

TITLE VI NEEDS
ASSESSMENT SURVEY
MANUAL

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Boozhoo | Hello (in my Ojibwe language)

Thank you for your participation in the Cycle VIII of the Identifying Our Needs: A Survey of Elders.

The National Resource Center on Native American on Aging (NRCNAA) is located in at the Center for Rural Health in the University of North Dakota School of Medicine & Health Sciences in Grand Forks, North Dakota. The NRCNAA is recognized nationally for its assistance with Native elder issues and supported by a cooperative agreement from the Administration on Community Living/Administration on Aging (ACL/AoA).

The overall goal is to increase awareness and assist in raising the quality of life for American Indian, Alaska Native, and Native Hawaiian elders of evolving health and social issues. As a key player in identifying needs to empower Native Elders, the NRCNAA has developed a needs assessment survey aligned with the Title VI grant application, which provides nutrition, supportive, and caregiver services for American Indians, Alaskan Natives, and Native Hawaiians.

Provided at no cost to participating entities, NRCNAA staff assist with the every aspect of administering the survey, i.e. providing physical copies of the survey, technical assistance, analyzing the results of the needs assessment, and guidance on how to use the data for the Title VI grant application.

With 24 years of data collection expertise, the NRCNAA continues to expand its outreach and services:

- Cycle I (1999-2002) included participation from 190 tribal communities, villages, and homesteads, resulting in 9,403 needs assessment surveys from Native elders;
- Cycle II (2002-2005) included participation from 145 sites representing 342 tribal communities, villages, and homesteads, resulting in 10,743 needs assessment surveys from Native elders;
- Cycle III (2005-2008) included participation from 127 sites representing 268 tribal communities, villages, and homesteads, resulting in 15,565 needs assessment surveys from Native elders;
- Cycle IV (2008-2011) included participation from 171 sites representing 234 tribal communities, villages, and homesteads, resulting in 18,089 needs assessment surveys from Native elders;

- Cycle V (2011-2014) included participation from 150 sites representing 262 tribal communities, villages, and homesteads, resulting in 17,049 needs assessment surveys from Native elders;
- In Cycle VI (2014-2017) included participation from 164 sites representing 267 tribal communities, villages, and homesteads, resulting in 18,134 needs assessment surveys from Native elders; and
- In Cycle VII (2017-2020) included participation from 198 sites representing 258 tribal communities, villages, and homesteads, resulting in 23,427 needs assessment surveys from Native elders.

My team and I look forward to serving you with the Cycle VIII (2020-2023) needs assessment for the grant application period for the next grant funding cycle (April 1, 2023 - March 31, 2026). Applications are due to the ACL on October 1, 2022.



Miigwech | Thank you,
Dr. Collette Adamsen, PhD
Enrolled member, Turtle Mountain Band of Chippewa
Indians
Director | National Resource Center on Native
American Aging
Research Assistant Professor | Center for Rural Health,
UND School of Medicine & Health Sciences

On December 18 2019, the NRCNAA celebrated its [25TH ANNIVERSARY](#) and former NRCNAA Directors:

Dr. Leigh Jeanotte, Turtle Mountain Band of Chippewa

The late Dr. Alan Allery, Turtle Mountain Band of Chippewa

Dr. Russ McDonald, Spirit Lake Nation

Dr. Twyla Baker, Mandan Hidatsa Arikara Nation

Dr. Paula Morin-Carter, Turtle Mountain Band of Chippewa



From Left: Cynthia LaCounte; Shawn Egeland (representing Dr. Leigh Jeanotte); Kathy Allery & Gina Allery (representing the late Dr. Allery); Dr. Richard Ludtke; Brad Hawk (representing Dr. Russ McDonald); Dr. Twyla Baker; Dr. Paula Morin-Carter; and Dr. Collette Adamsen.

HOW TO GET STARTED

1. Getting Permission
2. Count Your Elders
3. Begin Interviewing Elders
4. Mail Completed Surveys
5. Receive Report

STEP 1: GETTING PERMISSION TO PARTICIPATE VIA TRIBAL RESOLUTION

- The resolution allows for Title VI participation in the NRCNAA needs assessment, which fulfills the federal assistance requirements for Older Americans Act Title VI grant applications;
- The resolution ensures the data belongs to the tribe, allows the NRCNAA access to the aggregate data file for analysis, and makes certain the tribal council/government receives a copy of the data;
- The NRCNAA will never authorize the release and/or use of data without the explicit consent of the tribal council/government;
- A new and/or current resolution is required for NRCNAA surveys and services for each cycle. ACL and NRCNAA have combined resolutions this survey cycle;
- The permission and protection of data is our top priority, therefore, we **will not** process surveys until the NRCNAA has received a completed resolution.

For your convenience, the NRCNAA has included a sample resolution in this guide. It is also available on the [NRCNAA website](#):

- Under the Services tab, click on Needs Assessment on the dropdown, scroll down to [“View the Assessment Materials document”](#) link; or, Alternatively, call (800) 896-7628 to request a physical copy.

Once the resolution is complete, please email the completed resolution to info@nrcnaa.org or mail:

**National Resource Center on Native American Aging
UND SMHS Center for Rural Health
1301 North Columbia Road Suite E231
Grand Forks, ND 58202-9037**

STEP 2: COUNT YOUR ELDERS

As the resolution is being completed, please provide the NRCNAA with a count of enrolled tribal members in the service area who are 55 years of age and older.

- The count will determine the number of surveys needed for a representative sample size;
 - We do not need the names of any elders
 - We do not keep a record of the names of any elders
 - We will mail an appropriate number of surveys at no cost
- Extra surveys are sent for training and replacements. New surveys are created each cycle and each survey has their own unique scanning code. Surveys from former cycles and photocopies will not process when scanned;
 - Please do not use old surveys from former cycles
 - Please do not make photocopies of surveys
 - Please do not bend or fold surveys
 - Stray marks on surveys may disrupt the scanning
- If you are in need of additional surveys, please contact NRCNAA and we will send you as many as you need.

STEP 3: BEGIN THE PROCESS OF INTERVIEWING ELDERS

Interviewing elders is the most important step in the survey process. We want your interaction with the elders of your community to be a positive, pleasant experience. For your convenience, general instructions on Interviewing Elders and a sample consent form is provided in this guide.

It is also available on the [NRCNAA website](#):

- Under the Services tab, click on Needs Assessment on the dropdown, scroll down to [“View the Assessment Materials document”](#) link; or,
- Alternatively, call (800) 896-7628 to request a physical copy.

As an interviewer, you represent your community or agency. It is important to make the elder feel comfortable. The needs assessment requires gathering and recording answers that pertain to the survey, however, it is not necessary to pry for answers or insist upon cooperation from the elder being interviewed.

The consent form allows the elder to decide about participating and gives them the choice to stop at any point and/or not to participate in certain questions. The survey is voluntary and elders have to option not to answer every question.

STEP 4: MAIL SIGNED RESOLUTION & SURVEYS FOR PROCESSING

The NRCNAA will not process completed surveys until a resolution is received. Processing of surveys is conducted at the NRCNAA office located in the [University of North Dakota School of Medicine & Health Sciences](#) (UND SMHS).

