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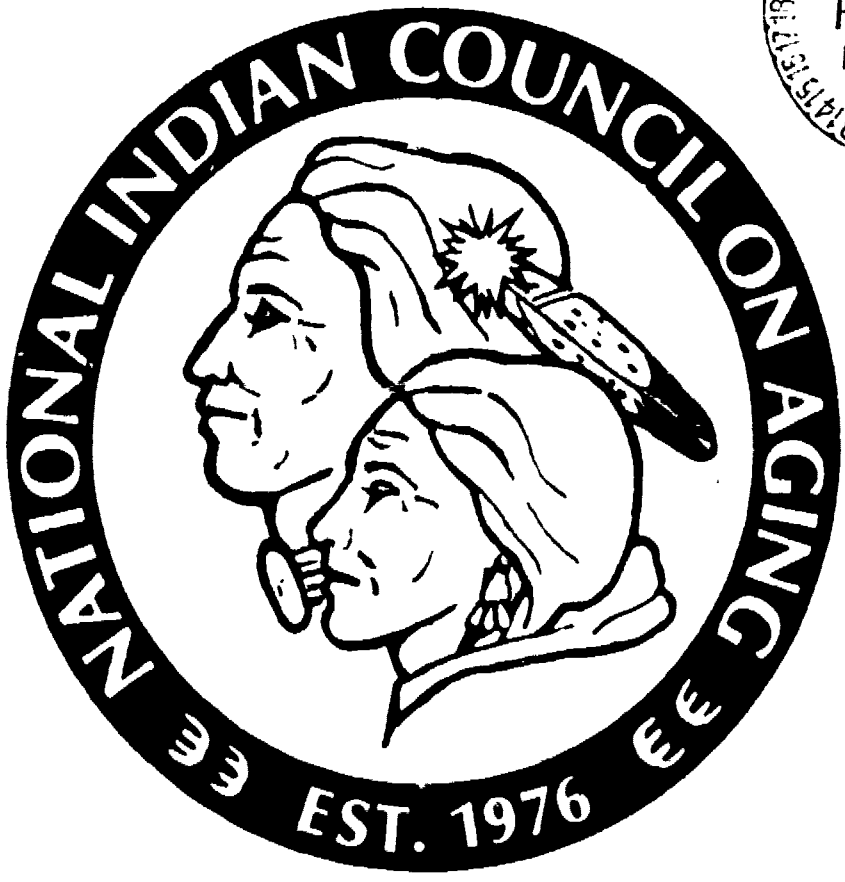
ABSTRACT

A national training session for administrators of tribal aging programs held by the National Indian Council on Aging in November 1979 was the basis for the training manual. The seven chapter titles reflect workshop topics with the text of each chapter incorporating material presented in the workshops and examples of model programs on reservations. Chapters discuss administering aging programs; providing general information on funding, developing and operating nutrition programs for Indian elders; establishing transportation services on reservations serving the elders; providing "homemaker-home health services" for the elderly, sick or handicapped person (allows person to live at home instead of going to a hospital or institution); and emphasizing the vital and useful role of senior centers for elders and the community. The last three chapters offer procedures in establishing tribal aging programs. Topics include advocacy working to change the system to make it serve the elderly better, approaches to grantsmanship, and sources of funding the Older Americans Act. (ERB)

TRIBAL AGING PROGRAMS:
A Basic Guide



by the
National Indian Council on Aging

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PREFACE

The basis for this training manual was a national training session for administrators of tribal aging programs, held by the National Indian Council on Aging in November 1979. Eighty-seven people attended this session, the first of its kind ever held.

The chapter titles of this manual reflect the workshop topics, and the text of each chapter incorporates material presented in the workshop, supplemented by additional information.

We have begun many of the chapters with one or two examples of programs on reservations. Whether or not readers can use these programs as models, we hope they will convey a "feel" for running such programs on reservations. We also hope that they give encouragement to the beginning administrator by showing that he or she is not alone in dealing with the many special considerations involved in serving the reservation Indian elderly.

ACKNOWLEDGEMENTS

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In addition, we would like to thank the members of the planning committee who helped us select topics and format. They were: Robert Holmes, Director, Ute-Ouray Area Agency on Aging; Cynthia LaCounte, then Director, Tribal Elders Program, Montana; David Lundberg, then Director, Navajo Nation Aging Department; Arlene Stevens, then Director, Yakima Nation Area Agency on Aging; and Gladys Therrien, Director, Akwesasne Office on the Aging.

We would also like to thank Dolores Bersell, formerly a student intern with NICOA, for her assistance in researching topics and reviewing the manuscript.

To all these, and the many others who assisted with aspects of this project, we extend our sincere thanks.

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ADMINISTERING YOUR AGING PROGRAM

This section of the manual deals with management and administration, and the underlying principles of each. It will be the purpose of this section to acquaint you with some ideas and methods that could assist you in the administration of your program. We will try not to be too detailed to the point of putting you to sleep, but rather to deal with it in a generalized, broad brush stroke fashion. For some readers, this is the first time that you've dealt with this area in a written format. Granted, at times this subject is dry and unappealing, but if you are an administrator, this is your fried bread and butter. On the other hand, some of the readers are already acquainted with this subject area. We hope that you will bear with us as we proceed through this section in a very basic manner. It is our intention that this section may also serve as a refresher course and that it can offer some additional insights into your management style.

In order to effectively deal with this topical area, it's important to know about the field we find ourselves in.

THE FIELD OF AGING

The process of aging begins at birth. The minute we are freed from the womb, the cells in our body begin to age. In fact, as we "develop" into childhood, we are, in essence, deteriorating. As Indian people, we are cognizant of this process as a circle — birth begets death begets birth, and so forth.

The non-Indian community also became aware of this process long ago. In fact, Ponce de Leon and his escapades in the Florida Everglades while searching for the Fountain of Youth is a classic. More recently, a new branch of studies has emerged known as gerontology — "geron" from the Greek word meaning "aging" and "ology" meaning "the study of". This is different from geriatrics, which refers to the branch of medicine that specializes in providing medical care to older persons — in other words, it's the opposite (agewise) of pediatrics.

As the field of gerontology grew, so too the knowledge base related to this area. In the early 1950's a group of gerontologists met with President Eisenhower to discuss the implications of a growing elderly population. This growing population required special attention because they had special "problems". Once aging was defined as a "problem", the governmental response was to establish a governmental department designed to address this issue. The

legislation that enabled this to happen was the Older Americans Act of 1965.

The field of aging now includes research on the chemical, cellular, and physical effects of aging; studies in health, education, employment, income, and many others. For each study area, there are programs designed to meet those specialized needs of the elderly.

In addition to the governmental response to the "problem", there also grew a like response from the private sector. National organizations with differing aged constituencies grew and dotted the countryside. Organizations such as the National Council on Aging (NCOA), National Council of Senior Citizens (NCSC), American Association of Retired Persons — National Retired Teachers Association (AARP-NRTA), Grey Panthers, the National Association of State Units on Aging (NASUA), the Gerontological Society (GS), the Western Gerontological Society (WGS), American Association of Gerontology in Higher Education (AAGHE), and more recently, the minority aging organizations like the National Center on the Black Aged (NCBA), the Asociacion Nacional Pro Personas Mayores, the National Pacific Asian Resource Center on the Aged (PARCA), and the National Indian Council on Aging (NICOA). Of course there are more, but suffice it to say that there exist almost hundreds of organizations in the field today. Some have minority constituencies, others scientists, and again others, governmental entities.

In the late 1940's, the Hill-Burton Act began to provide funds for the construction of long-term care facilities, or nursing homes. It seemed that the answer to the "problem" that old people created was more nursing homes. By the early 1960's, the abuses occurring in the utilization of nursing homes (institutionalization) began to gnaw at the national conscience. Old people were being "warehoused" in nursing homes so they wouldn't create a nuisance for their families. Governmental policies toward older people were reexamined and evaluated. National aging organizations voiced their concerns on the lack of a national aging policy.

The Older Americans Act. In 1965, the Older Americans Act was signed into law by President Lyndon B. Johnson. It ushered in a new emphasis — one that stressed de-institutionalization and the provision of community-based supportive services to enable older persons to remain in their homes, with dignity, as long as possible.

The 1965 Older Americans Act established the Administration on Aging and grants to states for their aging programs. The legislation did not address the special concerns of the Indian community. Indian tribes had not been considered as entities that needed special treatment because Indian tribal sovereignty issues had not then reached the prominence they have now.

In the ensuing years, the Older Americans Act was amended twice before the 1971 White House Conference on Aging. It was to be at this conference that the Indian delegates outlined five general areas where immediate action must be taken:

> "1. *The United States must reassure our elderly (Indian) citizens that the policy concerning termination is no longer a national policy.*

2. *That an adequately staffed and funded Indian desk similar to Indian desks in other Federal agencies be established in the Administration on Aging or its successor. This office would act as a central point for information and an advocate for the needs of the Indian elderly.*
3. *That section 303 Part (a) and section 612 of the Older Americans Act of 1965, as amended November 1970, be revised so that the Indian tribes no longer have to go through State agencies for funding. This is necessary because of the lack of sympathy by most States for their Indian population. All funds for older Indian programs should be funded directly to Indian tribes.*
4. *That agencies serving elderly Indians increase funding levels to Indian tribes so as to adequately serve their needs.*
5. *That a thorough and complete research program be developed to search, evaluate, and cause to be amended, existing laws and policies governing programs serving the elderly Indian."*

Following the 1971 White House Conference on Aging, the Older Americans Act was amended five more times. Each time the Indian recommendations were overlooked or ignored.

In 1975, over a hundred older Indians attended a workshop entitled "Indians and Aging" at Arizona State University. The workshop was sponsored by the University of Arizona with a Title IV-A grant from the State Bureau on Aging.

The meeting culminated in a concerns caucus that developed a number of recommendations for action. These recommendations included the following:

1. The need to hold a national Indian conference on aging.
2. The need to promote legislative amendments, especially to the Older Americans Act, which would make existing services to the aged more appropriate for the Indian elderly.
3. The need to establish communication and cooperation with other Indian people with similar objectives.

Concurrently, the Congress had been working on the development of the 1975 amendments to the Older Americans Act. The task force that had been delegated to work on the conference concerns developed a model piece of legislation that eventually became the prototype for renewed legislative efforts in 1977 and 1978. As a result of an uncoordinated approach to persuade Congress in 1975, the input from Indian representatives was not consistent and allowed Congress an avenue of escape. However, the effort was not entirely fruitless, as Congress did include the following:

> "Section 303(b)(3)(A). In any State in which the Commissioner determines (after having taken into account the amount of funds available to the State agency or to an appropriate area agency on aging to carry out the purposes of this title) that the members of an Indian tribe are not receiving benefits under this

title that are equivalent to benefits provided to other older persons in the State or appropriate area, and if he further determines that the members of such tribe would be better served by means of grants made directly to provide such benefits, he shall reserve from sums that would otherwise be allotted to such State under paragraph (2) not less than 100 per centum nor more than 150 per centum of an amount which bears the same ratio to the State's allotment for the fiscal year involved as the population of all Indians aged sixty or over for whom a determination under this paragraph has been made bears to the population of all persons aged sixty or over in such State.

(B) The sums reserved by the Commissioner on the basis of his determination under this paragraph shall be granted to the tribal organization serving the individuals for whom such a determination has been made, or where there is no tribal organization, to such other entity as he determines has the capacity to provide services pursuant to this title.

(C) In order for a tribal organization or other entity to be eligible for a grant for a fiscal year under this paragraph, it shall submit to the Commissioner a plan for such fiscal year which meets such criteria as the Commissioner may prescribe by regulation and which meets criteria established by section (305)(a), to the extent the Commissioner determines such criteria to be appropriate.

(D) Recipients of grants under this paragraph may retain for administrative purposes an amount equal to the amount available for the cost of the administration of area plans under section 303(e)(1).

Section 303(b)(4). The number of persons aged sixty or over in any State and in all States, and the number of Indians aged sixty or over on, or in proximity to, any Federal or State reservation or rancheria shall be determined by the Commissioner on the basis of the most recent and satisfactory data available to him."

The implementation of this section then bogged down within the Administration on Aging, and the final rules and regulations were never issued. As a result, tribes, even if they had decided to exercise their prerogative, could not do so, due to this "oversight" by the Administration on Aging.

In 1976, over 1,500 older persons gathered in Phoenix, Arizona, for the First National Indian Conference on Aging sponsored by the National Tribal Chairmen's Association (NTCA). Those in attendance represented 171 Indian Tribes and Alaskan Native villages from across the country. It was the purpose of the conference to identify areas of concern to the elderly Indian and to develop recommendations for remedial action. The subject of the Older Americans Act was dealt with under the workshop entitled "Legislation".

In 1977, a year before the national focus on the 1978 amendments to the Older Americans Act was scheduled, the National Indian Council on Aging opened its

Washington, D.C., Liaison Office. Its specific purpose was to provide sensitivity and information regarding the needs of the American Indian elderly. This also included meeting with members of the Congressional delegation to persuade them to develop a sound piece of legislation that would benefit and be culturally sensitive to the needs of the Indian Community.

The bill, signed by President Carter on October 18, 1978, was numbered P.L. 95-478, and the section pertaining to the Indian Community is Title VI, "Grants for Indian Tribes".

After seven years of Indian efforts, the concept of "direct funding" had finally filtered down into the Older Americans Act.

This brings us to why you're reading this manual. Most of you probably administer an Older Americans Act (OAA) program. For most of you, it will be either a Title III or Title VI program. When we talk about management, what do we mean? What does it imply to you as the program director? What do people expect from you as the program director? What is important in the management of a social service delivery system? What do we mean when we say social service delivery system? Well, we will try in the following sections to shed some light on these questions.

MANAGEMENT

Definitions. We will not attempt to be the final word on management. There are far too many other experts who have pieces of paper that entitle them to speak with authority on this subject. We all know that saying "Too many chiefs and not enough Indians."

In this chapter, we will not talk about "management" in an academic way. Instead we would like to talk about the *essence* of managing — which is the art of doing something within an organized environment that includes people, physical space, and the resources to do that something. This section will deal simply with the "art of doing something" — managing.

When you, as the program director, take over the administration of an aging program, you become the artist. In becoming the artist of the organization, you also must become knowledgeable about the "tools" you'll need.

These basic tools are planning, organizing, staffing, directing, and controlling. These are functions which you have to exercise and utilize if you are to become an effective manager. We will go into more detail on this subject later in this section.

Now that we've moved this far along, what are you managing? In most instances, you are probably managing a social service delivery system. What do we mean when we say a "social service delivery system"?

Basically, this refers to a *way* of providing certain kinds of services, such as home health/homemaker, nutrition, information and referral, legal services, and others. A *system* implies that there is an organized method or body that

provides these services in a thought-out manner. If, for example, on your reservation or community, one organization provides service A, another provides service B, another service C, and so forth without any planned coordination, this is not a system. However, if these same organizations were to get together every month, inform each other of problem areas, and develop remedial action, then this would be a system.

How does the preceding apply to the Older Americans Act? Well, as the program director you must make certain that the program that you're responsible for provides social services in compliance with the law and the rules and regulations. In order to know if you are complying with the law and the regulations, you must have them. From our point of view, it is foolhardy to run a program without this information. The basics include:

- The Older Americans Act of 1965, as amended
- The rules and regulations for your program
- The State Plan on Aging
- The Area Agency Plan on Aging
- The State guidelines for the administration of programs under the Older Americans Act.

The underlying philosophy behind the Older Americans Act is to provide services that will allow older people to stay in their homes instead of institutions (nursing homes or hospitals). In addition, these services should be provided in a way that is accepted and planned by the elderly in the community. The Older Americans Act defines "older people" by their age. For example, Title V, the older workers program, has an age criterion of 55 years. Title III-C, the nutrition program, requires that any person served be at least 60 years of age. Title VI, the "Indian" program, also has an age criterion of 60 years. On the other hand, Title III-B, doesn't have an age requirement. In other words, the person to be served is basically determined by the source of funding.

To provide the above mentioned services to "older people" in line with the basic philosophy of the Older Americans Act, you must be aware of not only *what* you're managing, but *who* and *how* you manage. The next section will attempt to show how these concepts and ideas can be implemented.

Implementation. Planning is a managerial function that was mentioned earlier. In order to plan services for your elderly, you have to know their needs. You will not be able to know what their needs are just by sitting in the tribal office complex. It is very easy to put together a series of services that the elderly don't really need. But it isn't going to do your job security any good to plan and deliver a mobile library service if most of your elderly can't read!

Good services are based upon good planning. To do good planning, you must find out what the elderly on your reservation need. This, then, is the essence of a *needs assessment.* A needs assessment doesn't have to be very sophisticated or time-consuming. It can be as simple as sitting down with a number of older people and getting their ideas (some people call this "input") at a pow-wow or in their homes. Once you have a basic idea of what the needs are, you put together a plan that *you think* meets these needs. Then, you go back to those people you

talked with and see what they think about your plans (some people would call this "feedback"). If they like it, you've got yourself the beginning of a program.

Who you're managing becomes important at this point. You're managing people and resources, to accomplish what you planned with and for the elderly. It is important to think out in detail what kind of job it is that needs to be done. Write these details down. Will the job require going out and talking with older people and letting them know about the existence of other programs and resources? If it does, then you probably wouldn't want to hire someone who can't speak the tribal language or worse, someone who is more interested in the money than the elderly. When you write down what needs to be done, you've gone half way towards writing a job description! To complete the job description, write down the kind of qualifications you'd like the person in that position to have (for example, someone with a high school degree who can write, etc.) and the amount of money you are willing to pay to have that type of person on board. Once you have that person on board, make sure he/she knows what the job is all about. This activity is known as "orientation". During this orientation, spell out your expectations and your philosophy of managing very clearly. A copy of the personnel policies should be made available to the employee. Go over the policies with him or her. Do the personnel policies spell out a specific grievance process? How is annual leave accrued? Is there a probationary period? Etc.

Always keep written records of meetings with your employees. This is for your protection and theirs in case you encounter personnel problems.

As a director, you are also managing resources — or money. You have been given funding to accomplish certain things called objectives. These objectives are related to program activities (actually providing services) and administrative activities (handling finances, paperwork, management). Once the objectives of your project have been approved by your funding agency, they may not be changed without the agency's written approval. For example, your new budget has been written to allow you to hire an assistant director. Your funding agency has approved your new budget. If you later decide you would rather hire two cooks instead, you will need to amend your grant or contract. If you go ahead and hire the cooks with money targeted for an assistant director, you might end up behind bars with no program for your elderly. So, be sure you know *how* you can spend your funds and know what the process is to amend your contract. In most cases, you can begin this process by talking with your funding agency and your predesignated contact person (sometimes known as a "project officer"). When you get approval from your project officer — *get it in writing.*

One other item that is usually overlooked and one which shouldn't be, especially if you're taking over after someone else, is to request an audit of the program before you take over. One should do this as a precautionary measure because we don't think you should be held responsible for your predecessor's mistakes.

The final suggestion that we would make in the area of program operations is to get a good accountant from the beginning of the project. If you simply can't afford this, at least hire an accountant to set up the books. Most projects make a mistake by getting a bookkeeper first (to save money) and hiring an accountant

later, but usually the books are all messed up by that time — which usually ends up costing the project.

Who are you responsible to? The Tribal Council who sets tribal policy, or the elderly who look to you to represent their concerns and implement programs to meet their needs? There is no easy answer to this question. As a way of weasling out, we would say that you have a responsibility to both. Your responsibility to the tribe is to ensure that *their* program is in compliance with the law. Your responsibility to the elderly is to ensure that the tribal program is consistent with their expressed needs. This responsibility, in fact, is written into the Older Americans Act, which says that the aging program, regardless of where it is situated, must undertake advocacy functions on behalf of the elderly. Advocacy means educating, informing, convincing (or attempting to convince) policy makers, the community, and individuals of the needs of the elderly. Forms of advocacy are discussed in greater detail in the chapter on Advocacy.

If you happen to be situated with a non-profit private organization, review the articles of incorporation, by-laws, and minutes of Board meetings. The Board, in this organizational setting, sets the policy regarding the affairs of the corporation and programmatic directions. You, as the director, have been hired to implement the Board's policy as it relates to the corporation (i.e. personnel policies, fiscal policies, etc.) and the programmatic emphasis (e.g. it would be foolhardy to want to serve non-Indians when the Board's programmatic policy is to serve Indians only). Essentially, the Board hired you to implement *their* concepts. As mentioned earlier in this paragraph, review the relevant corporate documents; they will tell you what the organization is legally allowed to do. For example, some organizations can lobby while others can't. This is usually dictated by the type of classification the corporation is given by the Internal Revenue Service (for example, a "501(c)(3)", a "501(c)(4)", etc.).

In the preceding paragraphs, we have tried to outline our thinking on the subject of managing. We realize that we've barely brushed the surface, but that was the intent of this section — to provide you with general approaches, ideas, and concepts which you can translate and individualize. In the following section we will attempt to summarize what we went through in the preceding sections.

SUMMARY

Basic Problems. Some tribal aging directors operate their programs in the dark without the benefit of a working knowledge of the field and laws relevant to the various programs they are operating. It should be noted that at a recent conference where questionnaires were administered to identify training needs, over 70% did not have copies of the Older Americans Act of 1978. A lack of knowledge of the law precludes knowing what one can and cannot do, and subjects the program to the whims of those who interpret the law. It is important to know what the law says, and why these programs exist.

Program directors need to know the basics of program management. A program cannot run itself — if it did, there wouldn't be a need for program directors. Review relevant organizational documents and evaluate your existing

staff against the organizational goals, purposes, and programmatic responsibilities. When administering your programs, protect yourself by taking preventive measures, i.e. documentation in writing, etc. Learn, as program directors, when to stick your neck out and take the heat...don't ever let your staff catch it from the people who make the policies. If you do, your staff will become disaffected and non-supportive when you need them. Pick your issues carefully. Constantly beating on the table will result in a major issue being treated as similar to one of the minor issues you've beaten on the table for.

A Philosophy of Management. One cannot run a program without an underlying philosophy of managing. That philosophy basically determines the type and character of the leadership you will assume in the organization. If you believe that people are basically motivated by money, obviously your method of supervision will be different from that of someone who believes that people want to help others. As a manager, your selection of people to assist you will reflect your perspective. If your perspective is the former case mentioned, don't expect people to go "above and beyond" the call of duty—unless they're compensated for it.

As a new field, aging requires innovative, bright, and searching minds. Minds that are not afraid to challenge, experiment, and dream. As a manager looking for a "better way; the Indian way", you need these types of staff people. It would be ideal to have people who believe and are committed to the goal of allowing their elders to live the remainder of their lives with dignity. Too many times, these new programs, instead of reaching out for the innovative mind, reach out for the tired and uncreative mind — usually one that says, "we can't do it because the rules don't allow us". Give your staff the freedom to think; direct and guide them; support them when they're right and when they're wrong. A good staff is hard to find.

As a personal philosophy is necessary in management, it is also a requirement in the delivery of services. The service delivery system that you're administering for the elderly is theirs. Remember? It should reflect their time and culture. These programs should be built upon their needs and not on the basis of the availability of funding sources. As the program director, don't get stuck in the here and now — look ahead and think of what's out there, outside the Indian community and in the future. Strive to preserve what the elders want so that future generations of elders need not flounder and live out their lives without dignity.

NUTRITION PROGRAMS

Nutrition programs will vary a great deal from reservation to reservation, depending on factors such as the number of elderly, the area to be covered, and the resources available (funds, equipment, paid and volunteer personnel). The culture, needs, and preferences of elders in different areas will also affect the way a successful nutrition program should be operated.

The first part of this chapter will give examples of very different, but successful, nutrition programs for Indian elderly. The second part will provide general information on funding, developing and operating nutrition programs for Indian elders.

TWO INDIAN ELDERLY NUTRITION PROGRAMS

GILA RIVER INDIAN COMMUNITY ELDERLY NUTRITION PROGRAM

The Gila River Indian Community is located in desert country just south of Phoenix, Arizona. The reservation is about 60 miles by 20 miles, divided into seven districts. It has a population of over 8,000 Pima and Maricopa Indians.

Before the Gila River Indian Community Elderly Nutrition Project began in June 1974, there were no programs for the elderly on the reservation. Today, the nutrition program serves nearly half of the Gila River elderly every day, five days

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Resource persons were:

Randy Durant
Director, Elderly Nutrition Program
Gila River Indian Community
Sacaton, Arizona

Gaea Duncan-Swinford
Director, Health and Nutrition Program
Inter-Tribal Council of California
Sacramento, California

Judy Berge-Hamilton, Assistant Director
and
Nick Scalpone, Associate Director
Senior Now Generation Program
Tucson, Arizona

a week — over 80,000 meals a year. In addition, the nutrition project has led to many new programs and services for older people, and increasing involvement of the elders in tribal life.

Funding. Getting the nutrition project funded was not easy. The tribe first applied to the State for Title VII nutrition funds (now Title III-C) under the Older Americans Act. Arizona awarded Gila River a Title VII grant of $47,000, but this was not enough to develop the new program and run it for a year. The tribe then contacted the Commissioner of the Administration on Aging to find alternative funding sources. On his advice, Gila River submitted a proposal to the Administration on Aging for a model project grant under Title III of the Older Americans Act, and this proposal was funded at $87,000 annually. With this grant plus the Title VII grant of $47,000, the tribe was able to launch its elderly nutrition program.

Model project grants last only three years, however, so the elderly nutrition program had to find other funding sources to keep the project going. A major source of available funding was Title XX of the Social Security Act, which can used to fund many programs for the low-income, the handicapped and/or the elderly. However, an agency or organization which wants Title XX funds must apply to the State and, if fund are awarded, sign a contract with the State specifying the services it will provide. Because of this process, very few Arizona tribes had ever made use of the available Title XX money for fear of giving up their sovereignty.

The Gila River Elderly Nutrition Project staff took a creative approach to this dilemma. They invited a state official to the reservation to discuss the issue, and out of this meeting a memorandum of understanding between the Tribe and State was developed, which included a provision acknowledging the Tribe's sovereignty. With this memorandum of understanding, the Tribe was able to negotiate with the State, and a Title XX contract soon followed in which tribal sovereignty was clearly maintained.

Another drawback of Title XX programs is the tremendous amount of paperwork they require. When Title XX is combined with other funding sources, the paperwork and juggling of books is even more complicated. But there is no doubt that these inconveniences are well worth the effort for the Gila River Elderly Nutrition Project, since Title XX now provides by far the largest share of its funding — over $108,000 in FY 1979.

Other sources of funding used by the Elderly Nutrition Project in FY 79 were:

Title III-C	$57,662
Cash in lieu of commodities (Funded by the Dept. of Agriculture, this program provides each state the option of receiving surplus USDA food commodities; or receiving cash instead of food, at a set rate per meal.)	29,453

Gila River Tribal Resources	
In-kind contributions	6,500
Cash	36,203
	$129,818

Setting Up the Program. As soon as the first model project grant was awarded to Gila River, the tribal administration directed that a department of the tribal government, the Human Resources Department/Health Branch, assist the elderly in developing *their own* nutritional program. Those involved with the program insist that ***one of the keys to its success has been the involvement of the elderly in planning and running the program*** every step of the way.

As soon as the grants were awarded, each of the seven districts of the reservation was asked to send an elderly delegate to an information meeting. The grant awards were explained to the delegates, and they were asked to go back to their districts to find out if the elders of the district wanted to participate in a congregate meal program. The delegates were asked to return in one week with their districts' responses. Each district which wanted to participate was asked to elect one district representative to serve on a committee which would oversee the planning and operation of the program. This committee became known as the Gila River Indian Community Elderly Nutrition Committee.

The next week, elected representatives from all seven districts met and brought with them a list of elderly in each district who wanted to participate. Out of a total population of 800 people aged 55 and above, more than 300 asked to participate — a much larger number than expected.

In order to stretch the grant monies to feed all the elderly who wanted to participate, it was agreed that meals for all seven districts would be prepared in one central kitchen. The decision to use a central kitchen for all sites allowed the program to save the expense of equipping and staffing more than one kitchen. It also meant that food could be purchased and prepared more efficiently and with less waste. Meals would then be transported from the kitchen to the meal sites in two auto vans, which were leased with Title VII funds. The vans were equipped with bulk food containers (steam table pans) housed in insulated stainless steel food safes. The two vans would have daily round trips of 27 and 38 miles apiece. Each district agreed to accept full responsibility for organizing and running its meal site, using volunteer or other district personnel, so that grant monies would not have to be spent to staff the meal sites.

To get the program underway as quickly as possible, the nutrition committee decided to purchase prepared meals from the Gila River Indian Community Arts and Crafts Restaurant at $1.35 per meal, until the central kitchen could be equipped.

The seven elders who were elected to serve on the Gila River Indian Community Elderly Nutrition Committee made all hiring decisions. They selected a director who had many years of experience in the restaurant and food service business, and they obtained the services of a nutritionist whose time was divided between the Elderly Nutrition Project and the Gila River WIC (Women, Infants and Children) Nutrition Program. Except for the nutritionist, all project

staff are Indian.

Although the Elderly Nutrition Committee makes overall policy decisions, the responsibility for the development of each district program *remained with the district.* An elderly nutrition board was elected in each of the seven districts and neither the Gila River Elderly Nutrition Committee nor the Elderly Nutrition Project staff became involved in district operations. Instead, the program at each feeding site was allowed to develop according to the needs and wishes of the elderly in that particular district, as determined by the district board and the elderly participants themselves.

Each member of the reservation-wide Elderly Nutrition Committee simply reports to the committee on the operation of the program in his or her district. The members also report back to their districts on all committee decisions, and the operation of the program in the other districts of the reservation.

Menu Planning. In planning menus, every effort is made to please the elders' tastes. At the same time, it is especially important that the meals be dietetically acceptable, since the Pimas have a 60% rate of diabetes, the highest known for any population.

The project director prepares the menus, and then presents them to the nutritionist, who makes sure they provide balanced meals with at least 1/3 of the government's Recommended Dietary Allowance (RDA) of nutritional requirements. Once the menus are approved by the nutritionist, they are voted on by the Elderly Nutrition Committee. The menus that are approved by the committee are then voted on by each District Board. If at least two-thirds of the District Boards approve, the menu is accepted. Although this process may sound cumbersome, the project director says that it works efficiently and helps to ensure that the elderly are happy with the meals they are served.

Once the menus are approved, they are posted in each district center and are also sent to all shut-ins who receive home-delivered meals.

The Nutrition Project has shown that it is entirely possible to prepare meals that meet all nutrition requirements using native foods, and they routinely serve tortillas, fry bread, chile stew, Indian beans and other traditional dishes. At the beginning of the program, the director and the Elderly Nutrition Committee found that they had to "educate" the nutritionist to the fact that native foods could be incorporated in the menus without sacrificing nutritional requirements. Gila River was fortunate in that the Nutrition Department of the University of Arizona had published an analysis of native foods showing their nutritional content.

The project director visits each feeding site frequently to see that the meals are being eaten, especially when a new dish is prepared. New foods are introduced gradually, and if a new dish is disliked by the elderly, it is taken off the menu.

Nutrition Education. Nutrition education is considered an important goal of the program. By serving balanced menus, the program hopes to show the elderly how to plan nutritious meals for themselves. The nutritionist also goes to each meal site one to two times each month to provide nutrition education for the elderly.

Social Activities. An important goal of the nutrition project is to provide socialization, in order to decrease the loneliness and isolation of the elderly. Each district site organizes social activities according to the wishes of its elderly; for example, some sites have quilting or sewing classes after the noon meal, others play cards, some like to organize sightseeing trips.

But the Elderly Nutrition Project wanted to do more than provide social activities just for the elders. It wanted to create an opportunity for the elders to participate more actively in the recreational, political and cultural life of the whole tribe. Each district was persuaded to organize some of its cultural and recreational activities for all residents around the congregate meal program, and a number of the district nutrition projects have organized social events with the youth.

In addition to these social activities, the elders in each district occasionally hold fundraising events. One of the requirements of the Title VII (now Title III-C) nutrition program is that participants be given the opportunity to donate money to the program. The director and the Elderly Nutrition Committee did not want the elders to feel that they "should" donate money out of their own pockets for the nutrition project, and so the elders instead donate a portion of the money they make at their fundraisers. The remaining money is used to finance social events or travel, and some has even been donated for youth activities.

Growth of Services. As the elders began to gather together for the meals and social activities offered through the Elderly Nutrition Project, they became aware of some of the problems that many Gila River elderly shared. The Elderly Nutrition Project itself took the lead in documenting these needs. In each district, members of the district's elderly nutrition board completed a census of residents age 55+. Community Health Representatives (CHR's), through the Tribal Division of Community Nursing, then completed an evaluation of the physical and environmental needs of all those over 55.

Home-delivered meals. On the basis of this needs assessment, the Gila River Elderly Nutrition Program was re-organized during its first year. With the permission of its funding agencies, the program reduced the number of congregate meals served daily in the District Centers from 300 to 200, and began serving home-delivered meals to 100 home-bound elderly.

In the second year of the program, some of the model project grant money was used to start an Elderly Home Visitor Aide Program to supplement the home-delivered meals. The home visitor aides are senior citizens who visit the homebound elderly and provide companionship as well as a hot meal. The home visitor aides are paid a small salary and work under the direction of a project supervisor.

Other services. The Gila River Elderly Nutrition Project has grown considerably since 1974; 450 elders are now signed up for the program, and an average of 350 are served per day. As the program has grown, it has also begun to provide several new services for the elders, some of them quite innovative. For example:

- Through monthly meetings of all personnel who provide health-related services at Gila River, community health nurses and IHS doctors have become aware of the Elderly Nutrition Project. They now routinely send referral slips to the Nutrition Project as elderly patients are discharged from the hospital or from Phoenix nursing homes. The Nutrition Project staff can then follow up and bring these elders into the program.
- Some elderly nursing home patients from Gila River are occasionally brought back to their home districts to eat with family and friends.
- The Gila River meal sites have just begun to serve breakfast for the elders one day a week, in addition to lunch five days a week.
- The Elderly Nutrition Program is currently developing an information and referral system, so that elders who come to the meal sites can easily find out where to obtain other services and benefits.
- The program is organizing bi-monthly "resocialization events" to promote Gila River's traditional culture and heritage, in which the elders play a very important role for the younger generations.

Effects on the Elderly and the Community. Although the primary goal of the Elderly Nutrition Project was simply to supplement the diet of the elderly by providing a daily hot meal, the effects of the program have been much more far-reaching.

As the elderly gathered together for the daily meal, they slowly lost their sense of isolation, and began to recognize the interests, potentials and needs they shared. Because of this, political awareness and involvement increased greatly. The elders began to invite candidates for tribal office to speak at the meal sites, and made their concerns known to the candidates. Whereas 10% of the elderly voted in tribal elections before the nutrition project began, 65% now vote, and several elders have been elected to tribal office themselves. For the first time, the needs and views of the elderly have become a significant issue for tribal candidates.

As a result of this increased awareness, several new programs have been started by the tribe. For example, Gila River began a winter assistance program for the elderly, providing blankets and firewood to elders who need them. The tribe will soon open a USDA (U.S. Department of Agriculture) food distribution program, which is expected to benefit the elderly significantly.

The community's awareness of the elders' potential contributions has also grown. For example, elderly story tellers are now used in pre-school programs, and other projects are underway to involve the elders more actively in preserving and promoting the linguistic and cultural heritage of the Gila River Pimas and Maricopas.

At the same time, the elders, gathered at the meal sites, have worked together in other ways to solve some of their most pressing problems. Housing for the elderly was a great need, and the elderly formed a housing committee to deal with this need. As a result of their efforts, the Gila River Housing Authority is now constructing 20 units of experimental congregate housing for the elderly.

There are already 20 applicants for these units, and many requests for more such housing.

Perhaps the most important aspect of the Gila River Nutrition Project is the fact that it is really the elderly who have made it a success. With the guidance of professional staff, the elderly on the Nutrition Committee planned the program, hired the staff, approved the menus, set the policies. The District Boards and the elderly in each district planned their own social activities, raised their own activity funds, chose their own political involvements. Their efforts have not only brought a new vitality to their own lives, but they have also reached out to better the lives of their community.

INTER-TRIBAL COUNCIL OF CALIFORNIA NUTRITION PROGRAM

Seventeen Indian meal sites in California are coordinated by a single organization, the Inter-Tribal Council of California (ITCC). ITCC, headquartered in Sacramento, oversees the meal sites which are spread over 1000 miles from northern to southern California. Many of the sites are not only far from each other and from ITCC headquarters, they also vary greatly in culture and degree of isolation.

After a difficult start in 1974, the program has grown to the point that it now reaches 10% of California's Indian elderly. (In comparison, the State of California provides nutrition services to only 2% of the state's elderly.) About 720-750 meals are served daily at ITCC meal sites statewide.

Funding. Most of the funding for ITCC's elderly nutrition program comes from Title III-C (formerly Title VII) of the Older Americans Act. ITCC uses these funds to purchase vehicles, equipment and food, and to pay most staff salaries. Other sources of funding include USDA cash in lieu of commodities, State funds (nutrition reserve funds), city and county revenue-sharing in some communities, and Older Americans Act Title IV-A monies for staff training. The program also uses some CETA positions, and youth workers in summers.

Setting Up the Program. In 1973, the Inter-Tribal Council of California became aware that Title VII funds were available to provide nutrition services to the elderly. ITCC was interested in using the funds, but had very little information on California's Indian elderly. In order to put together a successful program, ITCC had to know more about the elders: where they were, what their needs were.

