



American Indian and Alaska Native **Long-Term Care Conference**

Tulsa, Oklahoma
September 18, 2006

Addressing the Health Care Needs of Our Elders

by

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

Assistant Surgeon General

Director, Indian Health Service

Good morning. I appreciate the opportunity to be part of this conference and to share some information on the progress of the Indian health system in meeting the goals for the health care needs of American Indian and Alaska Native Elders.

This gathering provides an opportunity to assess ongoing efforts across Indian Country to develop quality long-term care services for our Elders. During this conference, you will all have the opportunity to learn from each other about some of the innovative work being done in Indian Country in caring for Elders. You will talk about care provided in the home; in community programs; and in specialized elder housing and nursing homes. There will also be discussions about care provided by Tribal, Urban Indian, and IHS programs serving Indian Elders and their families. You will also be hearing about groundbreaking work being done here in Oklahoma by the Cherokee Nation in the development of the first-ever Tribal *Program of All-inclusive Care for the Elderly* (PACE). And you will have the privilege of hearing from Chief Chad Smith of the Cherokee Nation. He will share his wisdom and perspective as a Tribal Leader and help us understand how the imperative duty of caring for our Elders is part of the story of Tribal history and sovereignty.

I am going to take advantage of my lead-off position in this meeting to broaden the discussion just a bit, to share some information and ideas about how these long-term care services fit in the context of overall health care for our Elders, about how caring for our Elders fits into the overall

The text is the basis of Dr. Grim's oral remarks at Long-Term Care Conference in Tulsa, OK, on Sept 18, 2006. It should be used with the understanding that some material may have been added or omitted during presentation.

health care for our Tribes and communities, and, finally, about how the Indian Health Service fits into the picture of long-term care.

It is both true and at the same time highly misleading to say, as many have, that historically there has not been access to long-term care in Indian Country. It is true because, until recently, the infrastructure for formal long-term care was very much undeveloped, and access to formal programs and services was quite limited. But it is not true because, as I'm sure you know, there has always been long-term care in Indian Country. Families and relations have always cared for frail Elders, and in many Tribes there were and still are clear clan and family roles in the care of the elderly. In other words, there was a traditional form of long-term care, based in extended family and clan relationships. I believe there is a lot of wisdom in the traditional model of long-term care about what Elders need to be healthy and supported in frailty. This is wisdom and understanding that we don't always find in our modern versions of long-term care. The "mainstream" model of long-term care, with its reliance on institutional settings and professional care, and emphasis on segregation of the elder with dementia or other disabilities, may not be the best model for Indian Country. I have seen, and expect to see more, approaches in long-term care that draw from and support traditional Tribal values, priorities, and practices.

Elders play a vital role in providing a sense of structure and cultural identity that helps keep our families and communities emotionally and mentally healthy. It is therefore essential that we develop the services to support Elders so they can remain with their families and communities. Keeping our Elders near their families also supports their own mental and emotional health, resulting in longer and happier lives. And, in an interrelated way, healthy families are able to provide a safer, more supportive environment for elder care.

Over the first few years in my term as Director of the Indian Health Service, I spent a lot of time talking with Tribal leaders, Tribal health directors, and IHS staff and personnel to gain an understanding of the issues we face as we work to improve the health status of Indian people, from infancy to old age. As a result of what I learned in those discussions, we have developed three health initiatives to focus sustained and committed efforts in three major areas: Behavioral Health, Health Promotion and Disease Prevention, and Chronic Disease Management.

Although the Initiatives were announced individually and each has its own set of tasks and priorities, it is very clear that these three Initiatives are all part of the same process, and we will only succeed if they move forward together. These initiatives seek to address the underlying causes of poor physical and mental health, rather than just treating the symptoms. And they stress the empowerment and full engagement of Elders, individuals, families, and communities in health care. The IHS and Tribes continue to working closely together on these initiatives to help achieve significant improvements in health that are critical to the future of Indian communities.

