Fifth Annual American Indian Elders Conference
"Elders are the Difference"

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"Elder Health and Heritage"

by

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Thank you for inviting me to address your conference.

Almost one year ago, September 5th, 2002, to be exact, I gave a speech to the National Indian Council on Aging. The title of that speech was, "Elder Health is Family Health." If our elders are not healthy, then how can our families be healthy? Our elders are our cultural and heritage keepers. They alone can bring our heritage and history to life; they can tell the story of our past better than any words on a page – or any speech from a podium. The life that we enjoy today is the result of the strength, the wisdom, and the courage of our ancestors and our elders.

I believe that our elders are the difference between truly knowing who we are and being told by others who they think we are. Our elders are the difference between our having values and being in danger of becoming of no value to ourselves or others. Our elders are the difference between our having a vision and being hopeless. Our elders demonstrate daily how to love and care for each other, to support and strengthen each other, so that together we can be even stronger.

And as our elders have cared for us and many others, we need to do what we can to care for them and to be their strength, their sight, their memory, and their voice – if need be. And we must also help those who care for our elders, whether in their homes, in a day health program, or in a care facility, because of the important work that they do.

At the Indian Health Service, our goal is to help our elders and their families remain as healthy and active as possible, and to be able to remain in their homes and communities for as long as possible. I am sure that I don't need to tell you of the challenges of providing services for our elderly population, the health priorities that must be addressed, or the amount of resources that it takes to achieve our goals.

Instead, I will tell you what we tell members of Congress, what we tell the administration, and what we tell our partners in the delivery of health services to American Indians and Alaska Natives.

The life-span of American Indians has increased dramatically from an average age in the 50's at the time when the IHS was transferred to the Department of Health and Human Services in 1955. Indian people are living to an average age of 72 now – but that is still 6 years below the average for all Americans. The health issues of people in their 70's is different from those in their 50's – and that presents a magnitude of difference for an Indian health system that was established to improve the health of Indian people in 1955, and not established to respond in less than 50 years to the needs of an expanded population that is living 20 or more years longer. Geriatric care was not a priority in the nation or in Indian country back in the 1950's.

The text is the basis of Dr. Grim's oral remarks at the 5th Annual American Indian Elders Conference in Oklahoma City, Oklahoma, on Tuesday, September 9, 2003. It should be used with the understanding that some material may have been added or omitted during presentation.

Between 1990 and 2000, in 10 short years, the Indian elder population increased by 23 percent. American Indian and Alaska Native elders are 20 percent more likely to experience arthritis; 49 percent more likely to experience congestive heart failure; 18 percent more likely to have high blood pressure; 18 percent more likely to have a stroke; 44 percent more likely to have asthma; and 173 percent more likely to be afflicted with diabetes.

The prevalence of chronic disease that accompanies these illnesses is currently contributing to a frail and medically complicated elder population that requires ongoing medical support and assistance with their daily activities. And we must also consider what the elder health needs might be in the future. While we try to meet the health needs of our elder population now, we must plan to meet the health needs even 5 or 10 years down the road. A University of North Dakota study suggests that by 2010, health providers should expect a 51 percent increase of American Indian and Alaska Native elders with moderately severe and serve health conditions.

Like everything else, the issues of elder health are part of the health crisis that the nation is also experiencing – an aging population, a shortage of health professionals, increasing medical costs, and government programs that have demands that outpace their appropriation levels. And along with the health issues of the nation, there are national priorities that make demands on the limited resources of the country, such as defense, security, education, employment, and the economy.

And for Indian country, our health priorities, along with those of our elder population, are the health crisis in diabetes, in alcohol and substance abuse, in the rising cost of prescription drugs, in heart disease, and in unintentional injuries. And there are health challenges just around the corner – challenges like the emerging issue of hepatitis C and the rise of Type II diabetes in children and young adults.