So ITCC's first step was to obtain a planning grant from the California Commission on Aging (now the California Department on Aging). This grant allowed ITCC to locate the Indian elderly in California, identify their needs, and establish target areas where nutrition services were most needed.

In order to identify California's Indian elders, 15 Indian people from different areas of the state were hired under the planning grant. Each of the 15 was responsible for covering several counties near his or her home. They started out from scratch to find out where the elders were and what their needs were, going into the local communities to get their information. From the results of their

work, ITCC was able to identify 23 areas in California which had a large enough population of Indian elders and great enough need to justify an Indian nutrition program.

The following year (1974), with this information in hand, ITCC applied for and received Title VII funding. Initially, few people thought that ITCC could really succeed in running a statewide nutrition program. And at first progress was indeed slow and difficult.

One of the biggest problems ITCC faced was the problem of establishing trust and support among the elders it was supposed to serve. There were many reasons for this difficulty. In mountainous, rural areas, for example, the elders were extremely isolated and difficult to reach. In other communities the population was more accessible, but the elders had been so disillusioned by past experiences with short-lived state and federal programs for Indians that they had no interest in participating. In off-reservation areas, many elders were afraid that they would lose other benefits if they participated in the nutrition program.

Yet in spite of these different problems, ITCC — like Gila River — discovered that one of the most important factors in establishing a successful program has been, in every community, *the involvement of the elders and the community in planning and operating the program.*

ITCC discovered this point soon after the nutrition program began. One of the first sites was set up without involving the elderly in the planning. The site was located in a desperately poor community, but in spite of the need, almost no one came to eat. ITCC finally discovered that the elders felt intensely uncomfortable accepting the meals while the rest of the community's needs were ignored. Eventually, the site had to be closed for lack of participation.

Obviously, if a program offers services that are not what the elders want, it will be a waste of time and money. ITCC is now careful to involve the elders in the planning process for each new site. Project staff visit the elderly in their homes to find out what they want, and then modify plans to meet the wishes of the elders. ITCC also does a survey in each community to find out what foods the elders prefer.

In addition, a site council is established at each new site, elected by the local elderly. The site council meets monthly to handle matters such as hiring staff, approving menus and planning social activities. It is usually a slow process to get the site councils organized and involved, especially since most communities are used to federal rather than local control.

The sophistication of the site councils varies. Some councils are comfortable with fairly businesslike, formal proceedings, while others prefer a much more informal set-up. In either case, the site councils perform a crucial function, and ITCC tries to be flexible in its expectations of them, so that the council members are comfortable and don't feel "out of place" with their role. The site councils now are very strong, and are an important factor in ITCC's success.

Even with these efforts, it is often a long time before the community really trusts the nutrition project. In most places, so many other programs have been set up and then been denied refunding just as they were beginning to succeed, that people are now reluctant to believe in yet another project which they expect

will soon be taken away. In a number of communities, ITCC began by serving a high proportion of home delivered meals in order to get people interested and willing to come to the meal site.

Since the meal sites are so far apart that each requires its own kitchen facilities, equipping all the sites adequately was a problem, especially since ITCC had no funds for equipping the kitchens. The program was able to use surplus government equipment, as long as ITCC itself screened the equipment and covered shipping costs, so the meal sites started out using surplus government equipment, such as GSA dishes, refrigerators and freezers. ITCC is gradually replacing some of this equipment with its own, purchased with Title III-C funds.

Staff Training. ITCC considers on-going staff training to be crucial. Initially, the ITCC nutrition program director traveled from Sacramento to each site to provide on-location training for site managers. She familiarized them with the California Restaurant Act and other sanitation standards, and also taught them how to handle required paperwork, and plan menus.

When ITCC hired a nutritionist, she was able to take over much of this on-site training. The nutritionist has become very important in teaching site managers how to plan balanced meals, buy food in quantity, etc. The program has also asked the State nutritionist for occasional assistance in training.

The site managers are also trained to take a strong advocacy role. In addition to managing the local nutrition project, they find out which other services and programs are available to the elders in their community in order to let the elders know about them, and to work for improvements in services.

ITCC has also used Title III-C monies to hold a training session for all of its site managers. (This use of Title III-C funds was allowed because ITCC demonstrated that training was a critical need for its program). The training session dealt with management problems, including regulations, paperwork, and supervision of staff (including corrective interviews and disciplining staff members who are relatives). In its training, ITCC avoided "classroom teaching" and emphasized demonstrations and role-playing. They found this format very effective.

ITCC also received Older Americans Act Title V (now Title IV-A) funds for staff training, and it takes advantage of the training and technical assistance offered free through the State Aging Department.

Menu Planning. Since ITCC's meal sites are so far from one another, each site has its own kitchen. The menus also differ from site to site, since the traditions and preferences of the elders vary greatly in different parts of the state. For example, some communities traditionally serve frybread, others prefer tortillas and still others, rice. Some communities eat a good deal of seafood, others refuse to eat it. These preferences are respected by the site manager, who plans the menus, and by the site council and the ITCC nutritionist, who approve the menus.

Like Gila River, ITCC found that they had to "educate" some State nutritionists before they accepted the traditional dishes in the menus. ITCC,

however, found one person in the State aging agency who understood this issue and other cultural needs, and helped ITCC to establish a good working relationship with the State agency.

Purchasing Food. Each site purchases most of its food at local grocery stores. The ITCC nutritionist is available to give advice on bulk purchasing, and on placing special orders for supplies through the local grocer.

Initially, most site managers were reluctant to make special requests of the grocer. ITCC had to convince the site managers that they were purchasing large enough quantities of food from the local supermarket to give them real clout and "buying power" with the grocer. The site managers have, in fact, found that most of the personnel at the local supermarkets are very willing to accommodate their requests. For example, the butcher will cut meat to order so that all portions will be of equal weight when cooked. The grocer will also give advice on the proper quantities of raw foods to purchase, and will order food in bulk at discount prices for the program.

The average cost of raw food per meal varies from site to site, ranging from 65 cents per meal to $1.20 per meal in 1979. This variation is legitimate, and depends on factors such as how remote the site is from major cities.

Social Activities. As required under Title III-C, an important goal of the ITCC nutrition project is socialization for the elderly. Each site council plans social activities according to the local elders' preferences. Among the favorite activities at different sites are bingo, movies, and sightseeing trips. As at Gila River, the elders are responsible for raising their own funds for these activities.

Effects of the Program. In the communities where ITCC nutrition projects have been established, the health of the elderly has improved; for example, many diabetics have been able to reduce their medications. But for many of the elders in these communities, who had been listless and apathetic, the program's greatest benefit may be psychological. Their activity and interest in life seems to increase as their isolation is decreased by the program.

SUMMARY

In the preceding pages, we have discussed how two nutrition programs were established, managed, and maintained. They were nutrition projects with differing circumstances, and likewise used different approaches to serve their elders. If your tribe or organization is considering establishing, maintaining, or expanding a nutrition program, then based on the experiences of the two mentioned programs, it might be advisable to ask yourself the following questions regarding your approach.

1. Have you found out how many elderly need these services? (Needs assessment)
2. Have you talked *with* (not to) the elderly to discuss your ideas with them? (Grassroots input)

3. Have you given thought to how the elderly could become involved in the program? (Grassroots planning and control)
4. Have you given thought to how the program will be set up — location of sites, central kitchen, bulk purchasing, location of personnel, types of personnel, and identification of resources? (Program planning and implementation)

In the next pages, we will touch on each of these points.

YOUR OWN ELDERLY NUTRITION PROGRAM

PURPOSES AND GOALS OF A NUTRITION PROGRAM

Socialization. According to most funding agencies, the primary goal of a nutrition program is to ease the loneliness and isolation experienced by many of the elderly. This is often done by giving the elderly at the meal site an opportunity to visit, play cards, do craftwork, and so forth. In many nutrition programs, the elders plan their own social events, including trips, and raise the money to finance them.

Some nutrition programs also provide other services at the meal site, such as information and referral, legal services, shopping assistance, counseling, etc.

Improved Nutrition. Another important purpose of any nutrition program, of course, is to provide the elderly with hot, nutritious meals. The meals are intended to supplement the diet of elders who would otherwise not eat an adequate or balanced diet. Generally, nutrition program meals must contain one-third of the daily nutritional requirements recommended by the federal government.

Nutrition Education. Since good nutrition is so important to the health of the elderly, most programs consider nutrition education to be a third goal. If nothing else, they hope to provide the elders with examples of balanced meals that they can keep in mind when preparing their own meals at home. At some programs, like Gila River, a nutritionist occasionally speaks to the elders at the meal sites on this subject.

SERVICES PROVIDED BY ELDERLY NUTRITION PROGRAMS

Nutrition Services. There are several kinds of nutrition services that you may want to consider providing through your nutrition program. The two services

that are provided by nearly all nutrition programs are:

Congregate meals. These are meals served to a gathering of elderly at a meal site or dining area. At the meal site, the elders can share a hot, nutritious meal, and at the same time meet friends and enjoy social activities. Both the nutritional and social benefits are considered important goals of the program.

A kitchen may be located at the congregate meal site, or the meals may be prepared at another location and transported to the meal site.

A nutrition program may have one or many sites, depending on the size of the area and population it serves.

Congregate meals are the one service provided by every federally-funded elderly nutrition program.

Home-delivered meals. Nearly all elderly nutrition programs also provide home-delivered hot meals to elders who are homebound. Generally, however, nutrition programs try not to serve elders at their homes unless the elders cannot leave the house. This is for two reasons: 1) the elders who receive home-delivered meals miss out on the social activities that take place at a meal site, and 2) home-delivered meals are more expensive than congregate meals due to transportation costs.

Suggestions for Expanding Nutrition Services. Most elderly nutrition programs provide one meal per day, five days a week. However, some programs have expanded their services in the following ways:

Frozen meals. Some programs freeze all their extra meals each day, and then send frozen meals home with elders who would otherwise go hungry over the weekend or at night.

Bag lunches. Some programs which don't operate on weekends pack sack lunches for elders to take home and eat over the weekend.

Weekend operations. Some meal sites operate seven days a week. (Title XX programs are not allowed to operate more than 5 days a week, but Title III-C programs can.)

More than one meal per day. Some programs serve breakfast or dinner in addition to the mid-day meal.

Other Services That Can Be Provided at Meal Sites. Because elders gather together at meal sites, these sites are often ideal places to provide additional services for the elderly. Some of these include:

Nutrition education. Good nutrition is so important to the health of the elderly that some programs have a nutritionist go to the meal sites periodically to teach the elders principles of good nutrition.

Information and referral. This involves letting the elders know about services and benefits that are available to them, and helping the elders get in touch with the right agency or person to get those services or benefits. Information and referral can be an extremely important function since it's often so difficult for the elderly to find out just what help they are eligible to receive and where they can get that help.

Legal aid. Some programs also make available to the elders someone with legal expertise to answer their questions and help with legal problems.

You may also want to consider some of the other services that Gila River has added to its nutrition program.

Of course, there are many other possible services that you might make available at your meal sites, depending on the needs and desires of the elderly. You can be creative in using your nutrition funds, coordinating with other agencies in your community, using volunteers, or obtaining new funds to provide some of these additional services.

LAYING THE GROUNDWORK FOR AN ELDERLY NUTRITION PROGRAM

Support from the Elderly. Even if you feel there is a great need for a nutrition program in your area, this does not guarantee that the program will succeed. As the Inter-Tribal Council of California discovered, a program must be what the elders want, as well as what they need.

Before going ahead with all the work and time involved in planning, proposal writing and so forth, it's wise to talk to some of the elderly to be sure there is interest and support for the idea. Even better, find some elders who will be willing to work with you and help plan the program. If you can proceed at the request or mandate of the elders, your prospects for success will be much greater. If you discover strong opposition to an elderly nutrition program—as there was at ITCC's site, where the elders refused to participate in a program that could not serve the rest of the community—you would be well-advised to focus your energies in a direction that is more acceptable to the elders.

Needs Assessment. All right, you've determined that there is interest and support from the elders for a nutrition program. The next step is to gather enough information to determine that a nutrition program is needed. The information should also be sufficient to allow you to plan a program that meets those needs as effectively as possible.

There are many ways to do this if the information is not already available. But no matter how you get the information, you will need to find out enough information to let you know:

- How many people you can expect to serve at congregate meal sites
- How many homebound elders would like home-delivered meals
- How many meal sites and kitchens you will need
- How large the staff will have to be
- What the transportation needs will be
  (Transportation will be needed to bring elders to and from the meal site, to deliver meals to the homebound, and possibly to transport prepared meals from a central kitchen to various meal sites.)

Among the questions you should be able to answer are:

- How many elderly live in your proposed service area?

  (The first problem here is how you will define "elderly"— 45+, 55+, 60+? Many funding agencies do not allow persons under a certain age to receive services through their programs. If this is true of the funding agencies you are considering, you will certainly want your needs assessment to give you the information according to that particular age cut-off.

  However, you may feel that on your reservation older adults below the age limit also need the services you want to provide. In that case, study the law authorizing the funding to find out if the age limit is defined by the law itself or only by the rules and regulations. If the age limit is written into the law, only Congress can authorize the provision of services to younger adults with those funds.

  BUT if the age limit is only mentioned in the regulations, you may be able to get a waiver to serve adults below the age limit — if you can clearly document that a great need exists in your service area among older adults who are below the age limit, and if you are willing to be persistent. If you would like to try to obtain a waiver, then of course your needs assessment should include adults to a lower age, such as 45 or 55.

- Where are the elderly located? Are they clustered in one community or several communities? Are they scattered over a large rural area?
- What is the health status of the elderly?
  - How many are homebound?
  - Are some health problems — for example, diabetes — present in a large percentage of the older population?
  - How many get an adequate level of nutrition — enough to eat, and a balanced diet?
- What are the social needs of the elderly?
  - How many elderly live alone?
  - How many elderly live in isolation from friends and social contacts?
- Where are the locations of other similar services?
  - Are they in a community 50 miles away? Are the elderly uncomfortable about going to them even if they are accessible? If so, why are they uncomfortable?

Documenting Interest. Besides demonstrating need, it will be helpful to document the elders' interest in the proposed program by compiling a list of those who would like to participate.

Tribal and Community Support. At this point (or earlier in the process, depending on your community and political requirements) a request of support for the proposed nutrition services should be presented to the Tribal Council in the form of a resolution. Upon acceptance of the resolution, a subsequent request could be made to the Council requesting Tribal commitment to these services.

PLANNING THE PROGRAM

With your needs assessment in hand, and the support of the elders, the Tribal Council and the community, you are in a good position to begin planning the program in greater detail, looking for funds, and preparing a proposal.

Analyzing Your Needs Assessment. The first step is to analyze your needs assessment thoroughly. In particular, you should have a clear idea of:

- The number of elders you expect to serve at your congregate meal site(s)
- The number of home-delivered meals you expect to serve
- The number of meal sites you want or need
- The number of kitchens you will need to equip (i.e., can one kitchen be used to prepare meals for all the sites, or will each site need its own kitchen?)
- Transportation requirements (including number and kinds of vehicles, special equipment for the vehicles, fuel, insurance, and maintenance costs) for:
  1. transporting elders to and from the meal site
  2. delivering meals to the homebound
  3. transporting prepared meals from a central kitchen to the meal sites, if your program will be relying on a central kitchen.

Your needs assessment, and the groundwork you've set with the elders, should give a fairly good idea of how many people you'll be serving at congregate sites and with home-delivered meals. But how do you determine how many meal sites and kitchens you'll need, or what to plan for in the way of transportation for the program? Here are some guidelines to consider.

Centralized vs. Decentralized Kitchens. If your program will be operating more than one meal site, you need to decide whether the meals for all sites should be prepared at one kitchen (centralized kitchen),or whether each site should be equipped with its own kitchen (decentralized kitchens).

There's no simple formula that will tell you which option would be better for your program. All you can do is weigh a number of factors to come up with the better solution for your situation.

If a centralized kitchen is feasible for your programs, it will almost always be more economical than decentralized kitchens. When you have more than one kitchen you will face many extra costs, including:

- Equipping more than one facility with stove, oven, refrigerator, freezer, a complete supply of cooking utensils, and storage space for food inventory
- Extra staff (it will almost always require more staff to cook a certain number of meals in several kitchens than it would to cook the same number of meals in one kitchen)
- There will be less waste in the preparation of food if all meals are prepared in one kitchen.

In view of the benefits of a centralized kitchen, what considerations would make decentralized kitchens a better choice for some programs? Some of the most important factors are listed below:

- The time lag between preparing a meal and serving it should not exceed 1½

to 2 hours. After this length of time, even in vans that are well-equipped with insulated food containers, food temperatures fall below 140°, which is the minimum allowable temperature for health standards. This means that a centralized kitchen will not be feasible if your sites are too widespread to be served from a central kitchen within this length of time.

- If your sites serve different cultural groups who do not share traditional foods and preferences, you may have to prepare different meals at each site in order to serve the elderly foods that are acceptable to them.

How Many Sites Do You Need? Again, there is no easy rule-of-thumb to tell you how many sites you should have, but there are some general factors to consider in determining what will work best for your program. In urban areas, a site ideally should serve 50-100 people to be most economical, but this will not hold true in rural or remote areas.

In general, the more sites you have, the greater your costs will be. With each additional site, you will face extra expenses for:

- Rent
- Utilities
- Staff (a new site will require at least a part-time site manager)
- Cost of transporting food to an additional site, if you operate with a central kitchen, or equipping an extra kitchen.

Balanced against these costs, you must consider the cost of transporting elders to the meal sites. If the population is widely scattered, it will probably be less expensive to operate a greater number of small meal sites, than to transport elders long distances to a few large sites. Transportation is an extremely expensive service, and is probably the most important cost variable to consider. You may want to consult the chapter on transportation to get a better idea of the costs involved.

It would also be a good idea to take a look at social and cultural factors as you figure the number of sites you need. Will members of different clans or factions refuse to come to the same meal site? Would it be better for certain relatives all to receive services at the same site?

Transportation Needs for Your Program. Once you know how many kitchens your program will have, how many sites you'll be operating, how many home-delivered meals you'll be serving, and how many people you'll need to transport from their homes to congregate meal sites, you can figure your transportation needs fairly accurately. You may want to consult the chapter on transportation for further details.

SETTING UP YOUR PROGRAM

Once you've found out that your program will be funded, the action really begins. In order to set up the "mechanics" of the program, you'll have to organize your advisory council, obtain facilities and equipment, hire staff and train them if necessary, and set up the books.

The Advisory Council. To run a truly successful program it is imperative to allow grassroots planning and control by the elders themselves. One of the best ways to do this is to have an advisory council of elders to make many of the decisions about the program.

How to set up your advisory council. Advisory councils will vary significantly from site to site, and there are few hard-and-fast guidelines. How should council members be chosen? They might be elected by the elders of the entire service area, or by the elders from their particular part of the service area. Or elders may simply volunteer to serve on the council. Or another arrangement may fit your situation better than any of these.

No matter how the members of the advisory council are determined, however, it is important that the advisory council members are able to be responsive to the preferences of most of the elders and can be effective in publicizing the program and letting other elders know about the program itself, advisory council decisions, and so forth. This means that the council members should be fairly well-known and respected persons in the community, and especially among the elderly.

How many people should serve on the council? We recommend keeping the group to a workable size, roughly 6 to 12 persons. If there are definite geographic divisions or districts in your service area, you might want to have one representative from each, as Gila River does. (If your service area is divided this way, you may want to study the Gila River set-up in some detail).

Duties of the advisory council. The advisory council can and should assume responsibility for decisions about many aspects of the program. Among the most common areas of responsibility are:

- Hiring staff to ensure that the persons working in the program can be understanding and responsive to the elderly.
- Approving menus to make sure that meals will be acceptable and appealing to the elders. (The project director or nutritionist should first be sure that the menus submitted for the council's approval meet nutritional requirements).
- Overseeing social activities, including choice of activities, location and scheduling, fundraising activities, and handling of money for social events. (All aspects of social activities should be handled by the elders, not staff).

Working with your advisory council. As the ITCC director pointed out, it's important to be flexible in working with your council. Especially at first, it may be very slow going getting your council actively involved. Nevertheless, their participation is crucial for your program. You may find that you have to adjust your expectations to a level they are comfortable with. Let them decide how to run their meetings. Some councils will be comfortable with fairly formal and businesslike proceedings, while others will prefer a much more informal atmosphere. The degree of formality really doesn't matter as long as sound decisions are made.

Be sensitive to how much guidance and direction the advisory council needs (and wants) from the program director and nutritionist in order to make

informed decisions.

Educate your council. As the program develops, it can become a good focal point for advocacy by and for the elders. The advisory council can take the lead in such efforts — especially if they have some background knowledge about other services which are (or should be) available to the elders in their community or reservation. Gila River is a fine example of how much can be accomplished when elders have the knowledge, awareness and opportunity to speak out on their own behalf. But the elders themselves should take the lead in determining their objectives and involvement.

Facilities and Equipment. Some pointers on selecting the right number and kinds of facilities and equipment are given below.

Meal sites. You've already determined the number and general location of your meal sites. Within these limits, you may not have much choice as to the facilities you can use.

If you do have a choice, consider the following factors when you make your selection:

- Is the site near the center of the service area or the greatest concentration of elderly?
- Is it easily accessible by vehicle?
- Is it large enough to serve the expected number of participants?
- Does it meet required fire and safety codes?
- Can it easily be used for a variety of social activities after the meal?
  In this respect, a facility with several rooms is helpful. Also, elders sometimes find the atmosphere warmer and more welcoming if they can eat in smaller rooms rather than one big "dining hall".

Kitchen facilities and equipment. The table on the next page will give you a rough idea of the space and equipment you will require in your nutrition program kitchen(s).

Dishes and silverware. You have a choice of using disposable dishes, knives, forks and spoons, or of purchasing "real" dishes and silverware. Generally, disposable dishes and utensils are less expensive in the long run because you don't have to pay staff time for dishwashing, nor deal with breakage and replacement.

Some programs, such as ITCC, choose not to use disposable dishes and utensils in spite of the cost advantage. ITCC staff felt that "real" dishes and silver gave the site meals a "homier" feeling and were therefore worth the extra expense. ITCC could not afford to purchase new sets of dishes and silverware, and instead began its program with donated and government surplus dishes and silverware. This is a possibility you may want to consider as well.

For information on how to obtain surplus government equipment, please contact NICOA.

FOOD SERVICE PHYSICAL NEEDS GUIDE

Number of meals produced daily	warehouse dry storage space[1]	kitchen dry storage space	refrigerator space[2]	freezer space[1]	oven space[3]	stove space[3]	steam kettle	work table area	wash area[4]
Less than 100	100 sq. ft.	50 sq. ft.	20-30 cu ft.	20-30 cu. ft.	one oven 3 shelves	4-6 burners		20 sq. ft. plus sink	3-compartment sink
200-500	400 sq. ft.	50 sq. ft.	50-100 cu. ft.	50-100 cu. ft.	3 ovens 9 shelves	12 burners	50 qt. capacity	40 sq. ft. plus sink	large 3-compartment sink
500-1000	1000 sq. ft.	100 sq. ft.	400 cu. ft. (walk-in unit)	400 cu. ft. (walk-in unit)	4 ovens 12 shelves	12 burners	100 qt. capacity	60 sq. ft. plus large sink	small automatic washing unit plus sink
1000-2000	2000 sq. ft.	100 sq. ft.	600 cu. ft. (walk-in unit)	600 cu. ft. (walk-in unit)	4 ovens 12 shelves	12-18 burners	100 qt. capacity	100 sq. ft. plus large sink	large automatic wash unit plus sink

1 purchasing on monthly basis
2 purchasing on weekly or daily basis
3 commercial size ovens
4 pots and pans only — more space needed if dishes are used.

Health and safety standards. You should be sure to acquaint yourself with all health and safety standards required by your funding agency and by the state, if applicable. In fact, it is strongly recommended that you comply with your state's restaurant act or restaurant code, even if it is not legally enforceable on your reservation. These standards will safeguard your program by ensuring the health and safety of your workers and the elders they serve.

Staffing. The nutrition program staff is extremely important for the program's success. You should evaluate very carefully how many staff will be needed and what their duties and qualifications should be.

What staff positions will you need? At a minimum, a nutrition program will require a project director. Nearly all programs will also require a cook (the only exception is if the program will purchase prepared meals from a restaurant or other program). Depending on the size and complexity of the program, you may need more than one cook, clean-up assistance, drivers, a bookkeeper, and/or a nutritionist.

The ***director,*** of course, must be responsible for the program's management and fiscal accountability, as well as for supervising personnel, forward planning, government reports, purchasing food, and — if no nutritionist is on staff — planning menus. If at all possible, the director should be someone who has experience in food service and/or management.

Do you need a ***nutritionist?*** This is a question worth evaluating carefully. The ITCC program employs a nutritionist full-time and considers her a crucial member of the staff; Gila River "shares" a nutritionist with another tribal program; and the city of Tucson's senior nutrition program does not have a nutritionist at all.

What are the advantages of having a nutritionist on staff? In addition to

planning menus, she can help to train staff and can provide valuable advice on purchasing and preparing food. She can be very helpful in educating the elders about good nutrition, which is an important goal of elderly nutrition programs.

In addition, in large-scale programs, such as the ITCC program which operates 17 sites throughout California, the nutritionist can actually play a key role as service manager. For example, the ITCC nutritionist not only reviews the menus for each site, she also compares each site's menu to its inventory in order to ensure that the site is serving the reported number of elders, and serving them adequate portions. For a program with sites as widespread as ITCC's, this comparison of menus to inventories is the only real check that money is being expended properly and that the elders who need services are actually receiving them.

Some programs may not need a nutritionist to carry out managerial duties, but would like her services in menu planning and nutrition education. In circumstances like this, where a nutritionist is not needed full-time, you may want to explore the option chosen by Gila River, "sharing" a nutritionist with another tribal program, each paying half her salary and receiving her services on a half-time basis.

But many programs cannot afford the services of a nutritionist even part-time. How do they compensate? Many programs find that there is a nutritionist working in a nearby hospital or with another tribal program who is willing to donate an hour or two per month to review the menu plans and perhaps to answer occasional questions on purchasing for the elderly nutrition program.

Also, if you are receiving funding through the State (e.g. Title III-C or Title XX), it will be to your advantage to establish a good working relationship with the State nutritionist, who must approve menus and can be consulted for advice. Some programs make use of a nutritionist through the State Office on Aging on a consultant basis.

Generally, once the program director has had a little experience or training in putting together balanced meals, he or she is able to plan the menus independently and requires a minimal amount of guidance from a nutritionist.

In summary, a nutritionist can provide valuable services for your program, but, depending on your particular needs, you may well be able to get by without adding this position to your budget.

You can figure the number of ***kitchen staff*** you need according to the rough guide given on the following page.

Hiring. Once you've determined what your staff requirements will be, you'll need to develop job descriptions. These should be as detailed and explicit as possible, so that the staff, once hired, know exactly what their responsibilities are and who their supervisor is. With the job descriptions completed, you can identify avenues to advertise the positions — whether by newspaper, radio, in church gatherings, at public meetings, etc.

Responsibility for interviewing and hiring should be clearly outlined. In most cases, the advisory council has the responsibility for staff selection.

Personnel policies. As the program is being set up, it is important to develop a written set of personnel policies and procedures. This should cover such topics as

No. of meals produced daily	Staff Needs
Less than 100	1 cook ½ clean-up
200-500	1 cook 1 assistance ½ clean-up
500-1,000	2 cooks 1 assistance 1 clean-up
1,000-2,000	2 cooks 2 assistance 1½ clean-up

duties and responsibilities of staff, lines of authority, compensation, training requirements, procedures for hiring and firing, etc.

Volunteers. As you look at your staffing needs, you may also want to consider what role, if any, volunteers can take in your program. Some nutrition programs have had great success with volunteers, while others have not. It appears that volunteerism has not worked very well on many reservation meal sites for a variety of reasons, including transportation problems, elders being responsible for child care, and a feeling by staff in some areas that the programs are for the elders and the elders should not be asked to contribute labor to the program. Neither Gile River nor ITCC makes much use of volunteers. However, some programs have done very well using volunteers, so we'll present some of their experiences in the hope that they may be of use to some of you.

Tucson's elderly nutrition program, the Senior Now Generation Program, for example, operates 18 sites in or near the city. In every site, volunteers play an important role. One of the sites is now operated completely by volunteers, and several other sites will soon be making the transition from paid to volunteer staff. At the all-volunteer site, the volunteers are over 60 and were all very active in the program when it was staffed by paid personnel. These volunteers have assumed a tremendous amount of responsibility, including record-keeping, home delivery of meals in their own cars, accepting referrals from agencies of elders who need nutrition services, following up on the referrals and bringing new elders into the program. (Since the program operates from one central kitchen, volunteers do not have to prepare the meals or plan menus.) For many volunteers, this work seems to bring meaning and a sense of usefulness to their lives.

However, this kind of volunteer participation did not happen all at once. The Senior Now Generation Program gradually increased volunteer participation and responsibility at its sites. Initially, volunteers (always meal site participants) were used to staff the buffet line, helping to serve food. Later, the volunteers were also used to help clean up. The Tucson program found that it was easy to get seniors

involved in these kinds of volunteer activities. Gradually, as a corps of reliable and committed volunteers was established, some of them were trained to take over the daily sign-in procedures and to handle record-keeping. Others began to teach classes in crafts and other areas of interest.

Based on their experience, the Senior Now Generation staff suggests that you get volunteers involved from the beginning of the program, first with simple tasks, then gradually expanding to more difficult responsibilities. Eventually, you may be able to phase out one or more paid positions in favor of well-trained volunteers.

If you find that there is interest on the part of your elders in volunteering, there are a number of things you can do to make their volunteer experience as productive and enjoyable as possible. Above all, don't forget that volunteers have the same needs as paid staff.

- Prepare detailed job descriptions for your volunteers, as well as your paid staff. Be sure they understand exactly what they are responsible for.
- Give your volunteers adequate orientation and training for their jobs.
- Allow your volunteers to receive the same outside training opportunities as your paid staff whenever the training is appropriate. If this means sending some of your dedicated volunteers on trips with paid staff to receive training, do it if you possibly can.
- Give your volunteers adequate supervision and feedback on their performance.
- Try to see that the volunteers find their jobs rewarding.
- Be sure to let them know their work is appreciated.

Staff training. Adequate training for nutrition program staff is very important if they are to do their jobs well. Perhaps most important is training for the program director or site managers. Knowledge and training in the following areas is especially important:

- How to hire and supervise personnel
- How to be a manager, and especially, how to keep the program fiscally accountable
- How to plan menus that meet nutritional requirements
- How to do bulk purchasing
- How to work with elders and be responsive to them
- How to be an advocate for and with the elderly (how to find out what other services are available to the elders, how to increase awareness of their needs and push for more adequate services, etc.)

Ideally, the program director or site managers can be trained in these areas before they actually take on the job. However, if your program doesn't have this option, do try to provide training on an on-going basis after the director has begun working.

Although training for the director is probably most important, the training needs of other paid staff and volunteers should not be ignored.

For directors and other staff, some training may be done by the program nutritionist, if there is one. If you are being funded through the State (e.g. Title III-C or XX), other training may be available from your Area or State Agency on Aging. Also explore the possibility of training sessions in management, personnel, nutrition or senior services put on by nearby colleges, universities, or other organizations. (Some of the federal funds available for staff training are found in the Older Americans Act, Title IV-Part A, on page 161.)

Whenever you provide such training opportunities, you should be very clear on why you are sending staff to them, and what they should get out of them. Then evaluate the performance of your staff to see whether the training has been effective.

Record Keeping. From the very beginning of the program's operation, it's very important that accurate records are kept. Your records should make it easier for you to:

- Prepare reports for your funding agency
- Develop grant proposals
- Do cost-effective planning (i.e., plan how to develop and expand your services to meet the greatest needs as economically as possible)
- Evaluate your services. (i.e. Are you providing the services you set out to provide? Are you reaching the people who have the greatest need for your services? Are you doing it as cost-effectively as possible? Etc.)

Items to record. Listed below are the subjects on which we recommend keeping complete records. The list looks long and tedious, but in the long run these records should save you a great deal of time and frustration.

- Income and expenditures (more on this in a minute)
- Inventory of all equipment and supplies
- Personnel (home address, telephone number, whom to contact in an emergency, and written records on all personnel transactions including hiring, changes in pay, written commendation or warning, termination, etc. for each employee and volunteer)
- Participant records. (For each person you serve, there should be a record of name, age, sex, and services received. If you are serving an individual with Title XX funds, you'll also need to establish annual income. It may be helpful for your program to develop a registration form that can be given or read to each elder the first time he or she attends the program.)
- Program records. (What services were offered by your program each day of operation. We recommend that you prepare a daily service report recording all services provided, including meals, transportation, recreation, counseling, etc., and the individual receiving each service. This information may seem extremely detailed but it will be needed to prepare adequate reports for your funding agency.)
- Resource records. (Who can you call on in your community or on your reservation for support and assistance, for referrals, etc.)

- Community records. (Your needs assessment, the network of service providers in your area, your role within this network and in the community or reservation as a whole)
- Advisory council records and minutes
- Internal operation records. (correspondence, memos, etc.)

Participants' privacy. As you can see, you will need to keep personal information in your files on all of your participants, especially if you receive Title XX funds. It is extremely important to respect and guard your participants' privacy.

When you collect the information at the time you register participants, do so privately and respectfully. It may help to explain why you need to ask those questions.

Once you have the information, DO NOT give out personal information without the explicit permission of the elder involved. For the privacy and dignity of the elders, it is extremely imp[illegible] that the records remain confidential.

Maintaining fiscal accountability. Now we return to that old problem, fiscal accountability. In this section, we'll say very little about how to actually set up fiscal records.

The point we want to make here is that fiscal accountability is a tremendous problem, not only for Indian nutrition programs, but for others as well. As you know, when financial records are badly confused, the director's integrity can be put on the line, and the program can be shut down.

Because of this, we urge you to set up your financial records very carefully, at the very beginning. Get advice and assistance from your State or Regional Office on Aging; that's part of their job.

In many cases, your financial record-keeping system doesn't have to be very sophisticated. The crucial point is that, from your records, auditors can trace where all your program funds have gone.

At a minimum, make sure that:

- All income is recorded
- All expenditures are recorded
- All receipts are kept
- Only the program director signs purchase orders or vouchers (always in ink)
- The director knows where every penny goes.

Multi-funded programs. We would like to add a word about operating a multi-funded nutrition program. By working with more than one funding source (e.g. Title III-C or VI plus Title XX) you can reach more of the people who need nutrition services.

However, funding your program with monies from more than one source will also present you with some special problems, which you should be prepared to deal with.

Each funding source may have different requirements as to age of eligibility, income eligibility levels, number of days per week that meals can be served, number of meals per day that can be served, etc. Your goal in dealing with these varying requirements should be to serve all the participants equally. Individuals

who are served under different grants should not be segregated or treated differently at the meal site. The difference in funding sources should show up only in your books.

OPERATING THE PROGRAM

Menu Planning

Nutritional requirements. In planning menus, the starting point is to be completely familiar with the nutritional standards required by your funding source(s). Within these guidelines, you are free to create menus that are adapted to the preferences of your elderly.

Many Indian nutrition programs have met with resistance from State nutritionists who are unwilling to approve "unusual" menus that include native foods. Like Gila River and ITCC, you may have to work with the nutritionist and "educate" him or her about your native food. To do this, of course, you will have to be as familiar with the legal requirements for your program as the nutritionist.

If you need help in determining the nutritional value of native foods, you may want to consult a nutritionist on your own, or even look into the possibility of having a university do a nutritional analysis of native foods.

Menu cycles. Nutrition programs generally plan out menus to be served over a certain length of time, and then repeat the plan with minor variations over and over again. For example, the Tucson elderly nutrition program uses a three-month menu cycle which is repeated four times a year. Gila River uses a four-week cycle which is repeated for three months.

One reason for setting up menu cycles is that a nutrition program should provide a good variety of meals — you don't want the elders to get bored with the menus. But on the other hand, the advantages of standardizing the menu as much as possible include the following:

- It's easier to order the right quantities of raw foods for dishes that you've served before. This means there will be less waste and the meals will be more economical.
- Familiar dishes can be prepared more efficiently.
- You can get a good idea of what the elders like, and continue to serve the dishes they prefer.

Projecting the menus over a length of time (at least a month) helps standardize the menu, and yet allows you to make sure the menu isn't monotonous. If you have about 20 basic meal plans to arrange within the cycle, this should provide plenty of variety for the elders. (One way to increase variety is by varying the fruits and vegetables on the menu to take advantage of seasonal produce.) Also, while fairly standardized menu cycles are important, they should be flexible enough to allow you to take advantage of special sales on food items. When you have a chance to save money by buying on "special", by all means do so, and adjust your menu cycle accordingly.

When planning menus, be sure that they meet nutritional requirements and are reasonably economical. At the same time, try to plan meals that will look appealing to elders, with foods they like, and with tastes and colors that complement one another.

Plan menus to please the elders you're serving. Generally, include foods that are familiar to them. (You may want to survey the elders to find out their preferences.) When you introduce new dishes and foods, do so gradually, and check to see if the elders eat and like them. If the new food doesn't go over well, take it off the menu or try preparing it in a more familiar way. Above all, don't force strange or unappetizing foods on the elders.

