

**INFORMATION BRIEF**

**Tried and True Methods for Reaching  
Under-Served Populations**

**National Long Term Care  
Ombudsman Resource Center  
March, 2000**

*Supported by the U.S. Administration on Aging*

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### **About the Authors**

The concept for this *Information Brief* was developed Sara Aravanis, Associate Director for Elder Rights, National Association of State Units on Aging (NASUA). Bernice Hutchinson, Director of the State Health Insurance Information Counseling and Assistance Program (SHIP) Resource Center, a nationally known trainer and consultant on cultural competency provided organizational themes and content based on her many years of assisting state elder rights program professionals to more effectively reach and serve minority and non-English speaking populations. Ms. Kate Bridges, formerly with NASUA also contributed to the research for the material

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# **INFORMATION BRIEF**

## **Tried and True Methods for Reaching Under-Served Populations**

developed by  
National Association of State Units on Aging  
Sara Aravanis  
Bernice Hutchinson

National Long Term Care  
Ombudsman Resource Center  
1424 16<sup>th</sup> Street N.W.  
Suite 202  
Washington, D.C.20036-2211  
(202) 332-2275  
[ombudcenter@nccnhr.org](mailto:ombudcenter@nccnhr.org)

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# Tried and True Methods for Reaching Under-Served Populations

## Foreword

The Long Term Care Ombudsman program, like many other specialized aging services, is challenged to meet the needs of a changing, more diverse, multilingual and culturally dynamic population. This challenge is specifically recognized in the ombudsman program's efforts to:

- ❑ Recruit staff and volunteers;
- ❑ Promote the program through specialized outreach and public education targeted to specific multicultural groups;
- ❑ Work with facilities and help to ensure that cultural awareness and sensitivity are incorporated into staff training and resident caregiving;
- ❑ Ensure that the Ombudsman Program is effectively serving residents in facilities located in inner city, suburban, rural and minority neighborhoods.

State and local Long Term Care Ombudsmen, as a group, are well aware of these challenges. Many State Ombudsmen have devoted special staff time, effort and training toward initiatives designed to improve the position of the program relative to minority outreach and cultural diversity. Other State Ombudsmen and their local programs are just beginning to focus on this area of program development. As we journey to understand, effectively serve, and interact with a wide range of cultures, the following elements contribute to becoming more competent:

- ❑ Valuing diversity;
- ❑ Becoming conscious of the dynamics inherent when cultures interact;
- ❑ Developing institutionalized cultural knowledge; and
- ❑ Adapting communication styles and service delivery to reflect an understanding of cultural diversity.

## The Importance of Cultural Competency

There are several critical areas of cultural competence that will also be important for Ombudsman Program directors and staff to keep in mind as they seek to reflect more cultural diversity in the program. These areas are summarized below and fleshed-out in the remainder of this paper.

- ❑ *Values and attitudes:* Promote mutual respect and awareness of the varying degrees of acculturation. Use a resident-centered perspective. Accept that

belief systems can and do influence behavior and interest in community involvement.

- ❑ *Communication styles*: Use sensitivity. Seek greater education. Find alternatives to written communication whenever possible. Listen. Seek as well as give information.
- ❑ *Community and consumer participation*: Find community resource people that are respected and valued. Maximize your investments by involving volunteers in all aspects of your efforts (from program planning to actual service delivery).
- ❑ *Materials and resources*: Use culturally friendly pictures, posters and artwork. Ensure information is suitable to literacy levels as well as language differences.
- ❑ *Training and professional development*: Incorporate cultural competency into training efforts.

Included as Appendix C is a short checklist embodying the above principles. The authors hope the list will serve as a "quick reference" to be kept in a handy place on the Ombudsman's desk or posted on the wall or bulletin board. It is intended to serve as a constant reminder that meeting the needs of a culturally diverse community and minority nursing home resident population takes vigilance and special thought. It takes commitment and a willingness to adapt. Most of all, initiatives in this arena require the involvement and help of community resources -- those who know the target population, can facilitate access, train or orient staff, and provide advice on effective outreach and service delivery strategies.

