



NATIONAL TITLE VI PROGRAM SURVEY
**Serving Tribal Elders
Across the United States**

**2017
REPORT**



advocacy | action | answers on aging



TABLE OF CONTENTS

Executive Summary	1
Introduction	3
Health Disparities and Demographics	3
Title VI History	4
Survey Background	5
Survey Results	6
Title VI Structure and Staffing	6
Structure and Administration	6
Title VI Staffing	6
Title VI Programs and Services	9
Areas Served by Title VI	9
Services Available to Tribal Elders	10
Meeting Tribal Elders' Service Needs	12
Outreach and Evaluation of Services	13
Evidence-Based Programs	13
Elder Abuse Services in Indian Country	15
Record-Keeping Technology and Infrastructure	17
Record-Keeping: Systems and Client Information	17
Technology and Infrastructure	18
Partnerships for Service Delivery	19
Health Care, Long-Term Services and Supports and Title VI	21
Title VI Funding	22
Training and Technical Assistance Needs	23
Conclusion	23
Acknowledgements	24
Funder Acknowledgement	24
Appendix: Full Listing of Services Available By Funding Source	25
References	27

EXECUTIVE SUMMARY

Tribes across the country assist their elders by providing services and supports that enable them to live with independence and dignity in their homes and communities. Many are able to offer these supports with the assistance of Title VI of the federal Older Americans Act (OAA), which funds tribal programs to deliver nutrition and supportive services to Native American elders and their caregivers. The more than 250 Title VI Native American aging programs (Title VI programs) serve American Indian, Alaska Native and Native Hawaiian elders across the United States. Services provided through Title VI programs are critically important for American Indian elders who experience shorter life expectancy and higher mortality rates for a number of conditions compared to the general U.S. population.¹

With a grant from the Administration on Aging in the Administration for Community Living (ACL), the National Association of Area Agencies on Aging (n4a) partnered with Scripps Gerontology Center at Miami University of Ohio to conduct the 2017 survey of the Title VI Native American aging programs.



Key survey findings include the following:

- The majority of Title VI programs serve American Indian elders in rural or frontier areas. This creates unique transportation challenges for the agencies to deliver services and supports. In fact, given both the vast land area that Title VI agencies cover and the often rugged terrain, some Title VI programs in remote or frontier areas use alternative transportation such as four-wheel drive vehicles, planes, ferries/boats or snow machines to provide services.
- The services most often offered by Title VI programs are congregate and home-delivered meals, information and referral assistance, and outreach.
- Many Title VI programs operate with relatively few staff. The average Title VI program has approximately four full-time staff, four part-time staff and four volunteers to serve hundreds of elders.
- The majority of Title VI directors are full-time employees. However, many Title VI directors manage multiple grants/contracts or lead other departments or programs in addition to their Title VI responsibilities.
- Most Title VI programs offer at least one elder abuse prevention or intervention service. However, elder abuse services are primarily funded through non-Title VI funding streams.
- The most commonly reported unmet service needs that American Indian elders face are related to money management, home modification, chore assistance and legal assistance.

Given the limited resources and high needs of elders in their communities, Title VI staff are incredibly efficient, flexible and creative. When asked to share their top achievements, Title VI directors told us they were proud of the fact that they are:

- Providing healthy meals to elders in a social setting that helps to address isolation while supporting healthy living;
- Serving traditional foods and offering activities and services for elders that are grounded in cultural traditions;

- Retaining staff committed to serving elders despite challenges such as low or stagnant wages;
- Being recognized as trusted resources in their communities; and
- Partnering with tribal schools, community health centers and diabetes education initiatives.

This report further details the services and supports that Title VI programs offer elders, as well as current opportunities and challenges these programs face.



INTRODUCTION

There are currently 566 sovereign tribal nations that, as governmentally-independent entities, have tribal sovereignty. In other words, these tribal nations have a nation-to-nation relationship with the United States government.² The tribes do, however, access federal protections as well as federal health and social services funding streams. Since 1978, when Title VI of the Older Americans Act was added by Congress, many tribes have been able to draw from this key source of funding to better support their elders.

Health Disparities and Demographics

In general, federal funding for tribes has fallen short of need—multiplying the effect of factors such as inadequate access to education and health care, high levels of poverty, and historical discrimination and trauma—which has contributed to significant disparities in health status.⁹ While federal efforts to improve living conditions among tribal communities have long been in place, American Indians, Alaska Natives, and Native Hawaiians, on the whole,

still experience higher rates of poverty, lower educational achievement, insufficient housing and higher rates of disease and chronic illness¹⁰ as demonstrated through the following statistics.

- **Life Expectancy:** The life expectancy of American Indians and Alaska Natives is 4.2 years lower than the rate for the average U.S. population.¹¹
- **Mortality:** American Indians and Alaska Natives die at higher rates than other Americans from alcoholism (552 percent higher), diabetes (182 percent higher), unintentional injuries (138 percent higher), homicide (83 percent higher) and suicide (74 percent higher).¹²
- **Poverty:** Approximately 26 percent of American Indians and Alaska Natives and 31 percent of Native Hawaiians or Pacific Islanders live below the poverty level, as compared to 11 percent of whites.¹³ It is estimated that six in 10 American Indians age 55 and older have incomes between \$5,000 to \$10,000 per year.¹⁴

ABOUT TRIBAL SOVEREIGNTY

Tribal sovereignty means that tribes have the authority to self-govern. It ensures the federal government does not make decisions about tribes without their participation and consent and it serves to protect tribes from encroachment of other sovereigns such as state governments.³ As a result of this relationship, tribes have the authority to make and enforce laws (civil and criminal), to tax, to determine tribal citizenship and to regulate activities within their jurisdictions.⁴ However, their right to self-government is limited by some factors; for example, tribes may not print or issue their own currency or engage in foreign relations.⁵

This nation-to-nation relationship arose over a period of decades. From 1778 to 1871, relations between tribal nations and the federal government were established through treaties, pacts and laws.⁶ Through these negotiations, tribal nations agreed to cede hundreds of millions of acres of their land to the federal government in exchange for their self-government, access to health care through the federal government, and federal protection to ensure tribal health, safety and welfare.^{7,8}

- **Senior Hunger:** It is estimated that one in seven older American Indians will face food insecurity or hunger.¹⁵
- **Health Care Coverage:** 27 percent of American Indian and Alaska Natives are uninsured compared to non-Hispanic whites at 9.8 percent.¹⁶ The federal government spends less per person on health care for American Indians and Alaska Natives than for any other federally covered group, such as Medicaid recipients, prisoners, veterans and military personnel.¹⁷ While Indian Health Services (IHS) provides health care services to this population, IHS historically has been underfunded, and individuals who rely only on IHS for their health care often have unmet health care needs.¹⁸
- **Health Care Access:** Compared to Caucasians, American Indians and Alaska Natives are less likely to have had a medical or dental visit in a year and, if they have had such an appointment, they are more likely to be dissatisfied with the care they receive.¹⁹
- **Mental Health:** 8.8 percent of American Indians and Alaska Natives ages 18 and older had co-occurring, mental and substance use disorders in the past year, while the national average was 3.3 percent.²⁰
- **Substance Use:** American Indians and Alaska Natives have the highest rates of alcohol, marijuana, cocaine and hallucinogen use disorders and the second highest methamphetamine abuse rates after Native Hawaiians.²¹

These are just some of the reasons why federal Title VI services and supports are critically important for supporting American Indian elders and their caregivers.

Title VI History

The 1978 reauthorization of the federal Older Americans Act (OAA) established Title VI grants, which fund programs for nutrition and supportive services for American Indian elders. The purpose of the Title VI program, like the overall OAA, is to provide supportive services that enhance the ability of American Indian elders to remain independent and healthy within their communities, and to reduce the need for nursing home care and unnecessary medical interventions.

The OAA established three sections (Parts A, B and C) under Title VI. Parts A and B provide funding for nutrition services and supportive services such as information and referral, transportation, personal care, chore assistance, health promotion and disease prevention activities. Title VI Part A is for federally-recognized tribes, while Part B is for organizations that provide services to Native Hawaiians. In 2000, Title VI of the OAA was expanded to include Part C—caregiver support services. Part C was added by Congress as part of the creation of the OAA’s National Family Caregiver Support Program (Title III E). Caregiver services include information and assistance, individual counseling and support groups, caregiver training and respite care. An entity with an approved application for Part A or B may apply for funding under Part C.

Title VI programs are part of the federal Aging Network. The Aging Network also includes the federal Administration on Aging, State Units on Aging (which administer funds to Area Agencies on Aging but not Title VI grantees), Area Agencies on Aging (AAAs) and other community-based organizations that Title VI programs work with to provide services. Approximately 7 million tribal elders are served annually through the Title VI program.

Like other federal programs supporting American Indian and Alaska Natives, Title VI also has not seen funding keep pace with demand for services. While Title VI programs help to address the vast needs of American Indian elders, most tribes must identify other sources of funding to support home and community-based services for elders in their communities. Without external funding, most tribes would be forced to reduce or cap much-needed services. Certain sections of this report indicate when non-Title VI funding sources are utilized to support elders.

