



NATIONAL CONGRESS OF AMERICAN INDIANS

April 14, 2006

Submitted via FAX

Ms. Dorcas Hardy, Chairman
WHCoA Policy Committee
4350 East West Highway, 3rd Floor
Bethesda, MD 20814

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Dear Chairman Hardy:

Thank you for the opportunity to provide further feedback about the resolutions and implementation strategies adopted at the White House Conference on Aging (WHCoA). Our delegation worked very hard to ensure that issues of concern to Tribes and our Elders were understood by our fellow delegates and integrated into the outcomes of the conference. We believe we succeeded in that effort and must now focus our attention on working with the President, Congress, states, and other stakeholders to effectuate change and coordination in legislation, policies and regulations over the next ten years.

Out of the top ten resolutions adopted by the delegates at the WHCoA, the National Congress of American Indians in conjunction with Tribal leaders and the National Indian Council on Aging believe that each of these resolutions resonates with the needs of our Elders. The number one resolution concerning reauthorizing the Older Americans Act (OAA) is the top legislative priority for our Elders, aside from increasing appropriations for OAA programs. The Older Americans Act has been the subject of several hearings this spring in the Senate; and, we are working closely with Congress to ensure the implementation strategies adopted by the delegates and listed below are included in the reauthorization.

1. Provide substantial budget increases for all OAA programs in light of the growing population of seniors, many of which are vulnerable and in need of services such as nutrition services, employment training and caregiver support.
2. Reauthorize Title V of the OAA, the Senior Community Service Employment Program (SCSEP), which provides employment training opportunities to low-income seniors.
3. Maintain the dual structure and purpose of SCSEP under Title V of the Older Americans Act, retaining vital, historic focus on community services to support local community organization and the aging network as well as streamlining program eligibility to promote increased participation of the growing ethnic and culturally diverse populations including American Indian Elders;
4. Retain the National Indian organization as a Title V national grantee;
5. Provide first time funding of \$1 million for Title VII, Part B for elder abuse awareness grants to Tribes, Tribal organizations and Indian organizations;
6. Provide \$1.3 million for training and technical assistance to Title VI grantees as separate line item from Title VI nutrition and supportive services funding;
7. Reestablish the Indian White House Conference on Aging to be held prior to the next WHCoA in 2015 to allow Tribes to present their issues directly to the President and WHCoA Policy Committee in recognition of the federal trust

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responsibility and the government-to-government relationship between the federal government and Tribes;

8. Elevate the Director of the American Indian, Alaska Native and Native Hawaiian Affairs within the Administration on Aging to the Deputy Secretary level in recognition of the government-to-government relationship; and,
9. Create a new title within OAA to authorize State Units on Aging and Area Agencies on Aging to integrate their delivery systems and work closely with Tribes and Title VI programs in planning for the aging baby boomer population on reservations and how best to wrap around the services they can offer to Tribal communities.

After the OAA reauthorization, the next priority for Tribes across Indian Country is how best to assist Elders to age well while remaining in their communities. The resolutions that address how to develop a coordinated approach to long term care, especially those implementation strategies that bring local, regional and national resources together to keep seniors in their homes are the most important to Tribal communities. With only 15 nursing homes throughout the 562 Tribes, the reality that an Elder must be cared for by the family and the community at large is often daunting given the lack of infrastructure present in most of Indian Country, such as adequate health care facilities, skilled health professionals, safe housing, trained caregivers, and varied transportation options. Another implementation strategy adopted by the delegates that compliments this, calls for the reauthorization of the Indian Health Care Improvement Act, which authorizes health care for Indians, and serves a key role in the provision of care for our Elders.

Some of the other top ten resolutions focused on the need for trained health professionals dedicated to geriatrics and support for the Geriatric Education Centers (GEC) across the country. This is critical for Indian Elders as we face a huge shortage of doctors, nurses, pharmacists, dentists and other trained health professionals throughout the Indian health care system. Additionally, the University of New Mexico's Geriatric Education Center, the only GEC in the country to focus its work solely on training health professionals to provide culturally component care to Indian Elders, had its funding eliminated along with the entire GEC network by the President and Congress in FY06. The loss to our communities without this training and support will be immeasurable.

Given the severe poverty that still exists in the majority of our communities, especially among our elderly, strengthening the Medicare and Medicaid programs rather than eliminating the services and benefits provided is critical for Tribes. With shrinking federal appropriations for the Indian Health Service (IHS), the reliance on third party billing from Medicare, Medicaid and private insurance by IHS, Tribes and urban Indian clinics in order to provide care is critical to continuing operations and provision of care. Any efforts to weaken or cut these programs will be met with resistance by Tribes.

Among the remaining resolutions adopted outside the top ten important to Tribes, there are a number that are important to mention and are integrated into the work of NCAI, NICOA, Tribes and other Indian organizations. These include:

- Establish Principles to Strengthen Social Security. As this is the most stable form of income for our Elders along with the Supplemental Security Income Program, it is critical that efforts to privatize or reduce the benefits offered under these programs be defeated.

- Improve Access to Care for Older Adults Living in Rural Areas. As previously mentioned, the lack of infrastructure in most Tribal communities often limits the ability of an Elder to receive the most appropriate care necessary for their condition. Tribes want to work with federal, state and local resources to access better care for their members.
- Reduce Healthcare Disparities among Minorities by Developing Strategies to Prevent Disease, Promote Health, and Deliver Appropriate Care and Wellness. Confronting the poverty and lack of access to necessary care and prevention efforts, the health disparities experienced by Indian Elders in comparison to the general elderly population are substantial. Tribal leaders focus a great deal of their time on how to address these issues and will continue to do so over the next ten years.
- Ensure Appropriate Recognition and Care for Veterans across all Healthcare Settings. Veterans hold a place of honor and distinction in our communities. While Tribes work hard to care for their veterans and honor their service, federal resources do not meet the needs of these individuals who have sacrificed and served the entire nation. Tribes are encouraged by the recent efforts between the IHS and the Veterans Administration to coordinate and better care of Indian veterans; and, we will remain involved to ensure the needs of all those who have served are met.

Although the resolution concerning assisting Elders with limited English proficiency to access programs and services within the health and aging network just missed being in the top fifty resolutions, it is an important resolution for Tribes. Many of our Elders only speak their native language; and, others who speak English often can only communicate in their first language after the onset of a stroke or Alzheimer's, for example. As such, integrating language into the laws and regulations that provides for targeted outreach to the limited English speaking will greatly assist Indian Elders who face many barriers to accessing programs and services within the health and aging networks.

While many of our delegates served for the first time at this WHCoA, we had several veteran delegates among our ranks. Although Tribal issues of concern remained unchanged from previous WHCoAs, they hoped this WHCoA would be different with its focus on generating realistic strategies and giving all stakeholders specific recommendations to consider and implement over the next ten. Certainly, the growing population of seniors across the nation will demand that policymakers pay attention to their needs. NCAI along with its partners will work diligently to ensure that the issues of concern to American Indian and Alaska Native Elders are addressed. Thank you again for the opportunity to provide additional feedback. If you or your staff has any questions or need additional information, please feel free to contact Jackie Johnson, NCAI's Executive Director, at 202-466-7767.

Sincerely,

Governor Joe Garcia
President
National Congress of American Indians