## **About the Tried and True Methods**

The following suggestions or methods for outreach were developed from Ombudsmen and other elder rights program managers' experience. Organized under the Four P's -- people, places, props and pathways-- the recommendations highlight many of the critical actions that the Ombudsman leadership should consider as efforts to ensure more cultural awareness, diversity and minority outreach are initiated.

The paper also provides ideas for Ombudsmen to consider as the program deals with an increasing non-English speaking resident, family and facility staff population. Specific advice is included concerning translator services (Appendix A). Citations from the State Medicaid Manual and the Medicaid statute are provided to assure that Ombudsmen have a clear reference to the legal requirements for long term care providers regarding communications with residents *in a language that the resident understands* (Appendix B).

Be aware, however, that this is not a "how to" manual: rather, what is presented in this paper is the best advice from those who have tried and found success in their efforts to reach minority and isolated communities, residents and families. These suggestions should help to point Ombudsman Program initiatives in the right direction.

To assist Ombudsmen in reaching those who can help, a resource list is included as Appendix D. It provides references and key contacts in national minority and aging organizations. These organizations often produce newsletters, brochures and other public information materials that may be beneficial to the ombudsman effort. Also, representatives of the minority aging organizations should be among the Ombudsman Program's contacts as minority initiatives are planned. They are most valuable as "connectors," linking Ombudsmen to state and local chapters, members or affiliates whose advice will be essential to special outreach, education and staff or volunteer recruitment initiatives.

Finally, the National Long Term Care Ombudsman Resource Center has on file a number of public information and resident's rights educational materials in various languages. For example, brochures in Chinese, Spanish and Tagalog have been developed by California's Long Term Care Ombudsman program; a poster to inform and educate the Spanish speaking population about the Ombudsman Program has been developed by New Jersey's Long Term Care Ombudsman Program and the Massachusetts program has also developed materials in Spanish, Portuguese and other languages. The Center has made a special effort to gather and catalog these special materials. Seek help from the Center as you begin this journey.

## Tried and True Methods for Reaching Under-Served Populations

We reviewed literature and conferred with elder rights and consumer advocacy groups to develop this checklist of ideas for improving Long Term Care Ombudsman outreach and advocacy to under-served populations. To some, these may be reminders of strategies; to others, they may be new ideas for Ombudsman Programs to use when trying to increase service utilization by under-served populations, such as minority and isolated elders:<sup>1</sup>

***People:** Target people that come into contact with your resident target audience on a regular basis. Establish partnerships and relationships with key community resource people. Put accurate information and adequate print materials into the hands of people who can actively promote your interests.*

- ✓ Assist minority representatives to make contacts and plan events for outreach in their communities. They are the most knowledgeable about the best way to reach community members.
- ✓ Learn who the most effective resource people are in minority communities (such as local neighborhood government advisory group representatives, church/synagogue committee chairs, local business owners, restaurateurs, booksellers, musicians, funeral planners, teachers and school administrators) and enlist their support for your program.
- ✓ Have volunteers or staff, who speak the same language as the population you are trying to reach, conduct outreach presentations for your program.
- ✓ Ask clergymen to identify principle people in the congregations who are motivators for their activities. Invite them to become Ombudsman volunteers, conduct informal outreach in their communities and distribute information about the Ombudsman Program; the place of worship may be an appropriate site to convene a family support group for those whose family members are residents of long term care facilities.
- ✓ Identify food service and maintenance professionals and staff in nursing home kitchens, school cafeterias, school maintenance shops, sanitation companies, etc. to educate and seek their help in informing their friends and relatives about the Ombudsman Program.