Survey Background

With a grant from the Administration on Aging within the Administration for Community Living (ACL), the National Association of Area Agencies on Aging (n4a) partnered with Scripps Gerontology Center to conduct the 2017 survey of the Title VI Native American aging programs. The purpose of the National Title VI Program Survey, conducted approximately every three years, is to better understand trends, new directions and evolving needs of Title VI programs across the country.

With input from ACL, the survey was refined for 2017 with the goal of capturing the unique qualities of Title VI programs, including the challenges and opportunities they face. Scripps Gerontology Center then conducted one-on-one key informant interviews with 10 Title VI directors to gather input on the draft survey. The substantive feedback provided by the Title VI directors helped inform and improve the 2017 survey. In November 2016, a focus group of six Title VI directors attending the American Indian and Alaska Native Long-Term Services and Supports Conference further helped refine and improve the survey.

The National Title VI Program Survey was launched online on January 4, 2017 and concluded on March 27, 2017, with 74 percent (n=198) of the 268 Title VI programs responding. In addition, two survey consultants contacted Title VI directors to encourage completion of the survey, to troubleshoot issues or questions, and to administer the survey over the phone when requested.

The survey covered the following topics:

- Services and program information
- Staff and volunteers
- Partnerships
- Evidence-based programs
- Elder abuse services
- Funding levels and budgets
- Training and technical assistance interests



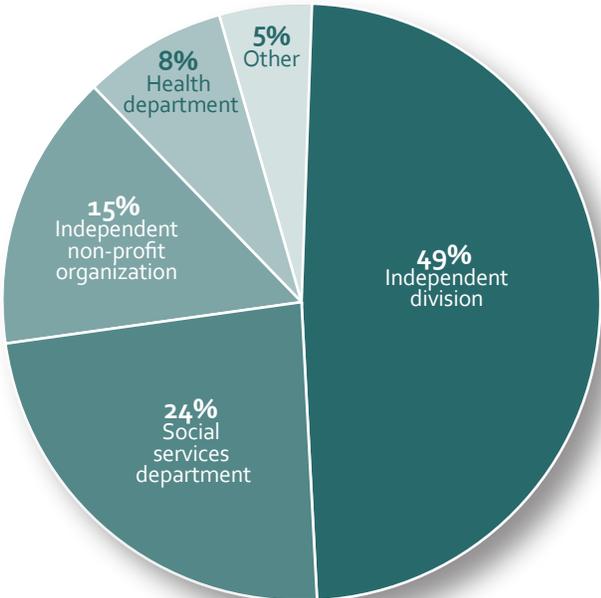
SURVEY RESULTS

Title VI Structure and Staffing

Structure and Administration

Title VI funds are administered through grants to tribal entities. The majority (82 percent) of Title VI grantees are individual tribes. The remaining grantees are tribal consortia (17 percent) and one percent of Title VI grantees are part of an inter-tribal council. Tribal leadership then determines the best entity to administer Title VI funds. As shown in Figure 1, nearly half of Title VI programs (49 percent) reported that they are administered as part of an independent division in the tribe, tribal consortium or inter-tribal council, followed by a social services department (24 percent), and independent nonprofit organization (15 percent). Approximately one-third of Title VI programs report having a Title VI-specific advisory board as part of their structure.

Figure 1:
WHERE TITLE VI FUNDS ARE ADMINISTERED
n=196



Staffing

Staffing trends in Title VI programs provide further context on how Title VI programs are administered and implemented. There is variability in the length of tenure of Title VI directors with a range of 0.1 to 37 years. On average, Title VI programs have had two directors in the last five years but some agencies have experienced very high turnover with as many as five to six directors in the last five years (Figure 3).

Figure 2

How Long Has the Current Title VI Director Held His/Her Position as Director? (n=180)

Median	4.6 years
Range	0.1 to 37 years

Figure 3

How Many Title VI Directors Has Your Program Had in The Last 5 Years? (n=170)

Median	2.0
Range	1-6

Title VI directors are responsible for a wide range of duties from high-level management tasks to clinical and direct services tasks to administrative responsibilities. New directors face a significant learning curve while they learn the new scope of their responsibilities. They must learn the federal reporting and funding requirements, manage and train staff and provide oversight of programs and

services, while also often providing direct support to elders.

Title VI directors were asked about the nature of their employment. The majority of Title VI directors (approximately 93 percent) are full-time employees. However, their full-time employment is not necessarily fully funded by Title VI or solely dedicated to Title VI program activities. Of Title VI directors in full-time positions, 78 percent report that they spend time on non–Title VI activities. Commonly reported non–Title VI areas of responsibility include managing other grants/contracts, managing other departments or programs and managing senior centers or tribal housing complexes.

It is also important to understand the role of Title VI directors and the range of responsibilities they carry within the Title VI program. Within their Title VI roles, 83 percent of directors spend time on direct service and 77 percent spend time on other non-management activities. Examples of these responsibilities include administrative and secretarial work, assisting with kitchen and meal duties, transporting clients to services, providing case management, assisting with interpretation and doing outreach—all in addition to management responsibilities inherent in the director position.

As indicated in Figure 4, many Title VI programs operate with relatively few staff. The average Title VI program has approximately four full-time staff, four part-time staff and four volunteers, although when looking at the middle 50 percent (median) of Title VI programs, the numbers are even lower. Based on survey responses, many Title VI programs have no full-time staff, as is indicated by the lower ranges. However, some of the Title VI programs, most likely those in the largest tribes, do have higher staffing numbers.

Figure 4

Total Number of Paid Full-Time and Part-Time Staff and Unpaid Volunteers (not including the Director)

	Mean	Median	Range
Full-time (n=190)	3.7	2.0	0 – 40
Part-time (n=190)	3.6	2.0	0 – 74
Volunteers (n=185)	4.0	1.0	0 – 150

Title VI program directors were also asked about which roles Title VI staff fulfill as part of their job responsibilities. Many Title VI programs have small staffs, so in most instances staff cover more than one role as part of their position. The data in Figure 5 indicate the most common roles held by Title VI paid staff.

Figure 5

Most Common Roles of Paid Title VI Staff

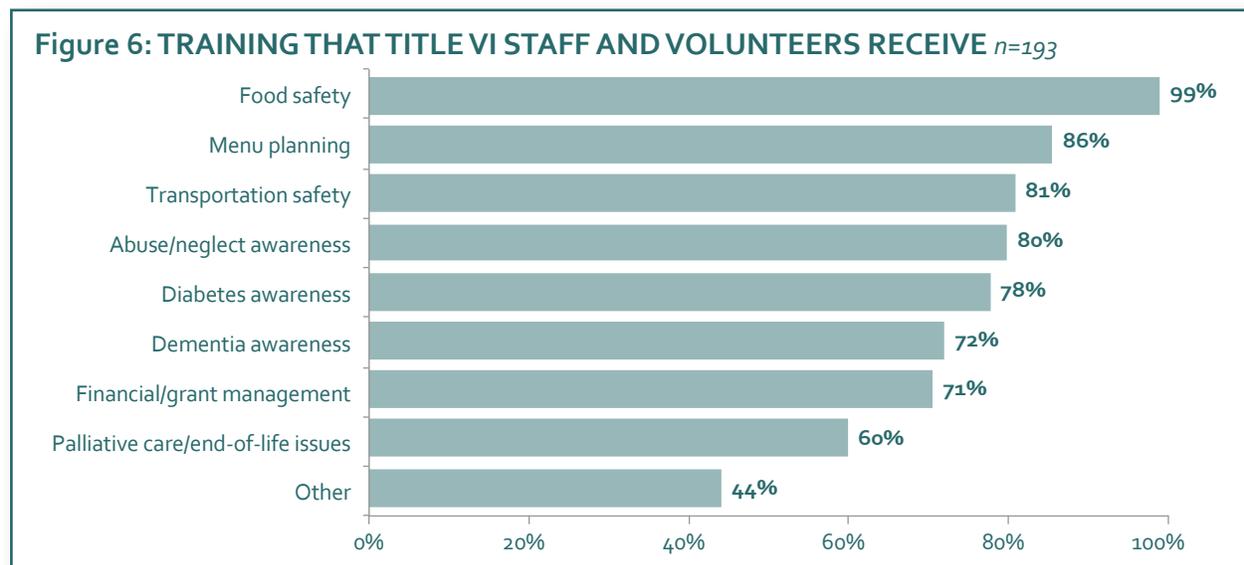
Meal preparer/server (n=189)	87%
Information & referral specialist (n=186)	84%
Intake assessor/screener (n=185)	82%
Caregiver program coordinator (n=180)	68%
Transportation coordinator/mobility manager (n=182)	64%
Case manager (n=170)	59%
Grant writer (n=184)	45%

Given the range of responsibilities that Title VI staff fulfill, respondents were also asked to share information on training opportunities extended to Title VI staff and volunteers. The data in Figure 6 indicates topics on which at least one staff or volunteer received training. Ninety-nine percent of survey respondents report that staff or volunteers receive training on food safety.

