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BACKGROUND PAPER

FACES OF AGING: Aging and the Native American Population November, 2014

California's demographics are changing quickly, both in terms of age and diversity. The "Faces of Aging" hearing series focuses on specific population groups whose care into the future will require a wide range of cultural competencies. "Aging and Native People" is the final installment of the Assembly Committee on Aging and Long-Term Care "Faces of Aging" series. The Committee's assessment of Native people and their collective experiences as they age was limited to a literature review, and interviews with stakeholders in the Native American communities. A traditional California governmental hearing was deemed inappropriate given that standard protocol demands that Nations correspond directly with the Federal Government. Nonetheless, based upon conversations with service providers, stakeholders and native people representatives, the Committee recognizes the value of information sharing and shared learning opportunities at the invitation of Tribal governments as a legitimate process to improve the relevance and delivery of existing services, and to acquire the cultural competencies necessary to meet the expanding population of people with Native origins.

California has the largest population of people age 65 and older of any other state, currently hovering near 5 million, out of a total of 38.3 million people. California's 65+ population is projected to nearly double from 4.27 million in 2010 to 8.37 million in 2030, then roughly 10 million in 2040. By 2030, the 75-84 age group, or "mature retirees," will more than double from 1.37 million to 2.81 million, while "young retirees," those 65-74 years of age will grow by 96 percent, and "seniors," those 85 years of age and older, will grow by over 50 percent from 606,333 to 993,496, according to recent updates from the California Department of Finance's Demographic Research Unit. In 2020, just under 15 percent of the population will be over 65. By 2030, that number grows to about 19 percent. In 2040, population projections place the 65+ population at roughly 10 million, representing more than one-in-five of 47 million Californians. With longevity increasing, the greatest growth will be among those 85 and older.

As California's population ages, it is becoming more racially and ethnically diverse. More than 40 percent of today's baby boomers (those born 1946 – 1964) are African American, Latino, or Asian, and one-third were born outside of the United States. "Cultural competency" will rise in significance with the population shift as the public investment grows. Without culturally competent service providers, administrators and decision makers, programs and services risk becoming irrelevant, and outcomes no longer justify the costs. As a "bell-weather" state, California's experiences during the next 15-25 years will inform other states facing similar demographic transformations over the next several decades. In order to avoid ignorant stereotypes, this paper will use the term Native American to refer to the subject population. However, "Native American" has been identified as potentially "over bureaucratic," and when specific nations are discussed, most Native Americans prefer being identified as such (i.e., "Navajo," or "Cherokee").

NATIVE PEOPLE:

A little over one third of the 2,786,652 Native Americans in the United States live in three states: California at 413,382, Arizona at 294,137 and Oklahoma at 279,559.¹ California's older Native American population is the largest of any state, so meeting their needs today and into the future will inform other states about successful care strategies. In the U.S. and California, the American Indian elderly population is projected to grow to 12.6 percent of their total population by 2050. Current estimates place the older Native American population at about 8 percent currently, up from 5.6 percent in 1990. Shorter life spans characterize the Native American population and contribute to a smaller proportion of their total population compared to Californians in general.

Historically, the United States' relations with Native nations indigenous to the U.S. were conducted through "treaty-making" processes. They recognized and established a unique set of rights, benefits, and conditions for tribes/nations who agreed to cede their homelands to the United States and accept its governance. Like other treaty obligations of the United States, Indian treaties are considered to be "the supreme law of the land," and are the foundation upon which federal Indian law is based. Article 1, Section 8 of the United States Constitution, vests Congress, the Executive and Judicial branches, with authority to develop and promote relations with the tribes. There are 562 federally recognized tribal governments that possess the right to enforce laws within their lands, including taxing, standards for tribal membership, and to regulate activities on tribal territories. Limitations are similar to those of states. Tribes do not have the power to make war or engage in foreign relations.

Services to meet aging Native American needs are memorialized within Title VI of the Older Americans Act (OAA). This title was established to meet the unique needs and circumstances of American Indian elders on Indian reservations. It establishes requirements of Indian tribal organizations to promote delivery of services that are comparable to services provided to the general population. Since 2008 (the last time the

¹ "Annual Estimates by Race Alone" (PDF). US Census.gov. Retrieved 10.29.14

Older American's Act was reauthorized), about \$34 million in annual funding has been allocated to support the OAA's mission on tribal land.

