



National Indian Council on Aging Conference

In conjunction with the
Healing Our Spirit Worldwide Conference
Albuquerque, New Mexico
September 5, 2002



OS



ACF



“Elder Health is Family Health”

by

Charles W. Grim, D.D.S., M.H.S.A.

Assistant Surgeon General

Interim Director, Indian Health Service

Thank you for inviting me to address your conference.

My name is Charles Grim and my Tribe, the Cherokee Nation of Oklahoma, along with other Tribes in Oklahoma and across the nation, placed my name before President Bush for consideration to be the next Director of the Indian Health Service. I am honored that the President has appointed me to be Interim Director of the agency . This is an awesome responsibility, to lead the organization responsible for delivering health care to the majority of the American Indians and Alaska Natives of the United States.



Elder issues are fast becoming a priority issue not only with Tribes but also within the national agenda of the United States. Naturally, my focus will be on health programs for the elderly, but like all health issues, it is not isolated from issues of education, economics, poverty, and access to care. And like all health issues, there is no one program or agency that is the solution.

If we do not address the issue from many directions and perspectives then we are only addressing a symptom and not providing a solution.

Studies are confirming what many of us already know, that elder care is in crisis in Indian country. In my 20 years with the Indian Health Service I have seen over and over again that there is a willingness to do something but most programs or individuals outside of Indian country do not know what to do. I have found that they are willing to listen, share information on what they can do to assist, and identify barriers that prevent them from doing more. I know this Administration and this Secretary of Health and Human Services are very interested in identifying obstacles preventing people or organizations from being able to make a positive difference in their lives and communities.

The text is the basis of Dr. Grim’s oral remarks at the Healing Our Spirits Worldwide Conference in Albuquerque, New Mexico, on Thursday, September 5, 2002. It should be used with the understanding that some material may have been added or omitted during presentation.

There are several areas the federal government is focusing on that have opportunities for Indian country: There is a focus on rural health and a large portion of our services are delivered in rural areas. There is also the personal interest of the President and the Secretary to eliminate health disparities. Health statistics show that our population has a lower health status than the rest of American in almost all categories. The resources for eliminating health disparities, in addition to Indian Health Service resources, can come to Indian Country with your help.

There are solutions. And the National Indian Council on Aging has done a great job and has been invaluable for taking action to survey the scene, help us understand what programs are out there, what the situation is, and see what we can all do together to meet that need.

The Indian Health Service was established to address the health issues of Indian people at a time when the health issues were not behavioral or chronic but medical in nature. And the life span of Indian people at that time was late 40's and 50's. Those illnesses readily responded to medicines, surgery, and public health programs of safe water and sanitation systems. Geriatric care was not a priority in the nation or in Indian country back in the 1950's.

But it is now. Our success at improving the health status of Indian people has resulted in the life span of Indian people to advance rapidly. It is now only a few years below that of the rest of the country. Extending by 30 or 40 years the average lifespan of Indian people over a 40-year period is amazingly quick. And the result is we do not have an Indian health system that has the infrastructure or programs to respond to the needs of such a growing segment of our population. While the lifespan of our people was being extended we focused on meeting their health needs and the needs of their children. Now we must try and meet their health needs as elders and, unfortunately, that is a health issue that we face along with the health crisis in diabetes, alcohol and substance abuse, the increasing cost of prescription drugs, heart disease, and unintended 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.

As I look out on this audience of the National Indian Council on Aging – I see a mix of age groups. What I do not see are any of the youth that are here in Albuquerque attending the conference. I attended the youth conference yesterday and I was impressed with their energy and focus on the future and desire to make a difference. Perhaps a partnership between NICOA

and UNITY could help both organizations achieve individual and shared goals. Your involvement in their organization could help them understand the crisis of elder care from a perspective they may not be exposed to back in their homes or communities. And it could provide them information about elder issues years before they consider it – when they have a personal reason to do so. I know when I was young the thought of saving for retirement or having an interest in elder care programs was something that could “wait.” And it would have been unlikely that I would attend a conference that seemed to be focused just for elders by elders. I believe we need to consider ways to share our message of 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.

Together; Tribes, NICOA, urban Indian health programs, Indian organizations, and elders should set into motion the foundation for programs that will benefit our children as they take their place as elders. We must address the elder needs we need to meet today, but we also need to address the elder needs we believe will need to be met in the future.

As I mentioned, the Indian Health Service was established at a time when geriatric care was not a priority in Indian country, or the nation. Therefore the legislation that created the IHS did not put of lot of emphasis on elder programs such as long-term care that address elder issues. The health issues of the Indian population have evolved and changed over almost 50 years since the legislation was first written.