Talk to participants and find out which meals and dishes they especially like or dislike. As the program continues, you can gear your menus to their tastes, eliminating what they dislike and zeroing in on what they prefer.

Portion control. As mentioned before, the meals you serve must provide prescribed nutritional requirements. The only way you can be sure each elder receives the proper level of nutrition is to standardize and supervise the quantity of food served to each participant. Ideally, each elder should receive the same quantity of food—no more, no less. There are several reasons for this, in addition to ensuring that each elder gets the required nutrition:

- If you know exactly how large each portion of food will be, you can be more certain exactly how much to buy and prepare.
- Because of this, you can get a better grip on costs.
- If portion size is controlled, the elders can see what a balanced, healthy meal looks like.

Often, this kind of exact portion control is difficult to enforce — especially if your staff knows that many of the elders won't get another full, hot meal that day. The administrators on our panel differed as to how strictly portion size should be controlled in circumstances like this. But all of them try to keep in mind that giving double portions of starches and sweets not only undermines the idea of nutrition education, but can contribute to obesity, diabetes, heart problems and other ailments.

Instead of simply giving extra helpings of some foods, you might want to consider some of the following options:

- If you know that this is the only full meal many of the elders will get in a day, you might want to increase the daily nutritional requirements served in each meal—for example, from one-third of the RDA to one-half. In this way, the meals are bigger but still nutritionally balance.
- If feasible, you might consider serving two meals a day instead of one.
- You can provide complete meals for the elders to take home and eat on their own, either sack lunches or frozen meals to be reheated.

Purchasing Food

Where to purch · food. If possible, get bids from several vendors, so that you can be sure you wi. get the quality you want at the lowest prices. Some states allow state-funded programs (e.g. Title III or Title XX programs) to use the state bid list. If you can do this, it should provide you with great savings.

If you are not in a position to solicit bids, look at other options for purchasing in your local community.

- First, it is always less expensive to buy in large quantities (bulk purchasing). Could you do your purchasing with another program, such as a school lunch program, a hospital, or the tribe? In Gila River, for example, the director the elderly nutrition program also purchases for the WIC (Women, Infants and Children) nutrition program at the same time, even though the programs are funded by different sources. Each program pays for the food it uses out of its own budget, but by placing their orders together instead of separately, they can purchase in larger quantities and thereby get bigger discounts.
- If that isn't a possibility in your situation, you may want to see whether there are any private enterprises in your community that are purchasing food in quantity. A large restaurant, for example, may be willing to do the purchasing for you, because it reduces their costs as well as yours to buy in larger quantities.
- Many rural tribal nutrition programs must purchase most or all of their supplies from the local supermarket. In many cases, as with the ITCC sites, this option works quite well. In this situation, over the course of a year even a small nutrition program will be spending many thousands of dollars in the supermarket, so the grocer should be very willing to accomodate your needs. You can ask the grocer to place special bulk orders for you at disco nt prices. Do ask him to supply exactly what you want, whether it is meat cut to certain specifications, a particular kind or quantity of an item, etc.
- If you are located in a rural or remote area some distance from your supplier(s), you may find that it is actually less expensive for your staff to go into town with a van and pick up the food than to have it delivered by the vendor.

Know what you're buying. It's recommended that you have a scale at your facility to weigh supplies when they're delivered. In this way, you can try to ensure that you get everything you ordered and are paying for. Also, *look* at what you buy. Drain a can of fruit or vegetables to see how much solid food it actually contains, and compare brands as to how much you get in cans of the same size. (Canned goods may be the most deceptive products in this respect). Another product that can be deceptive is ground beef, which may be up to 30 - 40% fat. Buying higher quality ground beef may be more economical in the long run because a much greater percentage will be nutritious and edible.

In general, look at what you buy, test your products, compare brands.

Other ways to hold down food costs. When purchasing, it will usually be most economical to buy 10 pound cans ("institutional packs") of fruits and vegetables. Of course, the most economical sizes for your program depend also on how many people you serve and how much storage space you have.

Additonal points to keep in mind:

- Be careful not to open more food per meal than you'll need.
- If you do have more food opened or prepared than you need, FREEZE THE EXTRA MEALS. They can be used on a later day when you run short of food, or they can be sent home with elders who may need extra meals.
- Portion control is very important in controlling your food costs.
- If you have a nutritionist on staff or available to your program, this is an excellent source of advice on economical purchasing—for example, what grade of meat to buy, whether you need flaked or solid tune, etc.

Figuring Cost Per Meal. Both for your own benefit and for your funding agency, you will have to determine your average cost per meal. There are basically two ways of doing this:

1) figuring the average cost of the raw food per meal, or
2) figuring the average overall cost per meal, including all expenses involved, such as transportation, raw food, staff salaries, utilities, rent and so forth.

There are advantages to each method, described in more detail below.

Calculating raw food cost per meal. It's recommended that you figure your raw food costs on a monthly basis. To do this, add up the entire month's expenditures for raw food. ("Raw food" includes all ingredients used in the meals.) Then subtract the cost of the inventory still on hand at the end of the month. Into this number, divide the number of meals you've served throughout the month. This will give you your average raw food cost per meal for that month.

Example: Let's say that in February you served 900 meals. By checking all your invoices for February, you find that you spent $1,200 for food items. And when you check your inventory, you find that $390 worth of food is still on hand to be used in March. Your average raw food cost is figured as follows:

Step 1	$ 1,200	(total expenditures for food in February)
	— 390	(inventory left at end of February)
Step 2	$ 810 ÷ 900	(number of meals served in February) = 0.90

Therefore, in February you spent an average of 90 cents per meal on raw food.

Calculating overall cost per meal. At the end of the year, add up all your expenses, including raw food, transportation, staff salaries, office supplies, rent, utilities, and all other costs in your budget. Divide this amount by the number of meals served during the year. This figure gives you the overall cost per meal.

The same procedure can be used to give you your expected overall cost per meal when you are preparing a proposal. Divide the number of meals you propose to serve yearly into your total budget.

What the raw food cost per meal tells you. The monthly raw food cost basically tells you whether you are staying within your monthly budget for raw food. This is very important so that you don't run short of funds before the end of the fiscal year.

If you find you have run over your monthly raw food budget, analyze where you can cut back the next month in order to "balance your budget". For example, if your expenditures for meat are high, perhaps in the next month you can purchase less expensive cuts of meat but cook them longer to be sure they are tender.

What the overall cost per meal tells you. The overall cost per meal tells you (and more important, your funding agency) whether you're providing nutrition services at a reasonable cost.

This is a subjective judgment, of course, but if your overall cost per meal comes to $9.00, for example, your funding agency is probably going to conclude that they might just as well hire a bus and take all the elders to the nearest restaurant for a steak dinner.

NUTRITION PROGRAM "HANG-UPS"

Many Indian nutrition programs report problems in dealing with some of the requirements of funding agencies that we haven't yet discussed. There are three in particular that seem to come up again and again: sign-in procedures, donations, and age limits. We'll discuss each of these in turn and try to suggest ways of minimizing problems with these requirements.

Sign-in Procedures. A number of tribal programs have reported that they are required to have all elders sign in daily when they come to the meal site to eat. This procedure is cumbersome and uncomfortable for the elders, and is an adminstrative headache.

Directors of several nutrition programs report that they have been told the daily sign-in is a requirement for using USDA cash in lieu of commodities. However, NICOA has established that this is *not a requirement at the federal level*, and *it should not be required of local programs.*

If you are asked to carry out this procedure because you are using USDA cash in lieu of commodities, you can and should contest it. For additional information, contact:

Darrel E. Gray, Director
Food Distribution Division
Food & Nutrition Service
U.S. Department of Agriculture
Washington, D.C. 20250
(202) 447-8371

However, if your program is funded from sources other than the Older Americans Act, such as Title XX, you may be required to have the elders sign in. If this is so, you may want to explore the following suggestions with your funding agency, in order to make the procedure run as smoothly as possible.

- Have a staff member or volunteer seated by the entrance to write down the name of each elder as he or she arrives. This works well in areas where one person is likely to know everyone else.
- Prepare a weekly chart listing the name of each elder who eats at the site. Each time an elder comes in to eat, his name can be checked off, or he can put his initials in the space for that day.

Finally, most programs find that elders have less resistance to the sign-in procedure when they understand the reasons for it.

Donations. The regulations for the Older Americans Act require that all participants in the Title III-C elderly nutrition programs be give the *opportunity* to donate money for the program. The final regulations for Title VI also contain this requirement. Donations raise two problems: fiscal accountability, and the elders' difficulties in donating money.

Accountability for donation money. First of all, the elders may donate money for two different purposes: (1) socialization activities (trips, crafts, movies, speakers, etc.) or (2) the nutrition program itself (including not only food but related services such as transportation). Money should be handled differently depending on the purpose for which it was donated.

Program staff should be responsible for donations to the nutrition program, but ***only the elders should handle money donated for social activities.*** The elders themselves should count, record and deposit this money. It should be kept in a separate bank account from nutrition program funds and donations, and it should be spent only by vote of the advisory council. Program staff should not deal with it at all.

As for money donated ***to the nutrition program,*** there are a few simple measures you can take to strengthen your accountability for these funds and help safeguard your program:

- Don't leave the donation box unattended.
- At the close of each day, both the program director *and* one participant should count the donation money. ***Both*** should sign off on the amount.
- The donations should be kept in a lock box rather than, for example, a coffee can.
- If at all possible, the money should be deposited in the bank daily. (Again, keep this donation money in a different bank account from the donations for social activities.)
- Record these amounts daily as income to the nutrition program.

Elders' difficulties in donating money. Elders' ability to donate money to their nutrition program, and their willingness to do so, will vary from meal site to meal

site. In some programs, these factors have caused the elders deep embarrassment, and have even kept some from attending the program.

By looking at the different ways donations are handled in the Tucson, ITCC and Gila River elderly nutrition programs, you may find some ideas to adapt to your own situation.

In Tucson, nearly all meal sites are urban, and there does not seem to be much problem with donations. In fact, they provide a significant supplement to the budget. In the Tucson program, staff clearly inform the participants as to how much the program costs, where the funding comes from, and exactly what their donations will be used for.

Each of Tucson's 18 meal sites has a site council. Each council recommends a daily program donation for its site, and the recommendation is then posted near the donation box.

At the same time, the Tucson staff tries to be sure that everyone knows this is a recommended donation, and *not a fee*. They try to monitor the situation closely to ensure that no one feels pressured to donate, or doesn't participate because he can't donate. In low-income sections of the city, the staff has found that people are more comfortable if the donation box is located in an inconspicuous spot.

The Tucson staff tries to minimize participants' discomfort in these ways but also feels that donations are too important to the budget to ignore completely. They also suggest that you create an opportunity for participants to begin donating as soon as the program is started, or, they say, you will never be able to get donations coming in.

At many of the ITCC sites, there has been greater difficulty in regard to donations. The greatest problems seem to arise at sites that are located in very low-income areas, or in extremely isolated areas where elders are not very accustomed to dealing with money or paying fees and donations. In these areas, donations can become a touchy issue if not handled carefully. For example, at one ITCC site, people stopped coming to the program when suggested donations were posted. At other sites in low-income areas (both Indian and non-Indian), elders who cannot afford a donation have been known to put rocks or buttons in the donation box just to look as though they were contributing.

To deal with these problems and to avoid hurting the elders' pride, ITCC now has a policy of not posting suggested donations at any of its sites. Intead, at each site there is a small, covered can labelled "Donations" and kept in an inconspicuous place at the meal site.

Another program simply puts a small envelope for contributions on each meal tray, and all envelopes, empty or full, are collected as people return their trays. This is another way of giving the elders privacy as to how much, if anything, they contribute.

An additional problem that ITCC encountered was the fact that all program donations from each of its 17 sites had to be sent directly to ITCC headquarters in Sacramento, to be used to purchase food.

Many elders were extremely reluctant to donate money that just seemed to "evaporate" to Sacramento in this way. In recognition of this problem, the ITCC nutrition director obtained permission from the State Office on Aging to waive

this regulation and to leave half of all the donation money at the site, for the elders to use as they see fit (as long as the funds are spent to provide services for the nutrition program's elders). At this point, donations began to increase. At some ITCC sites, the elders have now built up fairly large bank accounts in this way, and can go on sightseeing trips and take part in other activities they wouldn't be able to enjoy otherwise. This has also given the elders a much greater sense of control over their own nutrition sites.

(If you would like to do something similar, however, be sure to get a waiver from your funding agency first.)

At Gila River, no donations are collected at the meal sites. The director feels strongly that life is hard enough for elderly reservation Indians without asking them to donate to the nutrition program. Instead, the elders hold fundraising events periodically, and designate some of the money they raise to go to the nutrition program. Some of the money is also used to finance their recreational and social activities. In this way, the elders can feel that they contribute to the program, without having to take money from their own pockets.

Participation of Persons Below the Age Limit. Nearly all funding sources have established an age limit for persons receiving nutrition services. Title III-C of the Older Americans Act, for example, allows anyone over 60 to participate free of charge, but persons under 60 may eat at the site only if they pay for the meal.

These kinds of restrictions can pose serious problems for Indian nutrition programs. This is especially so in two situations:

- When elders care for grandchildren during the day, they often cannot participate in the nutrition program unless the children can come and eat too. In many cases, these elders cannot afford to pay the cost of their grandchildren's meals at the nutrition program.
- When older adults in the area are in need of nutrition services but aren't eligible for them because they are under 60 years of age.

These are both difficult problems to deal with, because the law is very clear as to age limits.

One solution, which may help in a few cases, is that any volunteer is legally entitled to a free meal. So if a grandchild provides transportation, or a 55-year-old helps serve food, you can provide them with a meal free of charge. (Every volunteer should have a job description outlining the services they provide, even in these cases.)

If you face either of these problems in your program, we recommend that you discuss them with your state and/or regional office on aging, explaining your needs and problems. Present as much information on the problem as you can. For example, document the number of elders who would like to participate in the program but can't because of child care responsibilities. If you feel there's a need to serve those who are between 55 and 60, bring out the statistics on Indians' life expectancy and disease rates in order to justify the need to serve this lower age group.

In discussing these problems with the state or regional office, ask for their assistance in dealing with technicalities that prevent you from meeting the intent

of the law. Sound out the state or regional staff to see if they can develop a waiver of these requirements, or if other solutions can be developed in order to allow you to serve a greater number of people who truly need nutrition services.

Your actions should be guided by the responses of the state and regional office. If their attitude is cooperative, you may be able to extend your services to solve some of these problems.

However, if you encounter an uncooperative attitude, remember that you could endanger the entire program by failing to comply with the requirements of the law and the expectations of your monitoring agencies.

As an alternative solution, you may want to explore additional funding sources that would allow you to serve younger age groups. Title XX, for example, allows you to serve SSI recipients and handicapped persons over the age of 18. You may even want to look into the possibility of developing a demonstration project to serve grandchildren of participating elders.

TRANSPORTATION PROGRAMS

Transportation is one of the greatest needs of most reservation elderly. And many tribal aging programs cite their own lack of adequate transportation as one of the biggest obstacles they face in serving the elders.

In this chapter, we'll give an example of one reservation which has built up good transportation services for the elderly, and then discuss some pointers for establishing transportation services on other reservations.

AN EXAMPLE OF TRANSPORTATION SERVICES FOR RESERVATION ELDERLY

TRANSPORTATION SERVICES FOR PAPAGO ELDERLY

The Papago Reservation covers almost 3 million acres in southern Arizona — an area about the size of the state of Connecticut. The reservation is not only vast, but remote and sparsely populated. Close to 15,000 Papagos live on the reservation, in 72 villages scattered across the 3 million acres. In parts of the reservation, each small village is 50 miles or more from the next. There are almost no paved roads, and the dirt roads connecting the villages are in poor condition. Only three trading posts serve the reservation, each about 50 miles apart, and most villages are far from medical facilities of any kind. Often there is not even a telephone within 20 miles.

Resource persons were:

Nick Scalpone, Associate Director
and
Judy Berge-Hamilton, Assistant Director
Senior Now Generation Programs
Tucson, AZ

Alice Norris, Director
Wise Ones Program
Papago Tribe
Sells, AZ

Michael Virts, Coordinator
UMTA Civil Rights Office
Native American Program
Rm. 6102, 400 7th St., S.W.
Washington, D.C. 20590
(202) 426-2287

The problems of isolation and remoteness from services create special hardships for the 1000 Papago elderly. On the Papago Reservation, as on so many reservations, transportation has been one of the elders' greatest needs.

Development of Papago's Transportation Services. The Papago Tribe's program for the elderly, the "Wise Ones" Program, began its transportation and nutrition services for the elderly in 1975, starting with one run-down vehicle serving only one community. Today, the program serves more than 300 elders on eight of the reservation's 11 districts.

The program currently has 8 vans, 3 trucks, and 3 buses. They are used for the following purposes:

- Transporting elders to and from the elderly nutrition project meal sites
- Delivering meals to the homebound
- Transporting prepared meals to the meal sites from a central kitchen
- Shopping services (driving elders to the nearest town to shop)
- Transporting elders to social services agencies such as Food Stamp offices
- Outreach services
- Field trips for the elders
- Hauling water, firewood and hay for the elders
- Transporting elderly, along with young Papagos, to areas where the elders can gather traditional desert foods and materials for basketry, at the same time teaching the young about traditional Papago ways.

The current Papago aging program, however, is the result of many years of effort and determination.

In the early 1970's the Papago Tribe submitted several proposals for funding to start an elderly nutrition program which would include transportation for the elderly. None of the proposals was funded. Yet the Tribal Council believed that the reservation not only needed these funds, but that Congress had intended that areas in great need, such as their reservation, *should* have these services. They felt that one of the greatest problems they faced in getting the funding was a communication gap — how could the Papagos find out where the right funding sources were, and how could they work with the federal system to get those resources?

In the spring of 1973, the Tribal Council assigned a member of the tribe to try to bridge the communication gap. Specifically, the Tribal Council assigned her to find out what funds were available for aging programs under the Older Americans Act. In addition to studying the Older Americans Act and other legislation relating to the elderly, she began contacting people who were running aging and transportation programs. She attended national conferences on aging, such as the Western Gerontological Society meeting, in order to educate herself to what was going on in the field of aging around the country. Gradually, she learned who were the important people in the field, what were the best sources of funding, and how to go about getting some of those funds.

Eventually, the National Council on the Aging put her in touch with Arthur Flemming, then U.S. Commissioner on Aging. Commissioner Flemming recognized the Papagos' need for an elderly nutrition and transportation program, and he recommended that they apply for model project funds under the Older Americans Act. The Tribe followed his suggestion, and in 1975 was awarded a two-year model project grant of $48,396 from the Administration on Aging.

The goals of the model project were based on results of a tribal needs assessment. Future plans of the Wise Ones Program included the development of a senior center, and the provision of nutritional meals, social services, home health services and transportation services for the elderly.

The focus of this chapter will be on Papago's transportation services, but in reality their transportation services are intended to *support* their other, *primary* goals. You may notice that frequently Papago requested funds to purchase and operate vehicles in grant proposals whose primary purposes were *not* transportation.

Papago started services for the elderly on a very small scale. In the beginning, the Wise Ones Program had only one vehicle, an old van with broken windows, bad tires, and only two gears left. It was the only vehicle available through the Tribe. At first, the nutrition and transportation program served just the community of Sells. This community was selected as the starting point because it's the largest town on the reservation and is centrally located. About 70-80 elders from Sells were served.

Some time later, Papago was able to expand its services to cover the entire Sells district by purchasing another vehicle under the model project grant. This time, they purchased a pick-up truck to use for hauling water, firewood and hay for the elders. Since most of the elderly on the reservation have only a horse and wagon for transportation, this service met some of their most basic and urgent needs.

In order to arrange for new funding before the model project grant ended, the director of the aging program asked the Indian Health Service for additional funding. After the director explained how these services, especially nutrition, would benefit the health and welfare of the elderly, IHS agreed to grant the program supplementary funding for contract health care under the Community Health Representative (CHR) program, including enough money to purchase and operate one more van.

In 1977, the Papago Tribe applied to the State of Arizona for funds to develop an elderly nutrition program under Title VII (now Title III-C) of the Older Americans Act. The program was funded, and the state also provided one-time monies for the purchase of 5 vans, one for each meal site. Operating costs for the vehicles (e.g. drivers' wages, fuel, maintenance, repairs, and insurance) were paid for out of Title III (now Title III-B) funds. These vehicles are used to transport elders to and from meal sites, to deliver meals to the homebound, and to transport prepared meals to the meal sites from a central kitchen.

As time went on, the Tribal Council realized the importance of the program, and in 1978 they set aside tribal revenue-sharing dollars which enabled the program to hire a transportation coordinator and to purchase two mini-buses equipped with wheelchair lifts, and one conventional bus for town shopping and

field trips. Unlike the vehicles purchased with Older Americans Act funds, these three vehicles may be used to transport older adults who are under 60 years of age. They are also used by other tribal programs, as long as each program pays for its share of fuel and drivers' time. Consequently, these vehicles can be used to serve more of the reservation population.

Also in 1978, the Wise Ones Program developed a proposal to help maintain Papago culture by having the elders teach Papago youth how to gather and prepare native desert foods in the traditional ways. The foods they gathered and prepared would then be served in the elderly nutrition program. Since the elders and youth had to be transported to areas where they could collect and then prepare the food, the proposal included the costs of purchasing and maintaining a vehicle. This proposal was funded by the Community Services Administration (CSA), and the aging program was able to purchase one more van.

Operating the Program. In operating the elderly transportation program, the Papago must make special efforts to overcome the problems caused by the distances and isolation on the reservation.

Drivers. All the drivers for the Papago program are required by the Tribe to have a yearly physical. The State requires that they take a course in bus driving from the State Highway Department and have their chauffeur's license.

In addition, the Papago program makes sure that its drivers are trained to handle medical emergencies. This is extremely important because the driver is often the first person to discover an elder in an emergency. When there is no phone within miles, the driver can make the difference between life and death. The Papago transportation program gives its drivers the following training:

- CHR (Community Health Representative) training in basic health care and first aid
- EMT (Emergency Medical Technician) training from specialized staff of IDDA (Indian Development District of Arizona). This is the training that ambulance attendants receive.

In order to keep turnover of drivers to a minimum, the Papago program has avoided CETA funding for their positions. Instead, drivers' salaries are drawn from the Title III funds.

Vehicle maintenance. All vehicles in the Papago program are serviced every 3,000 miles. The program director considers this extremely important because serious problems could result if a vehicle broke down on an isolated stretch of road — especially because the buses cannot be equipped with two-way radios since there is no base for the radios. (Imagine what could happen if a bus full of elders broke down on a 110° summer day, 20 miles from the nearest telephone). By keeping to this maintenance schedule, the Papago program has never had a vehicle break down while in service.

Regular maintenance and minor repairs are handled in the tribally run garage. Major repairs that are needed in between the regular maintenance visits are handled by the auto dealership in Tucson where the vehicles were purchased.

Operating costs. Major costs involved in operating transportation services include insurance, vehicle maintenance, repairs, fuel and drivers' wages. When

Papago first began planning for transportation services, they made the mistake of considering only the cost of purchasing the vehicles. Once they had purchased the vehicles, however, they realized they had not planned for the operating costs involved. To remedy this oversight, the Wise Ones Program obtained umbrella insurance coverage from the tribe. They also had to modify their budget to cover the other substantial maintenance and operating costs. Currently, operating costs are covered with funds from Title III of the Older Americans Act, as well as IHS, which has a line item budgeted cost involved in operating its vehicles.

Problems Encountered

Matching funds. Most of the funding agencies that Papago has dealt with have a "local match" requirement. This means that the agency will fund a program *only* if the program or the local community is also able to contribute money for the services. (Usually the funding agency will require the local matching funds to equal a certain percentage of the total grant). Generally, money from any federal source except general revenue-sharing is *not* acceptable as local matching funds.

Because of this, it was difficult for Papago to come up with enough cash to meet the local match requirements. Papago's solution has been to provide the local match in in-kind contributions. In other words, other tribal departments and agencies agree to provide personnel or equipment of enough value to equal the local match requirements.

Requirements of funding agencies. Wise Ones Program staff quickly discovered that their funding agencies were not used to dealing with programs in areas as remote and isolated as the Papago Reservation.

The Papago discovered a real lack of understanding by these agencies of the special circumstances they faced on the reservation. In particular, the agencies tended to think that Papago should be serving more people for the number of miles covered.

Papago had to work hard at educating these agencies about the reservation's special circumstances: the fact that most villages have no telephone to notify the Wise Ones office if service will not be needed on a particular day, and the fact that most elders cannot read. The Wise Ones staff had to explain again and again how far apart and how small the villages are, that roads are unpaved and that heavy rains wash out the roads completely. Gradually, the funding agencies are becoming more understanding of Papago's special circumstances. But this has involved a continual process of "educating" the funding agencies — another example of the communication gaps that Papago has had to bridge.

YOUR OWN TRANSPORTATION PROGRAM

Transportation services are often critical to the successful operation of programs for the elderly.

Yet as crucial as these services may be, *transportation should never become an end in itself*—only a vital link, a means of connecting elders to the programs and services that are available for them.

Consequently, as you plan and operate transportation services, view them as an *integral part* of aging or community programs. Transportation should always be supportive of more basic services and programs, such as nutrition, socialization, and health care.

We hope you will read the chapter that follows with that perspective.

SERVICES PROVIDED BY TRANSPORTATION PROGRAMS FOR THE ELDERLY

There is a wide range of transportation services that can be provided for the elderly. The particular services you offer will depend on the needs and circumstances on your reservation, and on whether the goals of your transportation services are already defined by another program (e.g. an elderly nutrition program, an aging program, or a community development program).

Transportation for Nutrition Services. This may include driving elders from their homes to the meal site and back again, bringing hot meals to the homebound elderly, and transporting meals from a central kitchen to the meal sites.

Transportation to Medical Facilities. Some programs provide transportation for elders to go to clinics or IHS facilities. In some areas, the clinic will even schedule a particular day of the week to serve the elders, and the transportation program takes them to the clinic on that day.

Shopping Services. In many areas, as on the Papago Reservation, it is very hard for the elders to get to stores where they can shop for food, clothes, and other supplies. Some programs drive the elders to the nearest town where they can shop. Other programs provide shopping services for *homebound* elders, getting a shopping list from each elder, doing the shopping for several elders at a time, and then delivering the purchased items to the elders' homes.

Outreach. Some transportation programs provide a means of getting information back and forth between the elder and the service providers. In particular, outreach workers from service provider agencies such as the nutrition program, health services, VA, SSI, Social Security, etc. can go to the elders' homes to let them know about services that are available for them and get the elders enrolled if they choose.

In-Home Services. Programs that provide homemaker, home-health, or chore services in elders' homes may need extensive transportation to get workers to the homes of elderly and other persons needing their services.

"Dial-A-Ride" Services. Most programs are only able to provide services on established routes and according to a daily or weekly schedule. However, some programs (especially in urban or fairly heavily populated areas where communication is not a problem), provide transportation to elders upon request, functioning almost like a taxi service. Most of these programs require that elders make "reservations" for these individualized services a day or more ahead of time.

Other Services. This list covers some of the more common services provided by transportation programs. The needs of the elders on your reservation, however, may lead you to offer more unusual services, such as Papago's service of hauling water, wood and hay for the elders. The Urban Mass Transportation Administration has produced a report on rural transportation demonstration projects carried out on 11 Indian reservations from 1977-79. The report may contain additional program ideas that would be useful to other tribal programs. To order a copy, write:

Ron Fisher, Director
Office of Service and Methods
Demonstrations
Urban Mass Transportation
Administration
Washington, D.C. 20590

ELDERLY TRANSPORTATION SERVICES vs. COMMUNITY TRANSPORTATION SERVICES

Whether you are just beginning transportation services or planning to expand existing services, you may want to consider carefully whether the transportation services should be available only to the elderly, or to other members of the community as well.

Many programs do plan transportation services just for the elderly. This has the advantage of allowing the program to tailor its services specifically for the needs of that age group.

However, there are several advantages to developing transportation services that will meet the needs of others in the community as well as the elderly. The greatest advantage is that services will be more economical because more people can be served for each mile traveled by each vehicle.

The other major advantage is that there is a wider range of funding sources available for community transportation services than there is for transportation services that are provided only to the elderly.

One way of providing these community-wide transportation services is for the tribe itself, or a designated tribal department, to assume responsibility for coordinating transportation services for agencies on the reservation which need or provide transportation for clients. These may include nutrition programs, aging programs, welfare and social service agencies, vocational/educational centers, homemaker/home health programs, chore services and so forth.

Another approach may be for two or more programs or agencies to coordinate transportation services for their clients.

Either of these approaches should allow transportation to be provided at a lower cost per person than if each agency provided the services independently. This is so because administrative costs are reduced, and fewer vehicles generally will be required because vehicles can be used more efficiently when services are coordinated.

This alternative, of course, requires careful planning and coordination with all agencies involved, as well as the Tribal Council.

In the information that follows, only transportation services for the elderly will be discussed. If your transportation program will be serving a wider range of people, you can incorporate this information into your overall planning.

PLANNING TRANSPORTATION SERVICES FOR THE ELDERLY

Needs Assessment. Before setting up transportation services for the elderly, you need to find out what kinds of transportation services they need and want, and how those services can best be provided. If this information is not already available, a needs assessment can give you information.

Questions you will need to answer in order to set up transportation for the elderly include those listed below. If you are planning to provide services to others on the reservation in addition to the elderly, you should expand the needs assessment to include these people as well.

How many elders live in your proposed service area?

Where do they live? Are they clustered in one or a few areas, or are they scattered over a rural area?

How many elders have no reliable source of transportation at the present time?

How many are homebound and therefore not able to use transportation services themselves?

How many of the homebound elderly require services to be delivered to their homes (e.g. home delivered meals, shopping services, chore services, home health care)?

How many elders are disabled and would require special equipment, such as wheelchair lifts, in order to use vehicles in the transportation program?

How many elders need transportation services to get to:

- Congregate meal sites
- Senior center or community center
- Shopping areas
- Health services and medical appointments
- Social services offices (Food Stamps, Social Security, Veteran's Administration, etc.)

How many elders need transportation for purposes such as:

- Visiting friends and relatives in nearby hospitals and nursing homes
- Visiting family in other areas of the reservation
- Sightseeing or recreational trips.

How many need to have supplies such as firewood or water delivered to their homes?

If the transportation services are being set up as part of another program, then the requirements of that program also define needs you must meet. For example, does the program provide outreach services? If so, how many elders per month does the program hope to contact at home? Will the program operate only in part of the reservation, or reservation-wide? Etc.

Selection of Transportation Services. As you decide which services should be your top priorities, your needs assessment can help you weigh several factors, such as:

- Which services are requested by the greatest number of elders?
- Are there services which are requested by fewer elders, but which are more critical for the life and health of the elders who need them?
- Which services can feasibly be provided by your transportation program in the near future?

Selection of Service Areas. The needs assessment should also help you decide which areas of the reservation will receive transportation services if you don't have the capacity to serve the entire reservation. Among the factors to consider in making this selection are:

- Which areas of the reservation have the heaviest concentration of elderly?
- In which area of the reservation are the elders in greatest need of transportation services?
- Are there areas of the reservation which have very poor roads, or roads that are inaccessible in bad weather?

Generally, most programs try to select areas of the reservation in such a way that they can serve the greatest possible number of elders as economically as possible. Most programs first begin transportation services in the more heavily populated areas and then, as the program becomes established, try to expand services to more isolated areas.

Service Routes. Within your proposed service area, you should try to serve *every* elder that needs and wants services. Your needs assessment should allow you to pinpoint where each of these elders lives. Once you have mapped out the location of each elder's home, you will be able to plan service routes (the path each vehicle will follow every day). It may be helpful to keep in mind the following points:

- The fewer separate routes that must be covered simultaneously, the smaller the number of vehicles you will require.
- Try to keep mileage to a minimum while still reaching all the elders who need services.
- If possible, avoid roads that are not passable in wintry or rainy weather. If these roads are the most direct routes, are there alternative routes that could be used in bad weather?
- Weighed against these factors, consider whether there are clans or factions that would not be willing to ride in the same vehicle.

Number and Size of Vehicles. The *number* of vehicles the program requires will

basically be determined by the number of routes that must be covered each day. However, you might consider whether one vehicle could be used to cover two routes per day — for example, one route in the morning and one in the afternoon. Also consider whether each route must be covered weekly or daily.

The *size* of the vehicles will be dependent on the number of people that will be served per day on each route. For example, would it be most economical to use a 9-passenger van, a 12-passenger van, a 15-passenger van, or a school bus on a particular route?

Special Equipment for Vehicles. Special equipment for vehicles tends to be extremely expensive. Sometimes, however, the investment is necessary in order to meet the special needs of the elders. If you think some of your vehicles may need special equipment, keep in mind that it will be less expensive to order the equipment with your vehicle, rather than to install it later.

Some of the more common kinds of special equipment are:

Two-way radios. These are especially useful in the event of emergencies in remote or isolated areas. If you are planning a "Dial-A-Ride" kind of service, two-way radios will be almost essential. Most programs will require a standard FM-band radio rather than a CB. The cost of outfitting a vehicle with this kind of radio after the vehicle is purchased is roughly $1,000.

Wheelchair accommodations. Outfitting a vehicle to carry persons in wheelchairs is extremely expensive, costing thousands of dollars. It also decreases the passenger capacity of the vehicle by about half.

Equipment to transport hot foods. If vehicles will be used to transport hot meals, it's very important that they are properly equipped. If foods cannot be maintained at the proper temperatures, the meals may create a health hazard for the elders.

To get advice on the kinds of equipment you should have to transport meals, consult your area or state agency on aging, or your state transportation department.

Budgeting for Operational Costs. When planning transportation services, some programs — like Papago — have made the mistake of considering the cost of purchasing the vehicles, but ignoring or underestimating operating costs. Yet, in general, IT IS MORE EXPENSIVE TO OPERATE THE VEHICLES THAN IT IS TO PURCHASE THEM. A number of aging programs, in fact, have received grants to purchase vehicles, only to find they did not have funds to run the program once they got the vehicles.

Listed below are the major expenses involved in operating transportation services, once the vehicles have been acquired:

Fuel. Vans and buses will average 8-10 miles per gallon. (Also consider whether you will have reliable and convenient access to fuel.)

Tires. Most vehicles will require two sets of tires per year, at about $500 per set.

Maintenance and repairs. These costs will vary depending on your maintenance schedule, whether your drivers can handle routine maintenance

and repairs, the conditions of roads, etc.

Insurance. In urban programs, insurance averages about $1,000 per vehicle annually. On one large, rural reservation, liability insurance costs about $1,000 per vehicle and insurance against material damage runs about 7% of the vehicle's value.

Depreciation. Vehicles in transportation programs usually last only 2-3 years, or even less under rough conditions. On large, rural reservations, vans may be all but worthless after two years of service.

Special equipment. As mentioned above, acquiring special equipment after you have the vehicles can be extremely expensive.

Drivers' salaries.

Administrative costs.

Defining Your "Unit of Service". There are several ways of defining a "unit of service" for transportation programs. In most cases, you can choose the definition that will work best for your program. However some funding agencies, like Title XX of the Social Security Act, require their grantees to use a particular definition. So be sure to check whether the funding agency you're applying to lets you use your own definition.

If you have a choice, you may want to consider these alternatives:

- A "unit" as each ride given to an elder. This may be the first definition you will think of, but it will make your job harder than other definitions would. One drawback is that this definition doesn't give you any *standard* measure. For example, if Mr. Blue Elk lives 5 miles from the meal site and Mrs. Red Bull lives 30 miles from the site, then a "unit of service" will be 5 miles for Mr. Blue Elk but 30 miles for Mrs. Red Bull.

  Using this definition, there is too much variability in what a "unit" is. All you will really be able to tell your funding agency is how many rides you've given.

  Another drawback with this definition is that when you report to your funding agency on the number of units you provided, your total will be lower than if you had used a different definition. Funding agencies, of course, like to see that you provided lots of units of service with their dollars.

  So, you should keep a record of how many rides you provided, but we don't recommend "a ride" as your unit of service.

- A "unit" as a certain number of miles an elder is transported. For example, Title XX might define a unit of transportation service as transporting one elder up to two miles. So if Mrs. Blackhorse lives 10 miles from her meal site, and your program takes her from her home to the mealsite and back, you've transported her 20 miles. According to that Title XX definition, that one round trip would be 10 units of service.

  Other aging programs use this same idea, but specify a different number of miles per unit, e.g. 5 miles.

  This method has some advantages. Your "unit" now represents a *standard* measure. Therefore, it has more meaning for your funding agency.

You can figure your cost per unit and it will tell you just how much it costs your program to serve any particular elder.

And of course, you will have a greater number of "units" provided at the end of the year than if you simply counted rides.

Figuring Cost Per Unit. If you use the second way of defining a unit of service, you can easily figure cost per unit. At the end of the fiscal year, count up all the units of service you provided. Divide that into your total operating costs for that period of time — including administration, fuel, drivers' salaries, insurance, maintenance, etc. The figure you arrive at will give you your cost per unit.

For example, let's say your program provided 5,000 units of service in FY 80. Your expenses totalled $15,000. Divide $15,000 by 5,000 units, and you arrive at a cost per unit of $3.

