get benefits.**

**Families USA Foundation**  
**1334GStreet,NW**  
**Washington, DC 20005**

**A healthcare consumer advocate group. Focuses on improving living conditions for elderly, families, and minorities. Issues of interest: Nursing Home Insurance, RX Drug Cost, Health Insurance Coverage, Rising Health Cost. Develops projects and educational activities designed to help older adults. Write for information or publication list.**

Gray Panthers  
2025 Pennsylvania Ave. NW, Suite 821  
Washington, DC 20006  
(202)466-3132

Intergenerational, national organization that fights to change attitudes and laws on specific issues of importance to Americans of all ages: Defense reduction, environment, affordable housing, "isms" of society, health care; "Network" task forces to address national issues. Age and Youth in Action. Publications, newsletter.

Hispanic American Geriatrics Society  
(See under SPECIAL INTEREST/ETHNIC GROUPS)

International Senior Citizens Association  
11025. Crenshaw Blvd.  
Los Angeles, CA 90019-3198  
(213)380-0135

Individuals over 50 years of age; professional groups. Provides coordination on the international level to safeguard interests and needs of senior citizens; establishes means of communicating among older citizens for educational and cultural developments; forums through which older persons may contribute to world betterment. Publishes newsletter.

National Alliance of Senior Citizens  
(See under MEMBERSHIP ORGANIZATIONS)

National Caucus and Center on Black Aged, Inc.  
(See under SPECIAL INTEREST/ETHNIC GROUPS)

National Center on Rural Aging  
(See under SPECIAL INTEREST/ETHNIC GROUPS)

National Committee for the Prevention of Elder Abuse  
(See under HOUSING/HOME CARE/DAY CARE)

National Council of Senior Citizens  
(See under MEMBERSHIP ORGANIZATIONS)

National Council on Aging  
(See under SOURCES FOR SERVICES)

National Hispanic Council on Aging  
(See under SPECIAL INTEREST/ETHNIC GROUPS)

National Indian Council on Aging  
(See under SPECIAL INTEREST/ETHNIC GROUPS)

National Meals on Wheels Foundation

2675 44th Street, SW

Suite 305

Grand Rapids, MI 49509

(800)999-6262 (616)531-9909

National headquarters. Nonprofit umbrella organization. Raises money for distribution, fights for legislation. For Meals on Wheels nearest you, contact ELDERCARE Locator at (800)677-1116.

Older Women's League

(See under SPECIAL INTEREST/ETHNIC GROUPS)

Save Our Security (SOS)

Coalition and Education Fund

(202)624-9557

Coalition of over 100 national, state, and local labor, aging and disability groups established to protect and improve Social Security. Lobbies against benefit cuts. Publishes information and bulletins about saving the social security system.

Senior PAC (Political Action)

c/o Robert Samuel

1000 Vermont Ave., NW, Ste. 400

Washington, DC 20005

(202)387-4590

Political action committee dedicated to representing older and retired Americans. Works to strengthen and defend Social Security and Medicare programs. Supports politicians who purport "an adequate retirement income for all Americans."

## **BENEFITS/GOVERNMENT BENEFITS**

Dependent Care Connection Inc.  
PO Box 2783  
Westport, CT 06880  
(203)226-2680

National dependent care assistance company that provides direct referrals to local child care and elder care service providers in communities throughout the US. A service for employers as a benefit to employees.

Social Security Administration  
Department of Health and Human Services  
Office of Public Inquiry  
(800)772-1213

Information, pamphlets about benefits.

For Medicare questions, call (800)772-1213 to be directed to the appropriate place or local office.

U.S. Department of Labor, Pension & Welfare Benefit Administration  
Division of Technical Assistance & Inquiries  
200 Constitution Avenue, NW, Room N-5658  
Washington, DC 20210  
(202)219-8776

Information on pension plan rights and regulations<sup>1</sup> or to file complaint.

Information about private sector employment benefit programs<sup>1</sup> disability, retirement, health insurance continuation, profit sharing, 401K, etc.

U.S. Government Printing Office  
Superintendent of Documents  
(See under HEALTH/NUTRITION/FITNESS INFORMATION)  
Medicare Handbook

## **CONSUMER INFORMATION**

Consumer Information Center  
(See under HEALTH/NUTRITION/FITNESS INFORMATION)

National Consumers League  
(See under HEALTH/NUTRITION/FITNESS INFORMATION)

## **DISEASES/CONDITIONS**

### **National Self-Help Clearinghouse**

(See under HEALTH/NUTRITION/FITNESS INFORMATION)

For information about treatment and support groups for various diseases or conditions.

### **ALZHEIMER'S DISEASE**

Alzheimer's Disease and Related Disorders Association

919 N. Michigan Ave.

Suite 1000

Chicago, IL 60611

(800)272-3900

Clearinghouse for information about Alzheimer's Disease; toll free number to answer questions; referrals to support groups, medical specialists; information packet and newsletter.

### **ARTHRITIS**

Arthritis Foundation National Headquarters: 1314 Spring Street, NW Atlanta, GA 30309 For referral to local chapter or request literature, use:

1901 Ft. Myer Dr., Suite 500

Arlington, VA 22209

(800)283-7800 (703)276-7555

Voluntary, nonprofit organization, works to find causes and cures for arthritis; local chapters provide services and referrals to physicians; issues publications about arthritis.

National Arthritis, Musculoskeletal and Skin Disease Information Clearinghouse (NIAMS)  
BoxAMS

9000 Rockville Pike

Bethesda, MD 20892

(301)495-4484

Information about arthritis, exercise for arthritis; information on other musculoskeletal and skin diseases, ie., osteoporosis; referrals to other organizations that may have more information. Supports research into arthritis. Offers information publications.

### **CANCER**

AMC Cancer Information and Counseling Line

1600 Pierce St. Denver, CO 80214



(800)525-3777 (303)233-6501

Non-profit organization. Professional counselors answer questions, send written materials, offer advice and reassurance to cancer sufferers and families.

Offers laminated card to hang in shower with instructions for breast self-examination, call (303)239-3421.

**American Cancer Society**

1599 Clifton Rd., NE

Atlanta, GA 30329

(800)227-2345 for Answer Line (404)320-3333

Voluntary nonprofit group. Offers cancer information, lists cancer treatment centers and American Cancer Society division offices. Try information operator to get local county unit.

**American Institute for Cancer Research**

1759 R Street, NW

Washington, DC 20009

(800)843-8114 (202)328-7744

Nutrition, health information, free publications about cancer, mainly on prevention; dietary guidelines to lower risk.