Life expectancy at birth is a measure of overall quality of life and summarizes the mortality at all ages. Native American people have the shortest life expectancies at birth of any ethnic population for which data is monitored in California. A Native American male born between 2007 and 2009 can anticipate a lifespan of 68 years. Native American females can expect a life-span of 74.3. For comparison, Hispanic females can anticipate 83.3 years of life, on average.

RACE AND IDENTITY:

Relatively little public opinion research on attitudes toward Native Americans has been conducted, and when it is, data is typically lumped together with Alaskan Natives, Hawaiian Natives and other populations. Most non-Native Americans rarely encountered other Native Americans in their daily lives. On the other hand, while sympathetic toward Native Americans and expressing regret over the past, most non-native people have only a vague understanding of the problems facing Native Americans today. Native Americans have told researchers that they believed they continue to face prejudice and mistreatment in the broader society.² For instance, Native American activists in the United States and Canada have criticized the use of Native American mascots in sports as perpetuating offensive, disempowering and demeaning stereotypes. Although not studied among Native American people specifically, research supports the assertion that historical discrimination has been found to contribute to shorter lifespans of African American men.³

HEALTH AND WELLNESS:

According to a 2004 study by the U.S. Commission on Civil Rights called, "Broken Promises: Evaluating the Native American Health Care System," compelling evidence that disparities in the health status and outcomes of Native Americans persist, even though focused efforts, such as Title VI of the Older American's Act and other Federal efforts to overcome them, was launched. It has long been known that Native Americans are dying of diabetes, alcoholism, tuberculosis, suicide, unintentional injuries, and other health conditions at rates far exceeding the general population, but the U.S. Commission went further, and dug deeper. In their report, the commission singled out social and cultural barriers as culprits behind health disparities amongst Native Americans, chief among them: racial and ethnic bias and discrimination. Other factors include patient behaviors, a lack of culturally appropriate delivery of care and services, language, impoverishment, and unequal educational access and opportunities. To overcome the institutionalization of disparities within Native American communities, the commission recommended an aggressive

² Walking a Mile: A Qualitative Study Exploring How Indians and Non-Indians Think About Each Other
Shelly Lowe, 2007

³ "Discrimination, Racial Bias, and Telomere Length in African-American Men;" David H. Chae (University of Maryland, College Park); Amani M. Nuru-Jeter (University of California, Berkeley); Nancy E. Adler, Jue Lin, Elizabeth H. Blackburn, and Elissa S. Epel (University of California, San Francisco); and Gene H. Brody (Emory University) and published in the American Journal of Preventive Medicine, January, 2014.

consumer complaint investigation and resolution process, increased cultural sensitivity training, and financial resources to bring services up to modern standards.

ALZHEIMERS AND DEMENTIA:

Alzheimer's disease is a devastating degenerative disease that causes memory loss, challenging behavioral problems, and severe functional limitations. A number of studies have compared the rates of Alzheimer's disease (AD) between ethnic groups residing in the United States. Despite differences in sampling methods and definitions of dementia as well as in definitions of race and ethnicity, the most frequent findings are that African Americans and Hispanics have higher prevalence and incidence of Alzheimer's than whites; Native Americans appeared to have lower rates in comparison to whites, though shorter life-spans may be cloaking the incidence. To provide appropriate health care to elder Native Americans, researchers are striving to attain a better understanding of how culture and disease interact amongst Native Americans. Raising awareness in the Native American population regarding the nature of dementia as it compares to aging, and the development of culturally sensitive tools to detect AD are essential. Barriers restricting clinical service to this population include historical factors relating to access to health care, cultural beliefs regarding aging, demographic diversity of the population, competing epidemiologic risk factors, and lack of proper assessment tools for clinicians. In Arizona, the Arizona Alzheimer's Disease Outreach Program has provided information on research, and the views of the Native American community on topics related to aging and mental cognition. Supported by a grant from the Alzheimer's Association, ongoing work to evaluate the cultural appropriateness of assessments designed to be more "culture fair" have made progress in filling service gaps, though outcomes and recommendations are forth-coming.⁴