What does this tell you? If your unit of service is 5 miles, it costs you $3 for every 5 miles you transport an elder, or .60 per mile per elder. When you analyze your cost per unit, you can see how well you are holding to your budget, and if your cost per unit will look reasonable to the funding agency.

OBTAINING VEHICLES

Selecting Vehicles for the Program. In the planning phase, you have already determined the number and general size of the vehicles you will need. Once you are funded, the selection of your vehicles is a very important decision, especially if road conditions on your reservation are rough. Some tribal programs have been unable to use their vehicles because of the high cost of repairs on vans and buses that are not suited for rough conditions.

Before buying vehicles, talk to others with experience in transportation about different kinds of vans and buses. Buyers for bus companies, for example, may be able to give good advice based on their experience. If you know of others who are running transportation programs with road and weather conditions similar to those on your reservation, it may be helpful to ask about their experiences with different models and manufacturers of vehicles. Compare different models for:

- Gas mileage
- Sturdiness
- Ease of repairs.

"Tough Vehicle" Specifications. If your granting agency does not allow you to select the type of vehicle you want, you can request the agency to specify in your contract that you receive a vehicle that can handle tough road conditions.

Leasing vs. Purchasing Vehicles. Some grants allow transportation programs to lease vehicles instead of purchasing them, and a growing number of tribal programs are finding that leasing is more economical. For example, the Yakima Nation Area Agency on Aging found that it could lease three vans per year for $14,000 — the purchase price of just one van. In addition, the leasing agency pays for all maintenance costs.

Especially if you will be providing transportation services over rough roads, your maintenance costs will be high and your vehicles will deteriorate very

rapidly. Under circumstances like these, leasing may be an excellent alternative to purchasing vehicles.

STAFFING

What Staff Will You Need? Staffing needs for transportation services will vary depending on whether the transportation program is a separate agency or department, or transportation services are simply provided through a larger program, such as an aging program.

Common staff positions in transportation services include:

Administrator. An administrator is almost always required to oversee the transportation services, supervise transportation personnel, do forward planning, handle government reports, and ensure continued funding.

Bookkeeper or accountant. If transportation services are offered through a separate transportation program, a bookkeeper or accountant will probably be necessary.

Drivers. These employees will be very important to the program's success. Their ability to get along with the elderly is vital. They should also be physically strong enough to assist and lift disabled elderly. In addition, you may want to look for drivers who have the skills to maintain and repair the vehicles, and/or are interested in taking the kinds of mechanical and health care training you plan to require.

Mechanic. Some programs employ a mechanic to avoid the costs and delays involved in having vehicles repaired by commercial shops.

Driver Training. With adequate training, your drivers can be an extremely valuable part of the program. Of course, all drivers must have a chauffeur's license and take required driving courses.

It is vital that all drivers — even substitutes — are well-trained to handle medical emergencies. In many cases, a driver is the first person to discover a sick or injured elder, and his ability to deal with the emergency can be a matter of life and death. All drivers should know who to contact in an emergency, and should be familiar with basic first aid. Each vehicle should also have written emergency procedures kept in a standard place, such as the glove compartment. You may want to consider enrolling your drivers in additional health training, such as CHR (community health representative), CPR (cardio-pulmonary resuscitation), or EMT (emergency medical technician) training.

It can also be helpful to have drivers trained to handle maintenance and minor repairs on the vehicles. This can avoid serious problems due to minor breakdowns on the road, and can save the program maintenance and repair costs.

OPERATING THE PROGRAM

Developing a Written Transportation Policy. It's a good idea to put in writing the guidelines and procedures that will apply to your transportation services. These

might include:

- Who is eligible to receive services. (Are there age or income requirements? Must the elder be a member of the tribe or a resident of a particular district?)
- What services can be provided. (Exactly what can the vehicles be used for? What authorizations are needed to use the vehicles? Can the vehicles be used by other programs? If so, outline the procedures, costs, etc.)
- What procedures should be followed by other service agencies when they refer an elder for transportation services?
- Reasons that transportation services for an elder can be terminated.

Your funding agency may already define some of these requirements for you, so be sure to consider that as you are developing the policies.

Having these guidelines in writing (along with written personnel policies) should minimize the number of problems you run into later.

Record Keeping. As with all well-run programs, good record keeping is a must. Among the records you should keep are:

- Number of participants served
- Number of rides per participant
- Kinds and frequency of transportation (e.g. elders to meal site 5 days per week, 52 weeks per year; shopping services 1 day per week, 52 weeks per year)
- Participation rates in each *kind* of transportation service
- Costs involved in maintaining and operating vehicles (e.g. overall insurance, fuel, maintenance, and repair costs)
- Individual vehicle records (e.g. mileage, maintenance and repairs, etc.)
- The usual personnel and fiscal records.

Vehicle Maintenance. It's a good idea to service vehicles regularly to keep them in good repair. For example, vehicles in the Papago transportation program are serviced every 3,000 miles. This is important not only to prevent the cost of major repairs, but also to avoid breakdowns on isolated sections of roads.

To avoid the high cost of commercial maintenance and repairs, you may want to consider the following ideas:

- Train your drivers to maintain vehicles and handle routine repairs.
- Hire a mechanic for your program.
- If there is a mechanics' training program at a nearby high school or technical school, you may want to arrange for students to do servicing and routine repairs.

Purchasing Fuel. The transportation program, of course, must have convenient and reliable access to fuel. Many programs in small communities or remote areas work out credit arrangements with local gas stations so that vehicles can be refueled as needed and the program will automatically be charged.

Dealing with Funding Agencies. As illustrated by the Papago program, funding agencies often have little understanding of the difficulties involved in providing

transportation services on Indian reservations — especially the long distances and poor roads that often must be traveled to serve elders in need.

As you undoubtedly know by now, there are no simple solutions to this problem. Do try to "educate" these agencies about the conditions you face. It's often very helpful if you can find even one person in the agency who truly understands your situation.

We recommend that whenever you request information, technical assistance or permission from state, regional or federal agencies:

- Put your request in writing and keep a copy.
- Ask for a written response.
- If you receive a denial of your request, get justification for the denial in writing. You may also ask to be notified of procedures for filing an appeal.

If you have any difficulties in obtaining funding for transportation services or in dealing with state, regional or federal transportation offices contact:

Michael Virts, Coordinator
UMTA Civil Rights Office
Native American Program
Room 6102
400 7th Street, S.W.
Washington, D.C. 20590
(202) 427-2287

Mr. Virts will offer assistance with any questions, problems or complaints you may have. The information you provide will also help him identify areas where legislation or regulations present problems for Indian programs. His office is committed to work with the Indian Community to change these problems.

There is also a Civil Rights Officer in every regional UMTA office except Regions VII (Kansas City), VIII (Denver), and X (Seattle). If you are located in any of the other seven regions, you may contact your regional Civil Rights office with problems or complaints. You should also inform your regional Civil Rights office whenever your program applies for transportation funds.

FOR MORE INFORMATION

It can be very confusing to design transportation services, select vehicles and equipment, and so forth.

Most people find it necessary to sit down with an expert who can help them put together effective transportation services. Some of the best places to get advice and assistance are:

- Your state agency on aging, which receives funds to provide technical assistance
- Your area agency on aging
- Your state transportation department
- Other agencies that run transportation services on reservation or in cities near you. These might include bus companies, or Easter Seals and other organizations that offer transportation to the elderly and handicapped.

- Check with your funding agency or potential funding agency to see if it can give you some assistance. Most will be able to give you some help or direct you to a good source of assistance.

The Administration on Aging has also published a detailed "how-to" book on planning, starting, and operating a transportation program for the elderly, called *Planning Handbook: Transportation Services for the Elderly*, 1975, 270 pp. Order from the Administration on Aging. (Ask for HHS Pub. No. (OHDS) 76-20280.)

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(617) 494-2055

II Hiram Walker, Regional Director
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III Franz K. Gimmler, Regional Director
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IV Doug Champion, Regional Director
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V Theodore Weigle, Regional Director
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VI Glen Ford, Regional Director
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VII Lee Waddleton, Regional Director
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VIII Louis Mraz, Regional Director
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IX Dee Jacobs, Regional Director
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X F. William Fort, Regional Director
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NATIONAL HEADQUARTERS

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HOMEMAKER - HOME HEALTH PROGRAMS

"Homemaker-home health services" is a fairly awkward but descriptive name for services that are provided in the home of an elderly, sick or handicapped person, in order to make it possible for that person to live at home instead of going to a hospital or institution.

The kinds of services that may be offered in a homemaker-home health program include:

- **Homemaker services,** such as housecleaning, laundry, preparing meals, grocery shopping, teaching the elder and/or his family about good nutrition and how to prepare any special diet needed by the elder. Sometimes chore services such as wood and water hauling are also provided.
- **Health services,** such as assistance with bathing and personal hygiene, taking the elder to a clinic, helping with therapy or exercises that the elder should do at home, supervising the elder as he takes medication, explaining his disease and medications to him.

These kinds of services can be provided by people with little formal education, as long as they have the skills, training and concern for others that fit them for the job. However, they should always be supervised by trained nurses or social workers who are able to determine exactly what kinds of services each elder should have.

Before going into more detail on homemaker-home health programs in general, though, let's take a look at the way these services are provided on reservations in western Nevada, and on the Navajo Reservation.

TWO INDIAN HOMEMAKER - HOME HEALTH PROGRAMS

HOMEMAKER-HOME HEALTH PROGRAM OF THE INTER-TRIBAL COUNCIL OF NEVADA

The Social Services Program of the Inter-Tribal Council of Nevada (ITCN)

Resource persons were:
Camilla Flemming
Director, Advocacy Project
National Council for Homemaker-Home Health Aide Services
New York, NY

Yvonne Peperzak
Department of Preventive Health Sources
Division of Health Improvement Services
Navajo Nation
Fort Defiance, AZ

has been providing homemaker-home health services to reservations in western Nevada for over six years. After a long, slow start, ITCN's In-Home Services Program (IHSP) now has a staff of 15, and serves 125-150 regular clients per month, plus temporary clients such as accident victims and new mothers.

Currently, the program is reaching 10 of the 23 reservations in the service area: Dresslerville, Fallon, Fort McDermitt, Las Vegas, Lovelock, Moapa, Pyramid Lake, Reno, Walker River, and Woodfords. These reservations are spread over a large portion of western Nevada, from the Oregon border in the north to Moapa (near Las Vegas) in the south.

Who Does the Program Serve? The In-Home Service Program offers services to Indian people who need part time assistance because of health related problems that prevent them from adequately taking care of themselves and their families. Generally, clients in the program require services anywhere from several hours per week to several hours per day. Specifically, the program lists the following as criteria for the selection of clients:

1. The client should be home-bound or require assistance with daily living activities, or
2. There is a need for teaching and training activities relating to diet, taking of medications and self care, or
3. "Time out" services are needed by family members who are providing continuing care for a patient who requires extensive daily care, or
4. Children require services due to temporary incapacity or absence of parent, and
5. Sufficient staff time is available on the particular reservation to provide needed services.

Some of the most common problems of IHSP clients are diabetes, alcoholism, heart problems, strokes, and hypertension (high blood pressure). The program assists elders who are in danger of institutionalization, new mothers, accident victims, amputees, and others who need assistance because of long-term or emergency health problems.

What Services Does the Program Provide? The In-Home Services Program can provide a wide range of homemaker, personal and health care services. Examples of *homemaker services* include:

- Planning and preparing meals
- Delivering a noon meal from the elderly nutrition program, or transporting an elder to the meal site
- Shopping for groceries and other necessities
- Laundry, mending, ironing
- Light housekeeping, such as sweeping, washing dishes, making the bed
- Assisting with the budget.

In-Home aides are also trained to provide *health and personal care services* such as:

- Assisting with bathing and care of skin, hair and mouth

- Assisting with dressing and personal appearance
- Helping the elder (or other client) to use a bedpan or get to the bathroom
- Assisting the individual from bed to chair or vice-versa
- Helping with exercises that have been prescribed by a physician
- Supervising the taking of medicine (but not actually giving medicine)
- Changing dressing on wounds
- Performing a weekly physical assessment (blood pressure, pulse, temperature)
- Teaching about good nutrition, and how to prepare special diets if recommended. (This is especially important for diabetics, the obese, and those with high blood pressure or heart problems).
- Explaining the importance of taking medications — especially for diabetes and high blood pressure
- Encouraging the individual to help himself as much as possible
- Encouraging and assisting the individual to keep up relationships with family and friends, and to participate in community activities.

Aides will also provide clients with information on Medicare, Medicaid or Social Security, and will refer clients to other programs if needed.

Staffing. The In-Home Services Program has 15 staff persons: 12 aides who provide the in-home services, and three administrative staff.

Administrative staff. The program supervisor, a field representative and a bookkeeper comprise the administrative staff.

The *program supervisor* is a registered nurse (R.N.), and is responsible for training new aides, accepting new clients into the program, developing and revising care plans (detailed outlines of the services which should be performed by the aide for each client), and assigning an aide to each client. The supervisor also visits each client's home every one to two months to see whether the client's condition has changed and to be sure that services are being delivered properly.

In addition, the supervisor is responsible for working with other service providers to coordinate efforts, and for providing information on the program to Tribal Councils and others who are interested.

The *field representative* is a licensed practical nurse (L.P.N.). She visits each reservation at least once a month to provide one-to-one on-site training for aides, to supervise services and to make in-home visits to assess the needs of potential new clients.

Aides. Each of the 12 aides serves on her home reservation and speaks her tribe's language fluently. This is very important since many of the people receiving services—especially the elderly—cannot communicate in English or would not accept these services from a stranger.

Most aides have had experience as nurses' aides and so are already familiar with many of the tasks they will be required to perform. All aides, however, receive training from the program supervisor in the following areas:

- How to do physical assessments (take pulse, blood pressure, temperature)

- How to perform cardiopulmonary resuscitation (CPR)
- How to give first aid
- How to care for amputees and stroke victims
- How to prepare special diets
- The effects of common medications, and the results of failing to take prescribed medications.

In addition, aides get special one-to-one training by the field supervisor when she makes on-site visits.

Operating Procedures. Let's follow the procedures that would be taken from the time a new client is considered for services until he no longer needs services. (All forms referred to are reprinted at the end of this section.)

Intake. Potential clients may be referred to the In-Home Services Program in a variety of ways. They may be referred by IHS staff, private physicians, other ITCN program staff, tribal representatives, or a concerned neighbor or family member, or any Indian in the service area who feels he needs the services may request them himself. The homemaker-home health aides, who live on the reservations they serve, also keep an eye out for persons who may need in-home services, and are actually responsible for many of the program's new referrals.

Once the In-Home Services Program receives the name of a possible new client, the program supervisor or field representative will contact family members and make a visit to the home to obtain medical data and information on other needs. At the time of the home visit, the program supervisor or field representative will complete the *Intake Data Sheet* and the *Medical Data* form.

The program supervisor then determines whether or not homemaker-home health services are appropriate for the individiual. If she decides that in-home services are not appropriate, she will notify the client and the "referrer" in writing as to why services are being denied. She may also put the individual in touch with other service providers who may be more appropriate for the individual.

Case assignment. If the individual is approved for in-home services, the program supervisor assigns an aide to the client and develops a *care plan* based on the client's special needs. The client is also given a "Medical Orders" form to take to his doctor so that the doctor can write out orders for the aide to follow. These instructions also become part of the care plan. The aide is given a copy of the care plan and the original is filed in the case records.

The client is then asked to fill out a *Liability Release* form to protect the aide and the program from being sued.

Finally, the program supervisor makes out a referral to the ITCN Social Services program so that the department can follow up on any additional needs of the client.

Case records. Once an individual is accepted for in-home services, a case file is started for him. The files are kept at the central office of the In-Home Services Program, and contain for each client the original referral for service, verification of blood quantum, Intake Data Sheet, Medical Data, Patient Care Plan, correspondence and reports.

Case supervision. Although the aides are well-trained and competent, it is extremely important that each case be supervised by professional staff. There are two primary reasons for this:

- To ensure that services are being provided properly and as directed in the care plan.
- To monitor each client's condition so that the care plan can be changed to fit the client's current needs. If the client's condition is worsening, of course, services can be increased. However, it's just as important that services be decreased if his condition is improving, since patients generally improve more quickly, mentally and physically, if they are not being given more help than they actually need. In addition, if an aide is spending time giving unnecessary services to a client, then she has less time to accept new clients who are in real need.

In the ITCN In-Home Services Program, supervision is provided by the *field representative*, who visits each client's home on a monthly basis, and by the *program supervisor*, who visits clients' homes at least once every two months.

Service reports. The aides also submit to the supervisor a report of each visit they make to a client (the *Workers Service Record* and *Client Status Report*). These reports are mailed to the program supervisor every other week, and should give her another means of assessing worker performance and the clients' condition. After the supervisor has reviewed and approved these reports, they are filed in the client's case records.

Termination. In-Home services are ended only after the program supervisor has approved the fact that the client no longer needs the services. (If necessary, the client may be referred to other appropriate service providers).

Confidentiality. Because the client records contain personal medical, financial and social information, the In-Home Services Program maintains these records in strict confidentiality. All records are kept in locked files in the central IHSP office, and are not released to unauthorized persons without written permission of the client.

Funding. The ITCN In-Home Services Program was originally funded as a three-year model project under the Administration on Aging.

ITCN had a great deal of difficulty finding alternative funding to continue the program once the model project grant ended. Eventually, IHS agreed to fund the program and has been doing so for the past three years by "donating" CHR slots to the home health program. IHS simply cut back the number of CHRs it had been hiring and diverted the funds for those positions to the In-Home Services Program. The funds for those CHR slots are used to hire all of IHSP's aides as well as its administrative staff. However, the in-home services are not regarded as a part of the CHR program and ITCN has found that it's very important to clearly delineate the different responsibilities of CHRs and in-home aides in order to maintain its funding.

Coordination with Other Service Providers. This is also an important goal of IHSP, so that clients can receive all needed services as easily as possible.

The IHSP supervisor and the director of ITCN Social Services have primary responsibility for coordinating in-home services with other health and social services. Among the agencies and programs they work with most closely are:

- ITCN Social Services
- Senior citizens program
- Community Food and Nutrition Program
- Alcohol and drug ed ion programs
- CHR Program
- Indian Health Se
- Bureau of Indian
- State and County w e programs.

Cooperation and coordination with these service providers is pursued in a variety of ways:

- The In-Home Services Program schedules planning and evaluation meetings with staff of other agencies.
- In-Home Service aides may participate in staffing sessions with ITCN social service staff, IHS staff or staff of other programs and agencies.
- Aides notify their supervisor or the ITCN Social Services caseworkers when it appears that a client may need additional services provided by ITCN, the State or other agencies.
- Aides provide information to clients about Medicare, Medicaid and other available health resources.

Special Problems. As on many reservations, conditions on the western Nevada reservations make it difficult for the ill and elderly to obtain services, and make it difficult for programs to meet their needs.

One of the most difficult problems is transportation. In most cases, clients live far from medical, social, recreational and shopping facilities. The In-Home Services Program and the CHR Program try to coordinate to meet this need, CHR offering medical transportation (e.g. emergency transportation, transportation to doctor's appointments) and IHSP offering non-medical transportation, such as transportation to elderly nutrition sites, or to shopping facilities.

Effects of the Program. The IHSP staff feels that some of their major accomplishments include:

- Increasing the level of knowledge about diet and medication for diabetes and hypertension, two of the worst medical problems on the reservations
- Preventing or delaying the institutionalization of elderly and disabled in off-reservation institutions
- Encouraging and assisting the elderly and disabled to participate in community activities.

For More Information. If you'd like additional information on this program, you may contact:

Carol Harrison
Program Supervisor
In-Home Services Program
1150 E. Williams, Room 227
Carson City, Nevada 89701
(702) 883-5063

NAVAJO HOMEMAKER-HOME HEALTH SERVICES

The Navajo Nation is the largest reservation in the United States, covering almost 14 million acres in Arizona, New Mexico and Utah. Its population is estimated at close to 150,000. Of these, about 12,000 are over the age of 60.

Plans are now underway to develop a reservation-wide system of homemaker-home health care. Planning began in the summer of 1979, and the complete system probably will not be operating until 1983 or 1984. However, you may be interested in seeing how Navajo has gone about the planning process, and how the final homemaker-home health system is expected to operate.

Various kinds of in-home health and homemaker services have been available on the reservation for as long as 10 years. However, these services have been offered. along with other health and social services, by a wide variety of agencies and programs. Because there was almost no coordination among these many agencies, some Navajo elders were being visited by a whole parade of service providers, each unaware of what the others were doing for the elder—while other older persons failed to receive needed services.

Finally, about four years ago, several agencies began to realize that increased coordination among service providers was necessary in order to make the entire service delivery system more effective.

The Navajo aging program took the lead in this effort toward greater coordination, working with three other programs. The four programs involved were:

- **The Aging Services Department**—under the Division of Health Improvement Services (DHIS) of the Navajo Tribe, this program offers services such as congregate and home-delivered meals; transportation. escort and shopping services; outreach, and information and referral to elders in various parts of the reservation.
- **The Community Health Representative (CHR) Program**—also under DHIS, this program is intended to provide emergency transportion, and in-home health care and education, although the actual roles played by CHRs have varied from community to community.
- **The Bi-State Program**—funded by Title XX in the Arizona and New Mexico portions of the reservation, the Bi-State program provides homemaker services (e.g. housekeeping, meal preparation, shopping

services), chore services (e.g. minor home repair, wood-chopping, hauling water), counseling and protective services to elders and others in need, based upon eligibility criteria.

- **The Local Community Development Program (LCDP)**—under the Office of Navajo Economic Opportunity, this program deals with various aspects of community development such as employment, housing and transportation.

After three years of negotiations, these four programs developed a joint memorandum of agreement shown on pages 97-109, which describes in detail the development and responsibilities of "Service Teams" in each chapter (community) of the reservation. These teams will be composed of representatives from each of the four programs, who will work together to coordinate services and avoid duplication.

Planning Coordinated Homemaker-Home Health Services. During these three years of negotiation, homemaker-home health services for the elderly became an important focus of planning.

Because of this concern, the Preventive Health Department of DHIS set up a one-year project (the "Home Care Project") to plan coordinated and expanded in-home services. The project is being funded by IHS through a contract under P.L. 93-638. It began in August 1979, when a nurse and a health planner were hired to staff the project.

There are three major goals of the Home Care Project:

- To carry out a reservation-wide needs assessment
- To analyze different methods of coordinating in-home services on the reservation, and
- To identify funding sources that can be used to finance home health care, and to clarify the rules, regulations and certification standards required by each source.

During their research and planning, the two staff members have received assistance from the National Council for Homemaker-Home Health Aide Services, which has recommended resource persons and materials, explained rules and regulations, and assisted the staff in clarifying ideas and defining the direction of the Navajo homemaker-home health program.

Needs assessment. Under the 638 contract, a reservation-wide needs assessment was completed in July 1980. The needs assessment has two major purposes:

- To describe the medical and social services now being delivered to individuals in their homes, and to determine what additional services are needed on the reservation
- To determine the identity and location of individuals who need home health services, and to find out what types of services they need.

The outline of the needs assessment is as follows:

1. A description of all existing home care services on the reservation (e.g. BIA, Bi-State, CHR, Aging Services, Community Health Nursing Program, IHS

physical therapy, the Senior Companion program, etc.) The needs assessment included a description of each program's

- Goals for home care
- In-home services provided in FY 79
- Number of employees
- Job description of employees
- Training of employees
- Eligibility requirements that clients must meet.

2. A description of potential clients for in-home services, specifically
   - The elderly
   - The physically and/or mentally handicapped
   - Post-hospital convalescents
   - Outpatient clients in need of home care
   - Patients in nursing homes and institutions who could live at home with in-home services
   - New mothers and infants.

3. Data collected on individuals who need in-home services, specifically:
   - Estimate of the number of **high-risk elderly** who need in-home services. This estimate is based on information collected in the form shown at the end of this chapter. CHRs have administered this form to all elders on the reservation over the age of 60 (about 12,000 persons), plus many other adults receiving services from the Community Health Nursing (CHN) Program and the Vocational Rehabilitation Program, comparing services available with the existing needs.
   - Estimate of the percentage of **hospital patients** who could benefit from in-home services upon discharge from the hospital. This estimate is based on data supplied from a home health agency already operating in one community on the reservation.
   - Estimate of the percentage of **clinic outpatients** who could benefit from in-home services, based on a survey of current outpatients.

4. Assessment of the effectiveness of existing in-home services, based on interviews with service providers and current clients.

5. Analysis of the data gathered, to determine whether there is a need for expanded and coordinated home care services.

6. Conclusions. If there is a need for coordinated home health services, what kinds of services should be developed to best meet the needs that have been identified.

The preliminary findings of the needs assessment showed that there are definite unmet needs for in-home health care, especially among the elderly and the severly handicapped.

Based on these findings, planning is now underway to develop expanded, improved and coordinated delivery of in-home care. Implementation began in

August 1980. As of this writing, plans are taking shape in the following way.

Who will provide the in-home services? Homemaker and chore services (such as meal preparation, housecleaning, laundry, or wood and water hauling) will continue to be provided by workers from the Title XX Bi-State Program under the supervision of a social services professional.

On the other hand, ***personal care and home health services*** (such as bathing, assistance with therapy, changing dressings on wounds, changing catheters, etc.) will be provided through the CHR and CHN programs.

The CHN (Community Health Nursing) Program, under IHS, employs registered nurses to provide skilled nursing care in patients' homes. Currently, the CHNs concentrate on preventive care such as immunizations and care of infants and new mothers. They also provide care for some elders and patients who have recently been discharged from the hospital.

However, much of the care the CHNs currently provide could be handled just as well by trained paraprofessionals. So, according to the plans developed by the Home Care Project, the CHRs will take over duties now handled by CHNs which don't require a nursing degree. This will free the CHNs to provide the kinds of care that really require an R.N.'s skills. The CHNs will also provide professional supervision of the CHRs' in-home services.

This plan has another advantage, too. Since most CHNs are non-Indian and most CHRs are Navajo, this means that more of the in-home care will actually be provided by Navajo people.

Training. These kinds of responsibilities will require an expansion of the CHRs' current duties, however. To prepare them for these new duties, home health care training is now being developed for Navajo CHRs with assistance from the National Council for Homemaker-Home Health Aide Services.

The home health phase of training will be the last of three phases of CHR training. The first two phases of training cover topics such as how to interview clients, how to give first aid, and epidemiology. The home health phase will be taught by a registered nurse and will cover topics such as how to teach adults; how to work with elders, children and new mothers; developmental stages from infancy to old age; symptoms and treatments of common diseases; and how to provide such home health services as changing catheters and changing dressings on wounds.

After the Navajo homemaker-home health program has been well established, there may be an effort to train people to carry out both homemaker and home health services. In fact, most homemaker-home health programs train aides to perform both kinds of service. However, on Navajo it seemed more reasonable to continue with existing divisions of responsibility between the Bi-State and CHR programs in order to get the program off the ground.

Who will receive homemaker-home health services? The majority of homemaker-home health clients are expected to be:

- Elders who need some assistance to continue living at home
- The physically and mentally handicapped

- People who are just leaving the hospital after major illness or surgery and need temporary help at home while they recover (post Hospital convalescents)
- Mothers of young children. A special effort will be made to reach every mother of a newborn, so that a nurse can go to the family's home and make certain that the mother has adequate knowledge of sanitation and good nutrition for her baby, and knows what to do if the baby develops pheumonia or infant diarrhea, two of the major causes of infant mortality on the reservation.
- An effort will also be made to identify Navajo people in institutions and nursing homes who would be able to live at home with homemaker or home health assistance. This is expected to include a large number of paraplegics and quadraplegics, as well as some elders.

How will potential clients obtain homemaker-home health services? One of the major goals of the Home Care Project is to plan a system that will make it easier for people to get the kinds of in-home care they need.

At the present time, there is no single agency or department that coordinates the various in-home services. This means that it can be very hard for a person who needs in-home services to find the agency or agencies that offer exactly the kinds of services he really needs.

Currently, potential clients can obtain in-home services in several ways. First, hospital patients who will need in-home services when they leave the hospital are referred to an appropriate agency by the hospitals' discharge planners (people who arrange for any post-hospital care or services that patients may need).

Second, people who are already receiving some social or health services may be referred by these service providers to one of the agencies which offer in-home services. Third, other people who feel they need in-home services can go to their chapter house (community center) and they will then be referred to the CHR program or another social service agency where they usually have to "shop around" for the right services.

The Home Care Project is developing plans to coordinate the entire system to make it easier for an individual to get exactly the kinds of in-home services he needs—without having to go "shopping" from agency to agency.

Eventually, the Home Care Project planners envision a home health agency in each community, which would coordinate all in-home services for that area. Any person in the community who needed in-home services of any kind would go to this agency, and his needs would be assessed by a professional qualified to determine exactly which in-home services the individual needs. This professional (the "case manager") would then assign an aide or aides to perform these services for the client on an appropriate schedule. The case manager would continue to supervise the client's case, making sure that as his condition changes, the services change also.

Implementing the Home Care Project. How does the Home Care Project staff plan to develop this kind of system across the Navajo Nation? They expect that the development of the system will be a gradual process over the next several

years, starting with two pilot sites in 1980-81.

Pilot sites: The first home health agencies. In August of 1980, two communities were selected as pilot sites for the development of coordinated home health agencies. Within a year, the planners expect that certified home health agencies will be operating in both pilot sites. These agencies will then serve as models for the development of similar agencies in other communities across the reservation.

For the next two to three years, homemaker and chore services will not be offered by these home health agencies. Instead, the agencies will simply refer anyone who needs homemaker services to the Bi-State program. Similarly, the Bi-State program will refer any of its clients to the home health agency for in-home health care.

Eventually, homemaker and home health services will be coordinated by a single agency along the lines of the "case management" system described earlier. However, the case management system will probably not begin operating at least until 1982 or 1983.

The first step in setting up the two pilot sites took place during the summer of 1980. During this time, the Navajo Tribe began negotiating with IHS for a contract which will authorize the tribe to gradually take over responsibility for the Community Health Nursing (CHN) Program. By October 1, 1980, the Tribe was prepared to contract the CHN programs in the two pilot sites.

Once this had been accomplished, the staff at each pilot site began working to set up the community's home health agency. This will require combining the CHR and CHN programs into one organization, defining the duties and relationships of CHRs and CHNs within the agency, establishing policies and procedures, and developing an administrative structure. The first site's agency was expected to begin operating in January 1981, and the second site by June 1981.

To assist in the development of the homemaker-home health program in the two pilot sites, Navajo was recently awarded a demonstration grant from the Administration on Aging. The grant provides funds to hire three gerontological nurses for a year to supervise the CHRs and train them in the care of the elderly. These nurses will probably provide a good deal of home health care themselves in order to demonstrate proper techniques to the CHRs.

The planners are hopeful that the home health agencies in both pilot sites will be certified by the government within a year. This is important because only a certified agency can receive Medicare and Medicaid reimbursement for in-home services. Ordinarily, certification is done at the state level, but Navajo expects to apply for certification at the federal level. The first site was expected to be ready to apply for certification by March 1981, and if its application is approved, Medicare/Medicaid reimbursements should begin flowing to the agency within three to six months. These reimbursements will provide funds to increase the agency's staff and services.

The second site will have the choice of becoming a satellite of the first agency or of being certified itself as an independent agency.

Developing home health agencies in other Navajo communities. Once these first two agencies are operating smoothly, a manual describing their development will be prepared for use by other Navajo communities. It's expected that these pilot sites will serve as models for other interested communities to follow.

Within the next two to three years, the planners envision the establishment of a whole network of community-based home-health agencies across the reservation.

Once that's accomplished, the next and final step will be the development of the "case management" system to coordinate all in-home services in each community.

Development of the case management system. The basic ideas behind this kind of system are:

- It provides a single place in the comunity where anyone can go to get any kind of in-home services (a "single point of access").
- Once a person comes to this agency, he will be given a complete assessment by a trained professional (usually a nurse and/or a social worker) who is qualified to determine exactly which in-home services the client needs, if any.
- Based on this assessment, the professional (case manager) will draw up a plan of treatment specifying the "package" of services the client needs, and will assign staff to provide the services on an appropriate schedule.
- The case manager will continue to supervise each client, making sure that services are delivered properly and that the "plan of care" is revised as the client's needs change.
- If necessary, the case manager will also refer the client to other agencies for additional kinds of services.

These agencies will also handle the financial aspects of in-home care. Whenever the agency accepts a new client, the case manager will find out what funding sources the client is eligible for (e.g. Medicare, Medicaid, Veteran's benefits) and will process all the forms necessary to receive reimbursement from the funding source(s). The case manager will also draw up a "plan of financing", which will show the funding source for each of the in-home services listed in the "plan of care".

Each service provider, such as CHR or Bi-State, will bill the agency (not the client) for the services provided. The agency will obtain reimbursement from third-party payors such as Medicare, and will then pay the service providers.

Coordination with other service providers. During the development of the homemaker-home health system, coordination among service providers will be extremely important—especially among the CHR, CHN and Bi-State programs. The groundwork for this kind of cooperation was set in the joint memorandum of agreement signed by the CHR program, the Bi-State program, the Aging Services Department and the Local Community Development Program. Other service providers, including IHS nurses, are expected to be included in future agreements of cooperation.

But coordination among service providers is important in another way, too. Many people who need homemaker or home health services also require other social or medical services. In order for such clients to get *all* the services they need—not just in-home services—there should be good communication and coordination among all these service providers.

Already, the memorandum of agreement has made it much easier to be sure that an elder who needs homemaker or home health services can also get other needed assistance in a coordinated way. For example, staff of different programs which signed the memorandum will take specific responsibility for additional services such as meals on wheels, companion services, information and referral, counselling, transportation services, and home improvements such as installing safety rails around stoves.

Because of the clarification of duties in the memorandum, it is also easier to refer to the appropriate program any elder who needs or wants information in areas such as home improvements; finding better housing; information on Food Stamps, veterans' benefits, or other benefits; information on job training; obtaining clothing or furniture; where to find rehabilitation programs and special equipment for the handicapped and disabled; referrals for insect and rodent control; and improving sanitation. Various agencies coordinating with the program will also offer immediate assistance in any emergency situation, for example, when an elder is in urgent need of housing, food, clothing, or fuel.

This coordination among service providers is expected to increase as more agencies join in signing future memoranda of agreement.

Funding for Navajo's Coordinated Homemaker-Home Health Services. As we mentioned earlier, the planning of the project has been funded primarily under a one-year contract with IHS under P.L. 93-638. Funds to hire nurses to supervise the pilot sites come from a demonstration grant from the Adminstration on Aging.

Once the program is fully underway, funding is expected to come from a variety of sources:

- Indian Health Service will contract nurses to supervise home health care and do in-home assessments.
- IHS will continue to fund the CHR program, thereby providing the staff that will offer in-home health services.
- IHS now provides, and will continue to provide, each CHR with a four-wheel-drive vehicle and mileage and gas allowances.
- Title XX is expected to continue funding the Bi-State Program, thereby providing the staff that will offer homemaker and chore services.
- Title XX now provides, and is expected to continue providing, a four-wheel-drive vehicle, mileage and gas allowance for each Bi-State worker.
- Eventually, the project planners foresee third party reimbursement from sources such as the Veteran's Administration, private insurers, and Medicare. Medicaid is another possible source of funding, at least in the New Mexico and Utah portions of the reservation. Currently Arizona is the only state in the Union which does not provide Medicaid payments.

YOUR HOMEMAKER - HOME HEALTH AIDE PROGRAM

GOALS OF HOMEMAKER-HOME HEALTH AIDE PROGRAMS

The basic idea behind these programs is to provide services *in people's homes* that allow them to continue to live at home in spite of illness or death of a family member.

Specific goals may include the following:

- ***To provide assistance to elders who are no longer able to carry out all the tasks of daily living,*** but who don't need round-the-clock care. The kind of part-time assistance offered by homemaker-home health aide programs can often keep an elder out of a nursing home, or allow the elder to leave the nursing home and live at home again.
- ***To provide assistance to severely disabled persons*** who would otherwise have to live in institutions. This may include paraplegics and quadraplegics, multiple sclerosis patients, etc.
- ***To provide temporary care for people who are recovering from major illness or surgery.*** In-home assistance can often allow convalescents to leave the hospital sooner and to recover more quickly.
- ***To provide a few hours of relief each week for a family that is caring full-time for a severely disabled person,*** such as a seriously retarded child or an elder in failing health.
- ***To provide for children in a home where a parent has recently died, is disabled or ill, or has a chronic problem*** such as alcoholism. This can sometimes allow children to stay in their own homes instead of being placed in foster homes.
- ***To assist a new mother in caring for her infant.***

In any of these situations, the homemaker-home health aide will also aim to provide *encouragement and emotional support* to the client and his family. And finally, an important goal of such programs is not only to provide assistance and support, but also to *educate.* Program staff may teach clients about subjects such as good nutrition, special diets, sanitation, or budgeting. They may also help the client understand his illness, or tell him why and how he should take his medication or follow a special diet.

We should add that most homemaker-home health aide programs, like Navajo's and ITCN's, serve all age groups and have the goals we listed above. Some programs, however, limit their services to those in a particular age or economic group.

SERVICES PROVIDED BY HOMEMAKER-HOME HEALTH AIDE PROGRAMS

Several kinds of services are included under "homemaker-home health aide services." These are listed below.