- Surveys are handled and scanned by trained, qualified NRCNAA staff;
- Original surveys are stored in locked file cabinets in the UND SMHS for ten years as outlined in the [UND Records and Retention Schedule](#); and
- Data is stored on a secure server for the life of the NRCNAA.

Send completed surveys and resolution:

**National Resource Center on Native American Aging
UND SMHS Center for Rural Health
1301 North Columbia Road Suite E231
Grand Forks, ND 58202-9037**

STEP 5: RECEIVE REPORT

We return data to you and your tribal council/government. You will also receive a copy of the needs assessment report and a “Comparison Sheet”:

- The “Comparison Sheet” compares tribal data results with aggregated data and national figures; and,
- Instructions on how to use the information for completing grant applications.

ADDITIONAL INFORMATION

BENEFITS

- The needs assessment survey and analysis of results are free of charge to participating service areas;
- Completion of the needs assessment fulfills ACL/AoA requirements for Title VI Nutrition and Caregiving grants (Parts A/B and C);
- Needs assessment survey data can be used to document disparities, strengthen grant proposals, advocate for elderly resources, and determine the type of long-term care facility/services that are best suited for a community; and,
- Past participants in the needs assessment have the added benefit of trend data to determine if changes are occurring among chronic disease rates, functional limitation, exercise, and other variables.

Visit the [National Resource Center on Native American Aging](#) for additional information and resources.

INTERVIEWING ELDERS

INTERVIEWER ROLES AND RESPONSIBILITIES

As an interviewer, you represent your community or agency that is conducting the survey. Part of doing the needs assessment requires gathering and recording information, however, it is not necessary to pry for answers or insist upon cooperation from the elder being interviewed. The survey is voluntary and should be a positive engagement experience with your elders.

Before beginning the survey, spend some time chatting with the elder to establish a friendly relationship. This is the time to put your elders at ease. The questions asked are similar to questions found in a variety of national surveys. This allows us to compare your data with national data to determine whether disparities exist between the elders of your community and the nation.

Please do not bend or fold the surveys; mark only in the spaces provided for answers. Extra marks, creases, or spills on the paper can delay processing. Once all surveys are completed, return them to NRCNAA for processing.

In this packet, you will find:

- “Conducting the Needs Assessment: A Step by Step Guide”
- Interviewer responses for Frequently Asked Questions
- Information about survey questions

Before you begin interviewing elders, please take time to familiarize yourself with the survey and the guide. We suggest you practice the survey interview with a co-worker or friend. Do not hesitate to contact the NRCNAA at any time with questions or for technical support.



Title VI Needs Assessment Survey Primary Contacts



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NRCNAA.org

CONDUCTING THE NEEDS ASSESSMENT: A STEP-BY-STEP GUIDE

STEP 1: FIND A LOCATION TO CONDUCT THE SURVEY

- Location should be private where elders will feel comfortable and free from interruptions
- Suggestions for places to conduct the survey:
 - The elder's home
 - A room at your place of work
 - A room in the senior center or other public building in the community
- Places to avoid include:
 - Anywhere there may be interruptions or people passing through
 - Anywhere you and the elder may be overheard
 - Anywhere the elder will be uncomfortable
- Bring materials with you:
 - This guide
 - Two or three #2 pencils with erasers
 - One to three surveys per interview
 - One for interviewer, one for elder to follow along, and extras just in case

STEP 2: DEVELOP A RELATIONSHIP

- Greet the elder with respect and sincerity
- Engage in small talk, for example, comment about the weather, or give them a compliment
- Be pleasant and upbeat – keep the communication positive
- Maintain a positive environment throughout the survey

STEP 3: EXPLAIN THE SURVEY TO THE ELDER

- Introduce yourself:
 - Give them your name and the name of the organization you represent (i.e. Senior Meal program, Title VI, etc.)
- Explain to the elder that you are assisting with the survey to find out what elders in the community need

- Emphasize that the survey was requested by local community leaders and is supported by the NRCNAA and ACL/AoA
- Explain that the needs assessment survey fulfills requirements of the Title VI grant application and funding
- Encourage their participation as their input is valuable in efforts to identify the long-term needs of their community's elders
- Assure them the survey is voluntary and completely confidential

STEP 4: ASK THE ELDER FOR CONSENT

- Consent is given when the elder agrees to be interviewed

STEP 5: READ THE “VERBAL CONSENT FORM”

- Make sure to fill in the correct tribal agency and contact information before reading

STEP 6: CONDUCT THE SURVEY

- Explain to the elder that the survey should take about 45 minutes
 - Tell them to let you know if they need a break or if they are uncomfortable
 - Start when they are ready
 - Please do not bend or fold the surveys; mark only in the spaces provided for answers. Extra marks, creases, or spills on the paper may delay processing
- Ask each question exactly as it is written in the survey
 - Rewording the question can change the meaning of the question and its answer
 - Speak clearly, calmly, and conversationally
 - If the elder misunderstands the question, read it again
- It may be helpful (and it is completely acceptable) for the interviewer to fill in responses on the answer sheet
 - Provide a blank survey so they can follow along
- If the elder has questions, answer them; then read the question again
- An “I don’t know” response usually means the elder did not understand, needs time to think, or is embarrassed by the question. This may be resolved by:
 - Reading the question again
 - Assuring the elder that there are no wrong answers

- If you feel the elder has not understood the question, you can ask it again by saying:
 - *“Let me read the question again along with your answers to make sure I am getting your personal response.”* or *“May I read the question and your answer again to double check my understanding of your answer?”*

STEP 7: CLOSE THE INTERVIEW

- When you are finished, look over survey to make sure the ovals are completely filled with a No. 2 pencil or blue/black pen
- Each question:
 - Should have at least one answer
 - Responses may be left blank if the elder declined to answer
 - May have multiple answers, for example, if the question asks “Mark all that apply”
- Thank the elder for their participation

STEP 8: RETURN THE COMPLETED SURVEYS

Mail completed surveys & resolution:

**National Resource Center on Native American Aging
UND SMHS Center for Rural Health
1301 North Columbia Road Suite E231
Grand Forks, ND 58202-9037**

VERBAL CONSENT FORM

Consent is given by the respondent through the acceptance to being interviewed. Once the respondent agrees to be interviewed, the interviewers will read the following paragraphs prior to each interview of an elder:

“Thank you for agreeing to be interviewed regarding the health and social needs of Native American elders. We, as a Nation, place great value on our elders and we are hoping that these interviews will help us to better understand the needs of the elders in our community. Please be assured that all of your responses will be kept confidential. Your name will not be attached to any of your responses and you can decline to answer any question that you wish. You may stop the interview at any time for any reason.

The confidentiality of enrolled members and Tribal data is of the utmost importance; therefore, the data for this survey will be collected anonymously by community members with the data stored at the National Resource Center on Native American Aging located at the University of North Dakota School of Medicine and Health Sciences, within a locked file cabinet and destroyed after a period of ten years.

