

Aging Among Southeast Asians Americans in CA: Assessing Strengths and Challenges, Strategizing for the Future

October 17, 2003

Sacramento, CA

Good morning. My name is David Ishida and I am the Regional Administrator for AoA, Region IX. Region IX covers the western states AZ, CA, HI, NV and the flag territories of the Outer Pacific. In one of the handouts, there is a map of the United States and the ten federal regions.

I wish to extend greetings to:

- KaYing Yang and her staff of the Southeast Asia Resource Action Center
- Dianne Yamashiro-Omi w/ The CA Endowment and all of our conference sponsors
- The conference planning committee and panel members, and
- To all of you attending today

On behalf of the Assistant Secretary for Aging, Josefina G. Carbonell, I'd like to pass along the Administration on Aging's warm regards and sincere appreciation for everything you do to assist older Americans and their family caregivers to remain in their homes and their communities.

First, I'd like to tell you a little bit of who we are and some of what we do.

Older Americans Act of 1965

Today, one in six Americans, or 44 million people, is 60 years or older. While many older Americans are active members of their families and communities, others are at risk of losing their independence. These include:

- Four million Americans ages 85 years and older;
- Those who are living alone without a caregiver;
- Those living in nursing homes or other institutional settings;
- Members of minority groups;
- Older persons with physical or mental impairments;
- Older persons residing in rural areas, low income older persons; and
- Those who are abused, neglected, or exploited.

To meet the diverse needs of the growing numbers of older persons in the United States, the Older Americans Act created the primary vehicle for organizing, coordinating, and providing community-based services and opportunities for older Americans and their families.

The Older Americans Act of 1965 established the Administration on Aging within the Department of Health and Human Services, headed by an Assistant Secretary for Aging appointed by the President.

U.S. Administration on Aging

AoA is the official federal agency dedicated to policy and program development, planning, and the delivery of supportive home and community-based services to older persons and their caregivers. Through information, referral, and outreach efforts at the community level, AoA seeks to educate older people and their caregivers about the benefits and services available to help them and the critical steps for living longer, healthier, and better-quality lives.

124 FTE positions

9 Regional Offices & Central Office

\$1.19 billion total budget

\$18.1 million for Program Administration

\$1.18 billion for States, Area Agencies on Aging, tribal organizations and direct service providers

AoA's Partners

AoA works in partnership with its nationwide network of 57 State Units on Aging, 655 Area Agencies on Aging (AAA), 225 federally recognized tribal organizations and two Native Hawaiian tribes and thousands of service providers. These organizations plan, coordinate, and develop community-level systems of services that meet the unique needs of individual older persons and their caregivers. AoA collaborates with federal agencies, the Congress, national aging organizations, the business community and the media to ensure that, whenever possible, their programs and resources are targeted to older persons most in need and are closely coordinated with those in the aging network.

Older Americans Act Programs

Through the Older Americans Act, AoA provides funding to state and area agencies on aging and tribal organizations to support a variety of activities.

- Information and assistance;
- Nutrition programs in the community and for homebound elderly;
- Senior Centers and community-based supportive services
- Transportation
- Services for low-income minority elders;
- Health promotion and disease prevention activities;
- In-home services for frail elders;
- Caregiver support;
- Services that protect the rights of older persons such as the long-term care ombudsman program; and
- Outreach and elder abuse prevention efforts.

Information and Assistance

The primary purpose of Information and Assistance programs is to support older persons and their caregivers by:

- Assessing their needs
- Identifying the most appropriate services to meet their needs

- Linking older persons and caregivers to agencies providing these services

National Eldercare Locator 1-800-677-1116

The Eldercare Locator is a national toll-free service that assists adults and their caregivers find services and/or resources in their own communities or throughout the country. The caller is referred to the local Area Agency on Aging Information and Assistance program closest to the person in need of assistance.

California Department of Aging, CA Association of Area Agencies on Aging and Local Assistance 1-800-510-2020

- The California Department of Aging (CDA) is the State Unit on Aging for CA. Lora Connolly is their Chief Deputy Director and one of today's panelists in concurrent session #2.

- The California Association of Area Agencies on Aging (C4A) is the statewide association of the thirty-three Area Agencies on Aging. I have provided you with a copy of a map of CA's AAAs and a roster of their directors.

- 1-800-510-2020 is CA's toll-free service that assists adults and their caregivers find services and/or resources in their own communities or throughout the state.

National Family Caregiver Support Program (NFCSP)

The National Family Caregiver Support Program is a new Older Americans Act program initiated in 2000 that will help hundreds of thousands of family caregivers of older loved ones who are ill or who have disabilities. Family caregivers have always been the mainstay, underpinning long-term care for older Americans. Among non-institutionalized persons needing assistance with activities of daily living, two thirds depend solely on family and friends and another one fourth supplement care by their families with services from paid providers. Only a little more than five percent rely exclusively on paid services.