Health and Personal Care. This can include a wide range of services, such as:

- Assisting with prescribed therapy or exercises
- Changing dressings on wounds
- Changing catheters
- Taking temperature, blood pressure, pulse
- Giving first aid, if necessary
- Teaching the importance of taking medications, especially for common diseases such as diabetes and high blood pressure
- Supervise the taking of oral medicine (not actually giving medication, but making sure the patient is taking the right dose at the right time and so forth)
- Teaching about good nutrition, and showing how to prepare any special diet recommended by the patient's doctor
- Watching for signs that the patient is not taking the proper dose of medication or following the proper diet, etc.
- Teaching about sanitation and hygiene
- Helping the patient to use a bedpan or get to the bathroom
- Assisting the patient from bed to chair or vice-versa
- Assisting with bathing, shampooing and care of skin, hair and mouth
- Assisting with dressing and personal appearance.

Homemaker Services. This may include services such as:

- Meal preparation—planning the menu, grocery shopping, and preparing meals, including meals that are part of a special diet such as a low-sodium or liquid diet
- Laundry, ironing, necessary mending
- Light housekeeping, such as sweeping, dusting, making the bed, washing dishes
- Helping the client plan a budget
- Caring for children in the home. This might include infant care, feeding or dressing children, helping them with personal hygiene, helping with homework, telling stories, playing games, taking them to school, doctor or dentist, supervising play, etc.

Chore Services. Ordinarily, chore services are not considered to be part of homemaker-home health services. But on many reservation, chore services are among the most basic and urgent needs of the elderly and homebound. For this reason, some reservation programs may want to incorporate chore services into the homemaker home-health aide program, as Navajo is doing. Examples of chore services are:

- Chopping wood
- Hauling wood, water or livestock feed

- Making minor home repairs
- Installing safety devices in the home.

PLANNING YOUR HOMEMAKER-HOME HEALTH AIDE PROGRAM

There are probably very few reservations or communities that *don't* have a need for homemaker-home health aide services. And on most reservations, there are probably one or more programs already delivering some kinds of in-home services—although, as on the Navajo Reservation, these programs may not be coordinating their services, or even know which in-home services other programs on the reservation are offering.

So the first step in planning is to find out the extent of the need for homemaker-home health care in your area.

The Needs Assessment. Although your needs assessment probably won't be as elaborate and time-consuming as Navajo's, you may want to look carefully at the kinds of information they have collected.

The needs assessment should give you a clear idea of the homemaker-home health aide services already available in your area. It should answer the following questions, at least:

- What agencies and programs on the reservation are already providing homemaker and/or home health services of any kind?
- Who do they serve? Are there financial eligibility requirements? Do they serve the elderly? Families with children? The ill? The disabled?
- What is the service area of each agency?
- How many people are now receiving homemaker services and/or home health care from each of these agencies?

The needs assessment should also give you a fairly good estimate of the number of people in your area who *need* homemaker-home health aide services. You will need to have a good idea of:

- About how many people in your area would need these services at any given time?
- What are the characteristics of these potential clients? Are they primarily the elderly? Families with children? The disabled? Post-hospital convalescents?
- What are the general geographical areas of the reservation where need is greatest? Are most people clustered in a small area? Scattered over a large rural area?

There are a number of ways to get this kind of information.

- Check with the tribal office, IHS or other local source to get an estimate of the total number of aged and disabled on the reservation.
- You can survey the community, or perhaps just the elders and disabled, as Navajo did. Of course, this is a time-consuming method that is often difficult to carry out thoroughly.
- Request information from a wide range of service providers as to the number of *requests* they get for homemaker and/or home health services in the course of a month or a year.

- Ask hospitals and nursing homes how many people they *now* refer to homemaker-home health services. Ask them how many of their clients could benefit from such services if they were available.
- Ask public health and social service departments for their estimate of the need.
- You should also check whether any studies have ever been done in your area to determine the effectiveness of existing homemaker-home health services.

By putting all this information together, you should get a fairly clear picture of the extent of unmet needs for homemaker-home health aide services.

Contact Service Providers. Your initial contacts with service providers during the needs assessment should be handled with care, in an effort to establish cooperation rather than antagonism. Toward this end, it may be helpful to have on your planning committee representatives of the major service provider agencies.

Working and coordinating with existing service providers will be a continuing necessity during the planning stages and even after coordinated homemaker-home health services have been established. Without reasonable success at this, your plans are not likely to get off the ground.

Community Participation in Planning. In general, it's also a wise idea to involve the rest of the community as much as possible in the development of your plans. Early in the planning process, it is often very useful to set up a planning committee of interested persons representing a cross-section of the reservation, and preferably including representatives of existing service provider agencies. Members of the planning committee can assist in the needs assessment, and can provide different perspectives as you plan. Through their support and contacts, you may also be able to increase support for your plans in other service provider agencies and the community at large.

In addition to the planning committee, there will be a wide range of people and organizations who will have an interest in these services. You will probably find it helpful to keep these people informed of your plans and to bring them together periodically. Such people may include:

- Representatives of programs on the reservation that might be willing to contribute funding, transportation or personnel to the program
- Service providers who may be affected by the program, such as doctors, nurses, hospital discharge planners, CHRs, social workers, child welfare personnel, the aging program, etc.
- Others in the community who may have an interest in seeing these services developed, such as churches, law enforcement agencies, schools, the tribal council, etc.
- Clients or potential clients of homemaker-home health services.

Meeting with these persons can help you educate the community about homemaker-home health aide services and at the same time can give you another way of finding out about the community's needs, concerns and preferences. And, not least, such meetings can sometimes open up communication among service providers and other groups that have traditionally ignored their common interests and concerns.

Deciding How to Structure Your Homemaker-Home Health Program. At this point, you should have a good idea of the homemaker and home health services that are already being offered, as well as the relationships among service providers. You should also have a fairly clear picture of the unmet needs for these kinds of services on your reservation.

If you find that there is a need either to set up homemaker-home health aide services or to coordinate and expand existing services, how do you go about meeting this need?

One of the most important decisions to be made is how to *structure* the homemaker-home health aide program. Should it be established as a separate program or agency? Should it become part of an existing agency? Or should you just aim for better coordination among existing services? We will discuss these options in more detail, but before we do, we will take a brief look at some features that should be incorporated into whatever system you select. These are:

Training. The aides who provide in-home care are usually not professionals themselves, but they should be thoroughly trained by professionals such as registered nurses, social workers and home economists.

Professional assessment of clients. Any person who may need in-home care should be assessed by a professional (a nurse and/or a social worker) to determine whether homemaker-home health services would be appropriate for him and, if so, exactly which in-home services he needs. The assessment should be updated periodically.

Supervision. The services provided by aides should be supervised by professionals (a social worker and/or a nurse) on a continuing basis, to be sure that services are being performed properly, and to provide any special instructions related to a case (such as how to assist with a new therapy routine).

Of course, these features can be built into many different systems of homemaker-home health care. Some basic options in structuring homemaker-home health aide care are discussed below.

Setting Up the Homemaker-Home Health Aide Program as Part of an Existing Agency. This may be a feasible idea if there is an agency which is able to handle the new program and is willing to take it on. Possible agencies might include the tribal health, social services, or aging department, IHS, etc.

The advantage of this arrangement is that the new program will have the credibility and support of an established agency behind it. The new program will also have access to the administrative and fiscal expertise of the parent organization.

Before entering into this kind of relationship with an existing agency, however, carefully consider the pros and cons, asking at least the following questions:

- Can the agency serve all the kinds of clients you want to reach?
- Does the agency have an income eligibility requirement? Ideally, homemaker home-health aide services should be available to anyone who needs them, regardless of income level.
- Can the agency handle the provision of both health and social services?

- Will there be room for the homemaker-home health aide program to grow within this agency?
- Does the agency have credibility in the community?
- Does the agency have the ability to coordinate with other service providers?

Creating a Separate Homemaker-Home Health Aide Agency. If it isn't feasible to set up the program within an existing agency, you may want to consider establishing an independent agency to focus on homemaker-home health aide care.

When this option is chosen, the agency is usually incorporated as a private, non-profit agency (also called a voluntary agency).

There are advantages to this option, too. An independent agency may be more creative and innovative than if it were part of an established structure. It may also be able to grow more quickly than if it were a program under an existing agency.

However, as a new agency, you may find that it will take a good deal of time and effort to establish your credibility in the community and to develop a good working relationship with other service providers. You may also find that both health agencies and social service agencies have doubts about training aides to handle both kinds of services, even though there is no basis for these doubts.

For these reasons, it will be especially important for you to be sure of community support early in the planning stages. It will also be important to communicate and cooperate with other service providers so that your agencies will be able to work together rather than "fighting over territory". A planning committee drawn from other agencies and the community at large can be very helpful in this respect.

Coordinating Homemaker-Home Health Aide Services Offered by Several Service Providers. Perhaps the situation on your reservation is such that several service providers are already independently offering various homemaker or home health services, and the problem is basically that these services could be more *effective* if they were better coordinated. Poor coordination of in-home services creates a number of problems. For example, different agencies may waste time and money by duplicating one another's efforts, yet at the same time it may be difficult for clients to get the entire "package" of in-home services they need.

This lack of coordination is one of the problems that the Navajo Nation was experiencing, and if this is a problem on your reservation also you may want to consider Navajo's solution of developing an agreement of cooperation among the agencies, (although Navajo's agreement included other services than just in-home care). This solution may be especially useful if you know that it won't be possible to develop a homemaker-home health aide agency or department in the near future.

Who should be included in such an agreement? This will vary from reservation to reservation, but ideally all agencies and programs that offer in-home services should be involved. Like Navajo, you may find that initially only some of these agencies will participate. However, if there is a core of agencies that are willing to work together to increase coordination, this may be enough for a start. If you can demonstrate benefits from this arrangement, chances are good that other

agencies will join in later.

You may also want to consider including other programs that offer supportive services to the homebound, such as chore services, meals on wheels, telephone reassurance, transportation services, senior companion program, etc.

The specific means of coordinating services on your reservation will probably be unique to your situation, depending on the number of agencies and programs involved, the geographic size of the reservation, and the preferences and needs of the service providers as well as the service population. However, your goals should include:

- Eliminating duplication of in-home services by various agencies
- Developing a system to ensure that clients get the full "package" of in-home services they need, even if the various services are provided by different agencies
- Making in-home services as comprehensive as possible (in other words, expanding programs to provide all the in-home services that people need).

The solution that the Navajo service providers arrived at was the development of a "service team" in each community, composed of a representative from each program involved. The representatives on the service team will meet on a regular basis to coordinate efforts at the local level, making sure they aren't duplicating efforts, and working together to improve services.

Service providers on your reservation may prefer a different means of coordinating services, such as developing a case management or "single point of access" system similar to the system Navajo is now developing.

Whatever method of coordination is decided upon, the end result should be a *written agreement* that specifies in detail:

- The process by which coordination will be achieved (development of service teams, a case management system, etc.)
- Responsibilities of each agency in the coordination effort (participation in meetings, written reports, methods of referral, etc.)
- The particular in-home services each agency will be responsible for.
- Use of the same assessment form by each agency
- Responsibility for case management if a client is receiving services from more than one agency
- Joint training of staff, when appropriate.

The more detailed and specific your written agreement the fewer problems you are likely to encounter later. For an example of such an agreement, you may want to look at the Service Coordination Agreement for one chapter (community) of the Navajo Reservation, which is shown on pages 97-109.

Although this appears to be the simplest solution of the three we have discussed, it can be a surprisingly difficult and time-consuming effort. One of the reasons for this is that you will most likely be dealing with *both* medical and social service providers. In most communities, there has traditionally been little communication—much less cooperation—between these two kinds of service providers. In addition, most agencies will view with suspicion any project that may appear to be "taking over" services they are already providing. Don't forget

that it took Navajo three years to negotiate a memorandum of cooperation among four agencies!

In the sections that follow, our suggestions are aimed primarily at those who have decided to establish new departments or agencies for homemaker-home health aide services. However, those of you who are aiming only for increased coordination may also find some of the sections helpful.

Determining Your Service Area. In order to plan for your staffing and transportation needs, you will have to consider the geographical boundaries of your service area. In most cases, these boundaries will probably be the same as existing reservation boundaries or subdivisions.

If your service area is very large or inaccessible, you may need to take special measures to serve the entire area adequately. Some suggestions are:

- ***Hiring aides who live in different parts of the service area.*** This is the solution chosen by the ITCN homemaker-home health aide program. On each of the 10 reservations served by this program, one or more aides has been hired to serve only her own reservation. This solution can work quite well, but it does require a great deal of travel by the professional staff to supervise the aides and assess clients.
- ***Developing "satellite centers".*** This involves setting up small centers in different parts of the service area, with a professional stationed in each satellite center to supervise the aides. Major administrative functions, such as policy decisions, recruitment and hiring of staff, billing and so on, would be handled at the central office.

Determining Your Service Population. Before staffing and transportation needs can be figured, you'll also need to know who in the service area can be served by the program. As we mentioned earlier, ideally homemaker-home health aide services should be available to anyone who needs them, regardless of age or income level. However, because of funding or other limitations, some programs limit eligible clients to a particular age group such as the elderly, or to low-income or those who are eligible for Medicare or Medicaid, or who have no family or friends capable of caring for them.

How Many Staff Will You Need? If you will be setting up a new department or agency for homemaker-home health aide services, you will need to estimate how many staff will be required.

Any homemaker-home health aide program will require at least two full-time professionals, a *director* to handle administration, and a *supervisor* or *coordinator* (usually a nurse or social worker), to assess new clients, monitor each case, and supervise the aides. In small operations, the director may be able to handle at least some of these duties, but generally administrative matters will require full-time attention. Clerical help and a bookkeeper or accountant may also be required. Finally, of course you will require *aides*. The number of aides will depend on several factors such as:

- Will the aides have to spend a great deal of time just traveling from client to client?

- Will other agencies be meeting some of the homemaker-home health needs, or will yours be the only agency to meet all needs?
- Based on your needs assessment, how many people do you expect to be serving at any given time?
- Do you plan to have one or more aides "on call"?
- Are you planning to offer in-home services 5 days per week during business hours, or 7 days per week, round-the-clock?

As a rough guide, the National Council for Homemaker-Home Health Aide Services estimates that the "ideal number of homemaker-home health aides is one homemaker to every 1000 persons in the general population and one to every 100 citizens 65 years or older". Reservation conditions may significantly alter this estimate, however.

Transportation Needs. Since aides will require transportation to every client's home, the program's transportation needs will be an extremely important consideration. Before purchasing or leasing vehicles for the program, you may wish to explore other alternatives, such as reimbursing aides for the use of their own cars, or obtaining transportation through other agencies such as the tribal health program, the CHR program, or others.

You may wish to consult the chapter on transportation for additional information.

SETTING UP AND OPERATING A NEW HOMEMAKER-HOME HEALTH AIDE DEPARTMENT OR AGENCY

Organizing an Independent Homemaker-Home Health Aide Agency. Once you have decided to establish an independent agency, and have secured funding for its operation, the next step is to set up the governing structure of the agency: its Board of Directors, constitution and bylaws.

The Board of Directors. The members of your board should, of course, be people who are committed to the concept of homemaker-home health aide services and who will be able not only to set policy but also to help establish the program's credibility with the community. For this reason, Board members should be people who are known and respected in the community.

Usually when the Board is first organized a good share of its membership is drawn from the original planning committee. It's a good idea to include health and social service professionals or agencies, and people who actually use or have used the homemaker-home health aide services. In short, there should be a good mixture of people on the Board who can represent different points of view.

It's important to educate your Board about homemaker-home health aide services. Make sure they understand the goals of this kind of service. You may even want to include them in staff training or give them an opportunity to see these services in action by taking them along on a home visit if the client has given his approval.

The Board members should have the background to set major policy and act as community liaisons for the program, but should not be involved in the day-to-day operation of the program.

Constitution and Bylaws. These written documents should specify the organization of the agency, and should outline the duties and responsibilities of the Board and staff. Once they have been drawn up, you may want to get a lawyer to review the Constitution and Bylaws. These documents should then be reviewed and adopted by the Board.

Applying for tax-exempt status. As a private non-profit organization, your homemaker-home health aide agency will be eligible for tax-exempt status. You must apply to the Internal Revenue Service for this status. Again, it may be helpful to consult an attorney who has experience dealing with private non-profit organizations for help in applying to the IRS.

Setting Up an Advisory Council for a Homemaker-Home Health Aide Program within an Existing Agency. If you will be operating within a larger agency, you will not need to develop a Board of Directors, constitution and bylaws. But it is often a good idea to set up an advisory committee composed of a cross-section of community members and including consumers of homemaker-home health aide services. As with the Board, many of the members of the advisory committee initially may be drawn from the original planning committee.

Although an advisory committee does not have the policy-making authority of a Board of Directors, it can provide valuable input to the agency staff as to ways of improving or expanding services. The advisory committee, if composed of people who are known and respected on the reservation, may also help to establish the acceptability and credibility of the services within the community.

Staffing. Staffing needs will be much the same whether you are setting up a new homemaker-home health aide agency or simply establishing a new department in an existing agency.

Staff should be selected with great care, since they are crucial to the quality of your homemaker-home health services.

Director. The first person to be hired will be the director. If you are establishing an independent agency, the Board of Directors should select the new Executive Director. However, if you are setting up a new department within an existing agency, the persons who are supervising the new homemaker-home health aide program will ordinarily make this decision.

The director needs to have a good background in health or social services delivery, as well as strong administrative skills. The emphasis on these two components of the director's job will depend upon the size and circumstances of your agency. In very large organizations, the director may be hired on the basis of administrative skills alone, relying on assistants for expertise in the service delivery aspects. On the other hand, in small programs the director may actually be involved in providing some services. The director of ITCN's homemaker-home health aide program, for example, makes supervisory visits to each client's home every one to two months. In most programs, the director's duties fall between these two extremes, including policy development, program planning, fund raising, overseeing the program's day-to-day operation, coordinating with other service providers in the community, but not actual service delivery or on-site supervision of aides.

Supervisors. On staff there should be at least one professional who is qualified to assess incoming clients, monitor each client's case, and supervise the aides. This professional is generally a nurse or social worker, and it's usually preferable to have both on staff.

Again, we might mention that in small programs the director may be able to handle some of these supervisory duties. If funds are short, you might also explore the possibility of "sharing" a nurse or social worker on a part-time basis with another agency.

Duties of these professionals generally include assessing incoming clients in the client's home, developing a plan of care for each client, making referrals when necessary, monitoring each client's case on a continuing basis, terminating cases when appropriate, scheduling aides, supervising and evaluating aides, and providing some of the training for them.

Homemaker-home health aides. The aides, of course, are the people who actually provide in-home services. One of the most important qualities they can have is a genuine desire to serve the ill, the elderly and others in difficulty. Care and compassion are necessary qualities.

Aides don't need to be highly educated, but they should be able to read. In many homemaker-home health aide programs, the majority of aides are older women who have been homemakers for many years. Some applicants for these positions may not have held a job before, but as you interview them you can find out about the skills they have acquired in home management, meal preparation, child care, etc.

Before hiring any applicant, be sure she clearly understands the duties that she'll be required to perform, and that she is willing to perform them.

If some of your service population does not speak English, it's very important that some of the aides are fluent in the native language.

Most aides who enter the program will probably have basic homemaking skills, but all new aides should receive thorough training before being assigned to perform any duties.

Training for aides. The National Council for Homemaker-Home Health Aide Services recommends that aides receive at least 40 hours of training before starting the job, and periodic in-service training after that. All training should be done by professionals, generally registered nurses, social workers and home economists.

Training should cover basic health care, homemaking (including preparation of special diets, budgeting, etc.), and general topics such as how to work with different age groups. Aides should also be trained to keep records on each home-visit to a client. For additional subjects you may want to look at the topics covered in Navajo's and ITCN's training. The National Council for Homemaker-Home Health Aide Services has also put together a training curriculum for aides, which is now being revised to meet the needs of the Navajo program.

After this intensive initial training, aides should continue to receive periodic in-service training. Supervisors should also be certain that aides are given any

special training needed to handle a case. For example, the aide should not be asked to assist a patient with a particular therap· utine until she has been trained in the proper techniques. This kind of training is generally provided in a one-to-one session between aide and supervisor. When necessary, the aide should receive these special instructions from the physical therapist, speech therapist, or doctor who has recommended the therapy.

Other staff positions. Depending on the size and scope of your program, you may also want to consider offering the services of certain health specialists such as a physical therapist, speech therapist or occupational therapist. Few programs can afford to hire such staff full-time, but some programs do employ them as part-time staff or as consultants, or hire them as needed for a fee from another agency.

Records and Reports. In addition to the usual fiscal and personnel records, any homemaker-home health program will need to keep a thorough file on each client, including items such as:

- Referral to the agency
- Assessment by nurse and/or social worker of client's medical and social problems
- Care plan
- Liability release form signed by client
- Information on client's financial status and possible funding sources to cover the cost of services to the client
- Reports of aide on each home visit
- Reports of supervisor on each home visit
- Re-assessments of client's status
- Revisions to care plan including reasons for the revisions
- Report on termination of services, with justification.

Because of the personal information contained in such records, they should be kept in a secure place and strict confidentiality should be maintained. The lient should sign a release form before information in his file is given out.

Multiple Funding. A special word should be added about funding of homemaker-home health programs. There are many possible sources to tap for funding, but no single "sure-fire" source. In addition, many can be used only for income-eligible clients, or only for a certain number of visits per client, or only for certain kinds of in-home services, and so forth.

For these reasons, most homemaker-home health aide agencies find it necessary to have multiple sources of funding in order to serve everyone who needs their services. But this also means that the administrative staff of most agencies spend a large percentage of time raising funds, keeping records, filling out paperwork, and "juggling books" so that every service received by each client is paid for by one source or another.

This is a fact of life that even small homemaker-home health agencies should be prepared to deal with.

FOR FURTHER INFORMATION

If you are intending to develop a homemaker-home health aide program, we strongly recommend that you contact the National Council on Homemaker-Home Health Aide Services for further information. Their extensive publications list includes much more detailed information on the operation of a homemaker-home health aide program than we can offer here. In addition, as a result of their collaboration with the Navajo Nation, NCHHHAS is now identifying funding sources that are especially appropriate for homemaker-home health services on Indian reservations.

You may contact this organization at:

National Council For Homemaker-Home Health Aide Services, Inc.
67 Irving Place, Sixth Floor
New York, NY 10003
(212) 674-4990

INTER-TRIBAL COUNCIL OF NEVADA, INC.
IN-HOME SERVICES PROGRAM

INTAKE DATA SHEET

Name of Client _____ Sex_____ Birthdate_____ Age_____

Name of Spouse _____ Sex_____ Birthdate_____ Age_____

Lives on reservation? Yes_____ No_____ Tribe_____

Complete mailing address _____ Telephone #_____

_____

Usual occupation_____ Date last employed_____

Client has own income? Yes_____ No_____ Source of Income_____

Amount _____

Receives financial assistance? Yes_____ No_____ (Indicate amount where applicable)

_____ Social Security (SSA-OASDI) State Aid to Medically Indigent (SAMI)_____

_____ Veteran's Assistance (VA) Indian General Assistance (IGA) _____

_____ Supplementary Security Income (SSI) Other_____

_____ Nevada State Welfare Dept. (NSWD) _____
(Explain)

Members of household:

(1)_____ (4)_____

(2)_____ (5)_____

(3)_____ (6)_____

General Information - (Circle appropriate number/s, fill in blanks)

Shelter

L-1 Lives alone, housing standard _____ Sub-Standard_____
L-2 Lives with others _____ Number in house_____ housing standard_____ Sub-standard_____
L-3 Housing requires no repairs_____ Housing requires repairs_____
Roof_____ Floor_____ Windows_____ Other_____
(explain)

Type of fuel for heating? Wood_____ Gas_____ Electric_____ Coal_____ Other_____
(explain)

Type of fuel for cooking: Wood_____ Gas_____ Electric_____ Coal_____ Other_____
(explain)

House has electricity: Yes_____ No_____
House has indoor plumbing? Yes_____ No_____ Inc. bath & toilet? Yes_____ No_____

- Over -

INTER-TRIBAL COUNCIL OF NEVADA, INC.
IN-HOME SERVICES PROGRAM

INTAKE DATA SHEET (cont'd)

Family Involvement

L-5 Has no known living relatives.
L-6 Has relatives, but has no contact with them.
L-7 Has relatives who visit or correspond.
L-8 Has relatives who provide some services (shopping, transportation, etc.).
L-9 Relatives were involved in planning for services.

Social Participation

L-10 Attends religious services, including tribal or Native American Church.
L-11 Attends tribal council meetings.
L-12 Voted in last tribal election.
L-13 Has held or run for tribal office in last 4 years.
L-14 Is registered and has voted in state/county/election in last 4 years.
L-15 Belongs to a social/recreational organization. Name_____

L-16 Attends meeting of organization.
L-17 Visits senior citizens center other than for noon meal.
L-18 Receives visits from or visits homes of non-relatives.
L-19 Non-relatives provide some services (shopping, transportation, etc.).
L-20 Attends tribal or school events, including sporting events.

(if client does attend events - explain)

L-21 Does not participate in social activities.
Why not_____

L-22 Is interested in social activities.

(explain)

Services to be Provided

B-1 Meal preparation
B-2 Serve noon meal
B-3 Personal care, other than bathing
B-4 Assistance with ambulation
B-5 General housework
B-6 Laundry
B-7 Shopping
B-8 Transportation for: medical care_____
shopping _____
meals _____
B-9 Supervision of taking medication
B-10 Assist with prescribed exercises
B-11 Securing water and/or fuel
B-12 Referral to other agency
B-13 Diet help
B-14 Bathing
B-15 Other_____

Date accepted for service_____Name of aide assigned _____

Schedule of service to client_____

(signature of interviewer)

Sample Forms for ITCN In-Home Services Program

INTER-TRIBAL COUNCIL OF NEVADA, INC.
IN-HOME SERVICES PROGRAM

INTAKE DATA SHEET (cont'd)

Authorization for Services

The above individual - (s) has been approved for In-Home Services and for Social Services from Inter-Tribal Council. The In-Home Services Worker will proceed with appropriate in-home services as outlined by the In-Home Services Supervisor.

(In-Home Services Supervisor) (Date)

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Sample Forms for ITCN In-Home Services Program

INTER-TRIBAL COUNCIL OF NEVADA, INC.
IN-HOME SERVICES PROGRAM

MEDICAL DATA

Client_____ Reservation_____

Date of last examination - Physical_____ Dental_____ Optical_____

Past surgery - Date/Problem_____

_____

_____

_____

_____ Not under regular care of physician
_____ Under regular care of physician Name of physician_____
_____ Hospitalized within past 12 months Address _____
_____ IHS-contract clinic-hospital-emergency
Date/Problem_____

_____

Yes No - Client has had or has now -

_____ Poor vision in one or both eyes. Wears glasses _____ Blind _____
_____ Poor hearing. One ear _____ both ears_____
_____ Has hearing aid? Wears it_____Does not wear it_____why not_____
_____ Cardiac disorder? Palpitations _____ Chest pain_____ Shortness of breath___
_____ Dizziness or fainting spells? Frequency _____
_____ Frequent or severe headaches? How often?_____
_____ Frequent colds? How often?_____
_____ Chronic cough? How long have you had it?_____
_____ Drug or alcohol problem?_____

_____

_____ Recent weight loss/gain? When did you notice it?_____
_____ Loss of memory? When?_____Reason?_____
_____ Tuberculosis? Are you on medication for this?_____
_____ Stroke Number_____Dates_____
_____ Arthritis? (Note arthritic deformities_____)
_____ Seizures - Note medication and time taken _____
_____ Hemorrhoids
_____ Diabetes - If yes, 1) are you on oral or injectable medication?_____
(name)
2) do you test your urine for sugar regularly?_____
_____ Hypertension
_____ Amputee
_____ Paralysis

- Over -

Sample Forms for ITCN In-Home Services Program

INTER-TRIBAL COUNCIL OF NEVADA, INC.
IN-HOME SERVICES PROGRAM

MEDICAL DATA (cont'd)

_____ Ambulatory without assistance _____ Uses walker, crutches, cane, etc.
_____ Ambulatory with assistance _____ Bedfast/chairfast
_____ Disability - (Indicate when it occurred and type _____
_____
_____

_____ Takes no prescribed medication.
_____ Takes prescribed medication without aid or supervision.
_____ Takes prescribed medication with aid or supervision, includes injections.
_____ Uses Indian/herbal medications.
List all current medications _____ _____
_____ _____
_____ _____
_____ _____

Initial B/P - before and after exertion _____
Pulse Radial _____ Apical if on cardiac medication _____

PHYSICAL ASSESSMENT (cont'd)

Skin _____ Ht: _____
Eyes _____ Wt: _____
Ears _____ Diet: _____
Nose _____
Teeth _____
# of natural teeth _____ Has Dentures? _____ Wears? _____
Throat _____
Behavior _____
Digestion: Appetite - Good _____ Fair _____ Poor _____ Nausea _____
Elimination: Dark or blood tinged stools? _____ Yes? _____ No? _____
Constipation or Diarrhea? _____ Yes? _____ No? _____
Dark or odorous urine? Yes? _____ No? _____

Recommendation _____
_____
_____
_____

_____ _____
(Date) (Interviewer)

RLM-7/77

INTER-TRIBAL COUNCIL OF NEVADA,
DEPT. OF HEALTH & SOCIAL SERVICES
IN-HOME SERVICES PROGRAM

CARE PLAN

Client Name _____ Date _____

Reservation _____

Home-Health Aide _____

Visits _____

Health Services

Physical Assessment _____
Bathing _____
Shampoo _____
Personal grooming _____
Care of mouth and teeth or dentures _____
Care of ears _____
Care of hearing aid _____
Assist with Ambulation - Cane - Crutches - Walker _____
Assist with prescribed exercises _____
Supervision of Taking Medications _____
Special Diet _____ planning _____ preparing _____
Foot care _____
Supportive Care _____
Other _____

Home-Maker Services

Prepare & Serve Meals _____
Wash & Dry Dishes _____
Make bed _____
Sweep - Mop - Vacuum floors _____
Laundry _____
Secure water _____
Secure fuel _____
Other _____

Transportation

Senior Citizen's Meals _____
Clinic _____
Shopping _____
Recreation _____
Other _____

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Sample Forms for ITCN In-Home Services Program

INTER-TRIBAL COUNCIL OF NEVADA, INC.
IN-HOME SERVICES PROGRAM

LIABILITY RELEASE

The Inter-Tribal Council of Nevada, Inc., In-Home Services Program is providing an In-Home Services Aide to perform certain services which I have requested.

I hereby release the In-Home Services Aide, the In-Home Services Program and the Inter-Tribal Council of Nevada, Inc. from any liability in the carrying out of his/her duties.

_____
(Client's Signature)

_____
(Date)

_____
(Witness)

White copy: Send to IHSP office
Yellow copy: Retained by client

Sample Forms for ITCN In-Home Services Program

In-Home Service Program
Worker's Service Record

Name of Client _____

From _____ thru _____

SERVICES		Mon.	Tues.	Wed.	Thurs.	Fri.	Mon.	Tues.	Wed.	Thurs.	Fri.
	Date										
	Arrive										
	Depart										
HEALTH											
Dressing Client											
Bathing											
Care of mouth and teeth											
Shampoo											
Skin Care											
Nail Grooming											
Shaving											
Assist with ambulation											
Assist with recommended exercises											
Supervision of taking medications											
Assist with Special Diets											
Supportive Care											
Physical Assessment											
Other (Specify)											
Total hours per day											
HOUSEMAKER											
Meal Preparation											
General Housework											
Deliver Noon Meal											
Transport for Noon Meal											
Laundry											
Mending - Sewing											
Ironing											
Other (Specify)											
Total hours per day											

TRANSPORTATION (For shopping, appointments, laundry, etc.)

Date	Time	Reason	Hours
		Total Hours	

OTHER

	Date:	Date:	Date:	Date:	Date:
Blood Pressure					
Pulse					
Respiration					
Temperature					

_____
Worker's Signature

-Complete other side -

Home-Care '95

CLIENT STATUS REPORT
Comment each day

Date	Day	1st. week	Date	Day	2nd. week
	Monday			Monday	
	Tuesday			Tuesday	
	Wednesday			Wednesday	
	Thursday			Thursday	
	Friday			Friday	

Comments: _____

_____

_____

_____

_____

mjh/3-78

Sample Forms for ITCN In-Home Services Program

CHAPTER SERVICE COORDINATION
AGREEMENT

FT. DEFIANCE
AGENCY

SEPTEMBER 14, 1979

NAVAJO NATION

MEMORANDUM OF AGREEMENT
FOR NAVAJO NATION CHAPTER SERVICE COORDINATION
FORT DEFIANCE AGENCY

This Memorandum of Agreement was initiated in conjunction and will be entered into by four(4) human services programs located in the Arizona portion of the Fort Defiance Agency of the Navajo Nation, and these programs include: Bi-State Social Service Department; Community Health Representative(CHR) Program; Navajo Aging Services under the Navajo Tribe, and the Local Community Development Program(LCDP) under the Office of Navajo Economic Opportunity(ONEO). The intent of the Memorandum of Agreement is to agree on coordination of services and to work together in eliminating any unnecessary duplication of services for all people of the Navajo Nation with emphasis on the elderly. The signatory programs shall coordinate services with the designated chapters, when needed; the signatory programs must make every effort to utilize community resources including families, extended families, or chapter resources. Finally, this Memorandum of Agreement shall serve as the pilot model for coordination of services to eliminate unnecessary duplication of services by the above human services programs and the success of this pilot project will mean inclusion of other client categories and inclusion of other human services programs in future dates.

PROVISIONS:

The following are the provisions that were agreed upon by the signatory programs and these include the following:

1. It must be understood that all services providers do not share "Common" jurisditional service boundaries. Therefore as identified in the Navajo Nation Chapter Service Coordination Agreement, this Memorandum of Agreement will cover the chapters located within the Arizona portion as applicable to the programs of the Fort Defiance Agency.

2. The applicable laws and contracted conditions pertaining to the signatory programs have been considered by this Memorandum of Agreement; the laws and contractual conditions shall continually be observed. The programs signing this agreement will provide services as defined and limited by applicable law and/or contractual funding agreement. Each program will advise the others regarding such limitations so that the full range of possible services can be understood by all. Periodic briefings for the Service Teams are encouraged, especially regarding changes in contractual and/or statutory program limitions.

3. At each chapter identified in this agreement, workers from each of the four signatory programs shall be constituted as "Service Teams". The Service Teams shall be comprised of LCDP workers, CHR workers, Chapter Social Service Workers from Bi-State, and Senior Citizen Manager from Navajo Aging Services. It must be understood that not all chapters have a representative for Navajo Aging Services.

4. The first phase of the implementation of this agreement will be to identify chapters in which the model will be closely monitored and the Service Team be assisted by the Service Management Team. The Fort Defiance Agency will select the chapter service team from Ganado, Kinlichee, and Klagetoh to serve as the pilot Service Teams. This particular pilot Service Teams will attempt to identify potential and resolve any barriers and problems before other Service Teams begin their coordination efforts. The experimental period of time in which the pilot Service Teams will be monitored will begin on September 14, 1979 and ending on September 30, 1979. The pilot Service Teams will test, examine and conduct a trial run on intake, referral and implementation of this agreement.

5. The pilot Chapter Service Teams shall meet every week, preferably on Wednesday from 8:30 a.m. to 12:00 noon, this meetings shall take place at each chapter offices. It is at these weekly meetings that the Service Teams shall coordinate their efforts, to exchange referrals and to take whatever other actions are necessary and appropriate to increase the delivery of chapter based services, eliminate duplication and provide for more efficent operation of each program. After October 01, 1979, all remaining Chapter Service Teams shall meet every two(2) weeks. In addition, any necessary emergency meetings can be called upon the request of the Service Teams leader.

6. In all emergency situations, the signatory program workers shall cooperate and carry out their respective responsibilities and assignments as specified in the Outline of Identified Needs/Problems and Program Responsibilities. Emergency situation is defined as an unforseen combination of circumstances at the resulting state that calls for immediate action.

7. The Chapter Service Teams shall utilize the Outline of Identified Needs/Problems and Program Responsibilities, as it pertains to identified needs and problems of the elderly, drawn up and finalized by the signatory program officials. (See Attachment I). The Outline further identifies which program shall have primary responsibilities for a particular service; i.e. one(1), two(2), three(3), or if each program is equally responsible. It must be understood that any identified need and problem as assigned to a particular program as one(1) means that this particular shall be responsible for initiation of: a) services; b) coordination; c) monitoring; d) advocacy; and/or e) referral; and f) follow-up.

8. The Chapter Service Teams shall make every effort to resolve any identified problem or need before referring the case to another non-signatory human services programs. Nonetheless, the Service Teams shall explore, develop communication linkages, and coordinate service with other available community resources and/or available non-signatory programs.

9. The Service Teams will cooperate in the initiation and utilization of the attached chapter referral form to be used by the signatory programs and to be shared, when appropriate with other human services agencies. (Attachment II) The chapter referral form will document the referral of clients to appropriate agencies.

10. Management staff will be identified within each program to serve on a Service Management Team to provide the technical assistance necessary to insure the agreement's full implementation and monitor its continued progree. An action plan for implementation is attached (Attachment III).