We encourage you to contact your local healthcare providers if you experience any concerns about potential health problems. A list of health providers in your area is available upon request from (INSERT TRIBAL AGENCY).

The (INSERT TRIBAL AGENCY) is coordinating the needs assessment for our area with technical assistance from the National Resource Center on Native American Aging. If you have any questions regarding the project, please contact (INSERT TRIBAL AGENCY) for more information at (INSERT CONTACT INFORMATION).”

FREQUENTLY ASKED QUESTIONS

Who is organizing the project and/or why is there a need to complete the survey?

Explain that you have been asked by a local organization (i.e. Tribal government, Title VI program, long-term care facility, senior center, etc.) to assist with data collection pertaining to their community. The data is for local use identifying the needs of elders. Results from the survey is used to identify, document, and address needs in your community. Explain to the elder that this is a nationwide effort supported by the National Resource Center on Native American Aging and Administration for Community Living. You may also explain that the local organization requesting the surveys and your tribal council/local governing body have approved of the survey through a tribal resolution. A packet of results is sent back to your tribal government comparing it to other Native communities participating in the survey.

Why was I selected?

Explain that they were randomly selected from the elders in their community to participate in the survey. Convey the importance of their input to address the needs of elderly in their area.

Do I have to participate?

No. Survey participation is voluntary. However, it is appreciated and will help to properly assess the needs of their community.

Are the answers and results of the survey confidential?

Responses and results of the survey are completely confidential and cannot be traced back to individual participants. The National Resource Center on Native American Aging, along with your representative organization, and tribal council/local governing body will have access to overall results. Further, results will be entered into a computer database and any presentation of results will be in a regional or national profile only, so no individual responses (nor individual tribes/villages/homesteads), can be identified.

Can I get a copy of the results?

Yes, after results are disseminated to the sponsoring tribal agencies, participants, and community members can view results by request. The NRCNAA encourages public dissemination of survey results in a local newspaper, brochure, or information sheet. Quality health and human service

information is interesting to community leaders, organizations, and the public. Good use of tribal statistical data should be recognized and promoted.

How do I know if this is a legitimate survey?

You may contact the National Resource Center on Native American Aging at any time with questions. The NRCNAA will provide survey results ONLY to your tribal government and the tribal organization that arranged for the survey.

Elders may decline to participate in the survey. The following responses may be given to encourage their participation:

“I’m too busy” . . . State that the survey will only take about 30-45 minutes of their time. If they are still hesitant, ask if another date/time would be better for them to complete the survey.

“I’m too sick/bad health” . . . Empathize by telling them you are sorry to hear they are not/or have not been feeling well. Explain that the responses to questions in the survey are essentially about getting a better understanding of the reasons why elders are confronted with health and other issues and will help address ways to reduce these factors. Ask if another date/time would be better for them to complete the survey.

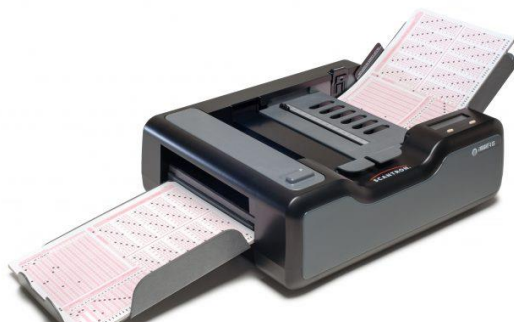
“I don’t know enough to answer/can’t answer” . . . Assure the elder that the questions are based on their knowledge of their own health, and there are no right or wrong answers. Encourage their involvement by assuring them their input is important to you and your community.

“What I think is no one else’s business” . . . Explain that all survey responses are confidential while making sure their opinions and suggestions are heard.

“There are too many people here (lack of privacy)” . . . Ask if there is some other location they would prefer for conducting the survey interview.

INFORMATION ABOUT RECORDING ANSWERS ON SURVEY

Every cycle, new surveys are produced and each survey has its own unique scanning code.



Completed surveys are scanned into a Scantron® machine and converted into digital information for statistical analysis.

Surveys from former cycles and photocopies will not scan – meaning Cycle VII surveys (below left) will not process for Cycle VIII (below right).

Identifying Our Needs: A Survey of Elders VII

Funding for this project is provided by Cooperative Agreement 90C0008 from the Administration For Community Living, ADA - Older Indiana National Resource Centers (an agency within the US Department of Health and Human Services).

• Use black or blue pen or a number 2 pencil.
• Make dark marks that fill the oval completely.

• Do not use pens with ink that soaks through the paper.
• Make no stray marks and do not bend survey.

Correct Incorrect

GENERAL HEALTH STATUS

1. Would you say your health in general is excellent, very good, good, fair, or poor?

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?

NUMBER OF OVERNIGHT STAYS

3. Has a doctor ever told you that you had any of the following diseases... (Please mark all that apply)

☐ Arthritis? ☐ Prostate Cancer? (For men only)
☐ Congestive Heart Failure? ☐ Colon/Rectal Cancer?
☐ Stroke? ☐ Lung Cancer?
☐ Asthma? ☐ Breast Cancer?
☐ Cataracts? ☐ Cervical Cancer?
☐ High Blood Pressure? ☐ Osteoporosis?
☐ Depression
☐ Diabetes? (If so, please mark all that apply)
☐ Do you take oral medication?
☐ Are you on diabetes?
☐ Was this only during a pregnancy? (For women only)
☐ Are you a diabetic amputee?

4. How many falls, if any, have you had in the past year?

NUMBER OF FALLS

ACTIVITIES OF DAILY LIVING (ADL'S)

5. Because of a health or physical problem that lasted more than 3 months, did you have any difficulty... (Please mark all that apply)

☐ Bathing or showering?
☐ Dressing?
☐ Eating?
☐ Getting in or out of bed?
☐ Walking?
☐ Using the toilet, including getting to the toilet?

6. Because of a health or physical problem that lasted longer than 3 months, did you have any difficulty... (Please mark all that apply)

☐ Preparing your own meals?
☐ Shopping for personal items (such as toilet items or medicines)?
☐ Using the telephone?
☐ Doing heavy housework (such as scrubbing floors, or washing windows)?
☐ Doing light housework (such as doing dishes, straightening up, or light clean up)?
☐ Getting outside?

SCREENING

7. About how long ago has it been since you last visited a doctor/health care provider for a routine check-up?

☐ Never had a checkup ☐ Within the past 3 years
☐ Within the past year ☐ Within the past 5 years
☐ Within the past 2 years ☐ 5 or more years ago

8. How long has it been since you had your blood stool tested for blood using a home kit?

☐ Never had a checkup ☐ Within the past 3 years
☐ Within the past year ☐ Within the past 5 years
☐ Within the past 2 years ☐ 5 or more years ago

9. (FOR WOMEN ONLY) How long has it been since you had your last mammogram?

☐ Never had a checkup ☐ Within the past 3 years
☐ Within the past year ☐ Within the past 5 years
☐ Within the past 2 years ☐ 5 or more years ago

10. (FOR WOMEN ONLY) How long has it been since you had your last pap smear?