ECONOMICS:

The median income of Native American (including Alaska Natives) households according to American Community Survey was \$35,062 in 2010 compared to \$50,046 for the nation as a whole. Over 28 percent of Native Americans were in poverty in 2010 while 15.3 percent of the nation as a whole lived in poverty.⁵ 29.2 percent of Native Americans lacked health insurance coverage. For the nation as a whole, the corresponding percentage was 15.5 percent, though this data was collected previous to the advent of the Affordable Care Act (PL 111-148; "ACA"). Under the ACA, the quality and accessibility of health care for Native Americans is expected to improve on Indian land. The ACA includes a permanent "reauthorization of the Indian Health Care Improvement Act," which authorizes new programs and services.

⁴ Challenges to the recognition and assessment of Alzheimer's disease in American Indians of the southwestern United States: Trudy Griffin-Pierce, Nina Silverberg, Donald Connor, Minnie Jim, Jill Peters, Alfred Kaszniak, and Marwan N. Sabbagh: *Alzheimers Dement.* Jul 2008; 4(4): 291–299, US National Library of Medicine, National Institutes of Health.

⁵ United States Census Bureau @ <http://factfinder2.census.gov>

HEALTH:

The Indian Health Care Improvement Act authorizes Congress to fund health care services for Native Americans through the Indian Health Service. The act was originally approved by Congress in 1976 and last reauthorized in 2000. The Affordable Care Act makes this law permanent and authorizes new programs within the Indian Health Service to ensure the act is equipped to meet the expressed mission to raise the health status of American Indians and Alaska Natives to the highest level.

Under the ACA, new and expanded programs are included for mental and behavioral health treatment and prevention, long-term care services, (including home health care), assisted living and community-based care, improved development of health professional shortage remedies, new demonstration projects for innovative health care facility construction, expanded provisions of dialysis services, and better care for Indian veterans.

Native American adults are more likely to be current smokers than white adults (32.7 percent compared to 22.5 percent), and about 22 percent of Native American adults consider themselves former drinkers compared with African Americans (16.8 percent), whites (14.4 percent), Hispanics (13.6 percent), and Asia American adults (8.3 percent). Data also shows that diabetes and heart disease are the most prevalent health condition with incidence outpacing the general population. Nearly 18 percent of the Native American adult population suffers from diabetes while only 6.2 percent of the adult white population is afflicted.⁶

FAMILY CAREGIVING:

According to "Caregiving in Indian Country: Conversations with Family Caregivers,"⁷ family members provide an estimated 90 percent of elder care in Indian country. According to the document (produced and published for the Centers for Disease Control and the Indian Health Services program by the National Resource Center on Native American Aging), taking care of an elder is a continuation of a long cultural tradition of extended family and lifelong care for family – and, is generally not regarded as being a "burden." Among certain Native American communities, the definition of an elder is one who has received "gifts from the Creator" along their life's path, and who then generously "shares these gifts with others to help them," thus the practice of leadership and generosity are considered to be essential in the role of an "elder,"⁸ which enhances a family-caregivers life when availed the opportunity to provide care.

⁶ Barnes PM, Adams PF, Powell-Griner E. Health Characteristics of the American Indian or Alaska Native Adult Population: United States, 2004–2008 National health statistics reports; Hyattsville, MD: National Center for Health Statistics. 2010.

⁷ By Dave Baldrige and Nancy Aldrich; edited by William F. Benson, 2011.

⁸ Hendrix. L., (2001). Health and health care for American Indian/Alaska Native elders. G. Yeo (Ed.) Ethnic specific modules of the curriculum in ethnogeriatrics: A project of the collaborative on ethnogeriatrics. Stanford Geriatric Education Center: Palo Alto, CA

CONCLUSIONS:

As California's demographics shift to an eventual paradigm in which fully one-fifth of the population is over the age of 65, and the workforce available to support their needs diminishes, the nation stands to benefit from the state's bellwether experiences. American Indian communities may offer important insights to the strategies necessary to assure cultural competency in service delivery, while specific strategies which are a part of the Native American experience are considered to meet the ever expanding caregiving needs.