

INDIAN HEALTH BOARD OF NEVADA
OLDER AMERICANS ACT REAUTHORIZATION
LISTENING FORUM



NEVADA TRIBAL RECOMMENDATIONS:
OLDER AMERICANS ACT REAUTHORIZATION

**SUBMITTED BY: LARRY CURLEY, EXECUTIVE DIRECTOR,
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BACKGROUND

The Older Americans Act was originally passed in 1965 – same year as Medicare and Medicaid. The Act created various programs and among the first of these was the Information and Referral program designed to provide family members with information on “the best nursing homes” in their part of the country. Unexpectedly, rather than a demand escalating for “the best nursing homes,” there was a demand for services for homebound elderly. Later amendments created the “socialization and nutrition” programs, or senior congregate meals programs. In 1974, further amendments created the Area Agencies on Aging – or the aging network. Funding for the aging network was funneled through the states apparatus – leaving many tribes out of the service delivery network. In 1978, Title VI, “Grants to Indian Tribes” was passed enabling tribes to receive funding directly from the federal government – in compliance with the passage of the “Indian Self-Determination and Education Assistance Act” in 1975. In the years since its passage, the elderly Indian population has increased as well as the number of Title VI grantees while resources have remained relatively stagnant.

RECOMMENDATIONS

The following recommendations regarding the reauthorization of the Older Americans Act in 2011 are made based on Article I, Section 8 of the United States Constitution which identifies the unique “government-to-government” relationship between the United States government and the various Indian Nations.

1. The legislation as written stated that “Title VI programs are to be comparable to Title III programs.....” In the 32 years since its passage, this has not occurred mainly due to underfunding.

RECOMMENDATION: INCREASE FUNDING FOR TITLE VI PROGRAMS TO ENSURE “COMPARABILITY.”

2. Title III is a program that is mostly for State and Area Agencies on Aging. Title VII has not received the recognition that Title III has and should be folded into the Title III program. This would increase the visibility and vitality of the Title VII program. However, tribal aging programs have not accessed this program to the extent that Title III programs have.

RECOMMENDATION: THE TITLE VII PROGRAM SHOULD ALSO BE FOLDED INTO THE TITLE VI PROGRAMS WITH ADEQUATE FUNDING TO IMPLEMENT ITS PROVISIONS.

3. Indian Nations have a unique “Government-to-Government” relationship with the United States government. In previous amendments to the Older Americans Act, an

“Associate Secretary for Indian Aging” was created but has since been deleted in subsequent amendments.

RECOMMENDATION: THAT THE POSITION OF “ASSOCIATE SECRETARY FOR INDIAN AGING” BE RESTORED.

4. Tribal and Indian delegates to the 2005 White House Conference on Aging recommended the implementation of an “Indian White House Conference on Aging” be implemented in recognition of the unique Federal/Tribal relationship.

RECOMMENDATION: THAT THE OLDER AMERICANS ACT BE AMENDED TO STATUTORILY REQUIRE THE ESTABLISHMENT AND IMPLEMENTATION OF AN ‘INDIAN WHITE HOUSE CONFERENCE ON AGING”

5. Indian tribes have an increasing aging population and the need for long term care programs, including long term care facilities, are becoming issues for tribal government. In Nevada, many of the tribes’ elders are placed in non-Indian nursing homes when it is needed. Many tribal governments are beginning to recognize the need for long term care facilities in the “continuum of care” spectrum. The reauthorization of the “Indian Health Care Improvement Act” contains provisions for the Indian Health Service to begin to address this critical issue.

RECOMMENDATION: STATUTORILY CREATE A WORKGROUP COMPOSED OF TRIBAL REPRESENTATIVES, INDIAN HEALTH SERVICE, BUREAU OF INDIAN AFFAIRS, CENTERS FOR MEDICARE AND MEDICAID, AND THE ADMINISTRATION ON AGING THAT WILL BE REQUIRED TO SUBMIT A REPORT TO CONGRESS WITHIN A YEAR OF ITS ESTABLISHMENT ADDRESSING THE RESOURCE DISPARITIES BETWEEN TITLE III & TITLE VI.

6. Current demographic statistics indicate an outmigration of Indians from the reservations to the urban centers resulting in elders finding for themselves. Section 320 of the Older Americans Act Amendments of 2006 defines “family” as “a child by blood, marriage, or adoption.” This definition does not take into consideration traditional tribal definitions of family which includes extended families and those who are in the same clan, etc. On many reservations, care is provided by tribal health clinics’ Community Health Representatives (CHRs) – most of whom are related to the client by extended relationships or through their clans. CHR programs are underfunded and require a revenue source to continue to provide this care.

RECOMMENDATION: THAT SECTION 320 BE AMENDED TO READ “...OR AS DEFINED BY LOCAL TRIBAL CUSTOMS” AND ADD“... COMMUNITY HEALTH REPRESENTATIVES (CHRS) PROVIDING SERVICES UNDER THIS SECTION 320 IN TRIBAL COMMUNITIES SHALL BE

ELIGIBLE FOR MEDICAID REIMBURSEMENTS AS PROVIDED FOR IN THE INDIAN HEALTH CARE IMPROVEMENT ACT.”

7. There is a need for additional trained American Indian students in the field of Gerontology as the population of older Indians increase. Funds are available to historically Black colleges, Hispanic-serving institutions, and Hispanic Centers of Excellence in Applied Gerontology to train minorities for a career in the field of Gerontology.

RECOMMENDATION: THAT SECTION .403 OF THE OLDER AMERICANS ACT OF 2006 BE AMENDED TO ALSO INCLUDE *“TRIBAL COLLEGES AND UNIVERSITIES.”*