**National Cancer Institute**

Department of Health and Human Services

Office of Cancer Communications

9000 Rockville Pike

Building 31, Room 10A24

Bethesda, MD 20205

(800)422-6237 (301)496-8664

Cancer Information Service provided through Sloan Kettering Memorial Hospital. Cancer-related questions, emphasis on treatment. Help on quitting smoking and program referrals. Information publications available, they prefer that you call, not write.

-Information about **PDQ, Physicians Data Query**, a computer service for physicians that maintains a directory of specialists in all types of cancers. Contains detailed information of the preferred current treatments for all types of cancers and summaries of important experimental treatment programs.

**Y-Me Breast Cancer Support Program**

18220 Harwood Avenue

Homewood, IL 60430

(800)221-2141 (312)799-8338 office

Information and support services for breast cancer patients and their families.  
Toll-free information number, operates only 9-5, Central time, Monday-Friday.

## **DIABETES**

American Diabetes Association

National Service Center

1660 Duke Street

Alexandria, VA 22313

(800)232-3472 (703)549-1500

National voluntary organization that funds major research, supervises over 700 local affiliates that provide services and support for diabetics and their families.

Publishes Diabetes newsletter, patient information on all aspects of diabetes.

National Diabetes Information Clearinghouse (NIH)

Box NDIC

Bethesda, MD 20892

(301)468-2162

Federal information service, answers questions, provides referrals, publishes information booklets.

## **DIGESTIVE DISEASE**

Digestive Disease National Coalition

711 2nd Street, NE, Suite 200

Washington, DC 20002

(202)544-7497

Lobbying group dealing with digestive diseases. Some information pamphlets about digestive diseases.

National Digestive Diseases Clearinghouse (NIH)

Box NDDIC

Bethesda, MD 20892

(301)468-6344

Answers questions, provides referrals to physicians and treatment centers, offers publications.

## **EATING DISORDERS**

Eating Disorders

5145. Livingston Ave.

Livingston, NJ 07039

(800)624-2268 NY tri-state area.

(201)740-0234

## **HEART**

American Heart Association  
7320 Greenville Ave.  
Dallas, TX 75231

(800)242-8721 (214)373-6300

Local affiliates conduct clinics for stopping smoking, programs for heart attack victims, programs to prevent and treat heart disease. Call 800 number to find local group, for free information about cardiovascular disease, high blood pressure, stroke, nutrition, exercise, CPR, etc. Sponsors "The Mended Hearts", local support groups for heart patients and their families; Stroke Clubs.

### **Heartline**

The Cleveland Clinic Foundation  
9500 Euclid Avenue  
Cleveland, OH 44195  
(216)444-3690

Worldwide organization. Publishes **HEARTLINE**, a monthly newsletter for heart patients and their families, also other publications.

### **National Heart, Lung and Blood Institute Information Center**

National Institutes of Health  
9000 Rockville Pike  
Bethesda, MD 20892  
(301)951-3260

Information about exercise, health, heart, pulmonary disease. For the public: High blood pressure, cholesterol, asthma, smoking. For professionals: Heart attack alert, obesity, blood resources.

### **-High Blood Pressure Information Center**

NHLBI Information Center  
PO Box 30105  
Bethesda, MD 20824-0105  
(301)951-3260

Offers free publications about high blood pressure.

### **-National Cholesterol Education Program**

NHLBI Information Center  
PO Box 30105  
Bethesda, MD 20824-0105  
(301)951-3260

Offers free publications about cholesterol management.

National Stroke Association  
8480 East Orchard Rd., Suite 1000  
Englewood, CO 80111-5015  
(800)787-6597 (303)7711700

Non-profit, dedicated to educating stroke survivors, families, health professions, and general public. Workshops, research, provides clearinghouse services. Newsletter, educational material.

## **INCONTINENCE**

Continence Restored, Inc.  
785 Park Avenue  
New York, NY 10021  
(914)285-1470

National network of support groups to provide information to patients and their families about bladder control problems due to disease processes.

Help for Incontinent People  
P.O. Box 544  
Union, SC 29379  
(803)579-7900

National, nonprofit organization. Organizes self-help groups, has educational material.

Simon Foundation  
P.O. Box 815  
Wilmette, IL 60091  
(800)237-4666 (312)864-3913

Nonprofit organization provides information about urinary incontinence, incontinence aids, and referral to treatment centers and specialists through toll-free number.

## **KIDNEY**

National Kidney and Urological Diseases Information Clearinghouse (NIH)  
Box NKUDIC  
Bethesda, MD 20892  
(301)468-6345

Federal information service, answers questions, provides referrals, offers informative publications.

## **LIVER**

American Liver Foundation

1425 Pompton Avenue

Cedar Grove, NJ 07009

(800)223-0179 (201)256-2550

Supports research and education for liver and gallbladder diseases; offers pamphlets and fact sheets of information about the liver.

## **LUNG**

American Lung Association

1740 Broadway

New York, NY 100194374

(212)315-8700

Information, referrals, patient support through local affiliates; sponsors clinics on freedom from smoking.

National Heart, Lung and Blood Institute Information Center

National Institutes of Health

(See under DISEASES/CONDITIONS - HEART)

## **MENTAL HEALTH**

National Foundation for Depressive Illness

PO Box 2257

New York, NY 10116

(800)2484344 (212)268-4260

Information and referrals for patients and their families.

National Institute of Mental Health

Public Inquiries/Aging Branch

Parklawn Bldg., Room 15C~5

5600 Fishers Lane

Rockville, MD 20857

(301)443-4513

Publishes mental health directory of outpatient clinics, psychiatric hospitals, and mental health professionals in area. Information and booklets on mental health, including depression, phobias, substance/alcohol abuse, etc.

National Mental Health Association

1021 Prince Street

Alexandria, VA 22314-2971

((800)969-6642 (703)684-7722

Local chapters provide information about mental health problems, resources, and support services, referrals.

## **PAIN**

American Chronic Pain Association

P.O. Box 850

Rocklin, CA 95677

(916)632-0922

Nonprofit organization. Local self-help groups provide mutual support for chronic pain sufferers; over 700 chapters. Newsletter, publications available.

National Chronic Pain Outreach Association

7979 Old Georgetown Road, Suite 100

Bethesda, MD 20814-2429

(301)652-4948

Nonprofit. Local support groups hold regular meetings, hear guest speakers, maintain listings of resources, emotional support; information clearinghouse for literature about chronic pain; Lifeline magazine, listing of support groups, pain centers by state.

## **PARKINSON'S DISEASE**

American Parkinson's Disease Association

60 Bay Street, Suite 401

Staton Island, NY 10301

(800)223-2732 (718)981-8001

Voluntary organization. Promotes research; supervises local support groups; operates some local centers where Parkinson's patients can obtain free examinations; referrals to specialists; information, publications.

National Parkinson Foundation, Inc.