☐ Never had a checkup ☐ Within the past 3 years
☐ Within the past year ☐ Within the past 5 years
☐ Within the past 2 years ☐ 5 or more years ago

11. (FOR MEN ONLY) How long has it been since you had your last PSA, prostate specific antigen test, a blood test used to check MEN for prostate cancer?

☐ Never had a checkup ☐ Within the past 3 years
☐ Within the past year ☐ Within the past 5 years
☐ Within the past 2 years ☐ 5 or more years ago

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Identifying Our Needs: A Survey of Elders VIII

Funding for this project is provided by Cooperative Agreement 800W003 from the Administration For Community Living, ADA - Older Indiana National Resource Centers (an agency within the US Department of Health and Human Services).

• Use black or blue pen or a number 2 pencil.
• Make dark marks that fill the oval completely.

• Do not use pens with ink that soaks through the paper.
• Make no stray marks and do not bend survey.

Correct Incorrect

GENERAL HEALTH STATUS

1. Would you say your health in general is excellent, very good, good, fair, or poor?

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?

NUMBER OF OVERNIGHT STAYS

3. Has a doctor ever told you that you had any of the following diseases... (Please mark all that apply)

☐ Arthritis? ☐ Congestive Heart Failure
☐ Stroke? ☐ Asthma?
☐ Cataracts? ☐ High Blood Pressure
☐ Osteoporosis? ☐ Depression
☐ Diabetes? (If so, please mark all that apply)
☐ Do you take oral medication?
☐ Are you on diabetes?
☐ Was this only during a pregnancy? (For women only)
☐ Are you a diabetic amputee? (For men only)
☐ Prostate Cancer? (For men only)
☐ Colon/Rectal Cancer
☐ Lung Cancer
☐ Breast Cancer
☐ Cervical Cancer (For women only)
☐ Other
☐ None

4. If you have diabetes, how old were you when you were diagnosed?

AGE IN YEARS

5. In the last month, did you worry about falling down?

☐ Yes ☐ No

6. How many falls, if any, have you had in the past year? (If 6, please skip to question 8)

NUMBER OF FALLS

7. In any of these falls, did you injure yourself seriously enough to need medical treatment?

☐ Yes ☐ No

ACTIVITIES OF DAILY LIVING

8. Because of a health or physical problem that lasted more than 3 months, did you have any difficulty... (Please mark all that apply)

☐ Bathing or showering?
☐ Dressing?
☐ Eating?
☐ Getting in or out of bed?
☐ Walking?
☐ Using the toilet, including getting to the toilet?

9. Because of a health or physical problem that lasted longer than 3 months, did you have any difficulty... (Please mark all that apply)

☐ Preparing your own meals?
☐ Shopping for personal items (such as toilet items or medicines)?
☐ Using the telephone?
☐ Doing heavy housework (such as scrubbing floors, or washing windows)?
☐ Doing light housework (such as doing dishes, straightening up, or light clean up)?
☐ Getting outside?
☐ Managing your money (such as keeping track of expenses or paying bills)?

SCREENING

10. About how long ago has it been since you last visited a doctor/health care provider for a routine check-up?

☐ Never had a checkup ☐ Within the past 3 years
☐ Within the past year ☐ Within the past 5 years
☐ Within the past 2 years ☐ 5 or more years ago

11. (FOR WOMEN ONLY) How long has it been since you had your last mammogram?

☐ Never had a checkup ☐ Within the past 3 years
☐ Within the past year ☐ Within the past 5 years
☐ Within the past 2 years ☐ 5 or more years ago

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Mark only in the spaces provided for answers. Extra marks, creases, or spills on the paper can delay processing.

- Use black/blue pen or pencil.
- Make dark marks that fill the oval completely.
- Do not use pens with ink that will soak through paper.
- Make no stray marks and do not bend survey.



Correct



Incorrect

GUIDE FOR INTERPRETATION OF SURVEY QUESTIONS

QUESTION	CLARIFICATION
For questions 2, 4, 6, 38, 40, 43, 44, 60, 69, 70, 86, 92, & 93;	Write-in responses (numerical or characters) in corresponding boxes.

For example:

2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?
- NUMBER OF OVERNIGHT STAYS HOW LONG WAS EACH STAY?
- DAYS
2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?
- NUMBER OF OVERNIGHT STAYS HOW LONG WAS EACH STAY?
- DAYS

QUESTION	CLARIFICATION
For “Please Mark all that apply” questions 3, 4, 6, 38, 40, 43, 44, 60, 69, 70, 86, 92, 93,	Fill in all applicable answers. Before reading the question to the elder, tell them there are many selections and that you will read on at a time to allow them to respond to each one. Repeat questions if clarity is needed.

For example:

3. Has a doctor ever told you that you had any of the following diseases . . . (Please mark all that apply)
- ☐ Arthritis
☐ Congestive Heart Failure
☐ Stroke
☐ Asthma
☐ Cataracts
☐ High Blood Pressure
☐ Osteoporosis
☐ Depression
☐ Diabetes (If so, please mark all that apply)
☐ Do you take oral medication?
☐ Do you take insulin?
☐ Are you on dialysis?
☐ Was this only during a pregnancy? (For women only)
☐ Are you a diabetic amputee?
☐ Prostate Cancer (For men only)
☐ Colon/Rectal Cancer
☐ Lung Cancer
☐ Breast Cancer
☐ Cervical Cancer (For women only)
☐ Other: _____
☐ None
3. Has a doctor ever told you that you had any of the following diseases . . . (Please mark all that apply)
- ☒ Arthritis
☐ Congestive Heart Failure
☐ Stroke
☐ Asthma
☒ Cataracts
☐ High Blood Pressure
☐ Osteoporosis
☐ Depression
☒ Diabetes (If so, please mark all that apply)
☐ Do you take oral medication?
☐ Do you take insulin?
☒ Are you on dialysis?
☐ Was this only during a pregnancy? (For women only)
☐ Are you a diabetic amputee?
☐ Prostate Cancer (For men only)
☐ Colon/Rectal Cancer
☐ Lung Cancer
☐ Breast Cancer
☐ Cervical Cancer (For women only)
☐ Other: _____
☐ None

Please Note: In Question 3, the questions concerning diabetes should only be marked if a medical professional has diagnosed the elder with diabetes.