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<sup>1</sup> Adapted from 1998 survey of Health Insurance Information, Counseling & Assistance programs conducted by the ICA Resource Center providing a written compilation of strategies used to reach under-served populations; Access Program Outreach Strategies, collected by the National Association of State Units on Aging (NASUA) Information and Referral Support Center, Winter, 1999; and *States Keep the Dream Alive; Elder Rights and Minority Initiatives* published by NASUA, 1997.

- ✓ Seek bilingual and minority volunteers from established volunteer organizations, such as AmeriCorps and Retired Seniors Volunteer Program (RSVP) to enhance your minority outreach efforts.
- ✓ Target aging issue experts. Provide the Ombudsman Program's promotional material to aging network professionals on a regular basis to improve program visibility and remind the aging service delivery agencies of this program. Develop relationships with community colleges and historically minority colleges and universities. Utilize students and faculty who are often leaders in their communities. Consider stipends or part-time salaries for students and others who have community access. Utilize their expertise on Saturdays and Sundays when and where target audiences gather.

*Places: Find places that your target audiences frequent. Identify places that are natural sites for presentations, brochures, flyers and posters. Take your information and presentations to areas where you find a high volume of "people traffic".*

- ✓ Identify senior centers and nutrition sites that have primarily minority attendees. Ask the center director to allow you to do a presentation where you can recruit volunteers to serve local long-term care facilities.
- ✓ Identify elementary, middle and high schools that have primarily minority attendees. Design intergenerational efforts to educate children and their caregivers about long term care and residents' rights issues.
- ✓ Conduct presentations at public housing sites in counties or neighborhoods with high minority concentrations.
- ✓ Identify places of worship that have primarily minority congregations. These places offer sites for training and educational forums, bulletins for educational information, people to serve as volunteers, specialized groups that focus on a particular subject matter, i.e., long term care.
- ✓ Identify manufacturing companies or industries (such as carmakers, shipyards, railroads, utilities, hospitals, etc.) where high concentrations of minorities are employed. Ask a union representative and/or the management to allow a presentation for recruitment of volunteers and to distribute program literature. Also consider displaying posters that educate about long term care complaint processes, the Ombudsman Program and volunteer recruitment.
- ✓ Target local health fairs, health-screening events and disease specific support groups that focus on health factors which have a large impact on minority communities (diabetes, high blood pressure, etc.) and circulate literature.
- ✓ Team up with the local affiliates of disease groups that focus on minority health risk factors. Consider partnerships for outreach with organizations such as the American Diabetes Association and the American Heart Association.

- ✓ Focus on beauty shops, barbershops, laundromats, restaurants as places to distribute materials and conduct outreach.

**Props:** *Display material and information through the use of props that are recognizable, hold significance, value, and interest to your target audience. Use color, print size, language and pictures on props that will attract attention. Put props into the hands of people that will maximize their distribution and circulation.*

- ✓ Use traditional data sources like the census to identify counties and neighborhoods with high concentrations of minority groups and concentrate outreach efforts in these areas.
- ✓ Use case studies during presentations to illustrate the need for/ benefits of having culturally appropriate Ombudsmen. Ensure that privacy is protected.
- ✓ Distribute pamphlets and brochures through frequently utilized vendors or providers, such as home-delivered meal programs, pharmacies, and Medicare carriers. For instance, ask pharmacists to include a brochure with all Medicare beneficiaries' prescription orders or print program information on their prescription bags. Or, enlist the assistance of a Medicare carrier so that brochures or information fact sheets may be included with beneficiaries' Medicare statements.
- ✓ Identify other sources of aggregate data from community planning agencies, social service departments, school district planning offices and services for new immigrants. Use this data to identify locations where special outreach could be focused.
- ✓ Develop publications in the language of the population you are targeting. Have an individual from the same ethnic group you are trying to reach review any publications you intend to use for outreach. This will help to ensure the materials are both meaningful and do not include potentially offensive passages. Ask the Ombudsman Resource Center for models of publications and brochures in other languages.
- ✓ Avoid literal translations of existing material as they lose their meaning when syntax and vocabulary are not within cultural contexts.
- ✓ In publications, use pictures including the targeted group to promote identification of the issue as "being important to people like me."