Other trainings received by Title VI program staff include those related to grant requirements; cardiopulmonary resuscitation and first aid; program and policy guidelines; and fire safety.

TITLE VI VOICES: STAFFING

- “Turnover is very high in my program. [There are not] wage increases. The current staff cares about the aging population but also have families to support.”
- “Our program needs more staffing; currently we have two part-time staff to work with 100 elders. The communities are located miles apart. More staff would mean more services to the elders.”
- “We have staff with knowledge of the needs of our elders and [who] take extra care in helping to meet their needs.”

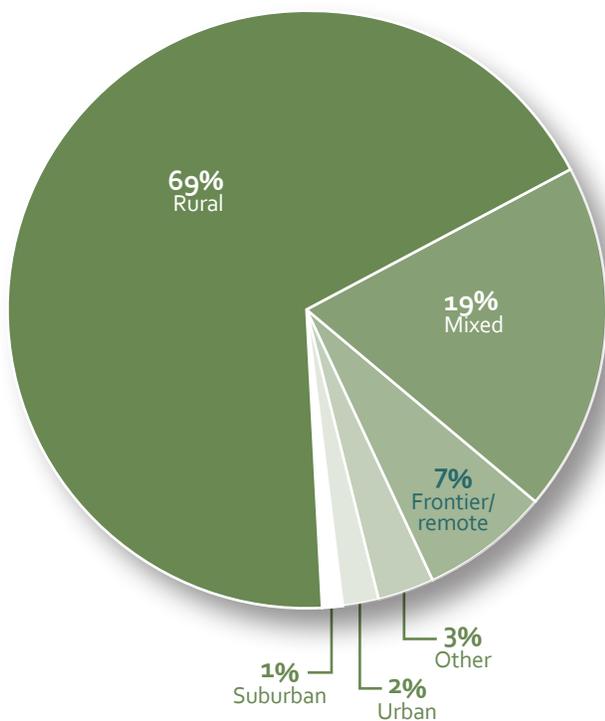


Title VI Programs and Services

AREAS SERVED BY TITLE VI PROGRAMS

Most Title VI programs serve rural geographic areas (69 percent), followed by mixed geographic areas (such as a Title VI program that serves a rural and suburban area) (19 percent) and frontier/remote (7 percent), as depicted in Figure 7. Very few Title VI programs serve only urban or suburban areas. In mixed geographic areas, it is most common for a Title VI program to serve both rural and frontier/remote communities.

Figure 7:
AREA SERVED BY TITLE VI PROGRAMS
n=195



Long travel distances in service-delivery areas is one of the challenges that Title VI programs face in rural and frontier/remote areas, adding additional transportation costs and staff time. Depending on the environment and terrain, even a relatively short distance can take hours

to cover—for example, the location can only be accessed by snowmobile or an all-terrain vehicle. In some Title VI communities, such as those in Alaska that cover large swaths of land, distances traveled by program staff can be hundreds of miles. Some communities are only accessible by plane. Figures 8 and 9 below report the farthest distance and the longest trip, in hours, travelled by a Title VI program to provide services.

Figure 8

What is the Farthest Distance Your Title VI Program Travels to Provide Services (One-Way)? (*n=193*)

Mean	Median	Range
40.8 miles	20.0 miles	0.5 – 700 miles

Figure 9

What is the Longest Trip Your Title VI Program Makes to Provide Services (One-Way)? (*n=111*)

Mean	Median	Range
2.05 hours	1.75 hours	0.25 – 7 hours

To better understand service delivery in remote Title VI services areas, the survey included questions about how transportation is provided in these areas. As shown in Figure 10, the majority of Title VI programs reported using a passenger van (67 percent). Significant proportions reported using a car (36 percent) or sports utility vehicle (SUV)/four-wheel drive

(33 percent). A smaller proportion of Title VI programs reported using an All-Terrain Vehicle, plane or ferry/boat.

Figure 10

What Type of Transportation Do You Use To Provide Title VI Services In Remote Areas? (n=196)

Passenger van	67%
Car	36%
SUV/four-wheel drive	33%
Other	14%
All-Terrain Vehicle	3.6%
Plane	2.6%
Ferry/boat	1.5%
Snow machine	1.5%

TITLE VI VOICES: GEOGRAPHIC CHALLENGES

- “A large portion of the funding we receive is used on freight...just to get the groceries to the Title VI cooks in the rural communities. It is also difficult to find the additional funding to fly employees in and out of the villages for training.”
- “Our program is challenged by vast distances over sometimes primitive roads and often treacherous weather. Many of our elders cannot travel to a congregate meal site, and so we deliver to their homes. If we could expand transportation services, we could provide more social and intergenerational experiences for our elders, as well as enable them to participate in evidence-based programs. Transportation is a very big challenge.”

SERVICES AVAILABLE TO TRIBAL ELDER

As mentioned on page 4, the OAA established Title VI in the 1978 OAA reauthorization to specifically target services to American Indian elders. Parts A and B of Title VI cover nutrition and supportive services. Supportive services may include information and referral, transportation, personal care, chore assistance and health promotion and disease prevention activities. Part C of Title VI covers caregiver services, such as information and assistance, individual counseling and support groups, caregiver training and respite care.

Knowing that most tribes need to supplement Title VI funding to help to address the vast needs of American Indian elders in their communities, respondents were asked to share the services available in their communities for tribal elders and whether those services are funded fully or partially through Title VI or through non-Title VI sources.

Figure 11 depicts services for tribal elders that are funded fully or partially through Title VI funds, while Figure 12 depicts tribal elder services that are funded through non-Title VI sources. The percentages in both figures depict the percentage of Title VI programs that indicate they have these services available in their communities. The charts on the next page only list services that were reported by at least half of survey respondents. For a full list of services, see the Appendix.

Figure 11

Tribal Elder Services Funded Fully or Partially Through Title VI Funds

Services	Percent
Congregate meals (n=196)	96%
Home-delivered meals (n=193)	95%
Information and referral/assistance (n=193)	88%
Outreach (n=192)	87%
Family caregiver support services (n=194)	78%
Telephone reassurance/friendly visiting (n=192)	76%
Senior center activities (n=192)	72%
Special events for elders (n=192)	66%
Transportation (non-medical) (n=192)	65%
Care/case management (n=189)	61%
Respite care (n=192)	60%
Homemaker help (e.g., preparing meals, shopping for personal items, light housework) (n=189)	51%



Figure 12

Tribal Elder Services Funded Through Non-Title VI Sources

Services	Percent
Blood pressure checks (n=192)	77%
Blood sugar checks (n=192)	77%
Disaster/emergency preparedness and response (n=190)	76%
Mental health services (n=191)	74%
Foot care (n=188)	72%
Diabetes management (n=190)	70%
Elder abuse or protection services (n=192)	67%
Legal assistance (n=192)	65%
Home modification (e.g., shower rails, grab bars) and home repair (e.g., replacing a broken window, repairing leaks) (n=190)	63%
Exercise programs (n=192)	62%
Benefits/health insurance counseling (n=191)	60%
Cultural events (n=192)	58%
Emergency response system (e.g., Lifeline) (n=185)	57%
Falls prevention (n=189)	56%
Transportation (medical) (n=191)	55%
Assistive devices (e.g., walker, hearing aids) or loan closet (n=190)	54%
Intergenerational events/services (n=189)	52%
Dementia awareness (n=190)	51%
Money management (e.g., public fiduciary services, personal payee services) (n=189)	51%
Commodity distribution/food pantry (n=188)	51%
Help with medication (e.g., reminders, placing in pill box) (n=190)	50%

MEETING TRIBAL ELDERS' SERVICE NEEDS

To better understand unmet needs among tribal elders, survey respondents were asked to indicate which existing services their agencies are the most able or unable to meet given current demand. Figure 13 depicts the top ten services with the highest levels of significant or some unmet needs. Ninety-six (96) percent of Title VI grantees reported having one or more unmet service needs.

Figure 13

Top 10 Unmet Service Needs for Tribal Elders

Service	Significant or Some Unmet Needs
Money management (n=185)	87%
Home modification (e.g., shower rails, grab bars) and home repair (e.g., replacing a broken window, repairing leaks) (n=191)	85%
Chore assistance (n=190)	85%
Legal assistance (n=189)	80%
Dementia awareness (n=189)	78%
Help in home, personal care (e.g., help with eating, dressing, bathing, toileting, grooming) (n=189)	77%
Benefits/health insurance counseling (n=186)	76%
Mental health services (n=187)	75%
Supportive services for grandparents raising youth (n=191)	75%
Disaster/emergency preparedness and response (n=190)	75%

However, there were also several services where a majority of Title VI programs responded that community needs are largely being met. The services with at least 50 percent of programs reporting no unmet needs are: congregate meals (78 percent reported needs met), home-delivered meals (72 percent), blood pressure checks (61 percent), blood sugar checks (61 percent) and translator/interpreter assistance (51 percent). The Title VI Part A nutrition funding plays a tremendous role in helping Title VI programs successfully meet the needs for meals in tribal communities and is a perfect illustration of the critical value this source of federal funding has to tribal programs.