QUESTION	CLARIFICATION
<p>33. What type of health care coverage do you have? (Please mark all that apply)</p> <ul style="list-style-type: none"> ○ Medicare ○ Medicaid ○ Private insurance: Health/Medical ○ Private insurance: Long-term care ○ Veteran’s Administration ○ Indian Health Services ○ Alaska Native Health Organization ○ Indian Health/Tribal Insurance ○ Native Hawaiian Health Care System ○ Other ○ None 	<p>For Alaska villages, mark Alaska Native Health Organization instead of Indian Health Service, if applicable.</p> <p>Indian Health Service (IHS) refers to the federal program used by many tribes in the lower 48 states.</p> <p>Tribal Health/Tribal Insurance refers to insurance specifically offered by their tribe.</p>
<p>37. Do you smoke tobacco now?</p> <ul style="list-style-type: none"> ○ Yes, everyday (If so, please mark all that apply) ○ Ceremonial ○ Social/Recreational ○ Yes, some days (If so, please mark all that apply) ○ Ceremonial ○ Social/Recreational 	<p>This question asks about the use of tobacco for ceremonial and social/recreational smoking. The use of tobacco smoked for ceremonial purposes should be recorded in this response.</p>
<p>41. The next few questions are about drinks of alcoholic beverages. By a “drink,” we mean a can or bottle of beer, a glass of wine or wine cooler, a shot of liquor, or a mixed drink with liquor in it. How long has it been since you last drank an alcoholic beverage?</p>	<p>Some elders may refer to alcoholic beverages as ‘homebrews’. These types of beverages are included when speaking of ‘alcoholic beverages’.</p>

QUESTION	CLARIFICATION
43. "How tall are you without shoes?"	If an elder provides height in inches, use the chart to convert into feet.

43. How tall are you without shoes?

FEET	INCHES
<input type="text"/>	<input type="text"/>

Height in inches	Height in feet
48	4'0"
49	4'1"
50	4'2"
51	4'3"
52	4'4"
53	4'5"
54	4'6"
55	4'7"
56	4'8"
57	4'9"
58	4'10"
59	4'11"
60	5'0"
61	5'1"
62	5'2"
63	5'3"
64	5'4"
65	5'5"
66	5'6"
67	5'7"
68	5'8"
69	5'9"
70	5'10"
71	5'11"
72	6'0"
73	6'1"
74	6'2"
75	6'3"
76	6'4"
77	6'5"

QUESTION	DEFINITION OF SERVICES
NOW USE:	
<p>77. Are you now using the following nutrition services? (Please mark all that apply) Home Delivered Meals</p> <ul style="list-style-type: none"> ○ Congregate Meals ○ Dietary Management ○ Nutrition Counseling ○ Nutrition Education 	<p>Home Delivered Meals: A food program that delivers prepared food to elders that are homebound.</p> <p>Congregate Meals: Meals served at a senior center or other site where elders can socialize with others while getting nourishing meals.</p> <p>Dietary Management: provides nutritional options for individuals and groups with diet concerns through supervision of foodservices.</p> <p>Nutrition Counseling: a service by which a health professional with special training in nutrition helps people make health food choices and form healthy eating habits.</p> <p>Nutrition Education: is any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being.</p>
<p>78. Are you now using the following support services?</p> <ul style="list-style-type: none"> ○ Case Management ○ Elder Abuse Prevention Programs ○ Employment Services ○ Home Health Services ○ Information and Referral Assistance ○ Legal Service ○ Telephone Reassurance ○ Transportation ○ Volunteer Services ○ Health Prevention and Disease Prevention ○ Senior Center Programs ○ Home Repair/Modification ○ Home Safety Assessments ○ Occupational Therapy ○ Speech Therapy ○ Physical Therapy 	<p>Case Management: A person or group who will help families determine what kind of assistance elders need in order to remain as independent as possible; and assist in arrangement for available services.</p> <p>Elder Abuse Prevention Programs: A program designed to investigate allegations of abuse, neglect, and exploitation; and intervene in substantiated cases.</p> <p>Employment Services: Place or system where elders can find employment options.</p> <p>Home Health Services: A person or group who will come into an elders home to help with activities like changing wound dressings, checking vital signs, cleaning catheters, and providing tube feedings.</p>

	<p>Information and Referral/Assistance: Specialists who provide assistance and help elders to find available services and resources.</p> <p>Legal Assistance: Advice and representation for legal matters, such as government benefit programs, tenant rights, and consumer protection.</p> <p>Telephone Reassurance: Regular telephone contact and safety checks performed by trained personnel, available to homebound elders and disabled persons.</p> <p>Transportation: Car or van service for elders and people with disabilities who do not have their own transportation and/or are unable to use public transportation.</p> <p>Volunteer Services: Opportunities for older adults to provide or receive telephone reassurance, peer visits, insurance counseling and more.</p> <p>Health Promotion and Disease Prevention: programs or services that focus on keeping people healthy and often address social determinants of health (economic, social, cultural, and political conditions in which people are born, grow, and live that affect health status), which influence modifiable risk behaviors (tobacco use, poor eating habits, and lack of physical activity).</p> <p>Senior Center Programs: A variety of recreational and educational programs for older adults.</p> <p>Home Repair/ Modification: Community program that help elders keep their homes in good repair, such as roofing, plumbing, carpentry, and insulation. Community program that will provide home renovations so elders can be safe, secure, and independent in their homes as long as possible.</p>
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	<p>Home Safety Assessments: an evaluation of the elder's home to identify and eliminate potential hazards. Usually performed by a licensed health-care professional (occupational therapist or medical social worker).</p> <p>Occupational Therapy: is a method of helping people lead independent and productive lives by allowing the elder to recover or develop skills needed to complete daily tasks. Many seniors receive occupational therapy as a way to help perform "occupations" or activities of daily living (ADLs) (bathing and toileting to getting dressed in the morning). The goal is to help seniors learn to move and function and overcome physical challenges, in spite of diminished range-of-motion and mobility.</p> <p>Speech Therapy: treatment for problems with speaking, language, and swallowing. It is provided by a speech therapist or speech-language pathologist. Speech therapy increases functional communication, cognitive skills and teaches safe swallowing by introducing diet modifications and special feeding techniques.</p> <p>Physical Therapy: treatment for conditions like arthritis, osteoporosis, cancer, joint replacement, and balance disorders. It can restore or increase strength, range of motion, flexibility, coordination, endurance, and reduce pain.</p>
<p>79. Are you now using the following caregiving services? (Please mark all that apply)</p> <ul style="list-style-type: none"> ○ Adult Day Care ○ Caregiver Programs ○ Respite Care ○ Assisted Living ○ Nursing Facilities ○ Long Term Care Services ○ Skilled Nursing Facilities ○ Personal Care ○ Homemaker and Chore Services ○ Hospice and Palliative Care 	<p>Adult Day Care: A protective setting for those who cannot be left alone, due to health and/or social needs.</p> <p>Caregiver Programs: Support for caregivers of older adults; also services for grandparents raising grandchildren.</p> <p>Respite Care: A break for caregivers who provide ongoing supervision and care of a person with functional impairment and for grandparents caring for grandchildren.</p>