11. This Memorandum of Agreement shall become effective on September 14, 1979 and expire on September 30, 1979. The Memorandum of Agreement, thereafter shall be renewed every year on October 01, and serve as an agreement one full year.

12. Any agreement to this Memorandum of Agreement must be made in writing and agreed upon by all signatory programs.

Director Date
Ft. Defiance Regional Office
Bi-State Social Services Dept.

Director Date
Bi-State Social Services Dept.
The Navajo Tribe

Director Date
Ft. Defiance Agency Office
Local Comm. Development Program

Director Date
Local Comm. Development Program
Office of Navajo Economic Opportunity

Director Date
Fort Defiance Service Unit
Comm. Health Representative Prog.

Director Date
Comm. Health Representative Program
The Navajo Tribe

Director Date
Gallup Service Unit
Comm. Health Representative Prog.

Director(Acting) Date
Navajo Aging Services Department
The Navajo Tribe

Director(Acting) Date
Fort Defiance Agency
Navajo Aging Services Department

PLAN OF OPERATION

Memorandum of Agreement for Navajo Nation
Chapter Service Coordination
Fort Defiance Agency

I. INTRODUCTION:

This Plan of Operation will be utilized to carry out the intent of the Memorandum of Agreement for Navajo Nation Chapter Service Coordination in Fort Defiance Agency. The memorandum of agreement was initiated in conjunction and will be entered into by four human service programs located in Fort Defiance Agency of the Navajo Nation, and these programs include: Bi-State Social Services Department, Community Health Representative(CHR) Program, Navajo Aging Services Program under the Navajo Tribe, and Local Community Development Program(LCDP) under the Office of Navajo Economic Opportunity (ONEO). The intent of the Memorandum of Agreement is to agree on coordination of services and to work together in eliminating any unnecessary duplication of services for all people of the Navajo Nation with emphasis on the elderly.

The signatory programs must make every effort to generate and utilize community resources including families, extended families, or chapter resources. The Chapter service coordination is directed toward assisting with some of the social, psychological, economic, and health needs of the Navajo people at the chapter level. The demoninating theme is to have the signatory programs coordinate services and work together in eliminating any unnecessary duplication of services, and to support and strengthen the family systems.

II. PRE-IMPLEMENTATION PHASE:

A. Finalize the Navajo Nation Chapter Service Coordination Memorandum of Agreement, and the Plan of Operation.

B. The first phase of the implementation of this agreement will be to identify chapters to serve as pilot service team.

C. The "Service Teams" shall be clearly identified at each affected chapters and the team shall be comprised of LCDP Workers, CHR Workers, Bi-State Workers, and Navajo Aging Service Program Workers.

D. The key administrators from each signatory programs conduct orientation sessions for all affected workers, programs, and chapters in Fort Defiance Agency.

E. The signatory programs shall identify and designate members of the staff who will serve on the "Service Management Team" to monitor the implementation and operation of the chapter service coordination project.

III. Implementation and Operation of the Chapter Service Coordination Project:

A. The Memorandum of Agreement shall become effective on September 14, 1979 and expire on September 30, 1979.

B. The "Service Management Team" shall ensure a smooth implementation and closely monitor the operation. Specific job responsibilities for the "Service Management Team" shall include the following:

1. Report and be responsible to the Directors of the signatory programs;
2. Exercise supervisory control and direction over the "Program Teams";
3. Oversee, monitor, and ensure smooth operation of the chapter service coordination project in respective areas;
4. Develop procedures for quality assurance;
5. On a quarterly or monthly basis, randomly select certain percentage of the cases handled through the chapter service coordination project, and thoroughly review these cases for coordination and quality of services;
6. On a quarterly or monthly basis, submit in writing the findings of the review to the Directors of the signatory programs; and
7. Identify, discuss, and resolve any matters that might inhibit the operation and any serious matters that cannot be resolved by the group must be forward in writing to the Directors of the signatory programs.

C. The "Service Teams" shall comprised of workers representing all signatory programs except Navajo Aging Services which does not have a worker at all chapters. Specific job responsibilities for the "Service Teams" shall include the following:

1. From September 14, 1979 to September 30, 1979, the pilot service teams shall meet every Wednesdays, from 8 a.m. to 12:00 noon. After October 01, 1979 all remaining chapter service teams shall meet every two(2) weeks, preferrably on a Wednesday, at their respective chapters to discuss and work together on the cases;

2. Assignment of a case worker will be done by the team leader with the support and approval of all the team members. The caseworker will be responsible to evaluate and monitor each case plan he/she has been assigned to.

3. For any/all high risk cases, initial contact shall be made at the residence of client by all the Service Team members. During this visit the teams members shall gather information, make observations, and encourage family input to client's case plan. At all times the primary client must have some effort and input into their case plan.

Plan of Operation:

4. After initial contact of client, service teams will assess needs, priortize needs, plan and develop a case plan together and coordinate services to alleviate what has been recognized as the most pressing problem and etc. The assigned worker will be responsible to take initial application and develop a format of future activities (case).

5. All selected high risk cases shall be reviewed and discussed by the service teams every two weeks. Progress evaluations and any necessary changes within case plan shall be made according to latest developments on each case.

6. All service team members shall have access to cases for review and case records shall be accessible for any entry of documents, necessary narratives, or other case related materials.

7. Case records shall be maintained in a file cabinet with adequate locking system. Such a cabinet will be selected and requested from the signatory programs. The selection of the cabinet will be determined by the each service team leaders.

8. Caserecords shall not be removed from the chapter office. All narratives of case activity shall be documented in the caserecords within 24 hours. Caserecords can be removed, reviewed and discussed during the two week meetings.

9. All members of the service teams shall be equally responsible for all contents of caserecords, therefore any removal of documents or materials must be signed out by individual person. Signature cards shall be made available to all team members.

10. All caserecord materials and client information shall be always be kept confidential among all services team members. Any outgoing information on the clients must be obtained through the Client Release of Information form.

11. Present and discuss the cases, and subsequently coordinate the services and work together in eliminating any unnecessary duplication of services;

12. Utilize the Outline of Identified Needs/Problems and Program Responsibilities, as it pertains to identified needs and problems;

13. Utilize the case management system specifically developed for the Chapter Service Coordination Project;

14. In emergency situations, the signatory program workers shall cooperate and carry out their respective responsibilities and assignments as specified in the Outline of Identified Needs/Problems and Program Responsibilities;

15. Carry out any other activities or responsibilities assigned by the "Service Management Team" and/or by the Director of the signatory programs to carry out the intent of the Memorandum of Agreement for the Chapter Service Coordination Project; and

16. Respect and abide by all provisions stated in the Memorandum of Agreement.

IV. Evaluation:

The "Service Management Team" will perform on-going evaluations by reviewing randomly selected cases from affected chapters on quarterly or monthly basis. Subsequently, the team must submit in writing the findings of the review, along with any other problems, suggestions, recommendations, or accomplishments, to the Directors of the signatory programs.

V. Renewal and/or Amendments:

A. The Memorandum of Agreement shall be renewed every year on October 01, and serve as an agreement one full year, and revisions will also be made on the Plan of Operation; and

B. Any amendment to the Memorandum of Agreement and/or the Plan of Operation must be made in writing and agreed upon by all signatory program.

September 03, 1979
Bi-State Social Services
Ft. Defiance Regional Office

Attachment

ACTION PLAN FOR IMPLEMENTATION

Short Term Action Plan for six weeks:

Once the Chapter Service Coordination Agreement has been signed an action plan for implementation must begin. Each level must implement their action plan; the workers at each chapter, the middle supervisory level (Agency, Region and Service Unit) and Program Directors.

This action plan is for the period from August 17 to September 30, 1979.

Chapter Action Plan

STEP 1: A worker from each of the programs will meet every two weeks. These will include the Chapter Social Service Worker, Community Health Representative, Community Development Worker and the local Senior Citizens Center Manager (if one exists). At their first meeting they will select a team leader.

STEP 2: Review the high-risk elderly that were identified by the CHR'S. Obtain client consent prior to selecting cases to be coordinated. Choose clients to be worked with.

STEP 3: Devise a plan for the selected clients. The forms which will be used are attached (Release Form and Plan of Action). Chapter Service Coordination forms will be held by the CHR Program in each Chapter.

STEP 4: Implement each service plan with client participation.

STEP 5: Follow-up each case at the next meeting of the Chapter Service Team.

Service Management Team Action Plan

STEP 1: Develop a Team consisting of a representative of supervisory level (Agency, Region, Service Unit) personnel from Bi-State, CHR, LCDP, and NASD.

STEP 2: Meet immediately as a team. Thereafter, meet monthly.

STEP 3: Provide orientation and facilitation for the Chapter workers and monitor the short-term action plan at the Chapter level.

STEP 4: Meet on September 25, 1979, to evaluate the operation, plan for improvements and report to Program Directors.

Program Directors Action Plan

STEP 1: NASD will inform all Councilman of the Chapter Service Coordination Agreement and short-term action plan.

Con't - Action Plan for Implementation
Page 2

STEP 2: Meet and orient the Service Management Team immediately. Meet three weeks later for an up-date.

STEP 3: Meet on September 27, 1979, to identify problems and successes of the six week trial period.

If there are any questions regarding the Chapter Service Coordinations Agreement and these action steps please contact the Program Directors in writing.

ATTACHMENT

OUTLINE OF INDENTIFIED NEEDS/PROBLEMS AND PROGRAM RESPONSIBILITIES

PROBLEMS AND NEEDS	Navajo Aging	CHR	LCDP	Bi-State	Others:
Fuel, Wood, and Water Hauling.		2	1	2	
Housing needs: Substandard conditions and lack of housing units, (homesite lease applications, advocacy at CAC meetings, home improvement.)		2	1		
Nutrition: education on nutrition, meal preparation, malnutrition, consumer education, obesity, and balance diet, hypertion, diabetics, education on commodity food, matters on Food Stamps.	1	2		3	
Employment: unemployment, lack of jobs, job training opportunities.	1		2		
Alcohol Abuse and Drug Abuse.	X	X	X	X	
Health care related matters, (i.e missing appointments, lack of medical knowledge, or complications.		1		2	
Communication, interpretations and translations, emergency telephone calls, information relays, advocacy (including for medicine man) medication instructions, and dealing with generation gaps. Lack of resources and understandings.	X	X	X	X	
Adult Protections, elderly exploitation on pay checks, food, repossessions, shelter, meal care, transportation, and payment for services; misuse of elderly incomes for school clothes and other needs; stealing from elderlies, beating up elderlies; exploitations by Traders, unnecessary responsibilities to baby-sit; and kidnapping of elderies for monetary gains, sheepherders, legal protection aid.	1			2	

PROBLEMS AND NEEDS:	NAVAJO AGING	CHR	LCDP	BI-STATE	OTHERS:
Mental health needs, suicide attempts, dealing with stresses, dealing with life changes, lonliness, depression, and deaths.		2		1	
Income; no income, low income, fixed income, effects of inflation, and problems with money management (budgeting, mismanagement of monies and use of public income for irrelevant needs.) Lack of financial resources, no understanding of benefits, misinterpretations, providing false information, not keeping appointment thus losing benefits, and no money to repay overpayments.	3	4	2	1	
Sanitary facilities; limited outhouses, non-use of trash barrels, poor practices in burning trashes, lack of public restrooms, lack of trash deposits, litterings (inpoundments), and lack of information on proper trash deposals, and lack of knowledge on P.L. 86-121.		1			
Home delivered meals; poor transportation system, lack of coordination among programs.	1	2	2		
Lack of adequate clothing and furniture; no resources for adequate furniture, clothing, lack of expertise to make traditionally style clothes, and limited knowledge on proper care of clothes.	3		1	2	4 Chapter
Housekeeper Services; temporary in-home care, house cleaning for the elderlies and disabled, personal hygiene, and need for home-maker skills, and laundry		X	X	X	
Blind, Handicappted, Disabled, and deaf-mute: lack of schools, opportunities, or resources, limited public awareness, neglects by families, need for more rehabilitation programs need for education and prevention, and equipments.		1		2	Vocational Rehabilitation B.I.A. Social Service

PROBLEMS AND NEEDS:	NAVAJO AGING	CHR	LCDP	BI-STATE	OTHER
Disabled Veterans; knowledge of Veteran benefits, drinking problems, housing problems, knowledge of employment opportunities and training schools, rehabilitative resources on reservation, needed medical needs, need of local sub-offices and need of more efficient and receptive offices.	X	X	X	X	Veteran's Office
Family Stability, consequences of divorces, broken homes, or deaths, changes in life styles, loss of family members, working both with nuclear and extended families systems.			2	1	
Home Safety; safety rails around stoves, proper storage of detergents, prevention of accidents, prevention and education on home safety and proper storage of medicine boxes.	2	1			
Proper referrals for pest, insects, and rodents control.		1	2		3 Chapters
Livestock feed hauling.			1		2 Chapters
Special Assignments for Emergency situation:					
a. Housing (burnouts)			1		
b. Food	1				
c. Clothing				1	
d. Fuel			1		
e. Immediate Shelter		1			
f. Medical Needs		1			
g. Crisis Counseling, rape, domestic abuse, alcoholism drugs, burnouts, or deaths.				1	
h. Deaths cases, certificates.	1				

CHAPTER COORDINATION TEAM SERVICES
APPLICATION AND SERVICE PLAN

Date:_____ Chapter_____

Client/Patient Name:_____ Census #_____ Birthdate_____

Address:_____ Residence:_____

_____ _____

_____ _____

Presenting Problems:

Objective or Goal:

Service Plan: End Result:

_____
Worker Signature - Program

CHAPTER REFERRAL FORM

DATE _____

TO: _____

FROM: _____

CLIENT/PATIENT NAME: _____ CENSUS NO: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

CHAPTER: _____

HOME LOCATION: _____

_____

_____

REQUESTED SERVICE: _____

_____

_____

_____

_____

##########

ACTION TAKEN (include Date): _____

_____

_____

_____

_____

_____

SERVICE PROVIDED BY: _____
Signature Date

White Copy - To be returned to referring agency by service provider
Blue Copy - To be kept by service provider
Pink Copy - To be kept by referring agency
Yellow Copy - To be kept by client

NAME: _____ CHAPTER: _____

DOB: _____ SOC. SEC. #: _____

HOSP. #: _____ CENSUS #: _____

SPOUSE/RELATIVE: _____

LOCATION OF HOME: _____

- ☐ *1. Severe physical handicap—temporary or permanent (blind, amputation, paralysis, spinal cord injury. etc.)
- ☐ *2. Presence of chronic disease (heart disease, kidney disease, alcoholism, diabetes, thyroid disease, seizure disorder, high blood pressure, heart attack/stroke, lung disease, etc.)
- ☐ *3. Lack of family support.
- ☐ *4. Needs frequent treatments, exercises (physical therapy, etc.).
- ☐ 5. Needs follow-up after medical treatment or recent hospitalization.
- ☐ 5. Needs transportation to OPD or field clinics for medical services, medication refill and/or medical appointments.
- ☐ 6. Needs follow-up after medical treatment or recent hospitalization.
- ☐ 7. Needs instruction and/or education regarding disease and medication.
- ☐ 8. Needs assistance with bathing and personal hygiene.
- ☐ 9. Needs frequent injections (shots).
- ☐ 10. Poor nutritional intake (needs assistance with meal preparation or transportation to meal site, transportation to buy groceries).
- ☐ 11. Needs assistance in cleaning house (both inside and outside).
- ☐ 12. Needs assistance in hauling wood and water.
- ☐ 13. Needs assistance in obtaining other resources for home repairs.
- ☐ 14. Other complicating social or environmental factors. (Describe)

*For high risk, must meet three (3) criteria, one being with an asterisk (*).

MULTI-PURPOSE SENIOR CENTERS

PURPOSES OF SENIOR CENTERS

Still think of a senior center just as a place for senior citizens to get together for cards or arts and crafts? Well, multipurpose senior centers can play a much more vital and useful role than that for elders and the community.

The basic concept of a senior center is a *community focal point on aging.*

What does that mean? We can break this down into three major goals of multipurpose centers. Senior centers should serve as:

- **A focal point for the provision of services to the elderly.** Since the center is a gathering place for many elders, it's an ideal place to make available a wide range of services and activities for older people. Depending on the needs and wishes of the elders, these may include social and nutrition services, legal assistance, senior employment, health and exercise programs, educational activities, arts and crafts, social events, and many others.
- **A source of information and referral.** No senior center can provide all the services every elder needs. But at the center elders should be able to find out where to go and whom to contact in order to get other needed services. In this sense, the center should be a part of the entire community's service delivery system. The center should have information on all other services and programs that are available to the elderly in the community or on the reservation. Planning to meet the needs of the elderly should be coordinated among all these agencies.

  At the same time, the center can also be a source of information to the community on the needs, desires and activities of the elderly.

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*Resource persons were:
John Carlile, Director
Cherokee Nation Housing Authority
Tahlequah, Oklahome

Alberta Donnelly, Coordinator
Office for the Aging
Seneca Nation of Indians
Irving, N.Y.

In the preparation of this chapter, we have relied heavily on handbooks of the National Institute of Senior Centers, a program of The National Council on the Aging. These are **Senior Center Operation—A Guide to Organization and Management** (1977) and **Senior Center Standards: Guidelines for Practice** (1978). For further information you can contact the NISC at the National Council on Aging, 600 Marilyn Ave. SW, West Wing 100, Washington, D.C. 20024.

- **An advocate for elders.** Because of their constant contact with elders and with other services in the community, the senior center staff and participants are in a unique position to identify unmet needs and pinpoint problems in the delivery of services to elderly. Staff, board and participants should then be able to press to make new services available to the elderly and existing services easier for elders to use.

An underlying philosophy of any senior center is this: that the center is not run *for* elders, but *with* their active involvement and participation in planning and running the program.

WILL A SENIOR CENTER WORK ON YOUR RESERVATION? ALTERNATIVES TO CONSIDER

The most common notion of a senior center is the traditional urban model: one building set aside for senior citizens and easily accessible to all the older people in a neighborhood or town.

This kind of senior center may work very well on some reservations. On others it is not a practical idea, either because the elderly population is too widespread or because the number of elderly is small. In some communities, the idea of separating the elders from other age groups in this way may not be appealing.

These obstacles, however, do not necessarily mean that the *concept* of a senior center—"a community focal point on aging"—is not adaptable to your reservation.

Some alternatives to the usual model are discussed below.

- **Multi-site system.** In areas where the elderly population is widespread, it may be useful to have several small centers located in different parts of the reservation. If you already have a nutrition program in operation, for example, each meal site might be developed gradually to take on the functions of a senior center. If you wish to refer back to the description of the Gila River Elderly Nutrition Program, you will find an example of a nutrition program that has developed and evolved into a much more far-reaching "community focal point on aging"—though no one has called the nutrition sites "senior centers". As in the multi-site nutrition programs, each small center will most likely be part of a reservation-wide senior center program.

- **Community center.** In areas with a small population, a center just for elders may not be a reasonable project. But a community center that makes a real effort to meet the needs of the elderly along with those of the rest of the community may be a very workable idea. A community center with an active program for elders should be able to serve many of the same functions as a senior center.

  In addition, the community center idea has the advantage of bringing together different age groups in the community instead of separating them. In some communities, this may allow the elders to develop greater contact with younger age groups who can benefit from their wisdom, knowledge and skills.

Finally, if you are planning to build or renovate a community center, you may be able to make use of additional funding sources not available for senior centers alone.

- **Mobile operation.** In some areas, population is so spread out or funds are so limited that the ideas mentioned above are not practical. In a few places, a "senior center on wheels" concept has been tried, with a van or trailer equipped to serve as a mini-center that can make the rounds of the reservation on a regular schedule. While this alternative does not allow the range of activities that the other options do, it at least provides the elders with reasonably convenient and regular access to some social services, information and referral, as well as a chance to visit with other elders in the area.
- **Other options.** There surely are other ways of pursuing the concept of a multipurpose senior center. It's not important that your senior center (or whatever you want to call it) looks like an urban senior center. You can be as creative as you want to be in developing a "community focal point on aging" that is both effective and comfortable for the elders.

The sections that follow offer guidelines on developing and operating multipurpose senior centers. Most of these guidelines are ones that have been used effectively in operating many kinds of senior centers. We hope you will find them useful, too—but we also hope you will select among them and adapt them in order to develop a senior center best suited to your community or reservation and its elders.

PLANNING YOUR SENIOR CENTER

DEFINING YOUR SERVICE AREA

One of the first steps in planning a senior center is deciding what geographical area the center is intended to serve. A senior center, of course, should welcome anyone who wishes to participate, but its services and activities should be especially geared for the elders who live in its specific service area.

By defining this service area, you can get a better idea of how many elders your center should be able to serve. And you can take a good look at the needs and desires of those particular elders, so that your senior center program can be designed—with their input—to best suit them.

Finally, by defining a specific service area, you can better identify all services that are already available to the elders you plan to serve. Only in this way can the center provide effective information and referral. It also means that the center program can be designed to try to compensate for the most pressing unmet needs of the elders.

In most cases, the service area will be the same as the reservation boundaries or district boundaries within the reservation.

COMMUNITY PARTICIPATION IN PLANNING

Involving the Elderly in Planning. Before going very far with your planning, be sure there is support for the idea among the elders themselves. Do they want a

center? If so, what do they want their center to be like? What do they want it to offer?

It's advisable to have a group of interested elders to serve as a planning committee. They can help publicize the center idea and generate interest in it among other elders. They can also be an excellent source of ideas on the center program. Their input and participation is well worth seeking, even if it's slow in developing.

Community Participation. It's also advisable to have other community support for the idea. Tribal council backing should obviously be sought at the appropriate point in your planning. But the interest and participation of others—such as service providers and other community leaders—can also be especially helpful, since the senior center should be a part of the community, with links to services and activities throughout the service area. Cooperation with the senior center by others in the community is much easier to obtain if they've been involved in the planning process. Ideally, non-elderly representatives of the community should be on your planning committee, too.

DEFINING YOUR CENTER'S PURPOSES AND GOALS

Because senior centers can serve so many purposes, it's important that early in the planning process the planning committee clearly agrees on the basic purposes and goals that their community's senior center will try to meet.

In the early stages of planning, it should be enough to spell out the most basic, general purposes you hope to achieve. For example, do you want the center to improve the physical well-being of the elderly? Their mental well-being? Do you want it to increase the elders' involvement in the community? To enhance their ability to transmit tribal culture and heritage to younger generations?

Deciding on basic purposes like these should give a clearer sense of direction to the planning committee. It's a good idea to put these basic purposes down on paper as a guide for further planning.

At this time or later in the planning process, depending on how much information you have to work with, the committee should define the general goals or areas of accomplishment the center will aim for (e.g. nutrition services, elder-youth programs, etc.). These general goals should carry out the basic purposes that the planning committee has agreed on, and they should also reflect the needs and wishes of the elders, taking into account the services and programs already available in the service area.

Eventually, these general goals will be developed into detailed descriptions of specific activities and services, including a description of how each program will be implemented and what its objectives will be, and how all these activities and services "fit together" to meet the goals and purposes you defined earlier.

Thus, the planning should move from very basic purposes through general goals to specific activities and services. At each stage of planning, the committee's decisions should be written down to guide the later and more detailed stages.

After the center is established and its board of directors is functioning, the board should reaffirm or revise these purposes and goals, which should continue

to serve as basic guides to the center's operation.

But before going ahead with detailed planning, you'll need information on which to base your decisions.

NEEDS ASSESSMENT

Once your service area has been defined and you know there is interest in the idea of a senior center, the next step is to conduct a needs assessment. In this case, the assessment should cover two areas:

- Identifying all the services, programs and activities already available to elders in the service area
- Identifying the elders, their needs and wishes.

The first portion generally involves contact with service providers themselves to find out detailed information about the kinds of service they offer the elders: when and where services are available, if there is a cost involved, how many elders make use of their services, and so forth.

The second part of the needs assessment is aimed at the elders. The information you need to obtain includes the following:

- How many persons are there in the age group you intend to serve? (You may also want to find out how many people there are within 5 years of the lower age limit, in order to better estimate how your service population may grow as these people get older).
- Where do the elders live? (You'll need enough information to determine the best location for the center and to plan transportation services).
- How many elderly are homebound and unable to come to the center? How many have physical disabilities that would prevent them from coming to the center unless they had transportation equipped for the handicapped?
- How many elders are interested in participating in a senior center program?

These and similar questions should give you an idea as to how many elders your center should be prepared to serve, their transportation needs, and where to locate the center. If you are already operating a nutrition program or other services for the elderly, much of this information may already be available.

The needs assessment should also give you more specific information to help you select and plan programs, activities and services. There are several ways of getting at this kind of information, including:

- Talking with the elderly informally or surveying them using a questionnaire
- Observations and concerns of service providers, families and friends of elders
- Studies of casework findings done by service providers
- Other studies or surveys that have already been conducted in your service area.

ANALYZING YOUR NEEDS ASSESSMENT

Information from the needs assessment should be analyzed to help you determine the best locations for the center and necessary transportation services.

In addition, a thorough needs assessment will be an extremely valuable tool in developing an effective senior center program. With an eye toward program planning, the information gathered during the needs assessment should be carefully analyzed in order to identify:

- The most pressing unmet needs of the elders
- Strengths and skills that exist among the elderly
- Services that are currently available to elders in the service area
- Potential community resources you may be able to draw on, including people, facilities, equipment, and tribal, government or provate agencies and funding sources.

PROGRAM PLANNING

With your needs assessment completed and your basic purposes and goals agreed upon, you are in a position to make some of the most important decisions of the planning process—deciding on the services and activities that will be offered by the center.

Your program choices, as much as any other single factor, will determine how many elders will want to participate in the center. More than this, the program choices will communicate to the elders—and the community—how you view the elderly. Will your program choices show the elderly as old folks who are dependent on services and guidance? Or is there room in your community for elders to make decisions, serve as teachers and leaders, and contribute actively and creatively to the center and the community?

The programs you decide on should carry out the purposes and goals already defined for the center, and they should clearly reflect the needs and wishes of the elders and community. Ideally, the activities and services you decide on will be able to offer something for every potential participant—male, female, healthy, frail, with different personalities, and different degrees and kinds of needs.

Even if you must "start small" with a limited program, these are goals to aim for.

And finally, as you make your program choices, be careful not to duplicate services that are already available. Your goal should be to offer additional services, not compete with existing ones. (Effective information and referral by the center will be important in coordinating all services and activities to most effectively reach the elders).

Possible activities and services to choose from are literally unlimited. Some possibilities are listed here, but we hope you will use the list simply as a "jumping off point" to come up with creative ideas that are adapted for your elders and your community.

- Hot meals program (congregate, home-delivered)
- Nutrition education
- Legal counseling
- Senior employment program
- Health education
- Health screening
- Exercise classes/Active games
- Telephone reassurance system for homebound

- Visitors programs for the homebound
- Arts and crafts classes and equipment
- Educational activities-speakers, classes, etc.
- Publicizing, performing, selling creative products (e.g. native crafts, traditional dances, music, original stories or drama)
- Recording oral histories
- Development of advocacy/leadership skills
- Programs with youth or community to pass on language and culture
- Elders as school aides
- Information, classes, workshops on Medicaid, Medicare, Food Stamps, surplus commodities, etc.
- Transportation, such as shopping services
- Sight seeing trips
- Social activities—cards, games, dances, parties, movies, etc.

A final program aspect to plan for is *outreach* — effective methods of letting people know about the center and encouraging them to participate in it. Often it is the elders who are most in need of services and simple human concern that are hardest to find and hardest to involve in the center.

Ultimately, for each activity and service a detailed plan should be developed, covering questions such as:

- How will the program be implemented?
- What are the objectives of the program? (i.e. how many elders should it aim to involve? What effects should it have?)
- How will this activity or service work together with the rest of the center's programs to carry out the center's purposes and goals?

When you have reached these decisions, you will need to consider how to "put the center together": how it will be governed and administered, what kind of facility it will be housed in, how elders will get to the center, and how it will relate to the larger community.

LINKS WITH OTHER SERVICE PROVIDERS

As you decide on the services and activities the center will offer, and go on to plan these programs, you should coordinate as closely as possible with any other agencies and organizations that provide services for the elderly in the community.

One reason, of course, is to avoid duplicating services. But another reason is this: the more closely all service providers in the community can cooperate, the better the elderly will be served. For one thing, the center's information and referral services will be more effective if you are communicating and cooperating with these other service providers. In addition, by cooperating with one another, the service providers may be able to work together to *improve* the services they offer the elders.

Whenever possible, it's an excellent idea to develop formal, written *agreements of cooperation* with other service providers. These should specify all areas of cooperation, such as mutual referral of elders who can use the other's services; sharing or loan of staff, facilities or equipment; location of services in

the center, and so forth.

Such written agreements will formalize the cooperation you've developed and help avoid future conflicts between agencies.

THE SENIOR CENTER FACILITY

The Building. The physical facility that houses the senior center will have an impact on the number of people you can serve, the kinds of activities and services you can provide, and the general comfort of elders and staff at the center. Ideally, the center will have:

- Plenty of space and rooms for different activities
- No steep stairs or other obstacles that may be hard for elders to maneuver
- Restrooms equipped for the handicapped
- Safety features in kitchens and bathrooms, such as non-skid floors, fire extinguishers, bathroom grab-bars
- Good lighting
- Adequate heating and cooling
- Office space for staff
- Adequate storage space.

As you plan your center, you will need to determine whether you can use an existing building as the center. If so, will it require remodeling or renovation? Or will you need to construct a new building?

If you must renovate or construct, get advice from experts as to cost, features to build in, etc. If possible, try to find someone who has experience designing for the needs of older people, and who may have sensitivity as to the kind of surroundings in which your elders will feel comfortable.

Another important consideration in planning is the *location* of the center. It should be located so as to:

- Be easily accessible to the greatest number of elders
- Be accessible to other service providers
- Minimize the amount of transportation you must provide for elders.

Above all, try to make sure that the building you select, renovate or build is one in which the elders will feel comfortable and "at home".

Furnishing and Equipment. In the planning phase, you should also consider any special equipment that may be required. For example, do you need to obtain equipment and supplies for a nutrition program? Tools for arts and crafts? Record players, movie screens, projectors? How many of these necessary items can be donated or obtained used?

Consider also the furniture you will need. There should be enough to seat everyone comfortably and allow for conversational groupings and flexible use of space. Again, the furniture in the center should help the elders to feel comfortable and at ease.

Transportation Needs. Once you determine the general location of the center, you will also need to plan for transportation needs. Ideally, transportaion services should be available so that every elder in the service area has access to

the center. On many reservations, this is a major effort in itself. You may wish to consult the chapter on transportation for additional information.

STAFFING AND ADMINISTRATION

As you plan the center, you will also have to forecast the center's staffing needs. The following factors will be important in determining the number and kinds of staff to plan for:

- How great are the needs you will try to meet?
- What are the activities and services you plan to provide?
- Do you have one center or a network of sites?
- What are the human, physical and financial resources you expect to have available?
- What kinds of cooperation can you obtain from other agencies and organizations? (You may be able to cut down on staffing needs or provide additional services by establishing written agreements with these other agencies to share staff, locate services in the center, and/or refer elders to the center or other agencies that can meet their needs).

The one staff position any senior center will require is an *administrator*. The administrator reports directly to the Board of Directors. Responsibilities include:

- Making sure the planned programs are carried out
- Planning and developing new programs
- Ensuring fiscal accountability
- Developing a budget to be submitted to the Board
- Fundraising
- Keeping the Board informed on the elders' needs, gaps in services, and potential funding sources, as well as the center's operation, program, facilities and equipment.

In a small center, this may be the only position needed. On the other hand, if the center is very large, you may even wish to designate an assistant director who is responsible to the administrator for the day-to-day operation of the center. If you are operating a multi-site system, each center should have its own *center director*, with each director responsible to the administrator who oversees the entire system.

Depending on the size of the center and the number of programs you will offer, you may need to consider other staff positions, including a nutrition director and related staff, a coordinator of individual services (such as information and referral, counseling, outreach, health screening, health referral, etc.), a coordinator of group services (such as planning, scheduling and supervising social events, recreational activities, educational programs and classes, arts and crafts programs, orientation of new participants).

You will also need to provide for accounting and bookkeeping, secretarial services, and maintenance and housekeeping.

As you consider the number of staff positions the program needs versus the number you can afford, you might consider whether your staff could be expanded by volunteers or by sharing staff with another community agency.

A detailed job description should be developed for each position (even if it will be held by a volunteer), and the channels of authority and communication should be clearly outlined. In addition, personnel policies should be developed covering topics such as recruitment, hiring. probation, dismissal, retirement, leave and vacation, performance evaluation and promotion, grievance procedures and disciplinary action, insurance, and channels of communication and authority within the staff and from staff to Board of Directors.

PLANNING THE GOVERNMENTAL STRUCTURE

The ongoing planning and operation of the senior center is a major task that involves a wide variety of considerations.

The group of people that governs the center—the board of directors—has the responsibility of balancing the community's various needs, desires and resources as it develops the major policies and charts the direction of the senior center.

Conditions within the community and among the elderly change through time. It's important that the governing body is able to respond accurately to these changes so that the center itself remains "in tune" with the people it serves.

In the section below we will discuss the usual patterns of governing a senior center, and ways of ensuring that center staff, community members—and, above all, elderly participants—have a strong voice in decisions made by the board of directors.

Board of Directors. Ordinarily a senior center (or network of senior centers) will have its own board of directors, unless the center is part of a larger agency or organization. In this case, the center will likely be governed by the parent organization and will not have its own board. However, for these centers an advisory committee should be established to represent the center to the board of the parent organization. These kinds of advisory groups will be discussed in the next section.

The size and membership of a board of directors varies from center to center. Generally, the board should include a cross-section of people from the community including:

- People with expertise in aging or service delivery, such as concerned service providers
- People who are community leaders or have some influence in tribal or community decision-making processes
- Elders themselves.

The planning committee should develop temporary written bylaws which define the purposes and responsibilities of the board of directors. These can govern operations until the board of directors is established and can approve or modify the bylaws. The bylaws should cover: qualifications for serving on the board, election procedures, term of office, duties of officers, how often meetings will be held, specific committees, parliamentary procedures for meetings, definition of a quorum, recording of minutes, procedures for amending the bylaws.

Specific duties of the Board of Directors generally include:

- **Developing and reviewing the center's purposes and goals.** The board determines the overall direction that the center should be heading. After the board has approved the original statement of purpose and the general goals of the center, it should review them at least once a year, modifying them as neede and resources in the community change.
- **Establishing policy.** The board should set major policy, and modify policies if necessary. (The board should establish mechanisms so that staff and advisory groups can have input before the policy decisions are made, however.)
- **Employing the director.** The board should hire the director and decide his or her duties and salary. Usually the director is given authority to hire the rest of the staff.
- **Evaluating the program.** The board should periodically review the center's services and activities, evaluating how well they meet the center's purposes and the community's needs. The director should submit regular reports on the program to the board.
- **Overseeing fiscal matters.** The board should approve an annual budget submitted by the director. The board should also monitor the fiscal reports, be sure an annual audit is carried out, and see that the center has continued funding.
- **Community relations.** Board members should be "publicity agents", letting others on the reservation know about the center and what it has to offer. The board also has a responsibility to advocate for the elderly, working to see that their needs are met. This will likely involve influencing community or tribal leaders, agencies and service providers, and even state and national leaders.

Advisory Bodies. If your center will be a part of another organization, or if it's part of a network of senior centers, there will not be a board of directors specifically for the center. But if your center does not have its own board of directors, it should have an advisory board or committee that provides input to the staff and to the board which governs the center.

Since in these cases the board of directors may not be intimately involved with the center, the advisory committee plays a very important role. The members of the advisory committee should be representative of the elders and the community that the center serves, so it's advisable that both elderly participants and other members of the community serve on the committee.

They should advise the staff and governing board of needs that exist among elders, recommend changes in policies, programs or budgeting, and serve as a link between participants, staff and board. In order to do this more effectively, many advisory bodies establish committees to make recommendations on particular topics, such as personnel, finance, program, facility, and so forth.

Participation of Elders in Governing the Center. Participation of the elders themselves in running the center is crucial. As we said earlier, *a senior center should be run with, not for, the elders.*

Different senior centers have different ways of making sure the elderly have a strong voice in the decision-making process. Some centers, for example, set aside

a certain number of positions on the board or advisory body to be filled by elderly participants of the center.

Other centers establish a separate organization or committee made up entirely of elders who participate in the center. This organization serves as a link between participants and the staff and governing body, representing the participants of the center.

If your planning group wants to establish this kind of "participant committee", the elders themselves should decide how to organize it. This committee should also have written bylaws that include the same kinds of information as the bylaws for an advisory committee.

SETTING UP AND OPERATING YOUR SENIOR CENTER

As soon as you are sure of being funded, you should begin to implement your plans. Since the Board of Directors or Advisory Board plays such a key role in guiding the center in the right direction, one of the first steps that should be taken is the organization of your governing structure.

THE GOVERNING STRUCTURE

Depending on whether or not your senior center is part of a larger organization, you will have to set up either a board of directors or an advisory board.

Board of Directors. If your senior center is independent of any parent agency, you will need to set up a board of directors.

Ordinarily, a temporary board is set up to govern for an interim period (for example, six months) until the center can begin operating and board members can be chosen according to the procedures outlined in the bylaws. Generally, this temporary board handles all decisions that must be made immediately—in particular, the selection of the administrator.