Despite successes in these areas, however, there are also Title VI programs that do not have sufficient federal funding and lack additional resources to provide congregate meals five days per week, as required by the Older Americans Act. As a result, some Title VI programs are forced to either limit the number of meals served or close early certain days of the week.²²

TITLE VI VOICES: SERVICES WE ARE PROUD OF

- “[We are proud of] providing congregate meals to our seniors who have limited incomes and can’t afford three square meals a day.”
- “We provide a continuum of services. We have age 50+ services for those who can fully participate in outings or physical programming and can self-advocate. We have our Home Services Program for frail elders who need us to help keep them at home. We also assist with transitioning those who reach the time of requiring 24/7 care in the Tribe’s assisted living facility.”
- “We are proud of our annual caregiver conference. This conference has grown exponentially over the years.”
- “We are proud of our creative financial programming and high volunteer retention.”

OUTREACH AND EVALUATION OF SERVICES

Nearly all Title VI programs reported conducting outreach to reach elders in need or to inform current participants about resources, events or information. The most common ways that Title VI programs conduct outreach are through informal conversations with elders (96 percent), posting flyers or posters (89 percent), making verbal announcements (85 percent), through newsletters (72 percent) and by holding special outreach events (72 percent).

Survey respondents were also asked to share how they evaluate the quality of their services. As shown in Figure 14, nearly all Title VI programs indicated that one way they assess quality is through having direct conversations with the elders (97 percent). Many Title VI programs indicated they have formal processes in place, such as surveying elders' satisfaction with the services (82 percent), having a complaints process (66 percent) and measuring program participation (58 percent). Few Title VI programs have the resources to track consumer outcomes, such as improvements

in health as a result of services (17 percent), or have a quality assurance or improvement coordinator (10 percent).

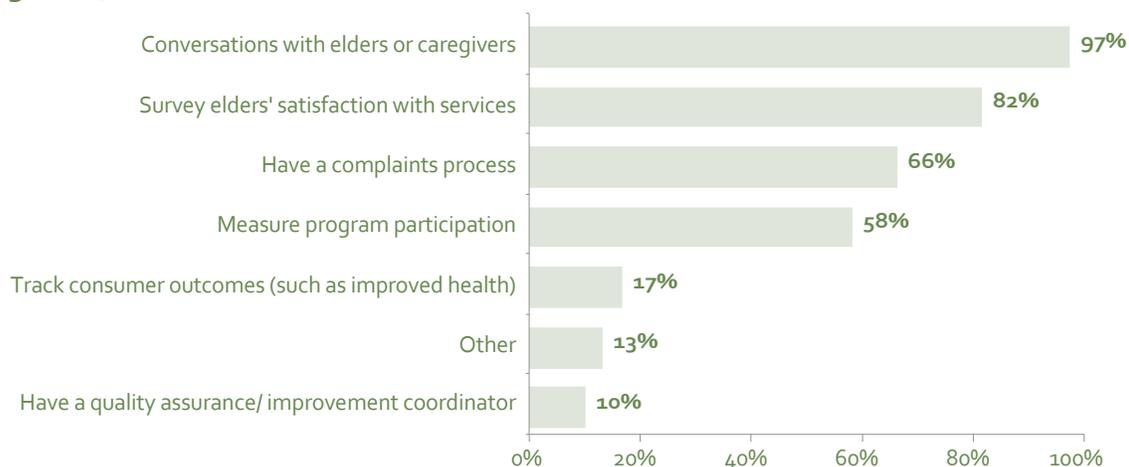
Of the Title VI grantees responding that they use an "other" strategy to evaluate services, the most common strategies involved working with elder committees to solicit feedback, holding advisory board meetings with elder input or having a suggestion/comment box.

EVIDENCE-BASED PROGRAMS

An evidence-based health promotion or disease prevention program demonstrates the highest level of evidence of effectiveness by utilizing rigorous scientific evaluations and large scale studies of diverse populations and achieves significant and sustained outcomes. The U.S. Administration for Community Living (ACL) uses the term "evidence-based" for programs that meet the following criteria:²³

- Demonstrated through evaluation to be effective at improving the health and well-being or reducing disease, disability and/or injury among older adults;

Figure 14: HOW TITLE VI PROGRAMS EVALUATE SERVICES *n=196*



- Proven effective with older adult population, using experimental or quasi-experimental design;
- Research results published in a peer-review journal;
- Fully translated in one or more community site(s); and
- Includes developed dissemination products that are available to the public.

Figure 15

Evidence-Based Programs in Indian Country Offered Through Title VI in the Last Two Years

Program	Frequency	Percent
“Powerful Tools for Caregivers” (n=82)	40	49%
“The Savvy Caregiver in Indian Country” (n=53)	22	42%
“Healthy Eating for Successful Living” (n=87)	31	36%
“Heart Healthy” (n=105)	31	30%
“Tai Chi Moving for Better Balance” (n=96)	24	25%

Figure 15 displays the frequency of specific evidence-based programs offered in tribal communities in the last two years with Title VI funding.

**TITLE VI VOICES:
EVIDENCE-BASED PROGRAMS**

- “[We have a] partnership with the Diabetes Program to better inform the seniors by having once-a month meetings...with vital information to better educate the elders on monitoring, nutritional value and exercise. Diabetes is prevalent in Indian Country.”
- “We created a partnership with the university’s dietary department concerning nutritional information. These meetings are held once a month on-site during the meal hour, so the seniors have a presentation along with one-on-one discussion to answer their issues of concern.”



Elder Abuse Services in Indian Country

Despite cultural norms in Indian Country to honor and respect elders, elder abuse can and does occur.²⁴ Risk factors for elder abuse include low social support, diagnosis of Alzheimer’s disease or other dementias, experience of previous traumatic events, functional impairment and poor physical health.²⁵

While data on the incidence of elder abuse in Indian Country is scarce, reports indicate that American Indian elders and communities are no less likely to experience abuse than any other community and in some cases are at much higher risk.²⁶ According to a report by the Bureau of Justice Statistics, which is housed within the U.S. Department of Justice, among individuals in the age 55 or older category, the American Indian violent crime rate was 22 per 1,000 versus the overall rate of 8 per 1,000.²⁷

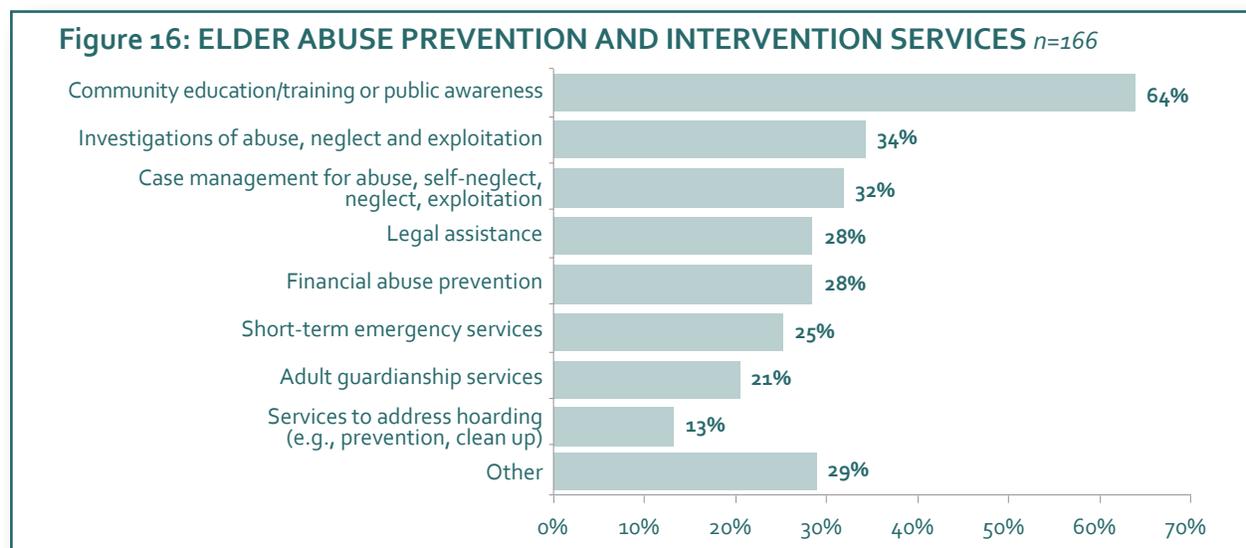
A survey of Title VI directors by the National Indian Council on Aging asked about their perceptions of the frequency of abuse in their communities (i.e., whether it occurs often, rarely or never).²⁸ The survey found that financial abuse by family members was perceived to

be the most common form of abuse with 63 percent of Title VI directors believing it occurs often in their communities. Neglect was the next most common form of abuse with 48 percent of Title VI directors indicating it often occurs, followed by self-neglect at 45 percent. Physical abuse by children, grandchildren or other family members is also a concern with 28 percent of Title VI directors perceiving it to happen often in their communities.