**Pathways:** *Use communication vehicles that are proven to have significant value and use by your target audience. In addition to traditional pathways such as television, radio and print media include new tools for "moving" information through e-mail, internet and mass transit advertisements, to reach different audiences. Also remember that people can often be viewed as pathways for their ability to move through communities and act as communication vehicles.*

- ✓ Enlist the assistance of social service agencies in counties with high concentrations of minorities to provide outreach for the Ombudsman Program.
- ✓ Start a discussion group of church/synagogue members who have family members in nursing homes. Over time discuss the advocacy role of the Ombudsman and other methods (i.e. family councils) to make a difference in care and services provided.
- ✓ Arrange for minority staff to conduct outreach in targeted places of worship, communities, sororities and clubs. Community service announcements during the religious service are an excellent way of attracting interest for after service discussion groups. Arrange to pay staff for Saturday or Sunday hours allocated to this initiative.
- ✓ Explore the use of community-based media outlets (such as minority newspapers and magazines, minority college campus newsletters, local minority radio, cable television programs, etc.) and use prepared public service announcements, sample articles, flyers and posters as a way to get information out to minority populations.
- ✓ Look for ways to penetrate trusted pathways. Use religious radio broadcasts for public service announcements and pow wows for circulating print materials as well as announcements during ceremonial dance breaks.
- ✓ Distribute program literature at hair salons, barber shops, day spas, laundromats, dry cleaners, video stores, grocery stores, libraries and restaurants. Recruit minority volunteers to target these distribution sites.
- ✓ Identify key minority-focused information web sites as a way of educating younger caregivers and the growing population of minority elder website users.
- ✓ Exhibit information and educate minority caregivers through professional meetings, conferences and publications. There are national associations of minority physicians, nurses, media professionals, attorneys, etc. that hold regular meetings, produce publications and seek to educate their memberships through association activities

And beyond the four "P's" noted above, there are two additional items of advice that are critical to effective outreach:

- Try to report back the results or outcomes of your initiatives to any groups or individuals that help you in the process. People will feel more vested in initiatives when they know about outcomes that they have helped to achieve and will be more likely to assist you again.
- When giving presentations to minority groups, be prepared to spend as much time as necessary listening to needs, views and concerns of the community. Active listening is an important first step in building rapport and trust. Pay attention to what the community says and don't assume that you know what is best for the group or community you are targeting. Active listening is an important first step in building

- ❑ rapport and trust. Pay attention to what the community says and don't assume you know what is best for the group or community you are targeting.

## **Things to Consider When Advocating for Limited or Non-English Speaking Residents**

There are several steps Ombudsmen can take to improve access for these residents:<sup>2</sup>

- ✓ Educate providers and consumers on the legal requirements of providing information to consumers in a language they understand. See Appendix B for brief descriptions and references pertinent to Medicaid Programs and Pre-Admission Screening and Annual Resident Review (PASARR).
- ✓ Collect and publicize program and nursing home performance data in easy, understandable ways. Fine print with dense text defeats the purpose.
- ✓ Where necessary, encourage legal enforcement to ensure compliance by Medicaid and Medicare providers.
- ✓ Identify methods for providing language assistance and interpreter services for the program. Distribute and discuss "Principles of Interpreter Services" with program staff. (See Appendix A). Keep in mind that interpreter services may be expensive. Consider partnering with the court system, community colleges, hospitals, community services for immigrants, and the public school system and determine how to tap these resources for translation assistance, when needed.
- ✓ Involve consumers, families, and advocates in designing and implementing solutions for improved linguistic access for long term care residents.
- ✓ Identify, publicize and help others to learn from successful programs that have improved linguistic access for residents.
- ✓ Institute mechanisms that will allow for obtaining input from the non-English speaking community and cooperating with community liaison groups.