1501 NW Ninth Avenue

Miami, FL 33136

(800)327-4545 (305)547-6666

Provides information, referrals to physicians, educational materials.

Parkinson's Disease Foundation

650 West 168th Street

New York, NY 10032

(800)457-6676 (212)923-4700

Sponsors research and promotes education about Parkinson's Disease; issues publications. Will send out packet of information.

Parkinson's Educational Program  
3900 Birch St. #105  
Newport Beach, CA 92660  
(800)344-7872 (714)250-2975  
Coordinates local support groups and provides information.

United Parkinson Foundation  
and International Tremor Foundation  
360 West Superior Street  
Chicago, IL 60610  
(312)664-2344  
Membership organization for patients, their families, and health professionals.  
Supports research, makes referrals, distributes exercise information.

### **OSTEOPOROSIS**

American College of Obstetricians and Gynecologists  
(See under PHYSICIAN ASSOCIATIONS/REFERRALS)

National Arthritis, Musculoskeletal and Skin Disease Information  
Clearinghouse (NIAMS)  
(See under DISEASES/CONDITIONS - ARTHRITIS)

National Osteoporosis Foundation  
115017th Street NW, Suite 500  
Washington, DC 20036  
(800)223-9994 (202)223-2226  
Supports research, provides information, makes referrals to specialists.

### **SLEEP DISORDERS**

National Sleep Foundation  
1225. Robertson Blvd., 3rd floor  
Los Angeles, CA 90048  
(213)288-0466  
Referrals to sleep-disorder clinics, information.

### **SUBSTANCE ABUSE**

Alcoholics Anonymous  
P.O. Box 459  
New York, NY 10163  
(212)870-3400

Local groups of men and women who share experiences about alcoholism; also offers publications about alcoholism, their programs. Look up local AA group in phone book; or for referral, call above number.

American Heart Association  
(See under DISEASES/CONDITIONS - HEART)  
Stop smoking clinics.

American Lung Association  
(See under DISEASES/CONDITIONS - LUNG)  
Freedom from smoking clinics.

Association of Halfway House Alcoholism Programs of N.Am. (AHHAP)  
680 Stewart Ave.  
St. Paul, MN 55102  
(612)227-7818  
Association of alcoholism programs. Will provide information about local Halfway Houses.

National Cancer Institute  
(See under DISEASES/CONDITIONS - CANCER)  
Quitting smoking help and program referrals.

National Clearinghouse for Alcohol and Drug Information  
P.O. Box 2345  
Rockville, MD 20847-2345  
(800)729-6686 (301)468-2600  
Offers advice and publications about alcoholism, illicit drug use, and drugs of abuse, steroids and tobacco. Carries all NIDA and NIAA&A publications.

National Council on Alcoholism and Drug Dependence  
12 West 21st Street  
New York, NY 10010  
(800)622-2255 Hopeline (212)206-6770

Voluntary organization; makes referrals to local treatment centers; works to inform public about problems of alcoholism and drugs. Referral "Hopeline" operates 24 hours/day, 7 days/week; publishes information booklets about alcoholism, drugs.



National Heart, Lung and Blood Institute Information Center  
National Institutes of Health  
(See under DISEASES/CONDITIONS - HEART)  
Smoking information.

National Institute of Mental Health  
(See under DISEASES/CONDITIONS - MENTAL HEALTH) Information on substance/alcohol abuse.

National Institute on Drug Abuse  
Information Office  
5600 Fishers Lane, Room 10A46  
Rockville, MD 20857  
(800)662-4357 (301)443-6500  
Provides information on drug abuse and treatment programs<sup>1</sup> referrals to programs, only.  
For publications information, call the National Clearinghouse for Alcohol and Drug Information at (800)729-6686.

Office on Smoking and Health  
Public Information Center  
(Public Health Service Org.)  
4770 Buford Hwy. NE  
Atlanta, GA 30341-3724  
(404)488-5708  
Smoking education, prevention/research for Dept. of Health and Human Services. Offers publications.

U.S. Government Printing Office  
Superintendent of Documents  
(See under HEALTH/NUTRITION/FITNESS INFORMATION)  
Drug/alcohol abuse information.

## **FAMILY/CAREGIVER SUPPORT**

Children of Aging Parents  
Woodbourne Office Campus, Suite 302A  
1609 Woodbourne Rd.  
Levittown, PA 19057  
(215)945-6900

National, nonprofit organization, offering information and referrals. Self-help group devoted to education, support, development of coping skills of caregivers of elderly. Instant Aging Workshops; encourages development of support groups; provides referrals to appropriate professionals. Most activities in PA and NJ, but acts as national clearinghouse for information, guidance, advice and networking to groups and individuals. Newsletter, publications.

Family Caregivers of the Aging  
c/o Natl. Council on the Aging  
409 3rd Street SW, 2nd floor  
Washington, DC 20024  
(800)424-9046 (202)479-1200

Offers practical help to caregivers and serves as a resource for referrals to adult day-care centers, senior centers, support groups, and other programs; newsletter and guidebooks.

## **GOVERNMENT AGENCIES**

Administration on Aging  
330 Independence Avenue, SW  
Suite 4760  
Washington, DC 20201  
(202)619-2627

Under U.S. Dept. of Health & Human Services. Advocacy on aging; manages Older Americans' Act. Has statistical information. Funds non-profit agencies.

National Association of Area Agencies on Aging  
1112 16th St. NW. Ste. 100  
Washington, DC 20036  
(800)677-1116 (202)296-8130

Offers directory for eldercare information and referral, state and area offices on aging. **Elder Care Locator** - Toll-free assistance in identifying community resources for seniors nation-wide.

National Association of State Units on Aging  
1225 I Street, NW  
Suite 725  
Washington, DC 20005  
(202)898-2578

Provides information, technical assistance and professional development support to State Units on Aging. A state unit is designated by the governor and state legislature to administer the Older Americans Act and to serve as a focal point for all matters relating to older people.

National Institutes of Health  
9000 Rockville Pike  
Bethesda, MD 20891  
(301)496-4000 Directory of services of the NIH.  
Nutrition programs, nonsmoking programs, etc.

National Institute on Aging  
9000 Rockville Pike  
Building 31, Room 5C27  
Bethesda, MD 20892  
(301)496-1752

Offers information on problems and illnesses affecting the aging. Part of National Institutes of Health. Federal government's principal agency for conducting and supporting biomedical, social, and behavioral research related to aging. Publishes fact sheets of information about aspects of aging. List available upon request. **Publishes Resource Directory** for Older People, free, limited supply.

## **HEALTH/NUTRITION/FITNESS INFORMATION**

Look under DISEASES/CONDITIONS for health information about a specific disease or illness.