Of the respondents to this survey, 84 percent indicated that they offer at least one elder abuse prevention or intervention service in their community. Elder abuse services are primarily funded through non-Title VI funds (67 percent). Seven percent of programs reported services being fully funded through Title VI and 25 percent reported services are partially funded through Title VI.

The most common elder abuse services offered by Title VI programs involved community education and training (64 percent), abuse investigations (34 percent) and case management (32 percent), as depicted in Figure 16.

To address abuse, neglect and exploitation affecting American Indian, Alaska Native

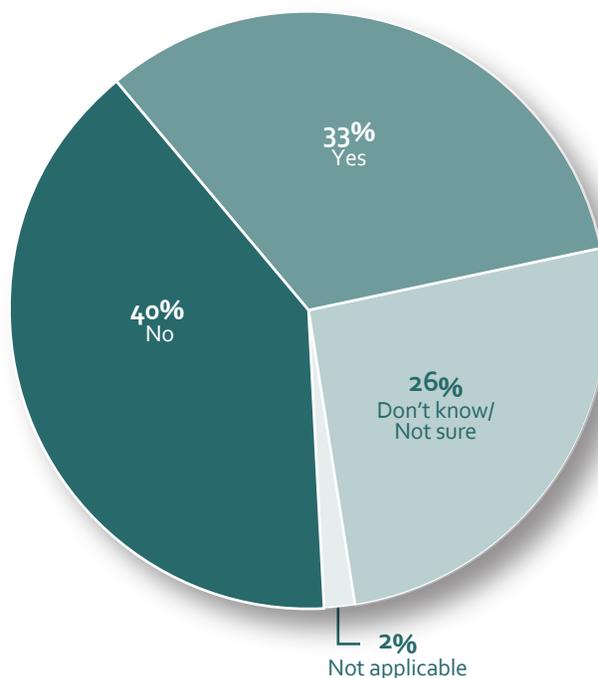


and Native Hawaiian elders, some tribes have established their own civil and/or criminal codes. Criminal codes establish legal authority to penalize those who commit elder abuse, and civil codes address issues such as financial, medical and other needs of abused elders.²⁹ Of the Title VI grantees responding (n=196), 33 percent of survey respondents indicated that their tribe has its own elder abuse code, as indicated in Figure 17.

Of the Title VI programs that reported being part of a tribe with an elder abuse code, 65 percent said the code was a stand-alone elder abuse code and 36 percent said that the elder abuse code was included with their domestic violence code.

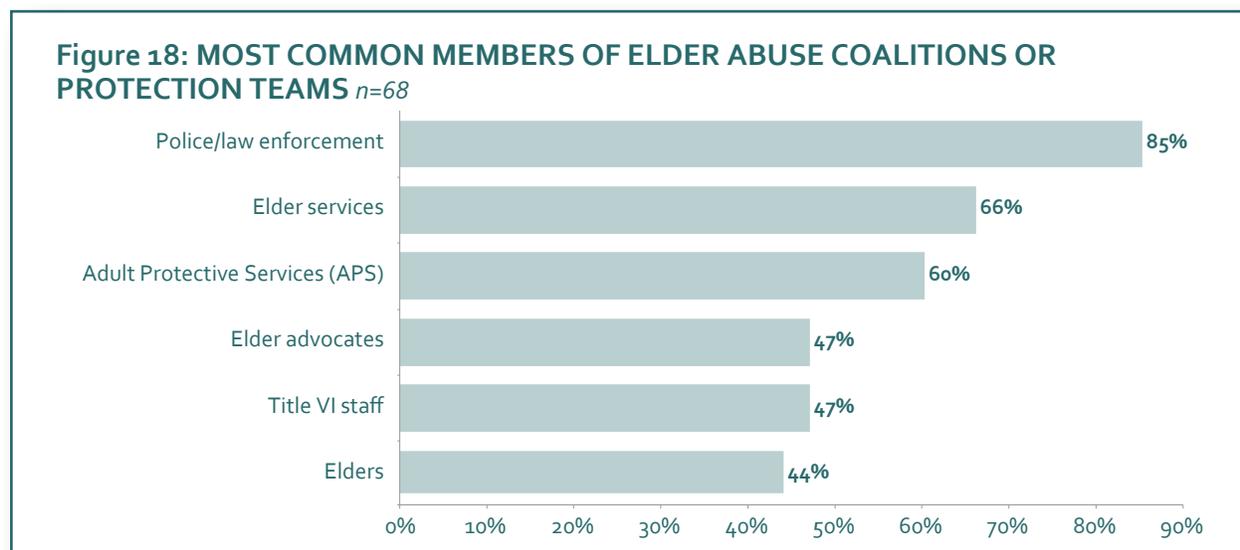
Some Title VI programs are involved in elder abuse coalitions or protection teams. An elder abuse coalition is a group of individuals or service providers that comes together to address, prevent and intervene in cases of elder abuse, neglect or exploitation. A team typically includes members from an array of groups that have a role in addressing elder abuse issues, such as Title VI staff, Adult Protective Services staff and law enforcement.

Figure 17: DOES YOUR TRIBE HAVE ITS OWN ELDER ABUSE CODE?
n=196



For tribes involved in elder abuse coalitions or protection teams, the most common coalition members are indicated in Figure 18. Other members of these teams, not indicated in the chart, include family members (34 percent), cultural leaders (32 percent), tribal affairs (28 percent) and healers (7 percent).

Figure 18: MOST COMMON MEMBERS OF ELDER ABUSE COALITIONS OR PROTECTION TEAMS n=68



Record-Keeping, Technology and Infrastructure

RECORD-KEEPING: SYSTEMS AND CLIENT INFORMATION

Data was also gathered on record-keeping systems within Title VI programs to better understand their overall infrastructure. When asked, 12 percent indicated they do not keep an individual record on each enrolled client. Of those programs that keep individual records, Title VI programs keep an array of information on clients. The most commonly collected data is contact information (99 percent), emergency contact information (96 percent), people in the household (79 percent) and information on the elder’s ability to perform activities of daily living (78 percent). Additional information is in Figure 20.

The most common record-keeping system is paper-based with some electronic records (46 percent) followed by paper only (30 percent) and mainly electronic with some paper (24 percent). Only one tribe reported “electronic only” for its record-keeping system (Figure 19).

Figure 19:
CLIENT RECORD-KEEPING SYSTEM TYPE
n=173

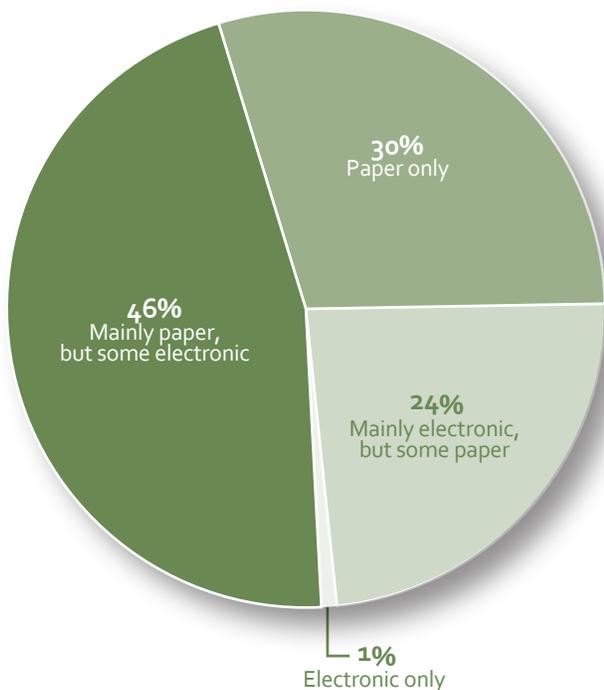


Figure 20

The Most Commonly Collected Data of Systems and Client Information

Information Collected (n=173)	Percentage
Contact information	99%
Emergency contact information	96%
People in the household	79%
Ability to perform personal and instrumental activities of daily living	78%
Dietary needs	72%
Overall health or diseases	70%
Caregiver/informal support information	61%
Services provided	61%
Languages spoken	60%
Income information	53%
Housing type	53%
Medications	51%
Memory problems	36%
Education level	36%
Mental health concerns	34%
Housing condition/repair needs	32%
Service/care plan	31%
Elder abuse issues/history	28%

Of the tribes that use an electronic system, the majority use Microsoft Excel (69 percent), followed by Microsoft Word (59 percent) or “other” platforms (36 percent). The percentages here add up to more than 100 due to the fact that most Title VI agencies use more than one system. Types of “other” systems include tribal databases, customized databases and software systems such as PeerPlace or SAMS.