The National Family Caregiver Support Program is funded at \$141.5 million in grants to state agencies on aging for fiscal year 2002. State agencies on aging also work with area agencies on aging and community and service organizations to provide support services that include:

1. Information to caregivers about available services;
2. Assistance to caregivers in gaining access to the services;
3. Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and

5. Supplemental services, on a limited basis, to complement the care provided by caregivers.

The NFCSP also recognizes the needs of grandparents who are sole caregivers of grandchildren and those who are affected by mental retardation or who have developmental disabilities. The Older Americans Act Amendments of 2000 also establishes the Native American Caregiver Support Program to assist caregivers of Native American elders who are chronically ill or have disabilities.

AoA Partnerships with HHS and other Federal Agencies

Limited English Proficiency (LEP) – Policy guidance and technical assistance to the aging network on the prohibition against national origin discrimination as it affects persons with limited English proficiency. Office for Civil Rights (OCR)

The Olmstead Decision and the New Freedom Initiative – Policy guidance and technical assistance to assist states review their policies, programs, statutes and regulations to determine whether any should be revised or modified to improve the availability of community-based services for qualified individuals with disabilities. Office for Civil Rights (OCR), Centers for Medicare and Medicaid Services (CMS)

Senior Medicare Patrol (formerly called Operation Restore Trust) – Government-wide effort to fight fraud, waste, error and abuse in the Medicare and Medicaid program at the local and individual consumer level. Centers for Medicare and Medicaid Services (CMS), Office of the Inspector General (OIG), Department of Justice (DOJ), Attorney General (AG)

Health Disparities - Racial and Ethnic Approaches to Community Health Initiative (Project REACH). *Project REACH for the Elderly 2010* funds community-based organizations that serve older racial and ethnic minority populations at an increased risk of the negative impact of cardiovascular diseases, diabetes, and lower adult immunizations rates by establishing coalitions and developing community action plans. Centers for Disease Control (CDC).

Disaster Assistance – Coordination with State Units on Aging and Tribal Organizations with loans/grants in response to the needs of older persons involved in disasters. Federal Emergency Management Administration (FEMA), Small Business Administration (SBA), American Red Cross, The Salvation Army

Administration on Aging Priorities

- In support of our mission, we at AoA, along with the President and the other agencies in HHS are working in partnership with communities and families to support longevity and productive aging. We are focusing on three priority initiatives designed to empower elders to better support their preferences and needs. These priorities are:

- 1. To make it easier for older people to access an integrated array of health and social supports by re-balancing the long-term care system;
- 2. To help older people stay active and healthy through health promotion and disease prevention activities; and
- 3. To support families efforts to care for their loved ones at home and in their communities.
- **1. Rebalancing**
- The AoA and Centers for Medicare and Medicaid Services (CMS) recently announced competitive grants to States to support efforts to empower consumers by developing “one stop-shop entry points” to long-term care, called resource centers. This program will make it easier for consumers to learn about and access existing care options, including alternatives to institutional care. Although individual service providers are not eligible to apply for these grants separately, I encourage you to work with your Area Agency on Aging in their efforts to work with the State Agency on Aging and State Medicaid Agency to assure Southeast Asian elders’ issues are addressed by the resource centers.
- We are working with CMS and the Agency for Healthcare Research and Quality to develop toolkits and other resources to assist in long-term care planning in local communities.
- **2. Health Promotion and Disease Prevention Activities**
- Scientific evidence reveals that we can significantly reduce at least five major chronic conditions - diabetes, heart disease, cancer, depression, and arthritis - through increased physical activity and improved nutrition. These benefits can be seen among persons of all ages.
- We are sponsoring a “USA on the Move: Steps to Healthy Aging” program focused on empowering older individuals to eat better and move more. Later this year, we will produce a Guide to Eating Better and Moving More. This guide will be designed to help communities eat healthier and establish walking programs for older individuals.
- **3. Support for Family Caregivers**
- The key to ensuring that elders can continue to remain at home is the support they receive from family caregivers. If we were to pay for the care provided by these relatives and friends to their loved ones, a recent study estimates that it would cost \$257 billion per year. This is more than the amount spent on formal home care and nursing home care combined.
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- I’d like to remind all of you that November is National Caregivers Month, and it marks the third anniversary of the National Family Caregiver Support Program and the Native American Caregiver Support Program.

AoA National Summit

- AoA recently convened a national summit entitled, “Creating Caring Communities,” September 21-23, in Orlando, Florida. The purpose of this summit was to bring together aging, health, and long-term care providers and practitioners from across the country to:
 1. Promote policy and program changes at the State, Tribal, and local level that would make the long-term care system more balanced and responsive to the needs and preferences of elders and their family caregivers;
 2. Develop and operate innovative programs at the State, Tribal, and local level that will help older people to remain at home and support family caregivers; and
 3. Promote strategies and tools at the State, Tribal, and local level to prevent chronic diseases and eliminate risk factors that cause them.
- I’m pleased to report that over 1,000 people participated in the Aging Summit. We will be posting information on each and every workshop that was convened at the national summit in a few weeks on the AoA web site – www.AoA.gov.

Now that I’ve managed to put you to sleep with some of the activities of AoA, I would like to offer some Suggestions on How Today’s Participants Can Impact Change at the Local Level.

