



# supporting vulnerable populations

providing services to the people who need them most

## SUPPORTING VULNERABLE POPULATIONS

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Data show that the National Aging Services Network serves people who are poor and people who are members of minority groups in a greater proportion than in the general population of older Americans.

The percent of those who are poor among OAA clients substantially exceeds the percent of those who are poor for all aging individuals (60 and over) in the U.S. From 1997-2000, the Network served about half of the poor older individuals in the nation.

## ASSISTING DIVERSE POPULATIONS

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AoA funds five projects with the National Minority Aging Organizations that represent each of the four major populations of color: African-American, Hispanic-American, Asian American/Pacific Islander, and American Indians/Alaska Natives. These projects worked at the community level in urban and rural areas to provide health information on managing diabetes, preventing stroke and cardiovascular disease, preventing cancer, and promoting immunizations.

In addition, we are partnering with the CDC to co-manage Project REACH for the Elderly (Racial, Ethnic Approaches to Community Health). In 2002, this partnership supported four projects that have developed unique health promotion and disease prevention strategies to reach older individuals of color.



AoA has developed partnerships to better serve American Indians, Alaska Natives, and Native Hawaiians. We partnered with the University of North Dakota's National Resource Center on Native American Aging to design and implement a needs assessment of American Indians, Alaska Natives, and Native Hawaiians. Tribes have used this data for public awareness campaigns, grant applications, and service development activities.

AoA also partnered with the Indian Health Services and National Indian Council on Aging to conduct the American Indian and Alaska Native Roundtable on Long-Term Care on April 11 and 12, 2002. A final report was produced as a result of the roundtable that explores the key issues in long-term care for American Indian and Alaska Native communities.



You can view the report at the following site: [http://www.ihs.gov/PublicInfo/PublicAffairs/PressReleases/Press\\_Release\\_2002/Final\\_LTC\\_Report\\_ALL.pdf](http://www.ihs.gov/PublicInfo/PublicAffairs/PressReleases/Press_Release_2002/Final_LTC_Report_ALL.pdf).

Additionally, the University of Colorado's Native Health Care Resource Center has expanded training and technical assistance workshops on health-related issues available in Indian country through the Tribal Colleges and Universities. Educational modules have been developed that address some of the most prevalent and disabling illnesses that afflict Indian elders.

#### NEW FREEDOM INITIATIVE

In addition to supporting caregivers through the President's New Freedom Initiative, AoA played a leadership role in the collection and analysis of public input regarding federal barriers to community integration of people with disabilities of all ages and the development of federal-level solutions. In particular, we were responsible for coordinating the analysis of 754 separate written comments provided by 678 individuals and organizations.



## Partnerships to better serve Native Americans

AoA has developed partnerships to better serve Native Americans. We partnered with the University of North Dakota's National Resource Center on Native American Aging to design and implement a needs assessment of Native American elders.



## ALZHEIMER'S DISEASE DEMONSTRATION GRANTS TO STATES PROGRAM

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The Alzheimer's Disease Demonstration Grants to States Program (ADDGS) was established in 1990 under Section 398 of the Public Health Service Act (P.L. 78-410) as amended by Public Law 101-157, and by Public Law 105-379, the Health Professions Education Partnerships Act of 1998. The Health Resources and Services Administration (HRSA) managed the program between 1992, when the first grants were issued, and 1998. In 1998, Congress transferred the program to AoA.

### PROGRAM MISSION

The ADDGS Program's mission is to expand the availability of diagnostic and community-based support services for persons with Alzheimer's disease, their families, and their caregivers, as well as to improve the responsiveness of the home and community-based care system to persons with dementia. The program focuses on serving hard-to-reach and underserved people with Alzheimer's disease or related disorders (ADRDs).