Figure 21

Unmet Needs Related to Information Technology, Infrastructure and Equipment Needs

Information Technology, Infrastructure or Equipment Needs or Challenges	Significant or Some Unmet Needs
Staff computer literacy (n=177)	69%
Lack of vehicles to provide services (n=184)	67%
Cell phone reception (n=166)	65%
Computer software (n=172)	60%
Poor roadways (n=178)	59%
Computers (n=187)	56%
Cell phones (n=167)	52%

TECHNOLOGY AND INFRASTRUCTURE

The survey also asked Title VI programs to share information on their technology, infrastructure and equipment needs. Because many Title VI programs operate in rural or remote areas and often with limited funding and staff support, the purpose of this question was to better understand some of the most pressing challenges that Title VI programs face in delivering services to elders in their communities. Figure 21 indicates Title VI programs’ unmet needs related to information technology, infrastructure and equipment.

TITLE VI VOICES: INFRASTRUCTURE CHALLENGES

- “The senior centers that provide Title VI services are located in remote areas where it is difficult to travel. Most unpaved roads are not passable during rainy or snowy days as the roads are clay and mud, which makes traveling not possible. There is no Internet or cell phone towers accessibility due to the remoteness of the reservation area.”
- “We have three vehicles to use but two have been mostly in the shop. With the outreach we are trying to do, transportation has been a major problem.”
- “Our biggest hurdle is the lack of a food truck that can keep the food at the appropriate temperatures. In the winter the foods get cold and in the summer the food gets hot. Spoilage is a huge concern.”
- “Computers are old and slow and Internet access is intermittent.”
- “No air conditioning in the building makes it hard for the elders to come to the meal site in summer months.”

Partnerships for Service Delivery

Formal and informal partnerships are important to enhance and coordinate delivery of services to elders. Formal relationships typically involve a contract, compact, tribal resolution or memorandum of understanding. An informal relationship is typically based on an exchange of information or client referrals.

As indicated in Figure 22, Title VI programs have an array of formal and informal partners. The average Title VI program reported having 19 partners (ranging from 1 partner to 23 partners). The most common partnerships are with Indian Health Services, Area Agencies on Aging, tribal health departments and tribal health care centers.



Figure 22

Title VI Partners in Providing Services to Elders

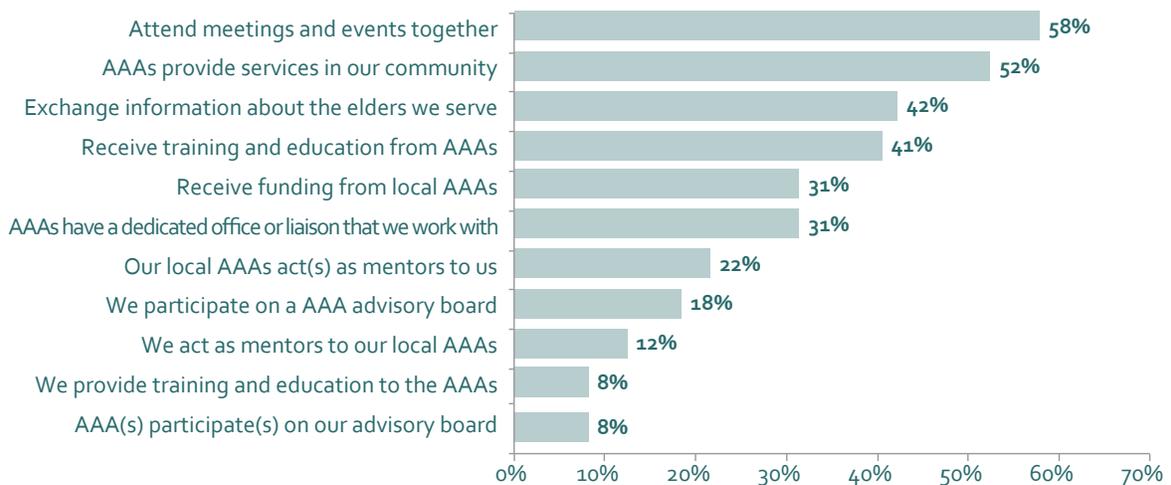
Partner Type (n=195)	Percent
Indian Health Service (IHS)	93%
Area Agency on Aging (OAA Title III)	91%
Tribal health department	90%
Tribal health care	90%
Tribal housing	88%
Adult Protective Services/elder abuse services	88%
Medicare	85%
Medicaid	84%
Non-tribal health care providers (e.g., hospital, clinic, physician office)	84%
Department of Veterans Affairs	83%
Bureau of Indian Affairs	83%
State Unit on Aging	83%
Nursing home, assisted living facility or group home	82%
Transportation agencies	81%
County government	80%
Disability service organizations	80%
State Health Insurance Assistance Program (SHIP)	80%
Charitable organizations (e.g., Relief Council, United Way)	79%
Non-tribal health department	75%
Churches	72%
Bureau of Indian Education	71%
Other colleges and universities	71%
Tribal colleges	69%
Other	46%

Of the 46 percent of programs that reported having other types of partners to provide services, the most common partners cited were local Native Alliance Coalitions, other tribes, inter-tribal councils and home health agencies.

Title VI programs were also asked about their involvement with Area Agencies on Aging as displayed in Figure 23. Older Americans Act services provided through Area Agencies on Aging (AAAs) are available to all elders in a state, including tribal elders.³⁰ Of the Title VI survey respondents, 93 percent indicated that they are involved with the AAA in their area in at least one way. More than half of Title VI programs reported that AAAs provide services in their community (52 percent), and 42 percent indicated that the Title VI program and AAA exchange information about the elders they serve. The most common response (58 percent) was that AAA and Title VI staff attend meetings and events together.



Figure 23: TITLE VI PROGRAM INVOLVEMENT WITH AREA AGENCIES ON AGING *n=185*



Health Care, Long-Term Services and Supports and Title VI

Health care entities are increasingly receptive to new partnerships that help to address the social determinants of health—such as housing, employment, nutritious food, and access to community services, transportation and social support. In this context, Title VI programs have new potential partnerships to consider.

Nine percent of survey respondents indicated they currently bill Medicaid for services. Of these few programs, the average length of the time they reported billing Medicaid was nearly 19 years, suggesting a long-standing relationship with Medicaid. However, the vast majority of Title VI programs appear to be less involved in new opportunities with health care entities, such as those partnering with health care entities through funded contracts to provide services that enable elders to live at home while keeping health care costs low.

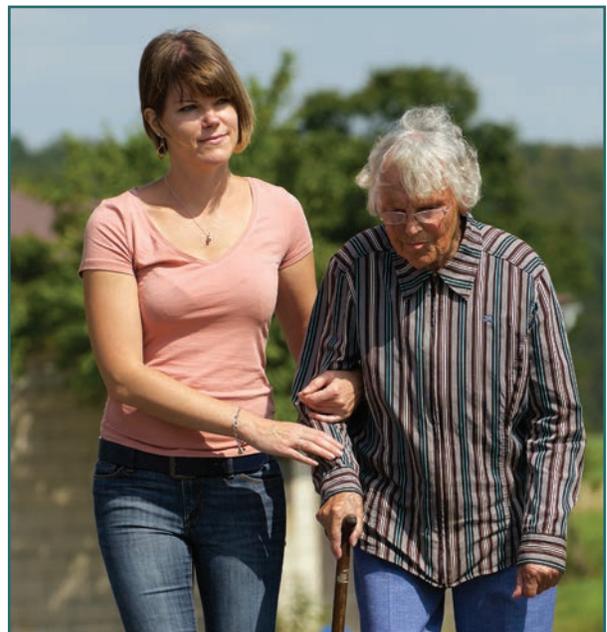
Figure 24

Is Your Title VI Program Billing Medicaid for Any Home and Community-Based Services? (n=196)

Yes	9%
No	79%
Don't Know/ Not Sure	12%

Title VI programs were also asked if they are in discussions with tribal leadership about developing or expanding long-term services and supports (LTSS). Forty-two percent of respondents indicated that they have had such a discussion. These programs were exploring developing or enhancing the following: in-home care (74 percent); residential long-term care (e.g., nursing home, assisted living facility) (53 percent); housing with services (65 percent); and adult day services (50 percent).

The majority of survey respondents (66 percent) indicated they would like to know more about how Title VI programs can bill Medicaid for services. The most common training requests focused on determining which services could potentially be billed to Medicaid, how to become a Medicaid service provider, and specific questions around the process of billing Medicaid.



Title VI Funding

As the aging population grows, the financial stability of the agencies serving them becomes critical. For many tribes, federal Title VI funding is limited and does not wholly support their Title VI services nor the needs of tribal elders in their communities. Title VI programs are funded through established bands that are based on the number of elders in a community.

From 2014 to 2017 the funding band for tribes with 50 to 100 elders (the lowest band) was \$63,990 for Part A funds and \$11,480 for Part C funds. The band for tribes with more than 1,501 elders was \$157,443 for Part A and \$47,362 for Part C. To illustrate the diversity of funding sources leveraged by Title VI organizations, Figure 25 depicts not only federal Title VI funds but also other funds that are used to support services. The average Title VI budget (subtotal) was \$185,546 and the median Title VI budget (subtotal) was \$113,304.