	<p>Assisted Living: Private, separate living units where elders can live while receiving help with non-medical aspects of daily activities.</p> <p>Nursing Facilities: A center equipped to care for individuals with 24-hour nursing needs, post-operative recuperation, complex medical care demands as well as chronically ill elders who can no longer live independently. Facilities may be freestanding or part of a senior community.</p> <p>Long Term Care Services: involves a variety of services designed to meet a person's health or personal care needs during a short or long period of time. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own. Most long-term care is provided at home by unpaid family members and friends. It can also be given in a facility such as a nursing home or in the community.</p> <p>Skilled Nursing Facilities: is nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. It's health care given when you need skilled nursing or skilled therapy to treat, manage, and observe your condition, and evaluate your care.</p> <p>Personal Care: Assistance with bathing, dressing, walking, eating, supervision, emotional security, and/or housekeeping for functionally impaired elders.</p> <p>Homemaker and Chore Services: this includes services such as housework, laundry, shopping and running errands.</p> <p>Hospice and Palliative Care: Hospice provides comprehensive comfort care as well as support for the family. It is provided for a person with a terminal illness who doctor believes he or she has six months or less to live</p>
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	<p>if the illness runs its natural course. It is provided in two settings, at home or in a facility such as a nursing home, hospital, or even in a separate hospice center. Palliative care is a resource for anyone living with a serious illness, such as heart failure, chronic obstructive pulmonary disease, cancer, dementia, Parkinson's disease, and many others. It can be helpful at any stage of illness and is best provided soon after a person is diagnosed. It is provided in hospitals, nursing homes, outpatient palliative care clinics and certain other specialized clinics, or at home.</p>
<p>80. Are you now using the following other services? (Please mark all that apply)</p> <ul style="list-style-type: none"> ○ Emergency Response Systems ○ Financial Assistance ○ Government Assisted Housing ○ Shared Housing ○ Durable Medical Equipment ○ Pharmacy ○ Financial Planning or Counseling ○ Retirement Communities 	<p>Emergency Response Systems: In-home, 24-hour electronic alarm systems that enable homebound elders to summon emergency help.</p> <p>Financial Assistance: Counseling on financial management, prescription drug programs, Social Security benefits, food stamps, energy assistance, or other types of assistance; along with assistance in obtaining any benefits an elder may qualify.</p> <p>Government Assisted Housing: Rent subsidized housing.</p> <p>Shared Housing: An organized, shared-housing network where elders can share their home, or the home of another.</p> <p>Durable Medical Equipment: is equipment that helps you complete your daily activities. It includes a variety of items, such as walkers, wheelchairs, and oxygen tanks.</p> <p>Pharmacy: is commonly known as a retail store that dispenses FDA approved prescription medications as well as over the counter remedies that do not require a physician's prescription.</p> <p>Financial Planning or Counseling: a program that offers advice and assistance to individuals for money obligations, pension and pension</p>

	<p>savings, retirement, investments, deciding about estates, and insurance planning.</p> <p>Retirement Communities: A facility that offers elders combined housing, services, and health care while allowing them to live a private, residential lifestyle. Usually includes long-term health care.</p>
QUESTION	DEFINITION OF SERVICES
WOULD USE:	
<p>81. If at some point you became unable to meet your own needs, would you be willing to use the following nutrition services? (Please mark all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Home Delivered Meals <input type="radio"/> Congregate Meals <input type="radio"/> Dietary Management <input type="radio"/> Nutrition Counseling <input type="radio"/> Nutrition Education 	<p>Home Delivered Meals: A food program that delivers prepared food to elders that are homebound.</p> <p>Congregate Meals: Meals served at a senior center or other site where elders can socialize with others while getting nourishing meals.</p> <p>Dietary Management: provides nutritional options for individuals and groups with diet concerns through supervision of foodservices.</p> <p>Nutrition Counseling: a service by which a health professional with special training in nutrition helps people make health food choices and form healthy eating habits.</p> <p>Nutrition Education: is any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being.</p>
<p>82. If at some point you became unable to meet your own needs, would you be willing to use the following support services? (Please mark all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Case Management <input type="radio"/> Elder Abuse Prevention Programs <input type="radio"/> Employment Services <input type="radio"/> Home Health Services <input type="radio"/> Information and Referral Assistance <input type="radio"/> Legal Service <input type="radio"/> Telephone Reassurance <input type="radio"/> Transportation <input type="radio"/> Volunteer Services <input type="radio"/> Health Prevention and Disease Prevention 	<p>Case Management: A person or group who will help families determine what kind of assistance elders need in order to remain as independent as possible; and assist in arrangement for available services.</p> <p>Elder Abuse Prevention Programs: A program designed to investigate allegations of abuse, neglect, and exploitation; and intervene in substantiated cases.</p> <p>Employment Services: Place or system where elders can find employment options.</p>

<ul style="list-style-type: none"> ○ Senior Center Programs ○ Home Repair/Modification ○ Home Safety Assessments ○ Occupational Therapy ○ Speech Therapy ○ Physical Therapy 	<p>Home Health Services: A person or group who will come into an elders home to help with activities like changing wound dressings, checking vital signs, cleaning catheters, and providing tube feedings.</p> <p>Information and Referral/Assistance: Specialists who provide assistance and help elders to find available services and resources.</p> <p>Legal Assistance: Advice and representation for legal matters, such as government benefit programs, tenant rights, and consumer protection.</p> <p>Telephone Reassurance: Regular telephone contact and safety checks performed by trained personnel, available to homebound elders and disabled persons.</p> <p>Transportation: Car or van service for elders and people with disabilities who do not have their own transportation and/or are unable to use public transportation.</p> <p>Volunteer Services: Opportunities for older adults to provide or receive telephone reassurance, peer visits, insurance counseling and more.</p> <p>Health Promotion and Disease Prevention: programs or services that focus on keeping people healthy and often address social determinants of health (economic, social, cultural, and political conditions in which people are born, grow, and live that affect health status), which influence modifiable risk behaviors (tobacco use, poor eating habits, and lack of physical activity).</p> <p>Senior Center Programs: A variety of recreational and educational programs for older adults.</p> <p>Home Repair/ Modification: Community program that help elders keep their homes in</p>
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	<p>good repair, such as roofing, plumbing, carpentry, and insulation. Community program that will provide home renovations so elders can be safe, secure, and independent in their homes as long as possible.</p> <p>Home Safety Assessments: an evaluation of the elder's home to identify and eliminate potential hazards. Usually performed by a licensed health-care professional (occupational therapist or medical social worker).</p> <p>Occupational Therapy: is a method of helping people lead independent and productive lives by allowing the elder to recover or develop skills needed to complete daily tasks. Many seniors receive occupational therapy as a way to help perform "occupations" or activities of daily living (ADLs) (bathing and toileting to getting dressed in the morning). The goal is to help seniors learn to move and function and overcome physical challenges, in spite of diminished range-of-motion and mobility.</p> <p>Speech Therapy: treatment for problems with speaking, language, and swallowing. It is provided by a speech therapist or speech-language pathologist. Speech therapy increases functional communication, cognitive skills and teaches safe swallowing by introducing diet modifications and special feeding techniques.</p> <p>Physical Therapy: treatment for conditions like arthritis, osteoporosis, cancer, joint replacement, and balance disorders. It can restore or increase strength, range of motion, flexibility, coordination, endurance, and reduce pain.</p>
<p>83. If at some point you became unable to meet your own needs, would you be willing to use the following caregiver services? (Please mark all that apply)</p> <ul style="list-style-type: none"> ○ Adult Day Care ○ Caregiver Programs ○ Respite Care ○ Assisted Living 	<p>Adult Day Care: A protective setting for those who cannot be left alone, due to health and/or social needs.</p> <p>Caregiver Programs: Support for caregivers of older adults; also services for grandparents raising grandchildren.</p>