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<sup>2</sup> Excerpted from Perkins, Jane, Harry Simon, Francis Cheng, Kristi Olson and Yolanda Vera. *Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities*. Published by the Henry J. Kaiser Family Foundation, Washington, D.C. January, 1998.

## Principles of Interpreter Services<sup>1</sup>

1. Unless the Ombudsman is thoroughly fluent and effective in the target language, a qualified interpreter should be used.
2. Do not use family members or friends to interpret unless the resident knows of the option of having a qualified interpreter and prefers to use a family member or friend.
3. Never use young children or youth to interpret.
4. Do not rely on untrained health care workers or employees of the provider to interpret.
5. Use qualified interpreters, who have passed qualification standards and who complete continuing interpreter education programs. Meet with interpreters regularly to assess services.
6. Minimize the use of telephone language lines to those occasions when it is absolutely necessary.

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<sup>1</sup> Adapted from Perkins, Jane, Harry Simon,, Francis Cheng, Kristi Olson and Yolanda Vera, *Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities*. Published by the Henry J. Kaiser Family Foundation, January 1998, p.89.

## **STATUTORY AND REGULATORY REQUIREMENTS CONCERNING LANGUAGE ACCESS IN MEDICAID PROGRAMS<sup>1</sup>**

The State Medicaid Manual, the Health Care Financing Administration's (HCFA's) primary guidance document for the states on the Medicaid rules says that states must:

- ✓ Communicate orally and in writing in a language understood by the beneficiary, and
- ✓ Provide interpreters at Medicaid hearings.

[Reference: HCFA State Medicaid Manual, Section 2900.4 and 2902.9, March 1990.]

### **The Medicaid Statute Requires Long Term Care Facilities to:**

- ✓ Inform the resident, orally and in writing, *in a language that the resident understands*, of his or her rights and all rules and regulations governing the resident's conduct and responsibilities.[Reference: 42 CFR Section 483.10 (b)(1944)]
- ✓ Fully inform residents in language that they can understand of their total health status, including their medical conditions; [Reference: 42 CFR Section 483.10 (b) (3)]
- ✓ Provide services with reasonable accommodation of patients' needs and preferences; [Reference: 42 CFR Section 483.15 (e) (1)]
- ✓ Ensure that residents' abilities to use speech and language do not deteriorate unless diminution is unavoidable.[Reference: 42 CFR Section 483.25 (a) (1) (i) – (v)]

### **Federal PASARR Laws Require:**

Notice of patient rights under the PASARR Program and the evaluations themselves must be adapted to the cultural background, language, ethnic origin, and means of communication being used by the individual evaluated.

[Reference: 42 CFR Section 483.128 (b)]

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<sup>1</sup>Perkins, Jane, et.al., *Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities*. pp.36-37.

## **The Americans With Disabilities Act**

The Americans With Disabilities Act (ADA) also has provisions that apply and may prove to be a useful tool for Ombudsman Programs as they examine concerns for reaching under-served populations. The ADA would come in to play where communication problems affect service assessment and/or delivery. Residents who are deaf, blind, hard of hearing or those who are speech impaired might benefit from the provisions of this Act. The following references are provided to assist the Ombudsman Program in using the ADA as a support tool for outreach to under-served populations.

The ADA requires Medicaid providers to:

- ✓ Furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result.  
[Reference: 28 CFR 35.160-35.164]
  
- ✓ Allow the individual with disabilities to choose the type of auxiliary aid or service needed, unless there is another equally effective means of communication available.  
[Reference: 28 CFR 35.160-35.164]

## CULTURAL COMPETENCY

### CHECK LIST

**People:** *Community and consumer participation* is key. Find community people who are respected and valued. Maximize your investment -- use volunteers in all components of the program. Train the front line: a culturally competent staff is a more effective staff.