As soon as the center is functioning and the temporary governing body can be replaced by the *permanent* board of directors, these board members should immediately begin to review the temporary bylaws and the purposes, goals and programs formulated by the planning committee.

With the approval of the bylaws by the permanent board of directors, the governing structure is established and the board can carry out its ongoing responsibilities as defined in the planning phase.

Advisory Board. If your center will be governed by the existing board of directors of a parent agency or a network of senior centers, then you won't need to worry about setting up a governing body.

However, an advisory board should be established as soon as possible to provide input to the governing board. Again, a temporary advisory board is ordinarily set up, composed of people who've been involved in the planning process, to function until the permanent advisory board can be selected according to the bylaws.

Participant Committee. If your center will have a participant committee, it's advisable that it be organized as soon as possible after the center opens. This will

help ensure that the participant committee is immediately integrated into the decision-making process. It should also help the elders to feel that, from the outset, they are actively involved in the governing of their center.

STAFFING AND ADMINISTRATION

Hiring the Administrator. Once funding has been secured, the adminstrator's position should be filled as quickly as possible, since he or she will have responsibility for hiring all other staff and for overseeing the implementation of the center's program.

The administrator is a key person not only because of the scope of his or her responsibilities, but also because he acts as a leader of board, staff and participants. The administrator's ability to communicate with these different groups is equally as important as his professional background for the job.

Hiring Other Staff. Other staff should be hired by the administrator as quickly as possible. All staff should be qualified to carry out their responsibilities, and in addition should demonstrate an attitude of respect for the elders and a belief in their ability to contribute to the center and community.

Volunteers. As we mentioned in earlier chapters, on many reservations the use of volunteers has not worked well. However, if you should be able to make use of volunteers in your program (whether elderly volunteers or others in the community), this will be a way of increasing the services you can provide without increasing your program costs significantly. In addition, volunteerism can be another way of involving elders in their center and the community.

If you do make use of volunteers, however, keep in mind that they have the same needs as paid staff for:

- Clear understanding of their duties (volunteers as well as paid staff should have job descriptions)
- Adequate orientation, training and supervision
- Work that is satisfying to them
- Recognition and appreciation of their contributions.

Staff Training. The senior center should provide on-going training for its staff, both paid and volunteer. Training of employees and volunteers should begin when an individual joins the staff, with a thorough orientation to the center and its participants, purposes, goals and programs.

You might consider offering staff workshops (by staff members or outside consultants) at the center, or sending staff to workshops, conferences and classes at nearby colleges and universities or government training sessions. Visits to other senior centers may also give you fresh ideas.

Training might include senior center development, the aging process, working with elders, advocacy, the service delivery system and particular services available for the elderly, and so forth.

RECORD-KEEPING

To be effective, a senior center needs to maintain extensive records. Although record-keeping may be tedious, it's important for several reasons.

A good record-keeping system should help you evaluate your program and plan for the future. And it should assist you tremendously in maintaining accountability to your funding sources and to your community.

Exactly what kinds of records should you keep? That will depend to some extent on the size and scope of your center, the requirements of your funding sources, and just what you want your record-keeping system to do for you. Consider your record-keeping carefully. Don't keep unnecessary information. You may even want to look for help from a college, university or government agency to set up your record-keeping system in the most effective way.

Below are listed the kinds of records recommended by administrators of large nutrition sites and the National Institute of Senior Centers (NISC). Your own needs and restrictions, however, should be the final criterion as to what records you keep.

Participant Records. This should include enough information to identify who comes to the senior center, what needs and skills each has, eligibility for particular services. Information might include:

- Background information (name, address, telephone number, birth date, sex)
- Emergency information (doctor's name, special health problems, whom to contact in an emergency)
- Any information needed to establish eligibility for services, e.g. income level
- Interests and skills of the participant.

This will be the most difficult information to collect. *DON'T* ask for more than you need, and *don't* ask an elder a whole list of questions on his first visit to the center or you'll probably lose a participant!

Instead, on an elder's first visit just get his name, and possibly his address and phone number. During later visits to the center, necessary information should be collected, as gradually and tactfully as possible. By all means, don't make this kind of information collection an obstacle for elders who are interested in participating in the center.

Participation Records. These tell you who uses the center, how often and for what purposes. The following kinds of information are often required for funding agencies and should also be a valuable planning tool:

- How many persons use the center each day
- How many participate in each activity per day
- For each activity, how many regular participants are there? How often do they participate? Is the activity attracting new participants?
- How many persons use each individual or group service per day
- For each service, what percentage of participants use the service, and how many come back to follow up on referrals or seek additional help.

Program Records. These records provide information on the actual activities and services offered at the center, and let you evaluate what they are offering. Program records should include:

- A description of each activity or service, including the needs it's responding to, its objectives and how objectives are to be met, who was in charge, what

resources and equipment were used, and what actually took place.
- Evaluation of the activity: How well did it meet its objectives and why? What did it contribute to the elders? To the center's goals?

Resource Records. This is a file on speakers, films, programs, groups and individuals which are available to assist the center in any way. It should also be helpful to record notes on previous experiences with the resources.

Community Records. These document the senior center's role in the community, and may include:

- Needs assessment of elders in the service area
- Information on referrals and requests for help, including number, kinds and outcome of referrals
- Participation in community planning, such as consulting with other agencies on program development, attending meetings and conferences
- Letters and phone calls expressing support or criticism, along with your response
- Activities to inform the community about services for, need and accomplishments of elders.

Administrative Records. These might include:

- Minutes of all board and committee meetings, as well as a record of all policy decisions by the board
- Staff policies and procedures for program implementation
- Records of staff meetings
- Minutes of advisory or participant committees
- Copies of all correspondence
- Personnel records (including, for each employee, his application, letters of employment, record of salary and promotions or demotions, evaluations, disciplinary actions, etc.)
- Fiscal records
- Accident reports and procedures
- Safety, fire inspection, public health inspection and associated reports
- Annual reports
- Historical records (such as newspaper clippings, center newsletter, speeches, photographs, etc.)

Confidentiality. In the center's files, there will obviously be personal information on participants and staff. It is extremely important that these be kept confidential—stored in a safe place, and not divulged unless permission is obtained from the elder. In addition, every effort should be made to protect the identity of individuals who are cited in reports and other documents.

FISCAL MANAGEMENT

Responsible financial management and fiscal accountability are crucial to the continuation of a senior center. Like all other aspects of the center's program, its financial affairs are ultimately the responsibility of the adminstrator, who should monitor them periodically.

Setting Up the Accounting System. The appropriate accounting system for your center will depend on the size of the center, its funding arrangements, the kinds of activities and service it offers, and so forth.

But whether the accounting system you require will be simple or sophisticated, it's an excellent idea to seek the advice of an accountant in setting up your books. Once the appropriate system is set up, it may well be that a bookkeeper, or even the administrator, can maintain the system. Setting it up, however, is a task that should be done with the assistance of a professional in order to avoid future difficulties.

Accountability. In order to be sure that no questions arise concerning your accountability, you should institute strong internal controls, especially in regard to purchasing procedures and handling of cash. Again, it may be a good idea to seek the advice of an accountant in setting up these internal controls.

Auditing. As a final measure to ensure accountability and good fiscal management, it is strongly recommended that the books be audited annually by an independent auditor.

Insurance. The center should have an adequate insurance coverage for the governing body, paid and volunteer staff, participants, and the center itself. Insurance coverage should be reviewed by the board annually to be sure it remains adequate. The National Institute of Senior Centers recommends the following types of insurance:

- Loss from fire, theft, vandalism
- General liability, liability for acts of paid and volunteer staff, liability for use of center vehicles or use of private vehicles by paid or volunteer staff while performing center duties.
- Employee benefits such as health and hospital insurance.
- Workmen's compensation.

Financial Reports. These should include quarterly reports, a complete annual report, the report of the annual audit, records of in-kind contributions, and any other financial information your funding agencies require. Your financial reports should be submitted to the board of directors and your funding agencies. You should also make your financial reports available to anyone who asks to see them, since they are public information.

FACILITY

Your senior center building has a strong impact on the services and activities you will be able to offer. It will also affect the physical comfort of the elders, and their ability to feel "at home" at the center.

In the planning phase, you should have identified the location of the center, keeping in mind its accessibility to the elders and to other service providers. The facility, of course, should have space for all the activities you want to provide, and you will probably find it helpful to have several rooms to use for different activities.

Furnishings. If you have a choice as to furnishings for the center, select furniture that is comfortable, can be re-arranged into different groupings, and is easy for

the elders to get in and out of.

Atmosphere. The center should have a welcoming, comfortable atmosphere that makes it easier for elders to feel "at home". Every effort should be made to keep the facilities and furnishings from looking institutional or unpleasant.

The welcoming atmosphere can be enhanced by having one person each day (preferably an elderly participant) take on the responsibility of welcoming new elders to the center, showing them around, and inviting them back. The staff, too, should treat the elders with respect and friendliness.

Maintenance. The facility should be cleaned and maintained regularly, on a schedule that won't interfere with center activities. Maintenance should include regular housekeeping, garbage disposal, pest control, upkeep of equipment, and major repairs and redecorating as needed.

Comfort and Safety. The facility should meet all applicable health, safety, and fire codes. In addition, the center should be set up so that the handicapped elderly have access to the building and can move easily through doorways, in restrooms, and so forth. Non-skid floors and handrails for stairs and ramps are advisable safety precautions. In addition, good lighting is very important for the elderly, and adequate heating, cooling and ventilation should be assured.

Emergency Arrangements. Staff should be well-prepared to handle any emergency that may arise. First aid equipment and supplies should always be available, and at least one person trained in first aid should be on staff at all times. Emergency telephone numbers (hospital, ambulance, fire department) should be clearly posted near telephones. In addition, "emergency information" (physician, special health problems, whom to contact in an emergency) should be on file for each participant.

Fire drills should be conducted at least four times a year. Fire extinguishers should be checked periodically, and it's advisable to have occasional inspection and training by the fire department if possible.

ONGOING PLANNING AND ASSESSMENT

Bringing our discussion of the senior center full circle, we would like to return to the topics of planning and evaluation.

As we mentioned earlier, the senior center should be a dynamic organization, able to respond to changing needs, interests and resources so as to serve the elders as effectively as possible.

This kind of flexibility and responsiveness requires *ongoing planning and evaluation* that involves staff, participants and governing body.

Planning. The basis of planning should always be information—information on available resources, unmet needs, gaps in services, and interests and wishes of the elders. Such information can be gathered in different ways, some of them quite simple. If you keep the kinds of records suggested earlier, much of this information will be available in your files.

As the first step in planning, the board of directors should review the center's purposes and goals and revise them if necessary in light of this kind of information. The purposes and goals of the center should be reviewed at least once a year.

When this step is completed, the center's program objectives should be carefully reviewed and revised or added to, in order to better fit current conditions. The board is responsible for finalizing the objectives, but this should not be done without your input from the participants and staff.

Your program objectives should be statements of what the center will aim to accomplish. Don't make your objectives too general (e.g. "to serve a hot lunch program"). Instead, state the objectives in a precise, *measurable* way (e.g. "to serve a hot lunch to 50 elders per day, 5 days a week"). This will make it much easier for you to evaluate the program later on. It also makes the next step in planning a little easier: identifying different ways of meeting each objective. To do this, it's often helpful to work with staff participants, other service providers in the community, and sometimes even experts from colleges or universities. By carefully considering the alternative methods identified in this process, the board should be better able to select the most effective and appropriate ways for the center to meet its objectives, (e.g. providing 50 meals at a congregate site, versus 45 congregate meals and 5 home-delivered, etc.).

Once this step is completed, a detailed . should be developed describing exactly how the program will be carried out. This plan should be put together by staff members for the approval of the board.

Assessment. Consideration of how to *assess* the programs should also take place during the planning process. Ongoing assessment can help you evaluate whether the program is meeting its objectives, whether it's attracting participants, whether it's contributing to the overall purposes of the center, and so forth. The information you obtain from the assessment can then be used in the next planning phase to help you determine what aspects of the program are working and what need to be changed or eliminated.

Evaluation is often discussed as a sophisticated process involving outside consultants and large fees. But in many cases, effective assessment of a program can be relatively simple. The National Institute of Senior Centers has developed a guide for self-assessment of senior centers. (Their address is listed on the first page of this chapter.) In any event, in order to select evaluation methods, you first need to define what you want to learn from the assessment. Do you want to evaluate specific programs? If so, do you want to know what percentage of participants take part in a specific program? Do you want to know what concrete results the program has had for those who took part in it? Do you want to know how the elders like the program?

On the other hand, you can and should also assess the center's total program offering. Do all the activities and services work together to meet the center's purposes and goals? Is too much of the program's time or resources being directed at meeting only one need or serving elders with only certain kinds of interests or problems? Are some needed services or frequently-requested activities not being offered?

Clearly, on-going assessment can give the staff and the board a better idea of the effectiveness of the center—information that is useful in day-to-day operations and in long-range planning. In addition, the results of your evaluations can strengthen your requests for future funding.

ADVOCACY

Advocacy — working to change the system to make it serve the elderly better. Dreaming how life should be for our elders and then fighting to make those dreams a reality.

Advocacy efforts can be many things — a few senior citizens petitioning their tribal council for action, a statewide Indian organization fighting the state agency on aging for funds, a nationwide letter-writing campaign to Congressmen and Senators.

We know that as you work with the elders, you and they will see many inequities, much that should be changed. In the following pages, we will describe two efforts at advocacy, and then discuss some of the principles of advocacy that may work in your situations.

TWO ADVOCACY EFFORTS FOR ELDERS

TRIBAL ELDERS PROGRAM, FORT BELKNAP, MONTANA

In 1974, the seven reservations in Montana decided to join forces and run an aging program for all of Montana's reservation Indians. The tribes requested that all reservation lands in the state be designated as one Planning and Service Area, run by a single Area Agency on Aging (AAA). When the state granted their request, the Tribal Elders Program (TEP) became one of less than half a dozen

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Resource persons were:

Cynthia La Counte
Former Director
Tribal Elders Program
Ft. Belknap Agency
Harlem, MT

Kenneth Tiger
Former chairman
Oklahoma Indian Council on Aging

Indian AAA's in the country, and the only one made up of several separate reservations.

The Tribal Elders Program is administered out of the Fort Belknap Reservation, but the actual running of the program has been largely left up to the program's advisory board and the elders on each reservation. The program has focused on nutrition, transportation, employment, and legal services.

About five years after the Tribal Elders Program began, an inter-tribal organization located in Billings made a bid to assume the administration of several Indian health and social services programs, including the aging program.

The TEP advisory board reacted immediately: they were dead set against the change. The elders on the board took the lead in talking to other elders on the reservation, and it became clear that most of the elderly felt the same way. They didn't want to see the program's headquarters moved to a high-rise office building in downtown Billings. They wanted the program to stay on the reservation where elders could visit the office, and staff lived in the same communities with the elders. Many of the elders felt that they would lose their "say" in the program, that it would no longer be their own. Their fears were strengthened because their perception was that the program from Billings had never done anything for them before.

The Tribal Elders Program set up a meeting with the people from the Billings organization. In addition to the TEP staff and advisory board, 44 elders showed up at the meeting.

This was the elders' first real advocacy effort, and they proved to be their own best spokesmen. The elders themselves asked questions — why was this group so interested in the elderly now when they had never done anything before? — and expressed their concerns, their fears and their anger — sometimes eloquently, like the old man who said to the director of the Billings program, "Sometimes we're like eagles, we fly way up high in the sky and we forget to look down, we just walk straight ahead and see what's straight ahead just around us, but never below us. Sometimes we're like that and we shouldn't be, that's wrong. You, you remind me of a chickenhawk."

Although the Tribal Elders Program had been given half an hour, the meeting continued for five hours. It became clear to the Billings organization that the TEP had strong support from the tribes and the elders. Ultimately, the elders won, and kept their program locally based.

Moreover, this first attempt at advocacy has changed the elders. They've become more confident and aggressive as advocates, and more willing to stand up and fight on issues that affect them.

The TEP staff has tried to strengthen this confidence by providing additional training in advocacy for the elders on the advisory board, those who led the elderly in their first advocacy effort.

OKLAHOMA INDIAN COUNCIL ON AGING

In 1978, the Oklahoma Indian Council on Aging was created to advocate on behalf of the Indian elders of Oklahoma.

At the time, none of the Oklahoma tribes were receiving any funds from the

state to serve their elderly. Nor was there any effective grassroots organization of Indian elderly in the state. Consequently, there was also no mechanism so that Oklahoma's four members of the National Indian Council on Aging could accurately represent the concerns and problems of all the Oklahoma elders.

In early 1978, the NICOA representatives from Oklahoma decided that these problems might be remedied by developing a statewide council to focus on the concerns of the Indian elderly.

Planning. The NICOA members took the first step toward establishing the Council by inviting each Oklahoma tribe to send a representative to an organizational meeting. The purpose of the meeting was to explain the concept of a state Indian council on aging, and then, if the tribes supported the concept, begin planning to set up the Council.

The organizational meeting was held in April 1978. The tribal representatives unanimously favored the concept, and set about planning the new council.

They discussed what the specific purposes and goals of the council should be, how many members should sit on the council, how members should be selected, how the council should be governed. When they had reached agreement on these issues, they drafted bylaws (reprinted on page 140).

When the new council members met for the first time in May 1978, they elected officers and adopted the bylaws.

Shortly after, the Oklahoma Indian Council on Aging was chartered through the state. This helped establish the legitimacy of the Council as a viable organization in the state

The Council's legitimacy was also affirmed by the tribal resolutions of support.

Membership. Indian elders from the eastern and western portions of Oklahoma have fairly different cultures and needs. Therefore, the planning committee set into the bylaws a requirement that the two areas be equally represented on the Council: seven members from the Muskogee BIA Area (eastern Oklahoma) and seven from the Anadarko BIA Area (western Oklahoma). In addition, the planning committee created two slots on the Council for representatives of Oklahoma's major urban areas, Oklahoma City and Tulsa.

The actual selection procedures were left up to the individual areas. In the Muskogee Area, members on the Council are selected by the Tribal Councils. In the Anadarko Area, where the elders were already more politically organized, and in the urban areas, Council members are selected by caucuses of the elderly.

To insure that the Council would accurately represent the elders' concerns, and be strongly committed to addressing those concerns, the planning committee required in the bylaws that at least one half of the membership be elders themselves. The planning committee and then the Council has encouraged tribes to select aging program staff to fill the remaining slots. Currently, the membership also includes a tribal chief, the director of a CHR program, a CHR, a tribal planner, and others involved in the field of aging.

Developing Connections with the State. To successfully obtain better services for Indian elderly, the Council believed that it must establish its legitimacy with the State government system.

The Council's first move to do this was to obtain a state charter. This meant that the Oklahoma Indian Council on Aging was incorporated as a non-profit private organization and thus became a viable organization eligible to receive funding from private and public sources.

The Council's legitimacy was also affirmed by tribal resolutions of support.

The Council invited representatives of various state agencies, including the State Office on Aging, to attend its meetings. These guests were often asked to speak to the Council on their programs, as well as to listen to the Council proceedings. This arrangement allowed Indian people to become more familiar with the State policies, personnel, and programs, and at the same time helped make the State people more aware of the special needs of their Indian population.

Grassroots Efforts. The Oklahoma Indian Council on Aging has also been directly involved in putting on a number of tribal conferences on aging. These conferences have generally included small group workshops and sessions to identify and make recommendations on the needs and concerns of the elderly in the tribes. These conferences have been well-attended, sometimes attracting more than 100 participants. They have helped increase tribal awareness of the needs of the elders, and have assisted the OICOA in identifying its own priorities. These tribal conferences have also sparked interest among other tribes in holding similar events.

Results. As a result of these efforts at the tribal and state government levels, and the ensuing visibility, the Council was invited to nominate a representative to the Governor's Advisory Council on Aging. For most of OICOA's history, its chairman has served on the Governor's Advisory Council.

The State has also requested the Council chairman to serve on the Governor's Planning Committee for the 1981 White House Conference on Aging. This appointment would help to ensure that Oklahoma's preparations for the Conference involve the Indian elderly and adequately reflect their unique concerns. In conjunction with this, five Oklahoma tribes are carrying out needs assessments of their elderly, and the results will be presented at the State Conference on Aging leading up to the national conference.

Recently, the State Office on Aging has also attempted to strengthen its communication with the Indian Council by naming an "Indian Liaison Specialist" to work with the Council on matters of concern to the Indian elderly.

Although Oklahoma has yet to fund tribal aging programs directly, the Council feels that its efforts have at least increased the state's awareness of its Indian elderly and opened channels of communication and cooperation that had not existed before.

Funding. The Oklahoma Indian Council on Aging has always operated on a shoestring. With no outside funding, the Council is dependent on assistance from the tribes to continue operating. The Council would like to obtain funds to hire a policy analyst and secretary, but to date they have not taken concrete steps to

obtain the funding.

Currently, the OICOA chairman's tribe donates clerical help, xeroxing, and postage costs. The chairman spends about three to four days preparing for each meeting and his time is volunteered also.

Funds for the Council members to travel to their bimonthly meetings are donated by tribes and by BIA Social Services. In other cases, Council members have been allowed to travel in vans from tribal aging programs.

YOUR ADVOCACY EFFORTS

Advocacy can be exciting and extremely rewarding. It can also be a tricky business.

Each issue, each situation you encounter as an advocate will be unique. A large part of good advocacy is being able to judge each new set of circumstances and respond most appropriately. Some pointers for effective advocacy:

Focus on One Issue at a Time. Effective advocacy requires a great deal of planning, effort, and time. Take the time to deal with each issue separately.

Choose a "Winnable" Issue. Some issues are better candidates for advocacy than others. Ask yourself some questions about the issue you plan to tackle:

- Do people (especially the elderly) care about the issue? Does it matter to them?
- Is it "solvable"? Are there realistic solutions to the problem?
- Is the issue just?
- Is the issue manageable? If you haven't been involved in advocacy before, start with small, well-defined, easily-solved problems. Tackle the "bigger" issues after you've had some experience and success at advocacy. When you work on a large problem (e.g. "our elders don't have adequate housing"), break the problem down into more manageable goals.

Know Your Issue Thoroughly. You should be so familiar with the issue that you can speak on it with no problems. Know it so well that no one will be able to spring any "surprises" on you.

- Find out the history of the problem. When did this problem first come up? How and why did it become a problem? How has it been dealt with so far? Try to identify the root cause of the problem.
- Find out who the problem is affecting, and how. What effects is the problem having on the elderly? Their families? Service providers? The community? How many people are being affected? Who is being hit hardest by the problem?
- Find out if others are having the same problem. Check with other reservations, urban Indian programs, non-Indian programs.

Involve the Elderly. Advocacy efforts on aging issues must involve the elderly.

Unless you talk to them, you cannot know how they want the issue resolved. And if you, as the service provider, are the spokesman for the issue, your word won't carry much weight. How will people know you represent the elderly, and not your own self-interest? When the elderly speak out, they will be more effective than you could be alone.

And finally, once the elders know how to "speak out" — advocate — on their own behalf, they have the tools to fight for themselves, even if you should leave. How to involve the elders?

- Talk with the elders about the problem. It affects *them*, so find out how they see it, how they react to it. Let them know how you see it as a service provider.
- Identify leaders among the elderly, and make them your focal point in dealing with the issue. These leaders can help you research and define the issue, can talk about it with other elders, the tribal council, even other reservations.
- Train the leaders to be advocates. *Your role as a service provider should be only to train the elders as advocates, and perhaps to help research and define the issue.* In many cases, training will have to involve not only familiarizing elders with the advocacy process, but also convincing them of their potential power as a group with shared interests and needs.
- With the help of the elder advocates, determine the consensus of the elderly. How do they feel about the issue? How would they like to see the problem resolved?

Identify the Goals. Once you and the elders have researched the issue and developed a consensus among the elderly, clearly identify what you want to be the outcome of your advocacy.

- Decide on the best possible outcome you can realistically aim for.
- Then think through what effects this outcome would have. Many people have fought for a particular result, only to realize after the result was achieved that it had "side effects" they had never considered. Don't let the "Why didn't we think of that before" syndrome happen to you!
- Modify your goals if necessary.
- Be flexible. In addition to identifying your "ideal" outcome, consider the range of solutions you *could* accept. If you can't reach your "ideal" outcome, a compromise may still be better than nothing. Consider ahead of time how much you are willing to compromise.

Analyze the Situation. In any advocacy situation, there's a best approach, and in each advocacy situation, it will be a little different from any other. To develop the best strategy, you will have to analyze your situation thoroughly.

- Understand the power structure you will be dealing with — whether it be your tribal council, the state legislature, or a county, state or federal agency. Know exactly how it works, who makes the decisions, what the procedures are. Find out who has authority to make the specific changes you are seeking. Bureaucrats are notorious at "passing the buck," so check up on the information they give you. *Someone* will always have authority to do what you you need done. Don't be afraid to go to the top. Never begin your public advocacy until you have this information.

- Identify any individuals or groups who share in this problem, or who would benefit from the changes you seek. Analyze how they might become your allies in this advocacy effort through an appeal to your common interests.
- Analyze who would be threatened by your efforts. If the status quo changes, who stands to lose money, power, or prestige? How important will the loss be to them?

  Also, consider who may feel *unnecessarily* alarmed. If you can relieve their fears you may gain another ally. For example, if your program were to fight for more funds, would another agency oppose you out of the mistaken fear that its budget would then be cut? Try to head off such harmful misunderstandings early in the game.
- Consider public awareness of your issue. Is the whole community already upset by the problem? Or is the issue little recognized except among the elders? Would greater public awareness help your cause? Would it hurt your efforts?

Develop Strategy. You have analyzed your issues, decided on your goals, identified your allies and your opposition, and figured out the power structure. You're now ready to develop your advocacy strategy. Among the approaches to consider are any one or a combination of the following:

- Letter-writing. Sometimes a few letters from elders, advisory boards, the tribal council, or service providers is enough to resolve the problem. In other cases, organizing letter-writing campaigns to state or national legislators can be very effective.
- Petitions. Having the elders sign and present a petition is frequently a very good strategy.
- Public meetings. To alert the community and arouse their support or get a community consensus, you may want to hold a town-hall kind of meeting.
- Testimonies. Especially when dealing with political issues involving public hearings or legislative sessions, it can be very effective to have elders or their families (or even service providers, depending on the issue) present oral or written testimony.
- Public rallies
- Picketing
- Media blitz. If public awareness will help your cause, notify newspapers, radio and television stations of your efforts. Give them news releases and ample notice of upcoming events.
- Introducing legislation
- Lobbying for legislation
- Filing a lawsuit.

As you consider various tactics, evaluate their effects on your overall effort. For example, if increased public awareness of the issue won't help you reach your goal, don't waste time on techniques designed mainly to attract public attention.

Analyze what "tone" your advocacy should have. Often enough, various agencies are completely unaware of the unique problems of Indian elders, and are willing to help once they understand the problem. In many other cases, agencies

are already aware of the problem but simply haven't known what to do about it. *Always go into your advocacy efforts ready to offer solutions and discuss alternatives.*

In other cases, of course, you will be dealing with people or agencies who do not want to cooperate with you. The "tone" of your advocacy campaign will have to fit the circumstances.

Again, some pointers in keeping the right tone:

- Never involve personalities, gossip or slander. Always be professional and diplomatic. Focus on the issues.
- Avoid emotional outbursts. Rarely will anger or tears help your cause. (But notice we said rarely. There may come a moment when nothing could be more effective. For example, you have presented a whole line-up of people giving testimony on the transportation needs of your reservation. The state legislature has remained unmoved. As a last resort, you might present the spouse or relative of an elder who died for lack of a vehicle to get him to a hospital. As a last resort, emotions may turn the tide for you. But be sure that even emotional presentations stick strictly to the facts.)
- Always know and follow the procedures required by the body you're dealing with. If you want to present testimony to the legislature, make sure you contact the proper people, observe deadlines and time limits. If you're dealing with a state agency, be sure you have exhausted its channels for making requests and grievances before you picket the building.
- Make sure it is the elders themselves carrying out the advocacy effort. The greater the number of well-prepared elders who are defending the issue and involved in the effort, the stronger the advocacy will be.
- Don't forget that the use of the *wrong* tactic or tone can alienate your supporters and turn sympathy against you.

Monitor Your Efforts/Modify Your Approach. As the advocacy effort unfolds, be alert for the effects your effort is having, and for changes in the situation. For example:

- Have any of your tactics backfired? How can you remedy the damage? How can you prevent the same thing from happening again?
- What are your interim results? Have you noticed an unexpectedly favorable or unfavorable reaction from any members of the organization you're dealing with? How can you change your strategy to deal better with this turn of events?
- Have you become aware of possibilities you hadn't considered before for resolving the issue? Can you take advantage of these possibilities?
- Do your original goals now seem less desirable or achievable than before? How can you modify them and still reach a solution?
- Do you see the possibility of some outcome or result you hadn't expected? Are you prepared to deal with it?

In other words, throughout the advocacy effort you should continually re-analyze the situation and re-evaluate your strategies. Never find yourself unprepared. And

stay flexible enough to seize any new strategy or opportunity that will help you reach a satisfactory solution.

Follow-Up. When your advocacy effort is over, analyze it from beginning to end. Evaluate the strengths and weaknesses in your effort, and get training for yourself and the elders in the areas where you made mistakes. Possible sources of training in advocacy may include your state office on aging, or nearby colleges and universities.

In addition, if your advocacy got results, monitor them to see whether they're having the intended effects, and whether they can be improved to serve the elderly even better.

To Organize or Not to Organize. At the beginning of this chapter, you saw examples of two very different kinds of advocacy efforts. In one, a formal, permanent, statewide organization was established to advocate on behalf of Indian elders. In the other, elders responded to an issue by carrying out a well-coordinated advocacy effort without developing any formal organization at all.

And there are many alternatives in between these extremes. For example, look at the Gila River Nutrition Project described earlier in this book. There, the local advisory councils at the elderly nutrition sites became the focal point for a number of successful advocacy efforts.

When is it helpful to develop an organizational structure to carry out advocacy, and how formal should it be?

- If the elders are responding to a one-time issue, a well-coordinated but informal effort like the Montana example is probably best. There is no point in spending the time to develop a formal advocacy organization if the need for the organization will disappear once the immediate issue is resolved.
- Once the elders have been involved in advocacy, however, they may want to apply what they have learned to other issues. If there is this kind of continuing local interest in advocacy, it may be wise to see that there is a permanent focus for these interests. Rather than a formal advocacy organization, however, local meal sites or senior centers and their advisory councils often provide a natural starting point for advocacy on local concerns. If this is appropriate for your community, you may want to refer to the section on the Gila River nutrition program to see how advocacy efforts evolved there.
- Formal organizations to carry out advocacy efforts can be very useful at state and national levels because they provide a means of bringing together different tribes or groups that share some common problems. If you would like assistance in starting a statewide Indian Council on Aging in your state, please contact:

National Indian Council on Aging
P.O. Box 2088
Albuquerque, New Mexico 87103
(505) 766-2276

BYLAWS
OF THE
OKLAHOMA INDIAN COUNCIL ON AGING

Article I. Name

The name of the corporation shall be the OKLAHOMA INDIAN COUNCIL ON AGING ("the corporation").

Article II. Purpose

The overall purpose of the OKLAHOMA INDIAN COUNCIL ON AGING is to operate exclusively for charitable or educational purposes, to bring about improved, comprehensive services to the Oklahoma Indian Elderly.

Article III. Objectives

The objectives of the corporation shall include but are not limited to:

1) *Assess the needs* and characteristics of the elderly Indian population in each planning and service area and in Oklahoma as a whole.

2) *Identify existing resources and facilities* that are available to elderly Oklahoma Indians.

3) Assist in *setting priorities* for services to the elderly Oklahoma Indian.

4) *Recommend resources and services* to fill unmet needs.

5) Assist in the *development* of the *State Plan* and the *Action Plan* for Serving Elderly Oklahoma Indians.

6) *Review and comment* on the *State and the Action Plan* each fiscal year before it is submitted to the Governor for approval.

7) *Assist the Area Agencies on Aging* in developing formal procedures *for review and comment* on the Area Plans and Area Action Plans for elderly Oklahoma Indians.

8) *Educate* older American Indians *of their right to comment* on the State and Area Plans and the State and Area Action Plans, thereby developing community interest and awareness of the problems of aging and furthering interest among the general public of programs and services for Older Americans.

9) Assume a role in the *implementation of such action* as is necessary *to fulfill the objectives of State and Area Plans and State and Area Action Plans* in so far as the participation of the Indian Elderly are concerned including budgetary activity, consultation, interagency pooling and coordination, community education and promotion and evaluation procedures.

Article IV. Offices

The Principal office of the corporation and such other offices as it may establish shall be located at such place or places within the State of Oklahoma as may be designated by the Board of Directors.

Article V. Membership

Section 1. At least one-half of the membership of the Oklahoma Indian Council on Aging must be comprised of elderly Indian consumers of services.

Section 2. Seven (7) members will represent the Federally recognized Eastern Oklahoma Tribes under the jurisdiction of the Muskogee Area Office of the Bureau of Indian Affairs. Tribal representatives should be knowledgeable of the traditions and needs of the Indian population and the special needs of the elderly Indian.

Section 3. Seven (7) members will represent the Federally recognized Western Oklahoma Tribes under the jurisdiction of the Anadarko Office of the Bureau of Indian Affairs. Tribal representatives should be knowledgeable of the traditions and needs of the Indian populations and the special needs of the elderly Indian.

Section 4. One (1) member from each of Oklahoma's two major urban areas — Tulsa and Oklahoma City.

Section 5. Members of the Oklahoma Indian Council on Aging who failed to attend two (2) consecutive meetings of the Council without a valid reason shall be subject to replacement on the Council.

Section 6. A quorum shall consist of one-half of the members on the membership roster plus one.

Article VI. Election and Duties of the Board of Directors

Section 1. Election of Officers

There shall be an annual election of officers the first Thursday in October in each succeeding year which shall consist of a chairman, vice-chairman, secretary, treasurer and one member at large.

Section 2. Duties of Officers

Chairman — The Chairman of the Board shall preside at all meetings of the Board of Directors; he shall have power to call special meetings of the Board of Directors for any purpose or purposes; and as Chief Executive Officer of the Council he shall generally do and perform all acts incident to the Office of Chairman that are authorized or required by law. The Chairman shall be an ex-officio voting member of all committees.

Vice Chairman — The Vice Chairman of the Board shall preside over the meetings of the Board of Directors in the absence of the Chairman and shall perform such other duties as may be authorized from time to time by resolution of the Board of Directors.

Treasurer — The Treasurer shall perform all duties customary to that office and shall have the care and custody of the funds and securities of that corporation and shall have the general supervision of the books of account, and shall give such bonds for the faithful performance of his duties as the Board of Directors may determine.

Secretary — The Secretary shall keep the minutes of the Board of Director's meetings and shall have the custody of the seal of the Council and shall affix the same to documents when authorized to do so. He or she shall perform all other duties usual to that office.

Section 3. Removal of Officers

Any officer may be removed from office for cause at a meeting of the Board of Directors by a majority vote of the Directors present and voting.

Section 4. Vacancy of Office

Vacancies shall be filled for the unexpired term only at a meeting of the Board of Directors by a majority vote of the Directors present and voting.

Article VII. Executive Board

The Executive Board shall consist of the Chairman, Vice Chairman, Secretary, Treasurer and one member elected at large by the Council. The term of office for the Executive Board shall be one year. Three members of the Executive Board at a meeting will constitute a quorum.

Article VIII. Meetings

Regular meetings of the Council must be held every two months. Special meetings may be called by the Executive Board as needed.

Article IX. Order of Business

The order of Business at meetings of the Oklahoma Indian Council on Aging shall be as follows:

1. Call to Order
2. Roll Call
3. Approval of Minutes of Previous Meeting
4. Unfinished Business
5. New Business
6. Reports
7. Communications
8. Adjournment

Article X. — Voting

Only members in good standing of the Oklahoma Indian Council on Aging shall have the right to vote on official Council business. A member who is going to be absent may designate a proxy voting right for that specific meeting by notifying the Chairman in writing before the meeting is called to order.

Article XI. Contracts, Checks, Loans, Deposits, Audits

Section 1. Contracts — The Board of Directors may by resolution authorize any officer or officers to enter into any contract or to execute and deliver any instrument in the name of and on behalf of the corporation.

Section 2. Loans — No loans shall be contracted on behalf of the corporation, and no evidences of indebtedness shall be issued in its name, unless by resolution of the Board of Directors.

Section 3. Checks, Drafts, etc. — All checks, drafts, or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation, shall be signed by such officer or officers of the corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors.

Section 4. Deposits — All funds of the corporation not otherwise employed shall be deposited from time to time to the credit of the corporation in such banks, trust companies or other depositories as the Board of Directors may select.

Section 5. Annual Audit — A certified public accountant shall audit the financial records of the corporation and prepare a full financial statement to be submitted to each member of the Board of Directors one month before each annual meeting of the Board of Directors.

Article XII — Committees

The Board of Directors may, by resolution as they see fit, establish appropriate committees and designate by a majority vote the members of the Board who will serve on these committees.

Article XIII — Corporate Seal

The Board of Directors shall provide a corporate seal which shall be circular in form and shall have inscribed thereon the name of the corporation and the State of incorporation and the words, "Corporate Seal".