<ul style="list-style-type: none"> ○ Nursing Facilities ○ Long Term Care Services ○ Skilled Nursing Facilities ○ Personal Care ○ Homemaker and Chore Services ○ Hospice and Palliative Care 	<p>Respite Care: A break for caregivers who provide ongoing supervision and care of a person with functional impairment and for grandparents caring for grandchildren.</p> <p>Assisted Living: Private, separate living units where elders can live while receiving help with non-medical aspects of daily activities.</p> <p>Nursing Facilities: A center equipped to care for individuals with 24-hour nursing needs, post-operative recuperation, complex medical care demands as well as chronically ill elders who can no longer live independently. Facilities may be freestanding or part of a senior community.</p> <p>Long Term Care Services: involves a variety of services designed to meet a person's health or personal care needs during a short or long period of time. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own. Most long-term care is provided at home by unpaid family members and friends. It can also be given in a facility such as a nursing home or in the community.</p> <p>Skilled Nursing Facilities: is nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. It's health care given when you need skilled nursing or skilled therapy to treat, manage, and observe your condition, and evaluate your care.</p> <p>Personal Care: Assistance with bathing, dressing, walking, eating, supervision, emotional security, and/or housekeeping for functionally impaired elders.</p> <p>Homemaker and Chore Services: this includes services such as housework, laundry, shopping and running errands.</p>
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	<p>Hospice and Palliative Care: Hospice provides comprehensive comfort care as well as support for the family. It is provided for a person with a terminal illness who doctor believes he or she has six months or less to live if the illness runs its natural course. It is provided in two settings, at home or in a facility such as a nursing home, hospital, or even in a separate hospice center. Palliative care is a resource for anyone living with a serious illness, such as heart failure, chronic obstructive pulmonary disease, cancer, dementia, Parkinson's disease, and many others. It can be helpful at any stage of illness and is best provided soon after a person is diagnosed. It is provided in hospitals, nursing homes, outpatient palliative care clinics and certain other specialized clinics, or at home.</p>
<p>84. If at some point you became unable to meet your own needs, would you be willing to use the following other services? (Please mark all that apply)</p> <ul style="list-style-type: none"> ○ Emergency Response Systems ○ Financial Assistance ○ Government Assisted Housing ○ Shared Housing ○ Durable Medical Equipment ○ Pharmacy ○ Financial Planning or Counseling ○ Retirement Communities 	<p>Emergency Response Systems: In-home, 24-hour electronic alarm systems that enable homebound elders to summon emergency help.</p> <p>Financial Assistance: Counseling on financial management, prescription drug programs, Social Security benefits, food stamps, energy assistance, or other types of assistance; along with assistance in obtaining any benefits an elder may qualify.</p> <p>Government Assisted Housing: Rent subsidized housing.</p> <p>Shared Housing: An organized, shared-housing network where elders can share their home, or the home of another.</p> <p>Durable Medical Equipment: is equipment that helps you complete your daily activities. It includes a variety of items, such as walkers, wheelchairs, and oxygen tanks.</p> <p>Pharmacy: is commonly known as a retail store that dispenses FDA approved prescription medications as well as over the counter remedies that do not require a physician's prescription.</p>

	<p>Financial Planning or Counseling: a program that offers advice and assistance to individuals for money obligations, pension and pension savings, retirement, investments, deciding about estates, and insurance planning.</p> <p>Retirement Communities: A facility that offers elders combined housing, services, and health care while allowing them to live a private, residential lifestyle. Usually includes long-term health care.</p>
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QUESTION	CLARIFICATION
89. Have you been employed full or part-time during the past 12 months?	Explanation of work status: Full time = 32+ hours per week. Part Time = Anything less than 32 hours per week.
91. What is the highest grade or year of school you completed?	Fill in only ONE bubble indicating the HIGHEST GRADE or YEAR of school completed.
92. What zip code do you currently reside in?	Write in the participant zip code.
94. What county/borough do you currently reside in?	Fill in the county/borough name with one letter for each image box.
95. Are you American Indian, Alaska Native, Native Hawaiian, Descendant, or Other?	Explanation of ethnic origin: Select the option with which the elder most identifies. Descendant indicates that grandparent or parent is enrolled member but participant is not enrolled.
96. Are you an enrolled member of a federally recognized tribe?	Fill in yes or no AND write in the name of Tribe, Alaskan village, or Hawaiian homeland name.

SAMPLE TRIBAL RESOLUTION

RESOLUTION NO. _____

Authorization of Application for Elder Services Funding from the Administration For Community Living/Administration On Aging Older Americans Act Title VI Nutrition, Supportive Service and Caregiver Grants (Parts A/B and C) and Participation in Cycle VIII of the National Resource Center on Native American Aging Needs Assessment
“Identifying Our Needs: A Survey Of Elders”

WHEREAS, _____ is a federally recognized Tribe existing and acting pursuant to its inherent and retained sovereignty; and,

WHEREAS, the Tribal Council is empowered to act in all matters that concerns the health, safety, and wellbeing of the Tribe and its tribal members; and,

WHEREAS, The Administration for Community Living endorses the National Resource Center on Native American Aging (NRCNAA) and its partnership with Tribal Nations to identify the needs of American Indian and Alaska Native elders nationwide via the needs assessment, in which the NRCNAA and the Tribe/Consortium assume the following responsibilities;

The NRCNAA will provide:

Needs assessment instruments, Assistance in sampling, Training of interviewers, Consultation with interviewers via email or telephone, Data entry and analysis, Data storage on a secure server, Production of tables and comparisons with national statistics; and,

The Tribe/Consortium will provide:

A Tribal Resolution documenting participation in the needs assessment, A count of elders, Interviewers or volunteers to conduct the survey, Interpretation of the results with local input, Development of recommendations for actions, Dissemination of the results to tribal leaders and health officials; and,

WHEREAS, Summary information from needs assessment along with a national comparison report will be returned to the governing council and to the local contact person; and,

WHEREAS, Data sovereignty, confidentiality, and safeguarding is of utmost importance; therefore, the information is collected anonymously, data is stored on a secure server for the life of the NRCNAA, and physical copies of the needs assessments will be stored within a locked storage cabinet at the University of North Dakota (UND) School of Medicine & Health Sciences for a period of ten years as outlined in the UND’s Records and Retention Schedule.

NOW, THEREFORE, BE IT RESOLVED, that the _____ respectfully requests funding for the Administration for Community Living/Administration on Aging Older Americans Act Title VI grants (Parts A/B and C) for the grant period of April 1, 2023 to March 31, 2026. Additionally, the Tribal Council authorizes participation in the “Identifying Our Needs: A Survey of Elders” needs assessment and grants permission to the National Resource Center on Native American Aging to use all collected needs assessment information in an aggregate format for disseminating state, regional, and national results from analyses of the data.