**Places:** *Go to your target audience.* Identify places that are natural sites for the group you want to reach. Beauty/barbershops, ethnic groceries require a different presentation about your program. Be creative.

**Props:** *Update communication styles.* Use sensitivity. Seek greater knowledge. Find alternatives to written communication. Use pictures, posters, artwork reflective of the community.

**Pathways:** *Values and attitudes matter.* Promote mutual respect, awareness of acculturation. Use client-centered perspective. Know this: belief systems influence behavior and community involvement.

## **Selected National Organizations Providing Assistance on Minority Outreach**

**American Society on Aging  
Diversity Programs  
833 Market Street, Suite 511  
San Francisco, California 94103  
(415) 974-9630  
email: [ctursi@asa.asaging.org](mailto:ctursi@asa.asaging.org)**

The American Society on Aging (ASA) has several programs which focus on diversity and multi-culturalism. *New Ventures in Leadership* promotes the leadership potential of minority professionals in the aging field by providing training seminars, special projects and mentors. *Multicultural Aging Network*, provides a forum for individuals and organizations who are working toward cultural competence to discuss and address issues. This component collaborates with ASA's committees and constituent units to incorporate multicultural aging into the fabric of the organization. *Diversity Currents* is the Network's newsletter. *Serving Elders of Color: A Training and Networking Initiative* addresses the needs of aging service providers in responding to the challenges posed by the diversity of the older population. It provides a comprehensive training curriculum, training events located throughout the country, and a core of experienced trainers who are available for in-service assistance to organizations serving older persons.

**Asociacion Nacional Pro Personas Mayores  
Carmela G. Lacayo, President/CEO  
234 East Colorado Blvd., Suite 300  
Pasadena, CA 91101  
(626) 564-1988, fax: (626) 564-2659  
e-mail: [anppm@aol.com](mailto:anppm@aol.com).**

Asociacion Nacional Pro Personas Mayores (ANPPM) is a national, private, non-profit organization which focuses on the needs of older Hispanic people and other low-income elderly as a way of bringing about social change that will impact the Hispanic community and the nation. The organization provides a variety of services which are supported by federal, state and private funds to accomplish its goals. Services include research related to the needs of Hispanic elderly people through the agency's national Hispanic research center; research and consultation for organizations or businesses that wish to reach Spanish-speaking people, especially those age 55 and older; training and technical

assistance for agencies which provide services for Hispanic and other low income elderly people; production and dissemination of written and audio visual materials in English and Spanish; and administration of the *Senior Community Service Employment Program* (SCSEP) also known as Project AYUDA and the *Senior Environmental Employment Program* (SEE).

Project AYUDA programs are administered throughout the nation including sites in Los Angeles, Washington, DC and Puerto Rico. The program provides employment counseling; places participants in subsidized, paid employment with non-profit agencies for a period of on-the-job training; provides supportive services which further enhance the persons' employability and self-sufficiency like ESL classes, consumer education, and nutrition classes; and assists participants in finding permanent employment. People may qualify if they are age 55 or older, low income, and physically able to hold a part time job. Applicants may be of any ethnic background.

ANPPM also operates a helpline. A unique feature of this helpline known as the "Latino Information Line" (in Spanish, *La Linea de Informacion Latina*), is that it is administered by a bilingual (English/Spanish) Information Specialist sensitive to the needs of older Latinos. The Information Specialist is trained to provide information and referrals in Social Security, disaster preparedness, affordable housing, free income tax preparation, food and shelter referrals.

**The Center on Ethnic and Minority Aging, Inc.**  
**Dr. Norma D. Thomas, President and Co-Director**  
**P.O. Box 2048**  
**Upper Darby, Pennsylvania 19082**  
**(215) 365-5065**  
**email: [thomas@cema.net](mailto:thomas@cema.net)**

The mission of the Center on Ethnic and Minority Aging (CEMA) is to devote concentrated energy in the areas of research, consultation, training, development of practice models and the creation of alternative service delivery approaches which benefit ethnic and minority individuals, families and communities as they grow older.