What are we doing? The focus of the Indian Health Service Elder Care Initiative has been shaped by what we have been told about tribal priorities, that is the need to develop resources and programs that will help our elders remain healthy and strong as long as possible and to remain within their homes and their communities. As Dr. Bruce Finke, the physician coordinating the Indian Health Service Elder Care Initiative, has said, "there is not an elder so sick that they cannot be cared for in their home if we can provde adequate support for them and their family"

To help an elder stay in their home and community, the IHS issued a grant announcement in June 2003 to award approximately $650,000 per year for 3 years to help Tribes to develop reimbursable long-term care services. This represents a "capacity-building" investment rather than direct service spending, aimed at helping tribes and urban organizations to develop Indian run programs to assist families to care for their frail elders; to build tribally run long-term care programs in our communities. The time-frame for submitting proposals has closed and we anticipate making awards by the end of September. The Elder Care Initiative also released, in May of this year, guidelines for preventive care services for the elderly. We will continue to work with tribal, urban, and IHS health programs to develop clinical and community-based preventive care approaches to help our elders maintain health and function and be able to fulfill their critical role as guides and leaders for our people.

We are also working with the National Indian Council on Aging to establish a national center to develop a consortium of regional and national technical assistance resources to help Tribes develop long-term care systems and programs. The Center is planning to provide technical grant application assistance, information and referral regarding long-term care, telephone and e-mail as well as limited on-site consultation, a newsletter of best practices in long-term care, and they will establish a Tribal Leaders Forum on Long-Term Care.

We are working with the Alaska Native Tribal Health Consortium to provide initial and ongoing palliative care training for tribal and IHS teams. This is a 3-year project to provide training for teams from each of the 12 IHS Areas.

We are also collaborating with the University of California (Los Angeles) and their Center for Health Policy Research to develop, publish, and disseminate a series of guides to funding home- and community-based long-term care services for the elderly that are state specific in content. We believe these guides will be valuable technical assistance tools for Tribes developing long-term care services.

And we are also concerned about our elderly population living in urban areas. We will be working with the Seattle Indian Health Board to conduct a study to provide data about urban Indian elders and their unmet long-term care needs and their eligibility for state long-term care programs.

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I made an observation during my presentation a year ago. And that same observation applies today. In the audience today I see a mix of age groups. But I do not see many youth. Like you, I remember my youth when I lived "in the moment," and planning for the future consisted of planning a vacation. Issues like saving for retirement or health consequences 20 or 30 years down the road were in the category of things that could "wait." As I said then, I believe we need to consider ways to share this message with our youth of the importance of planning for elder care so that it becomes "their" issue well before the years arrive when it becomes their personal problem. Elder health issues should be everyone's issue.

Helping elders remain in their homes also means we need to support programs that help the families who are the caregivers for those elders. Studies have shown that the primary caregiver for the elderly in Indian Country is the family. The studies also show that one family member usually becomes the primary caregiver. The caregiver responses to surveys indicate that what they would like most is to have some respite care – meaning they would like to sometimes have an afternoon off or some private time. And respite care can come from the community itself – through churches, community groups, schools, neighbors, or family members. Our culture is one of caring, both for those in need and for those who care for them. Helping a caregiver to have time off from their often demanding caretaking duties is giving a gift that is, as the commercial says, "priceless."

Another way to help both our elders and our caregivers is to reduce the health needs of our elders. As the Director of the Indian Health Service, I am renewing the emphasis on promoting healthy behaviors and lifestyles to achieve a reduction in chronic diseases. I believe that there is a lot we can do to prevent the progression of disease and disability and loss of function. Investing in health promotion and disease prevention, as the University of North Dakota study pointed out, "is the most cost-effective way to address the long-term care needs of our elderly." Preserving function means that they do not require as many health services from the health system or from caregivers. A good system of ongoing support can prevent expensive health crises events and catastrophes. While an outcome may be economic, it is also the humanitarian thing to do – ensuring that as many of our elders as possible live healthy and independent lives for as long as possible.

Prioritizing health issues has never been easy and will never be easy. But I commend you, your organizations, and the Indian health system for being so successful with the resources we have; it is the dedication and hard work of the people we have working in our organizations, of those of you here today, that make what we do possible.

Elders are the difference in keeping our heritage or losing it. The health of our elders is a measure of the health of our culture and our communities.

Thank you.

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