Figure 25 Diversity of Funding Sources Leveraged by Title VI Organizations		
Answer (n=170)	Average	Median
Title VI A/B	\$148,371	\$91,894
Title VI C	\$37,175	\$21,410
Title VI Subtotal	\$185,546	\$113,304
Older Americans Act Nutrition Services Incentive Program	\$19,187	\$9,237
Tribal dollars	\$166,411	\$9,750
Older Americans Act Title III	\$22,029	\$0.00
State funds	\$18,283	\$0.00
Other	\$9,431	\$0.00
Total Budget	\$420,888	\$244,975
Total Budget Range	\$68,600 – \$2,864,132	

Title VI programs provided information about how they responded to funding constraints over the last two years; the most common responses are depicted in Figure 26. More than half of Title VI programs requested additional funding from the tribe and many explored new funding opportunities as well. Importantly, despite seeking ways to increase their base revenue, many Title VI programs reported service or staffing cuts.

Figure 26 How Title VI Programs Are Responding to Funding Constraints (N= 190)		
Services	Staffing	Funding
Reorganized the program (38%)	Cut or eliminated staff training (33%)	Requested additional funds/support from the tribe (54%)
Increased caseloads (18%)	Eliminated or reduced salary increases (27%)	Explored new funding opportunities (40%)
Instituted waiting lists (12%)	Did not replace staff who left (26%)	Explored new partnerships (26%)

TITLE VI VOICES: FUNDING

- “Our elders are just getting more and more frail. They need all the help and assistance available. Without the proper funding this is an impossible task.”
- “Our Title VI Program struggles with funding. We are so rural and the high cost of food and needed supplies is a huge obstacle.”
- “We make the best of what we have and are grateful for Title VI funding. Our elders are appreciative for services that enable them to be part of their families for the duration of their lives.”

Training and Technical Assistance Needs

Title VI programs are interested in increased technical assistance and support as shown in Figure 27. The areas where half or more of Title VI directors expressed training interest included resource development (52 percent), understanding long-term services and supports (51 percent) and training for new Title VI directors (50 percent).



Figure 27

Programs in Which Title VI Are Interested in Getting Increased Technical Assistance and Support (N= 194)

Training Area	Percent
Resource development: Identifying, cultivating and securing financial and workforce support	52%
Understanding the long-term services and supports (LTSS) system	51%
Title VI program basics/new director training	50%
Learning more about Medicaid	49%
Grant writing	47%
Elder abuse program development	47%
Evidence-based programs	46%
Learning more about Medicare	41%
Business development: expanding services, reaching new clients, etc.	40%

CONCLUSION

Tribal communities across the country, with the support of OAA Title VI funding, provide services and supports that enable elders to live safely and with independence and dignity in their homes and communities. In the survey, Title VI programs noted that their strengths included dedicated staff, the ability to provide quality services to elders in need, and the ability to overcome challenges to deliver services whether it is covering vast distances; facing IT challenges due to lack of Internet access, cell

phone coverage or appropriate equipment; or addressing the many needs of their community's elders with very limited resources.

The majority of Title VI programs serve a rural or remote population, which creates challenges. Some Title VI programs use alternative transportation, such as four-wheel drive vehicles, planes, ferries/boats or snow machines to reach their elders. Additionally, some Title VI programs provide services over a large land area or over difficult terrain

and, as such, service delivery sites may be hours away from the program center. These factors can lead to increased costs of providing services.

Many Title VI programs operate with limited staffing. While most Title VI directors are full-time, they often split their time between Title VI program activities and other responsibilities. The majority of Title VI directors, for example, spend time on direct service and non-management activities. The middle percentile of Title VI programs, in addition to the director, have two full-time staff and two-part-time staff, often serving hundreds of elders. Survey

respondents indicated that stagnant wages and challenging conditions could hinder the recruitment and retention of qualified staff.

Despite challenges, Title VI programs provide a range of important services in their communities and some are able to leverage their federal funding to seek additional funding, whether it is through their tribal council, partnership with Medicaid, state funds or other sources of revenue. Additionally, some Title VI programs are exploring new partnerships with health care payers such as Medicaid and opportunities for diversified funding that those may bring.

ACKNOWLEDGEMENTS

The 2017 National Title VI Program Survey was conducted by the National Association of Area Agencies on Aging with the support of Scripps Gerontology Center at Miami University under a grant from the U.S. Administration for Community Living.

Lead n4a project staff for this effort included Sandy Markwood, Chief Executive Officer; Nora Super, Chief, Programs and Services; and Meredith Hanley, Director, Community Capacity Building. The lead project staff from Scripps responsible for survey design, analysis, development of key findings and charts included Suzanne Kunkel, Executive Director; Jane Straker, Director of Research; Kathryn McGrew, Senior Research Scholar; Erin Kelly, Research Associate; and Wendy DeLeon, Graduate Research Assistant.

The n4a and Scripps project staff would also like to acknowledge the Title VI directors who served as key advisors, providing critical input to ensure the relevance of the survey.

Finally, from ACL, we thank Erin Long, our project officer, and Cynthia LaCounte, both of whom provided important guidance and support throughout this project.

Funder Acknowledgement

Development of this report was made possible, in part, by funding from the U.S. Administration for Community Living under grant number 90UC0002. The views expressed in this material do not necessarily reflect the official policies of the U.S. Department of Health and Human Services or represent official U.S. Administration for Community Living policy.

APPENDIX: FULL LISTING OF SERVICES AVAILABLE BY FUNDING SOURCE

Listing of Services					
Service	Provided either fully or partly with Title VI funds	Provided fully with Title VI funds	Provided partly with Title VI funds	Provided through non-Title VI funds	N/A
Assistive devices (e.g., walker, hearing aids) or loan closet (n=190)	34%	14%	20%	54%	19%
Benefits/health insurance counseling (n=191)	27%	4%	24%	60%	19%
Blood pressure checks (n=192)	20%	7%	14%	77%	9%
Blood sugar checks (n=192)	18%	7%	12%	77%	9%
Care/case management (n=189)	61%	23%	39%	35%	13%
Chore (e.g., yard work) (n=189)	38%	20%	18%	39%	30%
Commodity distribution/food pantry (n=188)	11%	4%	7%	51%	39%
Congregate meals (n=196)	96%	44%	53%	13%	2%
Cultural events (n=192)	48%	12%	36%	58%	7%
Dementia awareness (n=190)	43%	14%	28%	51%	17%
Diabetes management (n=190)	32%	7%	25%	70%	5%
Disaster/emergency preparedness and response (n=190)	19%	5%	14%	76%	12%
Elder abuse or protection services (n=192)	32%	7%	25%	67%	10%
Emergency response system (e.g., Lifeline) (n=185)	7%	3%	4%	57%	38%
Exercise programs (n=192)	41%	10%	32%	62%	7%
Falls prevention (n=189)	40%	13%	28%	56%	13%
Family caregiver support services (n=194)	78%	42%	37%	18%	8%
Foot care (n=188)	11%	5%	6%	72%	20%
Help in home/personal care (e.g., help with eating, dressing, bathing, toileting, grooming, transferring in and out of bed/ chair) (n=189)	41%	19%	22%	46%	23%