Look under DISEASES/CONDITIONS - SUBSTANCE ABUSE for health information about alcohol/drug abuse or smoking.

American Association of Poison Control Centers  
3800 Reservoir Rd. NW  
Washington, DC 20007  
(202)784-4666

Administrative office. For poison control information or help in case of poisoning, look under Emergency or Human Services in Yellow Pages for Poison Control Center nearest you.

American Association of Retired Persons  
(See under MEMBERSHIP ORGANIZATIONS)

American College of Obstetricians and Gynecologists  
(See under PHYSICIAN ASSOCIATIONS/REFERRALS)

American College of Surgeons  
(See under PHYSICIAN ASSOCIATIONS/REFERRALS)

American Dietetic Association  
216 W. Jackson Blvd.  
Chicago, IL 60606  
(312)899-0040  
Provides nutrition information, referrals to dietitians.

American Heart Association  
(See under DISEASES/CONDITIONS - HEART)  
Nutrition, exercise information.

American Institute for Cancer Research  
(See under DISEASES/CONDITIONS - CANCER)  
Preventative health information.

American Podiatric Medical Association  
(See under PHYSICIAN ASSOCIATIONS/REFERRALS)

American Society of Internal Medicine  
(See under PHYSICIAN ASSOCIATIONS/REFERRALS)

Center for Science in the Public Interest and Nutrition Action  
1875 Connecticut Ave. NW, Suite 300  
Washington, DC 20009-5728  
(202)332-9110  
Nonprofit organization, programs and publications about good nutrition,  
proper diet, some specifically for over 50.

II.

Consumer Information Center  
Catalogue  
Pueblo, CO 81009  
(719)948-4000  
Offers variety of publications regarding healthy living, diet, exercise, prescrip  
tion drugs, etc. Catalogue listing all publications is available.

Council on Family Health  
225 Park Ave. South, 17th Fl.  
New York, NY 10003  
(212)598-3617  
Organization sponsored by medicine manufacturers. Issues variety of publica  
tions on safe use of medicines, health and health emergencies.

Families USA Foundation  
(See under ADVOCACY/LOBBYING/POLITICAL ACTION)

Food and Drug Administration HFE-88  
Office of Public Affairs/Consumer Affairs  
Public Health Service  
5600 Fishers Lane  
Rockville, MD 20857  
(301)443-3170

Offers free publications on health topics including high blood pressure, diet, nutrition, taking medication properly, osteoporosis, hearing aids, etc.

The Gerontological Nutritionists  
Contact: The American Dietetic Association  
216 W. Jackson Blvd.  
Chicago, IL 60606  
(312)899-0040

A dietetic practice group of the ADA whose members specialize in nutrition and older persons.

Health Promotion Institute  
c/o National Council on the Aging  
409 Third St. SW, 2nd Floor  
Washington, DC 20024  
(800)-424-9046      (202)479-6684      (202)479-1200

Advocates and empowers older adults to achieve health and well-being through a multidisciplinary approach. Provides information and materials on health promotion programs. Maintains resource library and media center on health promotion resources for consumers and professionals.

Mature Outlook  
(See under MEMBERSHIP ORGANIZATIONS)

National Association for Human Development  
(See under FITNESS/SPORTS/WEIGHT CONTROL)

National Association of Meal Programs  
(See under PROFESSIONAL ORGANIZATIONS)

National Clearinghouse for Primary Care Information  
8201 Greensboro Drive, Suite 600

McLean, VA 22102

(703)821-8955 ext. 248

Private, government funded, mostly physician information. Publications about healthy eating.

National Consumers League

815 15th Street, NW

Suite 928

Washington, DC 20005

(800)876-7060 (202)639-8140

Consumer information.

National Council on the Aging

(See under SOURCES FOR SERVICES)

National Health Information Center and Communication Technology

ODPHP~ffice of Disease Prevention and Health Promotion

(See under SOURCES FOR SERVICES)

National Heart, Lung and Blood Institute Information Center

National Institutes of Health

(See under DISEASES/CONDITIONS - HEART)

National Institute on Aging

(See under GOVERNMENT AGENCIES)

National Meals on Wheels Foundation

(See under ADVOCACY/LOBBYING/POLITICAL ACTION)

National Self-Help Clearinghouse  
23 West 42nd Street  
New York, NY 10036  
(212)642-2944

For information about treatment and support groups for various diseases or conditions.

National Women's Health Network  
(See under SPECIAL INTEREST/ETHNIC GROUPS)

President's Council on Physical Fitness and Sports 701 Pennsylvania Avenue NW,  
Suite 250 Washington, DC 20004  
(202)272-3430  
Exercise information, booklets.

U.S. Government Printing Office  
Superintendent of Documents  
PO Box 371 954  
Pittsburgh, PA 15250-7954  
(202)783-3238

Booklets about health information, exercise, nutrition; some in large print.  
Medicare Handbook lists medicare carriers in individual states.

### **HOUSING/HOME CARE/DAY CARE**

American Academy of Home Care Physicians  
(See under Professional Organizations)

American Association of Homes for the Aging  
901 E Street, NW, Suite 500  
Washington, DC 20004-2037  
(202)783-2242

Voluntary nonprofit and governmental nursing homes, housing and health-related facilities and services for elderly; state associations; interested individuals. Lobbying group for long-term care issues, ie. that it is geared toward individual needs, ranging from nursing care to independent living and



community-based care. Not direct service provider to public, but can refer to agency or service that may help.

American Health Care Association 1201 L St. NW Washington, DC 20005  
(202)842-4444 Federation of state associations of licensed nursing homes.  
Provides referral to state organizations and publishes consumer's guide to selecting a nursing home.

Concerned Relatives of Nursing Home Patients  
Box 18820  
Cleveland Hts., OH 44118-0820  
(216)321-0403  
Publishes Insight about nursing home issues and commentary on regulations, legislation.

Foundation for Hospice and Home Care 519 C St., NE Stanton Park  
Washington, DC 20002 (202)547-6586 Information for those looking into hospice care; list of accredited home care agencies; referrals to homemaker and home health aide services; publishes consumer information brochure.  
(Shares office with National Association for Home Care.)

National Association for Home Care  
519 C Street, NE Stanton Park  
Washington, DC 20002  
(202)547-7424  
Organization for people who deliver healthcare in the home setting. Call for assistance or referral. (Shares office with Foundation for Hospice & Home Care.)

National Council on the Aging  
(see under (SOURCES FOR SERVICES))  
National Hospice Organization  
1901 N. Moore Street  
Suite 901

Arlington, VA 22209

(800)658-8898 Helpline (703)243-5900

Information about hospices, an alternative source of care for the terminally ill; education resource; information about death, dying, grief; publications about terminal illness. National directory of hospices; will provide list of facilities in a local area.