The Health Promotion and Disease Prevention Initiative focuses on support for community-based health promotion and wellness efforts and for improved access to clinical preventive health services like cancer screening. Our Behavioral Health Initiative looks to use evidence-

based approaches to recognize and treat behavioral health issues and their effects on the elder, the family, and the community. We are focused on integrating and bringing behavioral health services into our communities, our schools, and our primary care health care facilities. The Chronic Disease Management Initiative is aimed at using innovative and state-of-the-art approaches to helping individuals manage chronic disease and minimize its impact on their health and function. We are focusing on redesigning our system of care using evidence-based approaches.

These three main IHS health initiatives provide a useful, unified framework for how we can develop the Indian health system to better meet the needs of our Elders, families, and communities, now and in the future.

The Behavioral Health Initiative involves addressing mental health and related behavioral health issues, such as depression, drug addiction, suicide, and domestic violence, and their consequences on elder and family health. It has become obvious to all of us in the Indian health system that addressing these issues in our communities is crucial, and that we need to increase our focus on screening and primary prevention in mental health. Through the Behavioral Health Initiative, the IHS will work with Tribes to promote the mental and spiritual health of individuals, families, and communities, including a model of elder care that will help us keep our Elders with us and safe in a life of connection and meaning to the very end.

Behavioral health issues impact on the health of our Elders in a number of ways. Our Elders often suffer from under-recognized and under-treated depression and substance abuse. And they may be the silent victims of domestic violence, drug abuse, and other behavioral health issues that occur within their families and communities. Not only are they often the direct victims of abuse and exploitation, but often are the “rescuers” who try to salvage the family and protect the children. In addition to the direct effects on their health and well-being, having to struggle with these issues saps the energy and focus our Elders need to attend to other chronic illnesses, such as arthritis, heart disease, or diabetes.

You all are engaged in the work of developing support services for frail Elders and you well know that the most important long-term care service we have or will ever have is our family. We must have spiritually and mentally healthy families and communities if we are to care properly for our Elders in their advanced years. Caring for our Elders in our homes and communities helps bring health and wholeness to our lives, our families, our communities, and our Tribes.

The purpose of the Health Promotion and Disease Prevention Initiative is to reduce health disparities and create healthier Indian communities through effective health promotion and disease prevention programs. This initiative is aimed at supporting community-based efforts to improve wellness and fitness and prevent chronic disease, especially diabetes and cardiovascular disease.

We know that Elders are at increased risk from cancer, so increasing access to mammograms and colon cancer screening is terribly important. Pneumonia still kills Indian Elders in higher numbers than in the general population and we must continue to enhance our national and community immunization efforts.

But health promotion and disease prevention is not just about keeping our current Elders healthy. Healthy aging is contingent upon health in youth and middle years. The best health care in the world can't undo a lifetime of exposure to chronic disease. The efforts underway in our communities to prevent and treat diabetes, cardiovascular disease, and tobacco and substance abuse will have profound implications for the health of the Elders of the future. The health of our future Elders rests in no small part on our success in preventing chronic diseases such as diabetes and heart disease now through proactive prevention efforts.

Clearly our Elders benefit from reducing specific health risks like smoking and by increasing exercise and health nutrition. Exercise, for example, has immediate benefit for Elders. Exercise has been shown to reduce arthritis pain, improve sleep, reduce rates of fall and injury, and reduce the risk of dementia. Exercise and fitness are powerful medicine for the elderly.

Exercise is also a cornerstone in the treatment and prevention of type 2 diabetes. Regular exercise and physical fitness promote weight loss, improve insulin sensitivity, increase muscle strength, reduce stress, enhance self-esteem, and improve the overall quality of life. People of all ages benefit from moderate physical activity. And physical activity can range from strenuous sports to daily walks. Walking for as little as 30 minutes 5 days a week can be beneficial.

The Wisdom Steps program in Minnesota is a wonderful example of a community-based, tribally led exercise and wellness program for Elders. Wisdom Steps promotes community partnerships, motivates Indian Elders to take steps to improve their health, and encourages the coordination of resources. It does this through developing innovative model projects that address risk factors for heart disease, cancer, diabetes, and stroke -- the leading causes of death among our Elders.

Wisdom Steps encourages Elders to take simple steps toward better health. Activities such as participating in health screenings, attending a health education class, or enjoying a healthy living activity are promoted. Elders learn that the path to health is easy and can be walked by visiting with a physician and setting a personal health goal like losing weight or stopping smoking. And the Elders can play an important role in our communities as models and mentors, leading the way to wellness. By walking the Wisdom Steps path, Elders teach the entire community about the importance of health.