FURTHER, BE IT RESOLVED, that specific information collected within the boundaries of _____ belongs to _____ and may not be released in any form to individuals, agencies, or organizations without additional tribal authorization.

We, the undersigned, respectfully as _____ certify that the foregoing resolution was adopted at a duly called meeting of the _____ on this _____ with a quorum present.

CERTIFICATION

Authorized Signature

Date

Authorized Signature

Date

NATIVE ELDER SERVICE LOCATOR QUESTIONNAIRE

This questionnaire collects information on Title VI programs and community services each Tribe, Alaskan village and Native homeland offers to elders.

Types of services include:

- Adult Day Care
- Assisted Living
- Caregiver Programs
- Case Management
- Congregate Meals
- Elder Abuse Prevention Programs
- Emergency Response Systems
- Employment Services
- Financial Assistance
- Government Assisted Housing
- Home Delivered Meals
- Home Health Services
- Home Modification
- Home Repair
- Information and Referral/Assistance
- Legal Assistance
- Nursing Facilities
- Personal Care
- Respite Care
- Retirement Communities
- Senior Center Programs
- Shared Housing
- Telephone Reassurance
- Transportation
- Volunteer Services

By completing this questionnaire, you agree to have the data available on the NRCNAA website on an interactive map called the [Native Elder Service Locator](#).

Questions?

Email NRCNAA at <mailto:info@nrcnaa.org> with changes or feedback or **call (800) 896-7628**

The National Resource Center on Native American Aging is supported by a cooperative agreement with the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services (HHS).

TITLE VI CONTACT INFORMATION

Organization _____

Tribe _____

Director _____

Email address _____

Address _____

City _____

State _____

Zip _____

Office number _____

Fax number _____

Website _____

Office hours _____

Time zone: ☐ Eastern ☐ Central ☐ Mountain ☐ Pacific ☐ Alaska ☐ Aleutian

Service area (*indicate zip codes included in service area*): _____

NATIVE ELDER COMMUNITY SERVICES

Please indicate whether the following services are available in your community:

- ☐ **Adult Day Care** - A protective setting for those who cannot be left alone due to healthcare and social needs
If available, is the service managed by the tribe?
 - ☐ Yes
 - ☐ No
- ☐ **Caregiver Programs** - Support for caregivers of older adults and some services for grandparents raising grandchildren
If available, is the service managed by the tribe?
 - ☐ Yes
 - ☐ No
- ☐ **Case Management** - Assistance for families in assessing the needs of older adults and making arrangements for services to help them remain independent
If available, is the service managed by the tribe?
 - ☐ Yes
 - ☐ No
- ☐ **Elder Abuse Prevention Programs** - Investigation into allegations of abuse, neglect and exploitation, and interventions in substantiated cases.
If available, is the service managed by the tribe?
 - ☐ Yes
 - ☐ No
- ☐ **Emergency Response Systems** - In-home 24-hour electronic alarm systems that enable homebound persons to summon emergency help.
If available, is the service managed by the tribe?
 - ☐ Yes
 - ☐ No
- ☐ **Employment Services** - Opportunities for older adults to explore employment options
If available, is the service managed by the tribe?
 - ☐ Yes
 - ☐ No
- ☐ **Financial Assistance** - Counseling on financial management, prescription drug programs, Social Security benefits, food stamps, energy assistance, etc.
If available, is the service managed by the tribe?
 - ☐ Yes
 - ☐ No
- ☐ **Home Health Services** - Help with activities such as changing wound dressings, checking vital signs, cleaning catheters and providing tube feedings
If available, is the service managed by the tribe?
 - ☐ Yes
 - ☐ No

- ☐ **Home Repair** - Programs that help keep housing in good repair, such as roofing, plumbing and insulation, in order to avoid major problems
If available, is the service managed by the tribe?
☐ Yes
☐ No
- ☐ **Home Modification** - Renovations to increase the ease of use, safety, security and independence in the home.
If available, is the service managed by the tribe?
☐ Yes
☐ No
- ☐ **Information and Referral/Assistance** - Specialists provide assistance and links to available services and resources.
If available, is the service managed by the tribe?
☐ Yes
☐ No
- ☐ **Legal Assistance** - Advice and representation for certain legal matters such as government program benefits, tenant rights and consumer problems.
If available, is the service managed by the tribe?
☐ Yes
☐ No
- ☐ **Home-delivered meals** (Meals on Wheels) for the homebound
If available, is the service managed by the tribe?
☐ Yes
☐ No
- ☐ **Congregate meals** in a senior center or other site where older adults can enjoy a meal and socialize with others.
If available, is the service managed by the tribe?
☐ Yes
☐ No
- ☐ **Personal Care** - Assistance for functionally impaired individuals with bathing, dressing, walking, eating, supervision, emotional security, and housekeeping.
If available, is the service managed by the tribe?
☐ Yes
☐ No
- ☐ **Respite Care** - A break for caregivers who provide ongoing supervision and care of a person with a functional impairment
If available, is the service managed by the tribe?
☐ Yes
☐ No
- ☐ **Assisted Living** - Help with non-medical aspects of daily activities in an atmosphere of separate, private living units.
If available, is the service managed by the tribe?
☐ Yes
☐ No

- ☐ **Retirement communities** - A facility that offers seniors combined housing, services and health care with allowing them to enjoy a private, residential lifestyle of independence and assurance of long-term health care.

If available, is the service managed by the tribe?

- ☐ Yes
☐ No

- ☐ **Nursing facilities** - A skilled center equipped to handle individuals with 24-hour nursing needs, post-operative recuperation, complex medical care demands as well as chronically-ill individuals who can no longer live independently; facilities may be freestanding or part of a senior community.

If available, is the service managed by the tribe?

- ☐ Yes
☐ No

- ☐ **Government Assisted Housing** - Rent subsidized housing.

If available, is the service managed by the tribe?

- ☐ Yes
☐ No

- ☐ **Shared Housing** - An organized shared-housing-network where seniors can share their home, or the home of another.

If available, is the service managed by the tribe?

- ☐ Yes
☐ No

- ☐ **Senior Center Programs** - A variety of recreational and educational programs for older adults.

If available, is the service managed by the tribe?

- ☐ Yes
☐ No

- ☐ **Telephone Reassurance** - Regular contact and safety checks to homebound seniors and disabled persons by trained volunteers

If available, is the service managed by the tribe?

- ☐ Yes
☐ No

- ☐ **Transportation** - Services for older adults or persons with disabilities who lack private transportation or who are unable to utilize public transportation.

If available, is the service managed by the tribe?

- ☐ Yes
☐ No

- ☐ **Volunteer Services** - Opportunities for older adults to provide telephone reassurance, friendly visits, insurance counseling and more.

If available, is the service managed by the tribe?

- ☐ Yes
☐ No



National Resource Center on Native American Aging (NRCNAA)
University of North Dakota School of Medicine & Health Sciences Center for Rural Health
1301 N. Columbia Road Suite E231
Grand Forks, ND 58202-9037
NRCNAA.org
Phone: (800) 896-7628 | Fax: (701) 777-6779