**National Asian Pacific Center on Aging**  
**Clayton Fong, President/CEO**  
**1511 Third Avenue, Suite 914**  
**Seattle, WA, 98101**  
**(206) 624-1221, fax: (206) 624-1023**  
**e-mail: [rose@napca.org](mailto:rose@napca.org).**

National Pacific/Asian Resource Center on Aging is dedicated to improving the status of the Pacific/Asian community ensuring that they are afforded a meaningful, secure and dignified existence. The goals established by the organization include, (1) to research and document the family and community support systems of the Pacific/Asian elderly; (2) to create a responsive service delivery system that can address the needs of the elderly and increase the utilization of the family and community support systems; (3) to enhance the capability of community-based service providers by expanding their information base and technical expertise; and (4) to develop policy recommendations which facilitate access to services by Pacific/Asian elders.

To accomplish its goals, the organization carries out a variety of activities, including providing training for service providers within the Pacific/Asian community and the larger, generic service system; providing technical assistance to local Pacific/Asian communities and the aging community which enhance their capability in serving the elderly; and designing and developing alternative service component models and technical assistance tools responsive to the needs of older Pacific/Asians.

**National Association of Area Agencies on Aging**  
**Janice Jackson, Executive Director**  
**Adrienne Dern, Deputy Director**  
**927 15<sup>th</sup> Street, N.W., 6<sup>th</sup> Floor**  
**Washington, DC 20005**  
**(202) 296-8130, fax: (202) 296-8134**  
**e-mail: [jjackson@n4a.org](mailto:jjackson@n4a.org).**

The National Association of Area Agencies on Aging (NAAAA) is the national representative of 665 Area Agencies on Aging across the Nation. The fundamental

mission of the NAAAA is assisting older Americans to stay in their own homes and communities with self-dignity and independence.

The principles that guide the association are as follows: (1) advocate for Area Agencies on Aging and the provision of necessary resources and support which will permit older Americans to live dignified and independent lifestyles; (2) provide communication, training and technical assistance to the aging network enabling them to better serve and represent the elderly; (3) act as a national focal point on behalf of Area Agencies on Aging in the development and implementation of a nationwide system of community-based long term care; and (4) facilitate cooperative relationships between the aging network and other public private systems to enhance the development of and access to a comprehensive long term care system. The Association provides training and technical assistance to its members on multi-cultural issues including policy development, program planning, outreach and training.

**National Association of State Units on Aging**  
**Daniel Quirk, Executive Director**  
**1225 I Street, N.W., Suite 725**  
**Washington, DC 20005**  
**(202) 898-2578, fax: (202) 898-2583**  
**e-mail: [staff@nasua.org](mailto:staff@nasua.org).**

The National Association of State Units on Aging (NASUA) is a national non-profit public interest organization which serves as a national resource center for state leadership in aging. As a catalyst for action and a broker of ideas, NASUA has two basic goals: (1) to advocate for national and state policies which protect the rights and improve the quality of life and status of older persons and (2) to enhance the capacities of state aging network to represent the interests of and serve older citizens.

In pursuit of these goals, NASUA carries out broad range of activities and address a broad range of national issues related to housing, employment, community and institutional long term care, elder abuse and minority aging, among other issues. The Association provides policy representation at the national level on behalf of State Units on Aging. It acts as a clearinghouse for an extensive array of information pertinent to state aging concerns. It produces and disseminates new information and management strategies designed to improve the efficiency and effectiveness of state aging programs. It addresses state needs relative to policy and planning assistance on demographic changes and cultural diversity through its Elder Rights and Minority Issues Committee; and it provides training on minority outreach and cultural competency to assist states in

servicing hard-to-reach populations. Finally, the Association promotes national visibility of the aging network and its role in servicing older Americans.