Proper nutrition is also an important part of promoting and maintaining good health in our elders. Providing nutrition and dietary services is an excellent secondary prevention strategy for people with diabetes. Research has shown that Medical Nutrition Therapy is an essential part of successful diabetes management. Studies have shown that overweight individuals can lower their blood pressure, lower their blood glucose levels, and improve cholesterol levels by losing as little as 5 – 15% of their body weight.

The text is the basis of Dr. Grim's oral remarks at Long-Term Care Conference in Tulsa, OK, on Sept 18, 2006. It should be used with the understanding that some material may have been added or omitted during presentation.

Nutrition education services can also assist people at risk for diabetes to lose weight or maintain a healthy weight to prevent the development of diabetes. And nutrition education services are invaluable in preventing further complications in elderly and other patients with end-stage renal disease or with cardiovascular disease.

I am pleased to report that the availability of community nutrition services has increased under the IHS Special Diabetes Program for Indians. These programs strive to blend traditional and local nutrition and fitness activities to help families and communities make the lifestyle changes needed to lose weight.

Our Chronic Disease Management Initiative is aimed at using innovative and state-of-the-art approaches to help individuals manage chronic disease. Optimal management of diabetes, high blood pressure, heart disease, and other chronic diseases can minimize the effect of chronic disease on health and function. The bottom line is, we have to help our Elders care for themselves, so they can remain strong and healthy.

Proactive, protocol driven care ensures that all the bases are covered. Think about the lessons learned from diabetes care. We make sure that everyone with diabetes has periodic foot exams and eye exams to prevent amputations and blindness. We should, for instance, likewise periodically assess every elder with dementia to identify problems with function and behavior that impair their quality of life and their ability to remain at home or with family.

To meet the changing needs of our population, we are now involved in a major effort to re-engineer our systems for chronic disease care. Our Chronic Care Model seeks to address the underlying causes of poor physical and mental health, rather than just treating the symptoms. This means addressing all the elements that contribute to good health, including the cultural, medical, behavioral, social, and sanitation needs of the population we serve. And it stresses the empowerment and full engagement of individuals, families, and communities in health care.

The Chronic Care Model is a good fit for elder care, and the framework it provides is a valuable roadmap for implementing specialty elder care services. Developing geriatric services within the context of a broader redesign for chronic care management promises better care for the chronic conditions that limit the lives of our Elders.

The principles underlying good chronic disease management are also the principles that good elder care is based on. The chronic care model is based on the premise that improved outcomes from productive interactions between a proactive health care team and an informed, interactive patient and their family. This model emphasizes the importance of ongoing, proactive support for Elders and their families so that they understand and know how to manage their health conditions and meet their own goals for good health.

To have productive interactions, the health system needs to have developed four areas at the level of the practice. These are:

The text is the basis of Dr. Grim's oral remarks at Long-Term Care Conference in Tulsa, OK, on Sept 18, 2006. It should be used with the understanding that some material may have been added or omitted during presentation.

- Self-Management Support – which refers to how we help patients live with their conditions;
- Delivery System Design – which encompasses deciding who is on the health care team and the ways we interact with patients;
- Decision Support – which means determining what is the best care and how to make it happen every time; and
- Clinical Information Systems – Which means using our powerful information system, with tools like patient registries and quality of care measures, to support patients, families and health care professionals to provide the best possible care.

These four aspects of care reside in a health care system and the health system itself exists within a larger community. Resources and policies in the larger community also influence the kind of care that can be delivered. This means we need to provide access for our elders to care that goes beyond the clinic walls to reach the Elder in the home and community. Many of you are a part of that care, bridging between clinic and home, between health programs and aging services programs.

This Chronic Care model illustrates the diverse components of health care provision that contribute to producing favorable outcomes in addressing chronic disease management in Indian communities.

Elders need the kind of care that can best be provided by a coordinated, interdisciplinary team. They may need physical and occupational therapy; nursing support for hygiene, continence, and skin care needs; nutritional support; family support coordination; careful medication reviews; medication management; and more. The chronic care model supports the provision of care that is team-based and interdisciplinary, using all the resources we have available in IHS, Tribal, and Urban Indian health programs, as well as all available private and public sources.