National Institute on Adult Daycare

c/o National Council on the Aging

409 3rd St. SW, 2nd Floor

Washington, DC 20024

(800)424-9046 (202)479-1200

Provides directory of adult day care centers in US. Promotes and enhances adult daycare programs; provides services and activities for disabled older persons on long-term basis.

National Institute on Community-Based Long-Term Care

c/o Natl. Council on the Aging

409 3rd St. SW, 2nd Floor

Washington, DC 20024

(800)424-9046 (202)479-1200

Seeks to promote and develop a comprehensive long-term care system that will integrate home- and community-based services, enabling older adults to live in their own homes as long as possible.

National Voluntary Organizations for Independent Living for the Aging c/o

National Council on the Aging

(See under INVOLVEMENT - VOLUNTEER GROUPS)

Nursing Home Information Service

c/o National Council of Senior Citizens

1331 F St. NW

Washington, DC 20004-1171

(202)347-8800

Publications about long-term care and life styles for aging.

## **INVOLVEMENT**

### **VOLUNTEER GROUPS**

#### **ACTION**

1100 Vermont Avenue  
Washington, DC 20525  
(202)606-4855

The Federal Domestic Volunteer Agency, provides grants through Older Americans Volunteer Programs.

Foster Grandparents-Volunteers age 60+ work with children.

Retired Senior Volunteer Program (RSVP)-Project offices throughout the US. Volunteers 60+ from all backgrounds who are willing and able to perform services on a regular basis. Brings retired more fully into community life through volunteer services that vary according to their preference and community needs. Projects at local level in schools, courts, health care, rehabilitation, day care, youth and community centers. Activities may include consultation for non-profit agencies, telephone reassurance programs, Meals on Wheels, intergenerational projects. Senior Companion-Volunteer opportunities for low-income persons age 60+ to establish relationship with other older persons, particularly to delay institutionalization. To aid keeping the older person in the family by providing relief to wife or caretaker. Services to elderly in institutions in attempt to help them return to community life.

National Council on the Aging  
(See under SOURCES FOR SERVICES)

National Voluntary Organizations for Independent Living for the Aging c/o National Council on the Aging 409 3rd St. SW, 2nd Fl.  
Washington, DC 20024  
(800)424-9046 (202)479-1200

### **HIGHER EDUCATION**

Association for Gerontology in Higher Education  
1001 Connecticut Avenue, NW, Suite 410  
Washington, DC 20036-5504

(202)429-9277

Membership organization of colleges and teachers who offer courses in higher education for elderly. Referrals to institutions with educational programs for older people interested in taking courses.

## **FITNESS/SPORTS/WEIGHT CONTROL**

National Association for Human Development 1424 16th St. NW, Suite 102 PO Box 100 Washington, DC 20036

(800)424-5153

(202)328-2191

Nonprofit, nonmembership organization. Seeks to help people establish and maintain physical and emotional health and vigor. Community awareness activities, local workshops, health seminars, Booklets about health/fitness for older adults. Request order form.

National Senior Sports Association

1248 Post Road

Fairfield, CT 06430

(800)282-6772

(703)758-8297

National membership organization. Put together golf tournament vacations.  
:nera

Over The Hill Gang, International (Sports)

3310 Cedar Heights Drive

Colorado Springs, CO 80904

(719)685-4656

International with members in nearly all 50 states and 13 other countries. For people 50+ who enjoy skiing and other recreational activities with friends and share spirit of adventure. Goal is to promote active sports, fitness, and fellowship. Primarily a ski organization, but expanded to include other sports such as tennis, sailing, golf, surfing, sail boarding, and ballooning.

T.O.P.S. (Take Off Pounds Sensibly)

P.O. Box 07360

4575 South Fifth Street

Milwaukee, WI 53207

(800)932-8677 (414)482-4620

Nonprofit organization. Local self-help groups for weight control. Use 800 number only to find location of nearest chapter.

## **LEGAL**

American Association of Retired Persons (AARP)

(See under MEMBERSHIP ORGANIZATIONS)

Center for Social Gerontology

2307 Shelby Ave.

Arbor, MI 48103

Consult with legal providers and those who fund legal services for elderly. Some advice on guardianship or advance directives.

National Academy of Elder Law Attorneys

N655 N. Alvernon Way, Ste. 108

Tucson, AZ 85711

(602)881-4005

Practicing attorneys, law professors, and others interested in the provision of legal services to the elderly. Has list of attorneys, cannot specifically refer. Free brochure of questions and answers when looking for an elder law attorney.

National Senior Citizens Law Center

1815 H Street, NW, Suite 700

Washington, DC 20006

(202)887-5280

Advocates for older adults regarding legal rights. No individual suits, class action litigation cases only. Publishes and distributes manuals dealing with legal problems of elderly poor.

**People's Medical Society**

**462 Walnut St.**

**Allentown, PA 18102**

**(800)624-8773 (215)770-1670**

**Non-profit organization to help consumers with medical rights, ie. if they are overcharged by doctor or hospital.**

## **MEDICATION INFORMATION**

**American Association of Retired Persons (AARP)**

**(See under MEMBERSHIP ORGANIZATIONS)**

**American Pharmaceutical Association**

**2215 Constitution Ave., NW**

**Washington, DC 20077**

**(202)628-4410**

**Association of pharmacists. Information about medications.**

**Consumer Information Center**

**(See under HEALTH/NUTRITION/FITNESS INFORMATION)**

**Council on Family Health**

**(See under HEALTH/NUTRITION/FITNESS INFORMATION)**

**Food and Drug Administration HFE-88**

**(See under HEALTH/NUTRITION/FITNESS INFORMATION)**

**National Organization of Rare Disorders (NORD)**

**(See under SPECIAL INTEREST/ETHNIC GROUPS)**

**Indigent patient drug supply program.**

**Pharmaceutical Manufacturer's Association**

**(See under PROFESSIONAL ORGANIZATIONS)**

U.S. Pharmacopeial Convention  
Order Processing and Customer Service  
12601 Twinbrook Parkway  
Rockville, MD 20852  
(800)227-8772 (301)881-0666

Publications about medicines. Recommend that you check your drug store first.

## **MEMBERSHIP ORGANIZATIONS/ SUPPLEMENTAL BENEFITS**

AARP American Association of Retired Persons  
601 E St., NW  
Washington, DC 20049  
(202)434-2277

Membership organization of 32 million, one of most influential in senior citizen lobbying. Persons 50 and older, working or retired. Advocates of expanding Social Security benefits, increasing government funding for the elderly's health care, ending discrimination against older adults. Provides information on a wide range of topics, including health, financial, talking with doctors, pharmacists, proper use of prescription medications. Offers mail order pharmacy service, travel service and discounts, legal services, group health insurance, community service programs. Seeks to improve every aspect of living for older people. Publishes AARP News Bulletin and bimonthly magazine, Modern Maturity.