But before I continue, I want to thank you for coming today.

I want to thank you for your recognition of aging and caregiving issues in our communities and your willingness to address them.

And, I want to thank you for your leadership!

Our communities face many challenges, not the least among them are:

- Survival,
- Economic survival,
- Integration,
- Assimilation,
- Competition,
- Racism and discrimination, and
- Self-determination

Sometimes, we are our own worst enemies. However, one thing we have learned is perseverance. And because we are committed to raising the quality of life for our elders and their caregivers, I believe we can make an impact at the community, local, state and national levels. The Older Americans Act has funded many local Asian/Pacific community-based organizations and the National Asian

Pacific Center on Aging. It's high time to include more funds to Southeast Asian communities, too.

My **first suggestion** to impact the local aging network is to **become knowledgeable** of the work of the Area Agency on Aging or AAA and the aging network. Each AAA is responsible for planning, funding and evaluating senior needs and concerns, particularly those who are low-income minority older individuals. This information is usually contained in their Area Plan.

- The Area Plan will include the agency's mission and vision
- Determine where the AAA is going and why; and where do you fit in
- Familiarize yourself with the organization and the key stakeholders
- An organizational chart is usually included, if not, it is probably available from the director
- Identify who are the paid staff and what are their functions, particularly the Director, Assistant Director, Planner, Fiscal Officer, Contracts or Grants Manager, Program Analysts, Information & Assistance staff, Nutritionist, Information Technology staff and others
- Attend all Board, Commission and Advisory Body meetings, particularly Finance or Budget Committee meetings
- Identify who the volunteer members are, who are the officers
- What interests do they represent – a faith community, a minority population, the status quo, a service provider – are any of them potential allies?
- The Area Plan also contains the AAAs' budget, including revenue sources and categories of expenditures
- Identify what service providers currently have contracts w/ the AAA for what programs or services and the contract amount
- If any of this information is not included in the Area Plan, the AAA has a separate list that is public information
- You'll also want to identify the service providers who don't hold a contract w/ the AAA but would like to

My **second suggestion** is a reminder to participate in the workings of the AAA on a **consistent basis over an extended period of time**.

- Area Plans are usually developed for 3 or 4 year periods of time or funding cycles
- A major component of the Plan is the section on Needs Assessment; it is the areas of unmet need, particularly low income minority older individuals, that should help determine the funding priorities for that funding cycle
- Recommendations for funding priorities may be recommended by staff, but the board generally makes the final decision
- It is the development of the needs assessment process that you'll want to ensure your demographic data, surveys, studies or other reports are included

- A common method for inclusion is to present your information or findings at public hearings on the development of the Area Plan
- Another method is to request to be placed on the agenda of a regular board or advisory body meeting and make a formal report of your information or findings and request it be included as an addendum to the current plan or in the development of the next plan
- Have consistent representation from your organization at all board and advisory body meetings; this will ensure the AAA will recognize you are a serious player and a contributor; plus you will become aware of many of the issues impacting the AAA and the aging network
- Most board or advisory body meetings allow for public comments during the agenda; at this juncture you can announce your latest organizational, community and/or fund raising event
- Invite the AAA director, their staff and/or their volunteers to your organizational events; help them become more familiar and comfortable with you and your organization
- Help them gain insight into your culture, values, and community
- Be candid with the AAA director about your sources of revenue, their timelines, if they are for only one or two years, so they can take this information into consideration
- Generally speaking, funding from AAAs will not be available the first year or even the second or third year, however, it is critical that your community's needs are known, that you are considered a competent player, and that will put you in a position to compete for funds when they become available
- It's also possible the AAA may know of other revenue sources you may be eligible for until the AAA is in a better financial position

My **third suggestion** is to **cultivate and develop leadership** in your staff, volunteers, seniors and community. The aging network began establishing itself since 1965. About the time some of our communities began to establish themselves. Both will not be going away. And, as the demographic data indicates, both will continue to grow. We are in this for the long haul.

- Seek out community members to participate on Boards, Commissions, Advisory Bodies, committees, task forces, etc.
- Please send someone who will ask questions and will provide answers - Don't just send a "body"
- Attend as many meetings and functions as your staff and volunteers can tolerate – establish alliances and allegiances
- Become more aware of the political issues that can affect the workings of your organization, the AAA and the aging network
- Participate in local elections of city councils, boards of supervisors, mayoral races
- These are the major stakeholders that can assist you and your organization move forwards, or backwards

Conclusion

Finally, I want to thank you for your patience this morning. We do share these common experiences. I urge you to cultivate the relationships you will develop today with your colleagues. Most of you will be open to sharing your successes and, hopefully, your failures, too.

Our peers are one of our greatest support groups and a wonderful source of courage and inspiration. Please share your business cards with each and every person you meet today, if you haven't already done so.

We can work together to develop a more comprehensive approach to health and long-term care that focuses on the community and truly reflects the needs and preferences of our elders. I look forward to hearing from you, and working with you, in making this a reality.

Thank you.