In order to effectively combat chronic conditions, we must address a host of contributing factors, ranging from socioeconomic status to lifestyle changes. That is why it is important to have all federal, Tribal, Urban Indian, and state health agencies and organizations, as well as other relevant public and private entities, working together as part of a continuum of care to promote health and wellness and eliminate health disparities.

To this end, the IHS has established many health promotion partnerships with private and public entities to focus on promoting healthy lifestyles, clinical interventions, research efforts, and building healthy communities. Many of these partnership efforts address risk factors for chronic diseases that plaque our population, especially our Elders. This includes obesity, physical inactivity, and poor nutrition; as well as related factors such as self-esteem, community health, and general wellness.

The IHS has also recently begun an important collaboration with the prestigious Institute for Healthcare Improvement, or IHI. The IHI has a strategic partnership network that includes other organizations such as large hospitals and HMOs. They are international experts and leaders in the redesign of health care to support better quality and more cost effective care. Their mission is to improve healthcare by working with different hospital and health-based groups using evidence-based care. They are specifically working with us on all the elements of implementing and evaluating the Chronic Disease Management Initiative. They will help us to support IHS, Tribal, and Urban health programs to redesign their care of chronic conditions using these principles. The health of our current Elders and our future Elders depends on getting this right.

Now that we've talked for a bit about the health initiatives and how they are helping us to shape our approach to caring for our Elders, I want to shift focus now and talk more specifically about long-term care.

Elders teach us our complete interdependence; our need for others. While we strive to reduce disability with aging, we know that most of us will require some help in our later years. I probably don't need to define long-term care for you all; you are the experts in Indian Country. But I want to be clear about how we at the Indian Health Service think about long-term care. Certainly, for a long time, long-term care was synonymous with nursing homes. But that is no longer the case. We recognize, as you do, that long-term care is the care of an elder or individual with a disability who needs on-going assistance with daily activities such as bathing, dressing, eating, shopping and cooking. Long-term care supports Elders and their families with medical, personal, and social services delivered in a variety of settings, ranging from a person's own home to institutional settings, to ensure quality of life, maximum independence, and dignity. It is about the services provided, not the setting in which they are provided; about what we do, not what where we do it.

What is the role of the Indian Health Service in all of this? It is clear to us that the focus of planning and program development for long-term care is at the Tribal and community level. This is critical for a number of reasons. It is consistent with Tribal Self-Governance and Self-Determination. Local planning keeps the Elders as part of the process and supports the development of services and systems that meet their needs and preferences, and that are consistent with their core cultural values. Finally, on the purely practical side, Tribes can best bring together the disparate resources needed to develop a long-term care system. The IHS as an agency supports Tribal development of long-term care services with technical support, with grant funding to help develop services, with advocacy within the federal system, and with support for the integration of health services into the long-term care system. We recognize this as a partnership effort and are committed to supporting Tribes and Urban programs to develop the services needed to help Elders remain in the community. The IHS as an agency supports Tribal development of long-term care services with:

- Technical support
- Grant funding to help develop services

- Advocacy within the federal system
- Support for the integration of health services into the long term care system.

IHS appropriated funds enter into the long-term care system several ways:

- Through Funding Agreements, with the option of Tribal redesign.
- As IHS funded services integrated directly into the Tribal long-term care program.
- As IHS direct services or Tribal health services provided to the elder and the family in coordination with Tribal long-term care.

Our people and our culture have taught us to honor, respect, and care for our elders to the best of our ability. This is a duty that I believe all of you here today, and all of us at IHS, take very seriously. Through our Health Promotion and Disease Prevention and Chronic Disease Management Initiatives, we are working with Tribes, Urban programs, and IHS clinics and hospitals to keep our Elders healthy and prevent disability. And through our Behavioral Health Initiative, we are working with Tribes to promote the mental and spiritual health of individuals, families, and communities necessary to keep our Elders with us and safe in a life of connection and meaning to the very end.

Thank you for your attention, and for all your efforts on behalf of American Indian and Alaska Native Elders.