**The National Caucus and Center on the Black Aged**

**Samuel Simmons, President & CEO**

**1425 K Street, N.W., Suite 500**

**Washington, DC, 20005-2407**

**(202) 637-8400, fax: (202) 347-0895**

**e-mail: [nba@aol.com](mailto:nba@aol.com).**

The National Caucus and Center on the Black Aged (NCBA) is a non-profit organization dedicated to improving the quality of life of the Black elderly. It has over 30,000 members and 54 state and local chapters.

The services and activities of the organization and its subsidiary and affiliated corporations include the following: (1) conducting research involving the Black elderly; (2) sponsoring employment and training programs for the elderly, including a Minority Training and Development Program in Long Term Care and the Senior Employment Program which serves over 1800 low-income older persons; (3) providing the planning, development, ownership, and management of housing and housing for the elderly; (4) conducting education and training of professionals in housing management, gerontology and services to the elderly; (5) operating transportation services for the elderly and (6) conducting educational and advocacy efforts at the national level, state and community levels.

**National Hispanic Council on Aging**

**Marta Sotomayer, President**

**2713 Ontario Road, NW**

**Washington, DC 20009**

**(202) 265-1288, fax: (202) 745-2522**

**e-mail: [nhcoa@worldnet.att.net](mailto:nhcoa@worldnet.att.net)**

The National Hispanic Council on Aging (NHCoA) is a membership based organization, consisting of chapters, affiliates and organization members located across the country and Puerto Rico. Its overall mission is to eliminate the social, civic, and economic inequalities experienced by the elders of Hispanic descent. As an advocate, the organization carries out its function through educational and training programs, research and policy studies, and development of educational materials.

The organization serves as a national point for the exchange of information, the provision of technical assistance, and consultation to its members and others who work with the Hispanic elderly. Combining both national and local initiatives in research and training, NHCcA develops educational materials, conducts demonstration projects, and sponsors symposia, and other programs, including a Summer Policy Fellows Program and a Management Internship Program in gerontology.

**National Indian Council on Aging Inc.**  
**Dave Baldrige, Executive Director**  
**10501 Montgomery Blvd., NE, Suite 210**  
**Albuquerque, NM 87111**  
**(505) 292-2001, fax: (505) 292-1922**  
**e-mail: [dave@nicoa.org](mailto:dave@nicoa.org)**

The National Indian Council on Aging (NICcA) has as its purpose to bring about improved comprehensive services to American Indian and Alaskan Native elders nationwide. A primary focus is its attention to developing a national agenda for the 90s and beyond incorporating implementation strategies designed to meet the challenges and to accomplish its mission.

The organizations' programs include the Senior 800 Community Services Employment Program which serves approximately 800 American Indian elders in Arizona, California, Michigan, New Mexico, Oklahoma and Washington State.

**The National Citizens Coalition for Nursing  
Home Reform (NCCHR)  
1424 16<sup>th</sup> Street N.W.  
Suite 202  
Washington, DC  
(202) 332-2275, fax: (202) 332-2949  
e-mail [ombudsman@nccnhr.org](mailto:ombudsman@nccnhr.org)**

The National Citizens' Coalition for Nursing Home Reform (NCCNHR) is a non-profit consumer advocacy organization with over 200 local and state member groups and 1,000 individual members including residents, family members, citizen advocates and ombudsman. NCCNHR promotes quality care and quality of life for people in long term care facilities through education, referrals, networking, enforcement oversight, advocacy training and issue analysis. NCCNHR maintains an extensive library on nursing homes and other long term care issues including multi-cultural diversity as it relates to resident/resident, resident/staff, and staff/staff relationships. The Long Term Care Ombudsman Resource Center is located at NCCNHR under a grant from the U.S. Administration on Aging.