Association of Retired Americans  
POBox610286  
Dallas, TX 75261  
(800)622-8040

Senior Americans interested in enhancing their lives through group benefits. Offers program of high quality, low-cost benefits and services to members: discounts on prescriptions, eyeglasses, and hearing aids; low interest credit cards; travel discounts, etc. Assists governmental agencies with development of programs of benefit to retired Americans.

**Mature Outlook**

6001 N. Clark St.  
Chicago, IL 60660  
(800)336-6330

National organization of seniors, over 50. Provides benefits, services and information to members. Offers discounts on a variety of services. Magazine and newsletter.

**National Alliance of Senior Citizens**

1700 18th St. NW, Suite 401  
Washington, DC 20009  
(202)986-0117

National, senior membership organization. Legislative advocate. Supplemental benefits such as discounts on rental cars, vacations, long distance phone calling; mail order RX, and dental/vision/ hearing program. Publishes Senior Guardian, senior citizen membership publication.

**National Council of Senior Citizens**

1331 F Street, NW  
Washington, DC 20004-1171  
(202)347-8800

Organization of 5 million senior activists in over 5,000 affiliated local or state councils. Works for legislation to benefit senior citizens. Supports preservation of Medicare and Social Security, national health plan, reduced drug costs, better housing. Similar to AARP with member benefits of group rate supplemental insurance, mail order RX, travel service. Has Senior Aids program, through Health Dept. of Labor and Nursing Homes Information Service.

**PATIENTS' RIGHTS**

People's Medical Society  
(See under LEGAL)



American Hospital Association  
Resource Center  
PO Box 92683  
Chicago, IL 60675-2683  
(800)242-2626 AHA (312)280-6263 to request publications.  
Information about hospitalization, booklet about patients' rights.

National Committee for the Prevention of Elder Abuse  
c/o Institute on Aging  
The Medical Center of Central Massachusetts  
119 Belmont Street  
Worcester, MA 01605  
(508)793-6166  
Multi-discipline, professional organization, national advocacy, research.  
Established to promote a greater understanding of the problem and develop  
services to protect older and disabled adults or reduce likelihood of their being  
abused/neglected. Referrals.

#### **PHYSICIAN ASSOCIATIONS/REFERRALS**

Look under DISEASES/CONDITIONS for referrals to physicians specializing  
intreatment of a specific disease or condition.

#### **DENTAL**

American Dental Association  
211 East Chicago Ave.  
Chicago, IL 60611  
(312)440-2860  
To find out about free and low cost services for older people through state den  
tal associations.

American Society for Geriatric Dentistry  
211 East Chicago Ave., 17th Floor  
Chicago, IL 60611  
(312)440-2660  
Organization for dentists; resource for information about geriatric dentistry.

National Foundation of Dentistry for the Handicapped  
1800 Glenarm Place, Suite 500  
Denver, CO 80202  
(303)298-9650

For those confined, referrals for dentists who make house calls (only in Colorado, Illinois and New Jersey. Others call local social services or State Dept. of Health).

## **GENERAL**

American Medical Association  
515 N. State St.  
Chicago, IL 60610  
(312)464-5000

To check any physician's credentials. Nation's largest organization of health care professionals. Advocates increasing government funding for health care for the elderly, often represents medical profession before Congress. Advocates stricter enforcement of laws protecting elderly from abuse and supports home health care.

## **GERIATRICIANS**

American Geriatrics Society  
770 Lexington Ave., Suite 300  
New York, NY 10021  
(212)308-1414

To locate a geriatrician. Professional society of physicians and other health care professionals interested in problems of the aged.

American Osteopathic Association  
142 E. Ontario St.  
Chicago, IL 60611  
(800)621-1773 (312)280-5800  
To locate a geriatrician.

The Gerontological Society of America  
(See under PROFESSIONAL ORGANIZATIONS)

### **HOLISTIC**

American Holistic Medical Association  
4101 Lake Boone Trail, Ste. 201  
Raleigh, NC 27607

Doctors of medicine and other health practitioners who practice or are interested in holistic medicine. Referrals will be given upon written request, \$5 service charge.

### **HOME CARE**

American Academy of Home Care Physicians  
(See under PROFESSIONAL ORGANIZATIONS)

### **INTERNISTS**

American Society of Internal Medicine  
2011 Pennsylvania Ave. NW, Suite 800  
Washington, DC 20006-1808  
(800)338-2746 (202)835-2746  
Information, booklet about staying healthy while getting older.

### **OB/GYNS**

American College of Obstetricians and Gynecologists  
409 12th St. SW  
Washington, DC 20024  
(800)673-8444 (202)863-2518/19  
Provides referrals and offers publications regarding menopause, estrogen use, osteoporosis: ask for resource center.

### **PHYSIATRISTS**

American Academy of Physical Medicine and Rehabilitation  
1225. Michigan Avenue  
Suite 1300  
Chicago, IL 60603-6107

(312)922-9366

### **PODIATRISTS**

American Podiatric Medical Association

9312 Old Georgetown Rd.

Bethesda, MD 20814

(301)571-9200

Pamphlet

"Podiatrists Talk about Aging"; suggests checking Yellow Pages for podiatrist, if unable to find one, will provide names of several in area.

### **PSYCHIATRISTS**

American Association for Geriatric Psychiatry

PO Box 376-A

Greenbelt, MD 20768

(301)220-0952

Psychiatrists interested in promoting better mental health care for the elderly.

American College of Surgeons

55 East Erie Street

Chicago, IL 60611

(312)664-4050

Informative pamphlets about needing an operation and various types of

### **PROFESSIONAL ORGANIZATIONS**

American Academy of Home Care Physicians

4550 W. 77th St.

Edina, MN 55435

(410)730-1623

Professional organization of physicians and health care agencies involved with home care; newsletter to keep them updated on legislation, etc.

American Hospital Association

(See under PATIENTS' RIGHTS)

American Society on Aging  
833 Market Street, Room 511  
San Francisco, CA 94103  
(800)537-9728 (415)882-2910

Professionals, students, and senior citizens. Works to enhance the well-being of older individuals and foster unity among those working with and for the elderly. Educational seminars for people who work with the elderly.

The Gerontological Society of America  
1275 K Street, NW, Suite 350  
Washington, DC 20005-4006  
(202)842-1275

A 6,000 member (mostly professionals) multidisciplinary organization, devoted to improving the condition of the aged through research and education.

National Association for Senior Living Industries  
184 Duke of Gloucester Street  
Annapolis, MD 21401-2523  
(410)263-0991

A nonprofit resource network of organizations, professionals and private citizens concerned with the quality of life for America's older population.