Article XIV — Amendments

These Bylaws may be altered, amended or repealed and new Bylaws may be adopted by a majority vote of the then Board of Directors at any regular or special meeting of the Board of Directors.

GRANTSMANSHIP

Proposal writing is a task few people enjoy. But since it's necessary, we hope the following pages will make it a little less painful for you — and maybe even a little more successful!

APPROACHES TO GRANTSMANSHIP

There are several ways to approach the idea of getting funds. Many people keep a watchful eye and ear for new sources of funding. When they discover a likely source, they study its requirements, figure out how to develop a program around the requirements, and submit a proposal. Logical as this may seem, it has at least one serious drawback: If you use this approach, you are essentially letting outsiders determine the kinds of programs and services that will be available to the elders. In fact, the philosophy behind this approach often seems to be that any money is better than no money. We hope you'll question that philosophy.

Another approach is to develop plans that are suited for your reservation, *then* start hunting for funding sources that would back your plan. This approach at least suggests that you are evaluating the special needs and wishes of the elders on your reservation, trying to determine how best to meet them, and setting priorities. In other words, you are trying to shape programs and services to your reservation, not just to the requirements of funding agencies.

The third and best approach is a combination of these two — keeping well informed on a variety of funding sources, so that you have the best chance of carrying out those plans and priorities designed for your reservation!

WHERE ARE THE FUNDS?

The two basic sources of funding are the federal government and private, non-profit foundations.

Resource person was:

Deborah Monahan
Dept. of Public Policy, Planning & Administration
College of Business and Public Administration
The University of Arizona
Tucson, AZ 85721
(602) 626-4855

Government. A partial listing of government funding sources is included at the end of this manual. For a complete listing of federal funding sources, you can consult *The Catalogue of Federal Domestic Assistance.* This publication describes federal programs that make funding available, including details on the nature and purpose of each program, eligibility requirements, contact person, administering agency, authorizing legislation, and any printed information on the subject.

The catalog is usually available at university libraries and state government libraries, and chances are your tribal planner has a copy. The catalog can be ordered from:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402
(202) 783-3238
$20

Another publication can help you identify government agencies that deal with programs like the one you have in mind. This publication, the *U.S. Government Organization Manual,* can help you locate possible areas of funding, and will tell you who to contact, and where to locate specific regulations. This publication is revised yearly and can be ordered for $8.50 from the Superintendent of Documents.

Private Foundations. Private, non-profit foundations have not been tapped much by Indian programs, but they can be a good source of funds, especially for projects that don't fit into the government's current priorities. Several publications can help you locate foundations that might be interested in your plans. They are:

The Foundation Directory (7th ed.)
The Columbia University Press
136 S. Broadway
Irvington, NY 10533
(914) 591-9111
$41.50

Foundation News
Council on Foundations
1828 L St., NW
Washington, DC 20036
(202) 466-6512
$20 per year (6 issues)

Philanthropic Digest
1100 17th St., NW
Washington, DC 20036
(202) 785-4829
$25 per year (16 issues)

GETTING YOUR FOOT IN THE DOOR

Let's say you've identified some foundations or agencies that might be willing to fund your project. Now there are some steps you can take to lessen the possibility that you'll waste your time writing a proposal that won't be funded. These steps are a little different for government and private funding sources, although the basic ideas are the same: to introduce yourself, develop some communication, and make sure you know what the agency or foundation wants to fund.

Government Sources. When you've found one or two federal programs that appear to be likely funding sources, get more information on them. Specifically, you should write for:

- The program guidelines. These will tell you exactly what the agency requires a a proposal to look like and what the proposal should say. The guidelines will also tell you about any special procedures you must follow when you submit a proposal.
- A copy of the sponsoring legislation. This will be the law that made the funds available. Read it very carefully, so you know the Congressional intent behind the law. What did Congress really want these funds to be used for?

You can get these items by writing to the funding agency or your Congressman. (Often your Congressman will respond faster.)

If the funding source still looks good to you after you've studied the guidelines and sponsoring legislation, develop some communication with the agency. If the agency has a state or regional office, you may want to make your contact there. Also check whether the agency has an "Indian desk".

At this point, you don't need to talk about money — just ideas. Find out what the funding agency is doing, what kinds of projects it's currently funding. Discuss your program and ideas. You can get a feel for whether your project will fit in with the agency's priorities, and whether it will appeal to them. Often, you may find that you will have to compromise somewhat between your original idea and the funding agency's expectations. You will have to decide just how much you're willing to compromise. If the agency just isn't "in tune" with your concept, it would be wise to look for an alternate source of funds.

You can also try to determine whether it's worth your while to prepare a proposal by asking your contact person questions such as:

- How much money is now available? (If there's not much, could the agency fund part of your project, or a planning grant?)
- How much money is available for *new* projects?
- Are the funds targeted for a particular geographic area or population group?

If you have a good relationship with your contact person, and decide to go ahead with a proposal, you may even want to ask your contact if you could submit a preliminary proposal for his review. The preliminary proposal should be brief and concise, presenting just the basics: a brief summary of the project, an explanation of the problem and its importance, what you hope to accomplish and how. Ask him if he wants to see a budget or just the total cost of the project. Upon reviewing the preliminary proposal, your contact person may be able to tell you that the project isn't appropriate for the funding source (saving you the work of developing a complete proposal) — or he may give you valuable suggestions that will make your final proposal stronger.

Foundations. With foundations, too, you will want as much background information as possible before you submit your request for funding. When you've identified some foundations that look promising, write to them for a copy of their most recent financial statement. This statement will list the projects currently being funded, and the amount of each award. By studying what kinds of projects

the foundation has recently funded, you should be able to get a feeling as to whether the foundation would be interested in funding a project like yours. Also take a look at the amounts of the grants. Are they in the same "ballpark" as what you will need? If all the foundation's grants have been under $5,000 and you need $20,000, it's probably not the source for you. Likewise, if the foundation's grants are all large and you need only a small sum, look for another source.

If the foundation appears to be a likely source of funding, the next step is to contact them. If you're fortunate enough to know anyone on the foundation's staff, go through that person. If not, send a *brief* letter to the director outlining what your proposal project will do, why it's needed, what its value will be, how long it will last, the total cost (*not* a budget) and your expected starting date. Tell the director you would be glad to talk with him or provide further information upon request.

By the way, before you send this letter off, be sure you have the details of your proposal put together. If the foundation is interested in your project, they may ask you to send the details immediately. But don't submit the details until requested. The foundation may ask you to modify your project before submitting a proposal, or they may ask you to put the proposal in a particular format.

GENERAL POINTERS FOR PROPOSAL-WRITING

Before we discuss how to put together the individual components of a proposal, we'd like to bring out some general qualities you should build into your proposals.

- ***Completeness.*** Be sure all paperwork and forms are completely filled out, and all requirements are complied with. Many federal agencies will not consider your application if it's not completed properly.
- ***Clarity.*** Make your writing style and your format as clear as possible. Keep your language simple; avoid jargon. The first paragraph of each major section in the proposal should summarize the contents of that section. Each section should follow the next logically and smoothly. Remember that your proposal will probably be reviewed by someone who has many proposals to read in just a few days. If your proposal is hard to follow, your reviewer may just give up in frustration and go on to others that are clearer.
- ***Comprehensiveness.*** Your proposal should show that you thoroughly understand the problem your project is designed to solve. Let the funding agency know that you understand the scope of the problem, its effects, its context.
- ***Content.*** Give the reviewer a clear picture of what you want to do with the funds. Be sure your goals are translated into *measurable* objectives that can be easily evaluated.
- ***Concepts.*** Demonstrate that you understand the concepts and terminology in your field. If you have any questions about the meaning of terms or concepts referred to in the guidelines or application, call your contact person in the funding agency and find out exactly what they mean by these concepts.
- ***Common sense.*** Does your proposal show that your plans make sense — that

they're appropriate to solve the problem, and will work for your target population, geographic area, etc.?

- *Credentials.* Funding sources will want to know if you've got the expertise to carry out the project. So don't be modest about describing the qualifications (degrees, past experience and accomplishments) of your staff — especially the project director. If you don't have the credentials on your staff — buy them. Show that you will have the assistance of qualified consultants, the collaboration of a college or university, etc.
- *Clout.* Some things give you an edge over others seeking funds. Establish a good relationship with someone in the funding agency. Emphasize the special factors that make you a good choice for funding: were you the first program in aging on the reservation? Is there some reason that you're "in the right place at the right time" to carry out the project?
- *Comparability.* Give evidence that your project could serve as a model for other communities. Most funding sources are more likely to fund projects that might be duplicated in other communities in the future. (This is especially important if you are proposing a demonstration project — that is, a new kind of project that hasn't been tried before.)
- *Continuity.* Don't present your project in complete isolation. Show how your proposed project fits into the network of existing services, how it fits into the community at large. You might want to include a few diagrams or charts that show the linkages of this project to other services and organizations. (This is most important if you are applying for continued funding of an existing program.)
- *Costs.* Present figures on the cost of a unit of service, as well as the overall costs of the project. Make sure the costs are appropriate for the scope of the project or the problem.
- *Creativity.* This is more important than many people realize. It involves having a vision, a dream, bending rules, using any resources at hand to achieve the desired results. Creativity puts the spark of life, zest, and belief into your proposal.
- *Compulsiveness.* Last but not least — stay with the project from beginning to end. Follow through on every possibility to increase your chances of being funded. Keep up communication with the funding agency, get answers to any questions you may have about procedures, do all the research needed to make your proposal convincing, take time to write a clear, logical proposal. If your proposal isn't funded, don't quit yet. Go back to the funding source and ask *why* your proposal was turned down. What could you do to improve your proposal so it's funded next time around? Get some training or technical assistance to improve your skills if necessary.

PUTTING THE PROPOSAL TOGETHER

The final form of your proposal will depend on whether it's being submitted to a foundation or a government agency. If you're applying for a federal grant, you will likely have numerous forms to fill out and a very specific format to follow. In

contrast, a foundation will generally require only a letter detailing your organization's history and qualifications, a description of the project's goals, time frame, scope of impact (e.g. a community, a reservation, all the Indian elders in your state), evidence that the project is needed, need for financial support, a budget (showing all your sources of financial and in-kind assistance), names and addresses of any consultants that will be involved, and a review of your previous contacts with the foundation. All this should take no more than 3-4 pages.

Whether applying to federal sources or foundations, though, a cardinal rule is to know exactly what they require n the way of format and content. Don't let your project go unfunded just because you failed to follow the rules of the funding agency! Especially with federal forms, know exactly what is required in that application before you start to write.

The following discussion is intended to help you work through the components that are generally included in some form in any grant application.

Proposal Summary. Most federal grant application forms have a box on the first page for a summary of your proposal. In a proposal to a foundation, your summary should be in a cover letter, or in the first page of your proposal. Although the summary is very short, that doesn't mean it's unimportant! As a matter of fact, proposals are usually reviewed by panels of experts who have a stack of proposals to read in a few days. They usually start by looking over the proposal summaries. If your summary doesn't give a clear, accurate, and convincing picture of what your project is all about, the rest of the proposal may never be read. The summary should tell who you are, describe the scope of your project, and give total cost. Make sure a reviewer can tell from your summary that your project fits the priorities of the funding source.

Introduction. Here you tell about your organization. Your goals should be two-fold: to establish your credibility as an organization that can and should carry out the proposed project, and to emphasize the relation between your idea and the interests of the funding agency.

Briefly and simply, tell how your organization got started, its past accomplishments, its purposes and goals, anything special about it (e.g. was it the first of its kind on the reservation), and evidence of support for the organization. Include letters of support in an appendix. Consider whether it would help to cite some of the qualifications and achievements of your staff or board members.

As you describe the organization, emphasize the aspects that will appeal to the funding agency. For example, does the agency or foundation like to see community involvement? Does it look for innovative approaches? Does it go for long-established organizations that have already "proved" themselves?

Problem Statement. Your proposal must show what problem or need you are trying to address, document that this need really exists, and relate your organization's interests and qualifications to the problem. Grant writers often have trouble with this section. Some pointers:

- Be sure the problem is well-defined. Make it specific and narrow enough that a project like the one you're proposing could really solve the problem. If you

hit the funding agency with a description of all the troubles facing the elders on your reservation, they may think your proposed project is totally inadequate! Narrow the problem down until it's manageable and solvable.

- Document the problem. Show statistics that illustrate the scope or severity of the problem on your reservation. (Don't go overboard with statistics, though. Select only the most important ones, the ones that most clearly support your proposal. If you want to include complete results of your needs assessment or lots of charts and graphs, put them in the appendix.) Sometimes statements from clients or their families, tribal leaders, or service providers can also help document the problem.
- Show that you understand this particular problem thoroughly—the scope of the problem, its long- and short-range effects, the context in which the problem exists.
- Make sure the reviewer can see a connection between your organization, as you described its history, goals and qualifications, and the problem you're now trying to solve.

Project Objectives. Once you've described the problem, your objectives should follow naturally. What are objectives? They are the *outcomes* of your project—and they should be *measurable*. Again, many grant writers run into difficulties defining their objectives. Remember:

- "Objectives" and "methods" are different. "Objectives" are the specific changes or results you want your project to cause. "Methods" are the means by which you'll get those results. For example, is your problem poor nutrition among the elderly? Then your *objective* might be to improve the nutritional status of 40 elders by providing one hot, nutritionally-balanced meal per day, 5 days a week. Your *method* will be to develop and operate a congregate meals program for the elderly.
- Your objectives should be *measurable.* That way, both you and your funding agency know exactly what you're aiming for, and the program will be much easier to evaluate.
- Make sure your objectives are reasonable. Don't pick numbers or percentages out of thin air. Know why you chose the figures you did. Let's go back to the example of the nutrition program. How many elders will you aim to serve? You should know that elderly nutrition programs run by states rarely serve more than 3-5% of the eligible senior citizens. On reservations, participation rates are usually much higher — but they never manage to reach *all* the elders, or 90% or 75% of them. So don't set your objective unreasonably high or low for a reservation elderly nutrition program. Not only would your program do badly in an evaluation, but the reviewer of the proposal might wonder whether you know enough about your field to tackle the problem.

Methods. Once you've established the objectives of the project, you're ready to describe how you will achieve those objectives. Here you have two goals: to present your methods clearly and precisely, and to tell *why* you chose those particular methods. Both aspects are important.

- Describe your methods precisely enough so that it's clear exactly how you'll proceed to reach your goals. At the end of the project year, you (or an evaluator) should be able to compare your statement of methods with your actual activities through the year, and judge whether you did what you said you would.
- Tell why these methods are the ones you should use. You may have to do some research to find out if other programs have tried to solve the same problem. What methods did they use, and how successfully? Are there less expensive alternatives to your method that might work just as well?

In short, you must not only convince the funding source that it should spend money to solve the problem you've identified. You must also convince them your plan of action is worth considering. If you can show a good knowledge of the field in this section, you'll add a lot to your credibility.

Evaluation. This component has become more important over the last few years. (As money gets tighter, funding agencies want to be sure they're getting results for their dollars.) A good evaluation plan can also be useful to the project administrators by letting them know if the methods need to be modified to reach the objectives.

If the objectives and methods have been defined adequately, that should set the stage for the evaluation component.

You may plan to have internal (in-house) evaluations, or evaluation by someone outside your organization. This "outside" evaluation is usually preferable because it allows for more objectivity in the evaluator. You may even want to have another organization or nearby college or university help design the evaluation component and submit it with your proposal, along with the budget to carry it out. This can even strengthen your proposal, because now you've helped ensure an objective evaluation—and you've got the collaboration of a college, university, or outside consultant. That can't hurt!

Future Funding. You should also assure the funding source that you have a plan to secure continued funding. The foundation or agency doesn't want to support your project forever, yet they also want to know the project won't die for lack of funds after their grant runs out. It is reassuring to a funding source to know, for example, that you have a plan to make the project self-supporting after three years, or that there is a community organization that will pick up the project's funding once it's established.

The Budget.* As with proposals themselves, funding source requirements for budgets differ, with foundations requiring less extensive budgets than federal

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* The section on budgeting is excerpted from a very fine article on proposal writing entitled "Program Planning and Proposal Writing," © The Grantsmanship Center, 1978. This article appeared in The Grantsmanship Center NEWS which is published six times per year by The Grantsmanship Center, a nonprofit, tax-exempt educational institution located at 1031 S. Grand Avenue, Los Angeles, California 90015. An expanded version of this article is available from the Center: 1-10 copies, $2.55 each; 11-25 copies, $2.35 each; 26-100 copies, $2.25 each; 101 copies or more, $2.10 each.

agencies. The following budget design will satisfy most funding sources that allow you to design your own budget and, with minor changes that the sources will tell you about, can be adapted to fit most federal agency requirements. Our recommended budget* contains two components — the first is Personnel and the second is Non-Personnel. You can expect that in most social services and related programs, approximately 80 percent of the budget will fall into three components of the Personnel section.

I. PERSONNEL

A. Wages & Salaries

In this section you list all full and part-time staff in the proposed program. We suggest the following layout:

(No. of persons in each position)	(Title)	(Monthly salary)	(% time on project)	(No. of mos. employed in grant period)	*Total Requested*	*Donated*

How does this look on a completed budget? Well, if you are employing an Executive Director at a salary of $1,000 a month, working full-time (100 percent) for the entire grant period (12 months) and you are asking the funding source to provide his salary, then it looks like this:

	Requested	*Donated*
(1) Executive Director at $1,000 per mo. (100% time) x 12 mos.	$12,000	

You can list all of your staff this same way. If any of your staff are being paid out of another source of funds (for example, a staff person assigned to your project by a County agency) then you total up their salary and put it in the "donated" column. This column might also be called "non-federal" share in the case of federal programs, or also "matching" or "in-kind" contribution. Like this:

	Requested	*Donated*
(2) Counselors at $700 per mo. (50% time) x 6 mos.		$4,200

This means that you will have two half-time counselors on your staff for six months and their salaries are being paid by somebody other than the funding source you are applying to. You still put their full-time salary in the budget ($700 per month), take half of it (they are only working 50 percent time), multiply the $350 by the six months they will be working on this project (giving you $2,100). and multiplying by 2 (the number of people employed in this capacity). This gives you a total of $4,200 of donated counselor services in this project.

What does the $1,000 per month figure for the salary of the Executive Director represent?

It may represent his or her actual salary for each month of the year. However, particularly in a new program, it may not. Our suggestion is that all organizations

*Editor's note: All costs and percentages in the sample budget are provided as examples only. Check current figures before preparing your budget.

develop a five-step salary schedule for each job in the organization. The salary range for an Executive Director in the above agency may look like this:

Step A	Step B	Step C	Step D	Step E
$900/mo.	$950/mo.	$1,000/mo.	$1,050/mo.	$1,100/mo.

If you have developed this kind of salary schedule for each position, then you can place in the monthly salary column of your budget the middle step of the salary range for each position, place an asterisk next to each quoted salary, and a note at the bottom of the salary section telling the reader that all salaries are listed at the middle step of the salary range for that position. Then you can attach your salary schedule to the budget. This method allows for a good deal of flexibility in fixing salaries for individuals that are hired.

For example you may have somebody in mind for the Executive Director's job who is presently earning $825 per month, and who would be delighted to come to work for you at the first step of the salary range for Executive Director ($900 per month). On the other hand, there may be an outstanding candidate for the job who is presently earning $1,000 per month, and who wouldn't come to work for you for less than $1,050 per month. Using salary range in this manner allows you to employ either person, at the appropriate salary, with the assumption being that all persons' salaries will average out towards the middle of the salary range.

How do you determine what the salary range for an Executive Director for your agency ought to be?

The federal government requires that all of your salaries are comparable to the prevailing practices in similar agencies in your community. To justify the salaries you build into your budget you must obtain information from other local agencies regarding the salaries of persons with job descriptions, qualifications and responsibilities similar to those of the jobs in your agency. You might go to the local city and/or county government, the school district, the United Way or United Fund, etc. By comparing the jobs at other local agencies, you plan a salary for each position, and you keep the "comparability data" on hand, should you be asked by the funding source to justify your staff salaries.

B. Fringe Benefits

In this section you list all the fringe benefits your employees will be receiving, and the dollar cost of these benefits. Some fringe benefits are mandatory — but these vary from state to state, so you will have to determine what they are for your agency in your state. Mandatory fringe benefits may include State Disability Insurance, Unemployment Compensation, Retirement Contributions, etc. Most nonprofit agencies may vote, when they are started, not to participate in Social Security. These fringe benefits are all based on a percentage of salaries. For example, FICA, which is going up, has been based on 5.85 percent of the first $10,000 of each person's salary. Therefore, an entry for FICA on your budget might look like this:

	Requested	*Donated*
FICA at 5.85% x $87,000	$5,090	

$87,000 is the total of all your salaries. up to $10,800 for any one person.

Some fringe benefits may be paid not on a percentage of salary, but with an absolute dollar amount for each employee. For example:

	Requested	*Donated*
Health Insurance at $10 per mo. x 8 employees x 12 mos.	$960	

How do you determine what fringe benefits to provide to employees in your agency?

If you already operate a variety of programs your answer is simple. Employees in a new project receive the same fringe benefits as those you already employ in some other activity. The federal government requires this parity, and it is a good practice. If you are starting a new agency, or haven't formulated a fringe benefit policy yet, then you go to the same kinds of figures as you did when establishing your salary schedule — you provide in fringe benefits what is comparable to the prevailing practice in similar agencies in your community.

C. Consultants & Contract Services

This is the third and final part of the Personnel section of your budget. In this section you include paid and unpaid consultants, volunteers and services for which you contract. For example, your project may not be large enough to warrant hiring a full-time bookkeeper, and you may want to use a bookkeeping service to keep up your books. An entry in your budget will look like this:

	Requested	*Donated*
Bookkeeping Service at $75 per mo. x 12 mos.		

You should be running your two totals columns — requested and donated — through your entire proposal, so you have a choice of where you put the total for this service. If you are going to pay for it, it goes in the "requested" column:

	Requested	*Donated*
Bookkeeping Service at $75 per mo. x 12 mos.	$900	

If the services are being provided free by a friend of the project then it goes in the "donated" column:

	Requested	*Donated*
Bookkeeping Service at $75 per mo. x 12 mos.		$900

It is important to develop as much donated services and equipment as possible. No funding source likes to feel it is being asked to carry the entire burden of a project. If the project really means something to you and to your community, then you should have been able to develop a substantial "matching" contribution in your budget. Other kinds of contract services that might be included would be for auditing, public relations, etc.

In this section you can include all of your volunteer assistance. How do you value a volunteer's time for budgetary purposes? Well, federal agencies maintain lists of various types of jobs, and assign a value to each hour of volunteer time for each

position. For example, the time of a professional Social Worker may be valued at $7.50 per hour, and would look like this in your budget:

	Requested	*Donated*
(1) Volunteer Social Worker at $7.50 per hr. x 4 hrs. per wk. x 40 wks.		$1,200

The figure which you get from a federal agency volunteer valuation list may be less than the actual current hourly salary of the volunteer. In that case, you may use the actual hourly salary, but be prepared to substantiate that figure. Or, the volunteer may have worked as a paid consultant for $10 per hour. You can use that figure if you can document it.

With all of your volunteers you are required to deliver the promised volunteer services, just as if the funding source was actually paying their salary, and you will be asked to document the work performed by volunteers and keep records of their volunteer time which may be audited in the case of a federal grant.

II. NON-PERSONNEL

A. Space Costs

In this section you list all of the facilities you will be using, both those on which you pay rent and those which are being donated for your use. Rent you pay, or the valuation of donated facilities, must be comparable to prevailing rents in the geographical area in which you are located. In addition to the actual rent, you should also include the cost of utilities, maintenance services and renovations, if they are absolutely essential to your program.

B. Rental, Lease or Purchase of Equipment

Here you list all of the equipment, donated or to be purchased, that will be used in the proposed program. This includes office equipment, typewriters, Xerox machines, etc. Let discretion be your guide in this section. Try to obtain as much donated equipment as you can. It not only lowers the cost of the program, but it shows the funding source that other people are involved in trying to make the program happen.

C. Consumable Supplies

This means supplies such as paper clips, paper, pens, pencils, etc. If you have any unusual needs for supplies — perhaps you are making a workroom available for community persons — then put in a separate figure for that. For example:

	Requested	*Donated*
18 staff x $75 per year	$600	
Supplies for community workroom x $30 per mo. x 12 mos.		$360

D. Travel

Divide the section up into local and out-of-town travel. Don't put in any big lump sums which will require interpretation or raise a question at the funding source. Remember, on local mileage all of your staff won't be driving on the job,

and not all who do will drive the same amount. For example:

	Requested	*Donated*
Out-of-town travel		
(1) Community Organizer to NACD training program in Detroit, July 5-8, $242 round-trip airfare plus 4 days per diem at $25 per day	$342	

	Requested	*Donated*
Local travel		
Exec. Director at 100 mi. per mo. x 12 mos. x 10¢ per mi.	$120	
(2) Community Organizers at 500 mi. per mo. x 12 mos. x 10¢ per mi.	$1,200	

Out of town travel is a very vulnerable section of your budget. Plan and justify as completely as you can.

E. Telephones

Remember installation costs! Put in the number of instruments you will need times the expected monthly cost per instrument. Justify any extensive out-of-town calling that you will have to do.

F. Other Costs

This catch-all category can include the following:

1. Postage
2. Fire, theft and liability insurance
3. Dues in professional associations paid by the agency
4. Subscriptions
5. Publications, the cost of which may be broken up into:
   a. printing
   b. typesetting
   c. addressing, if done by a service
   d. mailing (separate and distinct from office postage above)
6. Any other items that don't logically fit elsewhere

A Note About Indirect Costs

Some programs, particularly those conducted within a large institution, such as a college or university, also include an indirect cost figure. Indirect costs are paid to the host institution in return for its rendering certain services to the project. The host may manage the bookkeeping and payroll, assume some responsibility for overseeing the project, take care of maintenance and utility costs, etc. The first time an institution conducts a federally funded program it projects what these indirect costs will be. Subsequently there is an audit by the federal government, and an indirect cost figure is fixed which will hold for the institution for all subsequent federal grants until the time of the next audit.

SAMPLE BUDGET

Total Budget		Total $91,664		Requested $76,442	Donated $15,222
I. Personnel	Sub-total		---------	$69,676	$ 4,000
A. Salaries and Wages				$50,100	
(1) Exec. Director at $1,000/mo (100% time) x 12 mos.			$12,000		
(1) Admin. Ass't. at $700/mo (100%) x 12 mos			8,400		
(1) Librarian at $800/mo (100%) x 12 mos mos			9,600		
(1) Research Ass't. at $750/mo (100%) x 12 mos			9,000		
(1) Secretary at $625/mo (100%) x 12 mos			7,500		
(1) Secretary at $600/mo (50%) x 12 mos			3,600		
			$50,100		
B. Fringe Benefits				$ 4,576	
SUI (State Unemployment Insurance) 3.6% of first $4,200 of each salary, 3.6% x $24,000			$ 886		
Workman's Compensation = $100 for all employees			100		
FICA = 5.85% of first $10,800 of each employee salary = 5.85% x $48,900			2,870		
Health Insurance = $10/mo x 6 employees x 12 mos			720		
			$ 4,576		
C. Consultants and Contract Services				$15,000	$ 4,000
150 Trainer days to conduct training programs at $100 per trainer day			$15,000		
Auditing Services (donated) 10 days at $150 per day		$1,500			
Legal Services (donated) 5 days at $200 per day		1,000			
Public Relations (donated) 10 days at $150 per day		1,500			
		$4,000	$15,000		
	Sub-total			$ 6,766	$11,222

			Requested	Donated
II. Non-Personnel				
A. Space Costs				9,060
2,100 sq. ft. at 300/ft/mo x 12 mos (donated)	$7,560			
Maintenance at $75/mo x 12 mos (donated)	900			
Utilities at $50/mo x 12 mos (donated)	600			
	$9,060			
B. Rental, Lease & Purchase of Equipment			$ 75	2,162
(1) Desk at $75		$ 75		
(6) Desks at rental equivalent of $6 ea/mo x 12 mos (donated)	$ 432			
(3) Typewriters at rental equivalent of $20 ea/mo x 12 mos (donated)	720			
(4) File Cabinets at $60 (donated)	240			
(40) Student chairs at $7 (donated)	280			
(10) Office chairs at $40 (donated)	400			
(1) Adding machine at $90 (donated)	90			
	$2,162	75		
C. Consumable Supplies			$ 900	
6 employees x $75 each/year	$ 900			
D. Travel			$ 1,651	
Local				
Exec. Director at 100 mi/mo x 12 mos x 10¢ mi		$ 120		
2 Trainers at 500 mi/mo x 10¢ mi		1,200		
		$ 1,320		
Out-of-Town				
Exec. Director to NCOP Conf. in Detroit. Oct 22-24 at $256 r-t airfare + 3 days per diem at $75		$ 331		
		$ 1,651		
			$ 2,040	

	Requested	Donated
E. Telephone		
Six lines at $20/mo x 12 mos	$ 1,440	
Out-of-town calls at $50/mo	600	
	$ 2,040	
F. Other Costs		2,100
Postage: $100/mo x 12 mos	$ 1,200	
Library acquisitions, including subscription to periodicals, such as	600	
Insurance	300	
	$ 2,100	

SOURCES OF FUNDING UNDER THE OLDER AMERICANS ACT

The Older Americans Act, passed in 1965, was the first law to authorize funding for a wide range of services for the elderly. It is still one of the most important pieces of legislation affecting older people, and most aging programs get at least part of their funding through this Act.

The Act, as amended most recently in 1978, has six sections, or Titles. Each Title addresses one subject area or issue. Titles I and II establish the basic purposes of the law and set up the bureaucracy to administer it. Funds are available under the rest of the Titles to provide services related to the subject of the Title.

TITLE III, GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

This Title is set up to encourage and help state and area agencies on aging to plan and deliver services to elders in a comprehensive, coordinated way. Funds are available under two parts of Title III.

Title III, Part B — Social Services offers funding for the following to be provided as part of a comprehensive program for elders:

- Transportation (including funds to purchase or lease vehicles, and to administer, staff and operate transportation services)
- In-home services, including homemaker, home health aide, chore services, shopping services, visiting, telephone reassurance
- Multi-purpose senior centers (including funds to lease, buy, build, alter or renovate a facility, which can be a mobile unit if necessary)
- Legal services, including tax counseling and assistance (may be offered by paralegals if appropriate)
- Services to obtain adequate housing, such as repairing or renovating elders' homes
- Services for physical and mental well-being (can include health screening to prevent illness)
- Recreational programs
- Information and referral, outreach
- Advocacy
- Any other social services that are necessary for the general welfare of the elders.

Title III-B monies can be used for administration, staffing, purchase of equipment and supplies, and program evaluation for any of the services listed above. The funds can also be used to develop a comprehensive, coordinated service delivery mechanism.

Persons receiving Title III-B services must meet an age eligibility criterion, which is set by the state. Check with your State Office on Aging to determine the age limit in your state.

Title III, Part C — Nutrition Services (formerly Title VII) offers funding for:

- Congregate meals
- Home-delivered meals
- Nutrition education.

To be funded by Title III-C, a nutrition program must serve meals at least 5 days a week. Title III-C services must be limited to people over 60, and their spouses. Anyone else who participates must pay the full cost of the meal.

Although the funds for social and nutrition services come from different parts of Title III, it is expected that there will be close cooperation between the two programs, and often they are operated as a single program.

Title III funds are channeled from the Administration on Aging to State Offices on Aging. Most states pass the money on to area agencies on aging, which plan and administer Title III programs for specific geographical areas of the state. To get Title III money, you will have to apply to your area agency on aging. If your state doesn't have area agencies, then you will apply to your State Office on Aging. If necessary, your state office can help you locate the appropriate area agency.

Plans for allocating Title III monies are made once a year. To be sure you're included, contact your state or area agency well before its deadline for preparing its plans for the coming year.

If you have questions or problems regarding Title III, take them first to your area agency. If you can't get a satisfactory answer there, go to your state office on aging. If you feel you're still not getting the answers you need, contact your regional office on aging. Last stop is the Commissioner of the Administration on Aging:

Commissioner on Aging
Administration on Aging
Dept. of Health and Human Services
330 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 472-3040

If your area agency tells you that you must go to Title VI for funding, don't accept that answer. Title VI, described a little further on, is a special Title of the Older Americans Act for federally recognized tribes. By law, tribes have a *choice* between Title III and Title VI, and can even use both Titles on different parts of the reservation. Some area agencies seem to have the mistaken idea that Title VI relieves them of responsibility for reservation elders. This is only true once the tribe receives Title VI funding.

Your area and state agencies on aging should also be able to give you technical assistance on many aspects of running a Title III program. Call on them for assistance!

TITLE IV, TRAINING, RESEARCH AND DISCRETIONARY PROJECTS AND PROGRAMS

If you need special training for your aging program staff, you may be able to get it under Title IV. Also, if you have an idea for an innovative project to serve the elderly, this may be the place to look for funding.

Title IV, Part A — Training funds training prog· ·, give in-service training, workshops, institutes, seminars, etc. for perso· ·· volunteers in the field of aging. Since states get a large portion of Title IV ·· ·es, tribes should be able to tap into funds through the State Office on Aging. may also request the State Office to provide training opportunities for your a·.ng program staff. Also ask your State Office to put you on their mailing list to receive notices of training opportunities.

For more information contact your State Office on Aging.

Title IV, Part B — Research and Development Projects offers funding for research projects that will help programs do a better job of providing the services allowed under the Older Americans Act. Title IV-B will also fund research which is aimed at studying and improving the living conditions of the elderly. Examples of research topics listed in the law are:

- Studying current living conditions of older people and identifying factors which affect their well-being
- Developing or demonstrating new approaches, techniques, and methods which might contribute toward better lives for elders
- Developing or demonstrating new methods of coordinating community services for older people
- Evaluating new approaches, techniques, or methods like those described above
- Studying problems experienced by service providers in operating transportation services for the elderly.

Some aging programs have been able to supplement their budgets (and improve services) with Title IV-B funds by building some new approach or technique into their aging services, and submitting proposals for the usual funding (e.g., Title III-B and Title III-C), plus research funds.

For example, maybe you would like to show that by using native foods in your nutrition program, you could make meals just as nutritious, decrease your unit cost, and increase participation rates. It's possible that you could fund the nutrition services under Title III-C, and use Title IV-B funds to contract for nutritional analyses, a cost effectiveness study, and a program evaluation.

Title IV, Part C — Discretionary Projects and Programs will fund model projects and demonstration programs — that is, projects that demonstrate new ways to improve services or promote the well-being of the elderly. According to the law,

model projects designed for the rural or minority elderly, specifically including Indian elders, have priority to receive Title IV-C funding.

The Older Americans Act gives examples of the kinds of programs that might be funded under Title IV-C, such as:

- Special transportation and escort services
- Services for the physically or mentally impaired, such as homemaker, home health, or shopping services, reading and letter writing services
- Advocacy programs
- Continuing education for the elderly
- Ways of helping elders meet their housing needs
- Alternative health care delivery systems
- Adult day care centers
- Other innovative ways of meeting the special needs of under-served elderly, such as Indian elders.

Model project funds have been an excellent source for Indian programs in the past. Model project funds are tighter now, but it's still worth a try since projects for the Indian elderly are one of the top priorities for Title IV-C funds.

For more information contact:

Dr. Marvin Taves
Administration on Aging
Dept. of Health and Human Services
Room 3280
330 Independence Ave. S.W.
Washington, DC 20201
(202) 472-7219

TITLE V, SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

This program works a little like a CETA program for older adults who can't find jobs. The Dept. of Labor will pick up the cost of employing a senior citizen part-time, in order to give the elder the job experience he or she needs to enter the labor force. Persons employed under this program must be at least 55 and have an income below the poverty level.

Title V funds are channeled from the Dept. of Labor through eight national contractors. These contractors, in turn, may subcontract the funds to state or area agencies on aging, or they may subcontract directly with a local program. To see if your program can arrange for Title V slots, or to get more information, your best bet is to contact the Title V specialist in your State Office on Aging. If you need additional information, contact:

Director
Office of National Programs for Older Workers
Employment and Training Administration
Dept. of Labor
601 D Street, N.W.
Washington, D.C. 20213
(202) 376-6232

Priority is given to job slots in programs that deliver services to the low-income elderly or the elderly in general.

TITLE VI, GRANTS FOR INDIAN TRIBES

This program is designed to provide funds for Indian aging programs directly from the federal level to the tribes, bypassing the state. Any federally-recognized tribe or consortium of tribes is eligible for Title VI as long as it represents at least 75 elders over the age of 60.

A Title VI program must ensure that four services are provided to the elders in its service area:

- Nutrition services
- Legal services
- Information and referral (although if I & R is already provided with other funds, you don't have to use Title VI monies to set up additional I & R)
- Nursing home ombudsman (only if there is a nursing home on tribal lands or in the Title VI service area)

If you have Title VI funds left after you've budgeted for the required services, you can use the rest to develop any other social services needed by the tribe's elders.

Title VI funds could be used for any of the purposes allowed under Title III (see pages 159-160), including the acquisition of multi-purpose senior centers. Title VI funds could also be used to develop more unusual services, such as wood chopping or medicineman services. (One of the purposes behind Title VI is to give tribes greater freedom to develop aging programs that are better suited to the culture and needs of Indian elders.)

You should be aware that any elder served under Title VI may not be served under Title III in the same fiscal year.

For more information, contact the Administration on Aging.