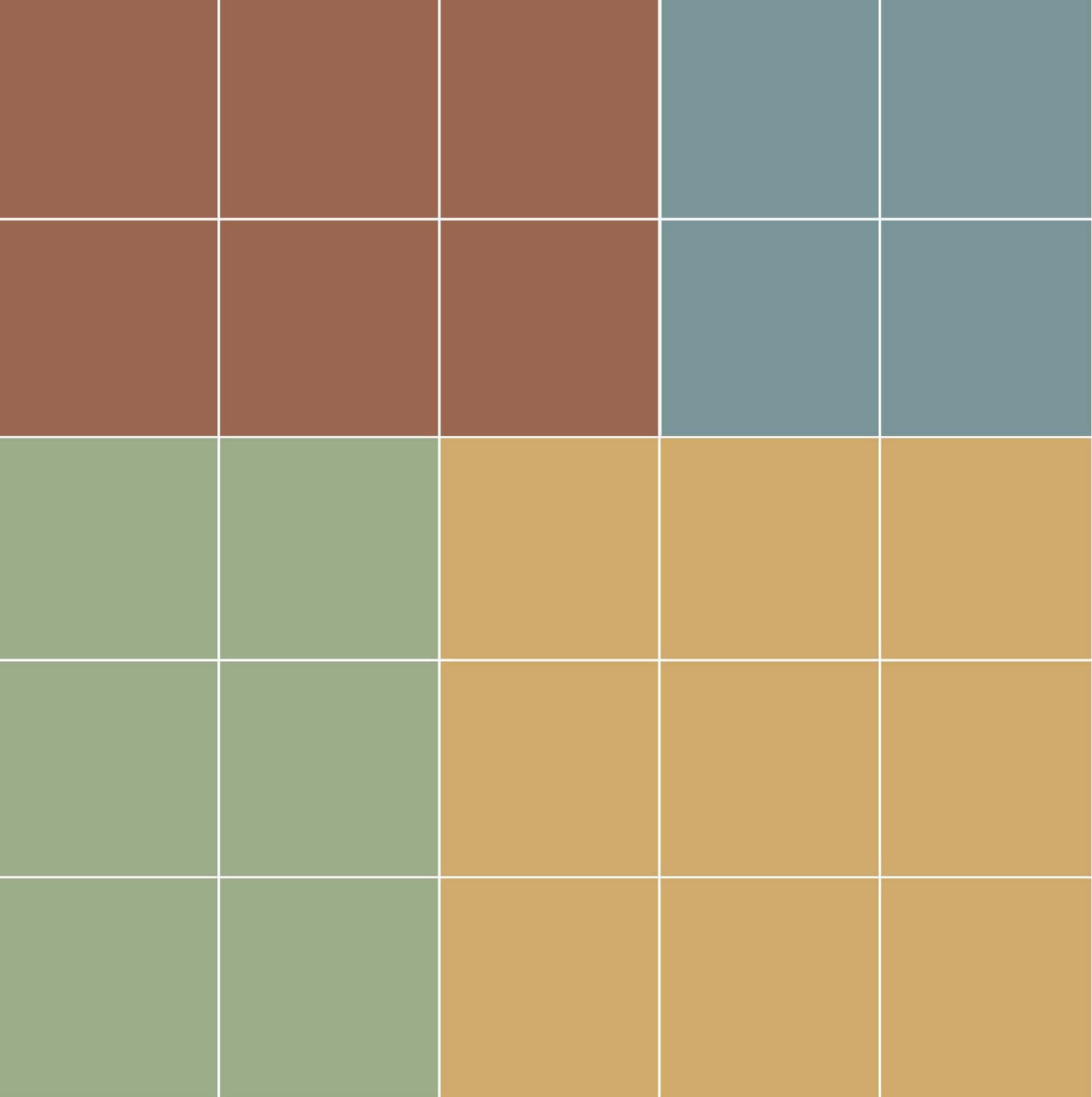
Listing of Services

Service	Provided either fully or partly with Title VI funds	Provided fully with Title VI funds	Provided partly with Title VI funds	Provided through non-Title VI funds	N/A
Help with medication (e.g., reminders, placing in pill box) (n=190)	25%	13%	12%	50%	30%
Home-delivered meals (n=193)	95%	47%	49%	16%	1%
Home modification (e.g., shower rails, grab bars) and home repair (e.g., replacing a broken window, repairing leaks) (n=190)	15%	2%	14%	63%	28%
Homemaker help (e.g., preparing meals, shopping for personal items, managing money, using the telephone, doing light housework) (n=189)	51%	23%	28%	37%	20%
Information and referral/assistance (n=193)	88%	41%	47%	28%	0%
Inter-generational events/services (n=189)	41%	10%	32%	52%	15%
Legal assistance (n=192)	10%	3%	8%	65%	30%
Mental health services (n=191)	6%	2%	5%	74%	22%
Money management (e.g., public fiduciary services, personal payee services) (n=189)	15%	5%	10%	51%	38%
Other (n=140)	11%	5%	6%	16%	75%
Outreach (n=192)	87%	35%	53%	26%	2%
Respite care (n=192)	60%	38%	24%	30%	15%
Senior center activities (n=192)	72%	26%	48%	37%	5%
Special events for elders (n=192)	66%	21%	45%	48%	2%
Supportive services for grandparents raising youth (n=189)	49%	23%	28%	34%	23%
Telephone reassurance/friendly visiting (n=192)	76%	31%	46%	29%	9%
Translator/interpreter assistance (n=191)	22%	8%	14%	30%	52%
Transportation (medical) (n=191)	49%	12%	37%	55%	8%
Transportation (non-medical) (n=192)	65%	18%	47%	37%	10%

REFERENCES

- ¹ American Society on Aging, *The Historic and Ongoing Issue of Health Disparities Among Native Elders*, <http://www.asaging.org/blog/historic-and-ongoing-issue-health-disparities-among-native-elders>.
- ² National Congress of American Indians, *Tribal Governance*, <http://www.ncai.org/policy-issues/tribal-governance>.
- ³ U.S. Department of the Interior – Indian Affairs, *Frequently Asked Questions*, <https://www.bia.gov/FAQs>.
- ⁴ Ibid.
- ⁵ Ibid.
- ⁶ Ibid.
- ⁷ Ibid.
- ⁸ National Congress of American Indians, *Tribal Governance*, <http://www.ncai.org/policy-issues/tribal-governance>.
- ⁹ U.S. Commission on Civil Rights, *A Quiet Crisis: Federal Funding and Unmet Needs In Indian Country*, <http://www.usccr.gov/pubs/nao703/nao204.pdf>.
- ¹⁰ Ibid.
- ¹¹ National Congress of American Indians, *Health Care: Reducing Disparities in the Federal Health Care Budget*, http://www.ncai.org/policy-issues/tribal-governance/budget-and-appropriations/07_FY2016_Health_NCAI_Budget.pdf.
- ¹² Ibid.
- ¹³ American Society on Aging, *The Historic and Ongoing Issue of Health Disparities Among Native Elders*, <http://www.asaging.org/blog/historic-and-ongoing-issue-health-disparities-among-native-elders>.
- ¹⁴ AARP Foundation, *Anti-Hunger Initiatives Help Older Native Americans*, <http://www.aarp.org/aarp-foundation/our-work/hunger/info-2014/native-american-hunger-initiative.html>.
- ¹⁵ First Nations Development Institute, *Senior Hunger and Food Insecurity in Indian Country: Community-Based Solutions to Improve the Health and Well-Being of Tribal Elders*, http://www.rootcausecoalition.org/wp-content/uploads/2016/06/Senior_Hunger_in_Indian_Country.pdf.
- ¹⁶ National Resource Center on Native American Aging, *Health Care Coverage by Age for American Indian/Alaska Native Elders*, <https://ruralhealth.und.edu/pdf/native-health-care-coverage.pdf>.
- ¹⁷ Ibid.
- ¹⁸ The Henry J. Kaiser Family Foundation, *Health Coverage and Care for American Indians and Alaska Natives*, <http://www.kff.org/disparities-policy/issue-brief/health-coverage-and-care-for-american-indians-and-alaska-natives>.
- ¹⁹ The Henry J. Kaiser Family Foundation, *American Indians and Alaska Natives: Health Coverage and Access to Care*, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/american-indians-and-alaska-natives-health-coverage-access-to-care.pdf>.
- ²⁰ Substance Abuse and Mental Health Services Administration, *Racial and Ethnic Minority Populations*, <https://www.samhsa.gov/specific-populations/racial-ethnic-minority>.
- ²¹ Journal of Addictive Diseases, *American Indians/Alaska Natives and Substance Abuse Treatment Outcomes: Positive Signs and Continuing Challenges*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3042549>.

- ²² National Congress of American Indians, *Elders*, <http://www.ncai.org/policy-issues/education-health-human-services/elders>.
- ²³ Administration for Community Living, *Disease Prevention*, <https://www.acl.gov/programs/health-wellness/disease-prevention>.
- ²⁴ Centers for Medicare & Medicaid Services, *LTSS Research: Annotated Literature Review: Elder Abuse in Indian Country*, https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Elder_Abuse_Lit_Review.pdf.
- ²⁵ National Center on Elder Abuse, *Statistics/Data*, <https://ncea.acl.gov/whatwedo/research/statistics.html>.
- ²⁶ Centers for Medicare & Medicaid Services, *LTSS Research: Annotated Literature Review: Elder Abuse in Indian Country*, https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Elder_Abuse_Lit_Review.pdf.
- ²⁷ National Congress of American Indians, *2017 Policy Update*, http://www.ncai.org/attachments/PolicyPaper_ILAoMuGQwzpMHbsGgQFvTHDjhsIHepWVuiudlBkskSkHnWxcErq_2017%20Mid%20Year%20Policy%20Update.pdf.
- ²⁸ National Indian Council on Aging, *Preventing and Responding to Abuse of Elders in Indian Country*, http://www.ncdsv.org/images/NICA_PreventRespondAbuseEldersIndianCountry_June2004.pdf.
- ²⁹ University of North Dakota School of Law, *Developing Tribal Codes to Protect the Elderly*, http://law.und.edu/tji/_files/docs/elder-protection-code-aug2013.pdf.
- ³⁰ Administration on Aging, *Title VI Resource Manual*, <https://olderindians.acl.gov/sites/all/themes/azhagu/docs/manual-titleVI.pdf>.



advocacy | action | answers on aging

NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING
1730 Rhode Island Avenue, NW, Suite 1200, Washington, DC 20036

202.872.0888 | www.n4a.org
www.facebook.com/n4aACTION
www.twitter.com/n4aACTION