National Association of Meal Programs  
206 E Street, NE

Washington, DC 20002 (202)547-6157 Representative association of over 800 individual, organization, and corporate members, active in delivery of meals to older persons, both in the home and in group settings. Provides technical assistance information exchange, and leadership in legislative action.

National Pharmaceutical Council  
1894 Preston White Drive  
Reston, VA 22091  
(703)620-6390

Supports educational programs; information on the cost-effectiveness of pharmaceuticals.

Pharmaceutical Manufacturers' Association  
110015th Street NW, Suite 900  
Washington, DC 20005  
(202)835-3400

Represents the prescription drug industry. Consumer information available upon request.

## **PUBLISHERS/GUIDEBOOKS FOR SENIORS**

American Guidance Inc.  
6231 Leesburg Pike, Suite 305  
or P.O. Box 448  
Falls Church, VA 22044  
(800)736-1460 (703)533-1464

Publishes American Guidance for Seniors, a book about a available benefits, entitlements, assistance; federal, social security, medicare, health insurance, low income programs, food stamps, Medicaid, dying, funerals, veteran's benefits, etc.

Center for Consumer Healthcare Information  
4000 Birch St., Suite 112  
Newport Beach, CA 92660  
Correspondence:  
PO Box 16067  
Irvine, CA 92713  
(800)627-2244 (714)752-2335

Publisher of directory of about 70,000 health care facilities and support services, including homecare, rehabilitation, psychiatric, and addiction treatment programs; hospices, adult day care, burn and cancer centers; Information and support resources section, self-help, etc. Has extensive data based, can license the data.

Daughters of the Elderly Bridging the Unknown Together (DEBUT)  
c/o Pat Meier  
710 Concord St.  
Ellettsville, IN 47429  
(812)876-5319

Published a book for those preparing for future roles as caregivers, Daughters of the Elderly, Buidling Partnerships in Caregiving, edited by Jane Norris, Indiana Unive Press, ISBN-0-253-20484-4.

#### Resources for Rehabilitation

33 Bedford St., No. 19A

Lexington, MA 02173

(617)862-6455

Publisher of books for people with disabilities. Call for list of publications. Resources for Elders with Disabilities, includes information about laws affecting older people with disabilities and about travel; information about psychological aspects and effects of given diability, and about professional service providers.

### **SOCIAL/COMPANIONSHIP/ACTIVITIES**

#### Elder Craftsmen

135 E. 65th St.

New York, NY 10021

(212)861-5260

Craftsmen, 55+. To give older adults the opportunity to make a positive state ment through crafts, while nurturing American craft tradition. Nonprofit shop for elderly's fine handcrafts from anywhere in US. Crafts training workshops in metro NY with understanding that participants will teach acquired skills to others.

#### Foundation for Grandparenting

(See under FAMILY/CAREGIVER SUPPORT)

#### Lifespan Resources

1212 Roosevelt

Ann Arbor, MI 48104

(313)663-9891

**Carol Tice**

Has designed programs involving interaction between youth and senior citizens. Circulates material nationally. Guidelines for setting up and supporting intergenerational programs in schools, communities, etc. Also does research.

**Little Brothers - Friends of the Elderly**

1603 S. Michigan Ave., Suite 502

Chicago, IL 60616

(312)786-0501

National, nonprofit organization. Participants are 65+, living alone, with limited incomes, and do not receive emotional and physical support from relatives.

Primary service is friendly visiting program. Visitations, dinner parties, summer vacations. Assistance with routine chores and maintenance, transportation, delivery of hot meals and food packages. Educational programs, health education, crafts. Information, referrals, and contacts with other public or private agencies.

**National Institute of Senior Centers**

c/o National Council on the Aging

409 3rd St. SW, 2nd Fl.

Washington, DC 20024

(800)424-9046 (202)479-120p

Assists senior centers, organizations, and communities in developing new centers and upgrading existing operations.

**National Interfaith Coalition on Aging**

c/o National Council on the Aging

409 3rd St. SW, 2nd Fl.

Washington, DC 20024

(800)424-9046 (202)479-1200

Religious and secular organizations and individuals concerned with the US religious community's response to problems of aging, and about the spiritual well-being of the elderly. Promotes communication and cooperative effort.

**THEOS Foundation**

1301 Clark Bldg.

717 Liberty Ave.

Pittsburgh, PA 15222

(412)471-7779



Name derived from motto, They Help Each Other Through Support. Established to aid development of practical and educational programs for widowed in US and Canada. Periodic programs on topics pertaining to grief.

## **SOURCES FOR SERVICES**

American Association for International Aging  
113320th St. NW, Suite 330  
Washington, DC 20036  
(202)833-8893

Publishes source book (US Directory and Sourcebook of Aging) of national, regional, and state governmental agencies, firms and nonprofit organizations concerned with aging issues in the U.S.

American Association of Homes for the Aging  
(See under HOUSING/HOME CARE/DAY CARE)  
Source for information about housing and health-related facilities and services for elderly.

American Health Care Association  
(See under HOUSING/HOME CARE/DAY CARE)  
Referrals to state organizations of nursing homes.

**Eldercare Locator Service of National Assn. of Area Agencies on Aging**  
**(800)677-1116** Toll-free assistance in identifying community (local) resources for seniors nationwide, ie. Meals on Wheels, transportation, activity centers, legal assistance, housing, etc.

Health Promotion Institute  
(See under HEALTH/NUTRITION/FITNESS INFORMATION)

National Council on the Aging  
409 3rd St. SW, 2nd Floor  
Washington, DC 20024  
(800)424-9046 (202)479-1200

Private, nonprofit organization. Cooperates with other organizations to promote concern for older people and develop methods and resources for meeting their needs. Provides information and referral to other resources and agencies to help provide care for an older American. Works to enhance independent living, volunteering of elderly with youth, jobs for elderly. National information and consultation center. Publishes NCOA Networks. news of senior centers, day care, services, housing, health, caregiving, legislation news.

National Health Information Center and Communication Technology  
ODPHP-Office of Disease Prevention and Health Promotion  
U.S. Public Health Service

To write: P.O. Box 1133  
Washington, DC 20013-11331

New street address:  
11426-28 Rockville Pike  
Rockville, MD 20852

(800)336-4797 (301)565-4167 (Changes ongoing)

Database of organizations, federal and federally-sponsored offices and programs providing health information and assistance. Assists consumers and healthcare workers by referring them to appropriate health information sources. Issues publications regarding health promotion and disease prevention, information about treatment and support groups for various diseases and conditions. Some publications: Healthfinders-pamphlet about free health information; Healthy People 2000-resource list; dieting, smoking.