But there have been other laws written since that time, particularly those that support Tribal self-determination efforts. I am sure the National Indian Council on Aging has strategies that might address the legislative change necessary to expand the programs that the Indian Health Service is authorized to provide, such as providing long-term care or other alternative programs – particularly now that the Indian Health Care Improvement Act is up for reauthorization. If you have not already reviewed the proposed changes in that document, I urge you to do so. It is available from the Indian Health Service website.

I have noticed a remarkable reference to elders at almost every gathering. How important they are to the continuance of our traditions and culture. But there are also references to elder abuse, and also references to child abuse and domestic violence. We are a culture of caring. We don't excuse the harm done to others, but we are there to support and heal.

The focus of the Indian Health Service elder initiative is the same primary focus of the National

The text is the basis of Dr. Grim's oral remarks at the Healing Our Spirits Worldwide Conference in Albuquerque, New Mexico, on Thursday, September 5, 2002. It should be used with the understanding that some material may have been added or omitted during presentation.

Indian Council on Aging and the same as what the Tribes have stated as their priority – that there are resources and programs that will help our elders remain as long as possible within their homes and their communities. The recent study by the Retirement Research Foundation, the results of which were shared yesterday at the Long-Term Care presentation, showed that elder services were a priority of the Tribes and that remaining within the family and community was also a priority. In fact, most of the Tribal funds for elder programs went into providing services and also modification to homes so that the elder could remain home for as long as possible.

I would be remiss if I did not acknowledge the debt of gratitude the Indian Health Service owes Dr. Bruce Finke, a physician at our Indian Health Service facility at Zuni and the person responsible for the Indian Health Service Elder Care Initiative. I could not imagine anyone else to lead that initiative. He is the one who everyone calls when they have a question about elder care. And when he speaks, he speaks for the Indian Health Service and our goals for elder care. I agree with his statement yesterday that there is not an elder so sick that they cannot be cared for in their home.

And to help an elder stay in their home means we also support programs that help the family who are the caregivers for that elder. The studies have shown that the primary caregiver for the elderly in Indian Country is the family. The studies also show that usually there is one family member who becomes the primary caregiver even where there are other siblings or relatives who could assist. The family is Indian Country's long-term care system.

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. Family caregivers are the unsung heroes of elder care – to be constantly “on call” to meet the medical, social, and personal needs of another person is a stressful way to live, and we need to do what we can to support them.

The Healing our Spirits Worldwide conference has been an opportunity to learn so much from so many people. Sometimes we learn from unexpected sources.

I was told a story at this conference about a conversation between two elderly ladies, overheard as the crowd moved from one location to another. They had a refreshing perspective on elder care that we sometimes might overlook. They were agreeing about how thankful they were for the programs and the interest that is being directed toward elder care. One said that while that is fine and important, “do they always have to be directed just at meeting medical

needs?” she said. For example, she told the other, having a community health center with an elder exercise program is fine and also to have an elder nutrition program and classes can't be argued against either. “But,” she said, “why can't we go there just to have some fun?” And then the crowd moved on.

One of the principles of the Indian Health Service in our elder initiative, and across the board, is to listen to what our elders are telling us they want. Between the elders, their family, and their local community, they know what programs they need or what medical services are necessary. It doesn't matter whether they tell us at conferences in front of a microphone or in overheard conversations; we must always be open to listening and learning.

What the National Indian Council on Aging has done along with the HHS Administration on Aging and the Indian Health Service was exactly that, listen to Tribes and elders. You'll find the results of that in their joint report *Long-Term Care for American Indians and Alaska Natives: Final Report 2002*. It also is on the Indian Health Service website. I don't know if you'll find the “fun” aspect the ladies were telling us they wanted in the report, but sometimes we need to be reminded that going to a health center doesn't have to be a reminder of their advancing years or frailty – sometimes it should be fun.

I know that is a great place to stop my presentation. And I'm sure there are many of you who would agree with me! But I cannot leave without making one additional point.

Over the days of this conference I have heard many stories, received many comments, and attended many meetings. Each health issue that is discussed is important and requires our attention. And after a while it can be a bit disheartening to hear how far away health parity with the rest of the country still is in so many areas. Prioritizing health issues has never been easy and will never be easy. But I commend the Indian health system, and I commend organizations such as the National Indian Council on Aging, and all of you here today, for being so successful with the resources we have and the dedication of the people we have working in our organizations.

Because of them we are approaching our goals and, more importantly, we are not letting the goals get further away by doing less. In this day and age, sustaining a health program is just as important and significant an achievement as advancing a program forward. My hat is off to all of you for helping all of us move forward on our path of caring for our elders – and for helping them to sometimes just have fun for the fun of it!

Thank you.

The text is the basis of Dr. Grim's oral remarks at the Healing Our Spirits Worldwide Conference in Albuquerque, New Mexico, on Wednesday, September 4, 2002. It should be used with the understanding that some material may have been added or omitted during presentation.