### STATES FUNDED

Fiscal Year 2002 marked the 10<sup>th</sup> anniversary of the ADDGS Program. Since its inception, 42 states and territories have been funded through the program. States must compete for ADDGS grants and successful applicants receive a 3-year grant. The average federal award is \$310,000, with an in-



creasing state match rate (25%, 35%, 45%) during each year of the grant.

### EVALUATION RESULTS & PROGRAM ACHIEVEMENTS

Throughout the program, a university-based evaluation team has independently evaluated ADDGS grantee projects. This analysis of states' experience in developing and delivering health and social support through home and community-based care services to persons with Alzheimer's disease and their families has generated many findings – findings which have program and policy implications far beyond the ADDGS Program. As data on the chart (page 28) highlights, the program has been extremely successful in reaching traditionally underserved and hard-to-reach populations including cultural and ethnic minorities, low income and rural families, and persons with developmental disabilities who also have Alzheimer's disease.



In addition, AoA has provided leadership to support the development of more integrated access to coherent and coordinated systems of home and community-based care, including partnerships with faith-based organizations and managed care systems.

A small sample of important ADDGS evaluation findings include the following:

- Almost one-third of the demonstration clients used respite services for only one or two months and the average length of use was ten months.
- Elders with male caregivers used more respite services than those with female caregivers.
- Different ethnic groups had distinct patterns of day care use over time. Hispanics/Latinos and Blacks/African Americans used, on average, the same number of hours of day care. However, African Americans used small quantities of service over an extended period of time, while Hispanic elders used high quantities of service for short periods of time.
- When elders in managed care health plans received the type of home and community-based services provided by AoA, they were more satisfied with their health care plans and appeared to use less hospital and emergency room care than when they did not receive AoA services.

## Alzheimer's Demonstration Program

There are currently more than 400 communities in 33 states involved in the ADDGS program.

Alabama	Missouri
Alaska	Nebraska
Arizona	Nevada
Arkansas	New Hampshire
California	New Mexico
Colorado	New York
Florida	North Carolina
Illinois	Oklahoma
Indiana	Pennsylvania
Iowa	Rhode Island
Kansas	Tennessee
Maine	Texas
Maryland	Vermont
Massachusetts	Virginia
Michigan	West Virginia
Minnesota	Wisconsin
Mississippi	

Other states that have previously received funding include the following:

District of Columbia	Oregon
Georgia	South Carolina
Hawaii	Washington
Montana	Puerto Rico
Ohio	

*AoA continues to give priority in ADDGS grant competitions to states that have never received funding under the program.*



**PROFILE OF INDIVIDUALS AND CAREGIVERS RECEIVING SUPPORT IN 2001-2002  
THRU THE AOA ALZHEIMER'S DISEASE DEMONSTRATION GRANTS TO STATES PROGRAM**

**Numbers Served Annually**

Intensive home & community-based supports	4,373
Information & education	150,000+
Communities involved in program	400

**Age**

54 or less	2.1%
55-64	3.8%
65-74	15.5%
75-84	43.5%
85 or more	30.4%
not reported	4.7%
<i>Average age of ADDGS clients</i>	79.7 years

**Gender**

Women = 63.7%      Men = 36.3%

**Race/Ethnicity**

African American	14.8%
White	48.3%
Hispanic/Latino	22.2%
Asian/Pacific Islander	9.9%
Native American	.5%

**Living Arrangement**

Live Alone	16.7%
Elder + 1 other	48.7%
Elder + 2 others	26.0%
Not reported	8.7%

**Geographic Location**

Rural or small town	47.8%
Urban/Large City/Suburb	51.7%
American Indian Reservation	.5%

**Household Income**

\$0 - \$14,999	66.7%
\$14,999 +	33.3%

**Functional Impairments**

Participants need assistance with an average of 4.2 Activities of Daily Living (equal to nursing facility level of care in most states)



### KEYS TO SUCCESS — FROM ADDGS GRANTEES

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There are six overarching keys to successful development of services and systems of care for persons with Alzheimer's disease in diverse communities:

1. Establish trust and credibility within local community
2. Build community awareness of Alzheimer's disease and available services
3. Build or expand local service capacity
4. Create and provide new services
5. Develop local resources and ownership in program
6. Stabilize projects and services before starting new ventures

Read the full evaluation report released in 2002 at [www.aoa.gov/alz](http://www.aoa.gov/alz)

Other program achievements in 2002 include the following:

- Funding eight new grantee states (bringing the total to 33)
- Continuing to develop the AoA Alzheimer's Resource Room web page on the AoA website at [www.aoa.gov/alz](http://www.aoa.gov/alz)
- Making presentations at several national provider and policy conferences
- Publishing articles for a special issue of *Home Health Care Services Quarterly*, a peer reviewed healthcare journal



## Supporting Those Most in Need

"I thank you for helping mom and me. Thank you isn't enough, but I hope the memory that we have all shared is."

— From a letter to an ADDGS support specialist



# global aging

assisting the international community prepare for an aging world

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## THE 2<sup>ND</sup> WORLD ASSEMBLY ON AGEING AND THE INTERNATIONAL PLAN OF ACTION ON AGEING

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The Assistant Secretary for Aging had the honor of leading the U.S. delegation to the 2<sup>nd</sup> World Assembly on Ageing held in April 2002, in Madrid, Spain. The delegation consisted of representatives from the public and private sector appointed by the White House.

During the Assembly, some 160 UN member states discussed and finalized a Political Declaration and the 2<sup>nd</sup> International Plan of Action on Ageing. The new Plan will serve as a blueprint for governments worldwide in addressing critical issues facing a rapidly growing global aging population, including health, development, migration, environment, and intergenerational concerns.



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Members of Delegation to the World Assembly on Ageing

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## BERLIN CONFERENCE

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AoA was part of the official U.S. delegation to the Economic Commission on Europe's (ECE) Ministerial Conference on Ageing, held in Berlin, Germany, in September 2002. The U.S., along with 54 other countries, is a member of the ECE, which is one of five regional commissions of the United Nations. The conference was held in order to adopt a regional strategy for implementing the International Plan of Action on Ageing 2002.

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## PROMOTION: A WAY OF LIFE FOR OLDER ADULTS

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AoA was invited to serve on the Advisory Committee on Physical Activity and Aging organized by the Pan American Health Organization (PAHO), which serves as the Regional Office for the Americas of the World Health Organization. This regional blueprint, *ProMotion: A Way of Life for Older Adults*, will be a valuable guide for organizations, associations, and agencies to plan strategies to help older adults increase their physical activity.

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## AOA INTERNATIONAL WEB PAGE

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In 2002, in line with our continued effort to use the latest technology to increase efficiency and effectiveness, the AoA International web page was significantly redesigned and updated to present current, consumer friendly information about worldwide aging related topics. As part of this effort, the AoA *Global Aging Fact Sheet* was also reformatted and



updated and will be available in brochure form. For more information, visit [http://www.aoa.gov/press/fact/alpha/fact\\_global\\_aging.asp](http://www.aoa.gov/press/fact/alpha/fact_global_aging.asp).

**AGING CORE GROUP OF THE HEALTH WORKING GROUP,  
U.S./MEXICO BINATIONAL COMMISSION**

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Leading the U.S. side of the Aging Core Group, AoA continues to exchange information with its counterparts in the Mexican Ministry of Health. Recent areas of focus include the following:

- home and community-based care for the disabled, homebound, and chronically ill;
- community intervention regarding cancer and its risk factors;
- support to Alzheimer's patients and their caregivers; and
- health promotion and protection for the older persons.



## Demographic Transformation

According to the United Nations, the number of persons age 60 and older reached 629 million in 2002, and is projected to grow to almost 2 billion by the year 2050 - outnumbering the population of children under 14 for the first time in human history.