National Institutes of Health  
(See under GOVERNMENT AGENCIES)  
(301)496-4000 Directory of NIH services.

National Institute on Aging  
(See under GOVERNMENT AGENCIES)  
Publishes Resource Directory for Older People.

## **SPECIAL INTEREST/ETHNIC GROUPS**

### **WOMEN**

National Women's Health Network  
1325 G St., NW  
Washington, DC 20005  
(202)347-1140

Clearinghouse of information on all areas of health care for women. Answers questions and publishes newsletter.

Older Women's League  
666 11th Street, NW, Suite 700  
Washington, DC 20001  
(800)TAKEOWL (800)825-3695 (202)783-6686

Membership organization, advocacy for women's issues (40+), gives testimony on issues such as retirement, pension, social security, health, housing. Joining fee \$15. Newsletter.

### **INDIGENT**

National Organization of Rare Disorders (NORD)  
P.O. Box 8923  
New Fairfield, CT 06812  
(800)999-6673

Indigent patient program for free drug therapy. Only limited drugs included. Based on inability to pay. Call 800 number for application.

Pharmaceutical Manufacturers' Association  
(See under PROFESSIONAL ORGANIZATIONS)  
Publish a booklet on pharmaceutical company indigent programs.

**GAY**

Senior Action in a Gay Environment

208W. 13th St.

New York, NY 10011

(212)741-2247

Organizing to become national in scope. Trained volunteers including social workers, doctors, lawyers, psychologists, gerontologists, and others dedicated to needs of older gays and lesbians, and ending isolation. AIDS service program, information and referral in legal matters, home care and housing facilities, social service agencies, social activities, etc.

**RURAL**

Green Thumb, Inc.

2000 North 14th Street, Suite 800

Arlington, VA 22201

(703)522-7272

National, nonprofit employment and training organization for rural areas, those 55+, low income. Sponsored through National Farmer's Union, funded through Department of Labor.

National Center on Rural Aging

c/o National Council on the Aging

409 3rd St. SW, 2nd Fl.

Washington, DC 20024

(800)424-9046 (202)479-1200

Planners and providers of services for the aging and others interested in issues related to older persons living in rural areas. To develop policies related to their needs and interests.

National Resource Center for Rural Elderly

University of Missouri-Kansas City

5100 Rockville Rd.

Kansas City, MO 64110

(816)235-1024

Information about housing programs and services for elders in rural America.

**ASIAN-PACIFIC**

National Asian-Pacific Center on Aging  
Melbourne Tower, Suite 914  
1511 3rd Avenue  
Seattle, WA 98101  
(206)624-1221

Goals include to ensure and improve delivery of health and social services, including employment opportunities to elderly in the Asian-Pacific Islander community.

**BLACK**

National Caucus and Center on Black Aged, Inc.  
1424 K Street, NW, Suite 500  
Washington, DC 20005  
(202)637-8400

National group that seeks to improve living conditions for low-income elderly Americans, particularly blacks, in economic, health and social status. Community awareness, employment program, rental housing. Newsletter.

**HISPANIC**

Hispanic American Geriatrics Society  
1 Cutts Rd.  
Durham, NH 03824-3102  
(603)868-5757

Professional organization of health care providers. Provides advocacy for older Hispanic Americans; offers advice, health care services, and health education programs for professionals.

National Association for Hispanic Elderly (Asociacion Nacional Pro Personas Mayores) 3325 Wilshire Blvd.  
Suite 800  
Los Angeles, CA 90010-1784  
(213)487-1922

Funded by Dept. of Labor, provides employment for the elderly. Older persons and organizations concerned with aging and social service.

**National Hispanic Council on Aging**  
2713 Ontario Road, NW  
Washington, DC 20009  
(202)745-2521

Fosters well-being of older Hispanics. Network for organizations and community groups interested in the Hispanic elderly.

### **INDIAN**

**National Indian Council on Aging**  
6400 Uptown Blvd. NE  
City Centre, Ste. 510-W  
Albuquerque, NM 87110  
(505)888-3302

Seeks to bring about improved, comprehensive services to the Indian and Alaskan native elderly. Acts as focal point for needs of older Indians, disseminates information on Indian aging programs, provides technical assistance and training to tribal organizations in development of their programs. Publishes newsletter for older American Indians.

### **UNIONS/RETIRED WORKERS**

**AFL-CIO Department of Occupational Safety, Health & Social Security**  
815 16th Street, NW  
Washington, DC 20006  
(202)637-5000  
Community services department. Retirees program.

**AFSCME (American Federation of State, City, and Municipal Employees)**  
Retiree Program  
1625 L Street, NW  
Washington, DC 20036  
(202)429-1000  
Largest public employee and healthcare workers union with 1.3 million members. Call local union office number from phone book first.

National Association of Retired Federal Employees  
1533 New Hampshire Ave., NW  
Washington, DC 20036  
(202)234-0832

United Auto Workers Retired Members Department  
8731 East Jefferson Avenue  
Detroit, MI 48214  
(313)926-5231

## **VISION/HEARING**

American Council of the Blind  
1155 15th Street, NW  
Suite 720  
Washington, DC 20005  
(800)424-8666 (202)467-5081  
Referrals, information.

American Foundation for the Blind  
15W. 16th Street  
New York, NY 10011  
(212)620-2000  
Referrals to rehab centers.

National Center for Vision and Aging  
Information and Resource Service  
800 2nd Avenue  
New York, NY 10017  
(800)334-5497 (800)808-5544 TTD machine for hearing impaired  
(212)808~077  
To promote understanding of vision problems of the aging.

National Library Service for the Blind and Physically Handicapped  
1291 Taylor Street, NW  
Washington, DC 20542  
(800)424-8567 (202)287-5100

Provides materials to visually impaired, blind, and handicapped people by mail through local libraries. Material can be ordered through toll-free number.

Society of Geriatric Ophthalmology  
73 2nd Street  
South Orange, NJ 07079  
(201)763-1381

Ophthalmologists and administrators interested in the vision problems of the elderly. Cataract guidelines.

American Speech-Language-Hearing Association  
10801 Rockville Pike  
Rockville, MD 20852  
(800)638-8255 (Voice/TDD) (301)897-5700  
Information packets, referrals to local speech pathologists / audiologists.

Hearing Helpline  
The Better Hearing Institute  
5021-B Backlick Road  
Annandale, VA 22003  
(800)327-9355

Nonprofit educational organization. Helpline answers questions about symptoms, hearing loss, hearing aids, surgery, finances. Referrals to specialists and self-help groups. Informative publications.

National Association for Hearing and Speech Action  
10801 Rockville Pike  
Rockville, MD 20852  
(800)638-8255 (Voice/TDD) Consumer Helpline (301)897-8682.



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