

NOTE: The highlighted areas show where you need to insert your tribal information. You can enter your data on the Tribal Council Resolution Fill-In Form on the website instead of recreating this document if you wish.

TRIBAL COUNCIL RESOLUTION NO. _____
(enter the number/designation here)

Authorizes _____ **Participation in Nation-wide
Elder Needs Assessment**
(enter the name of your tribe here)

WHEREAS, _____
(enter the name of your tribal government here)

WHEREAS, Long-term care, a category that includes health promotion, home health services, personal care, housekeeping assistance, meals-on-wheels, skilled nursing care, assisted living, and other in-home services, is an emerging unmet need in Indian Country; and,

WHEREAS, The North Dakota, Alaska, and Hawaii National Resource Centers on Native Aging have been awarded grants through the Administration for Community Living (ACL) Department of Health and Human Services, to provide technical assistance on the health and social needs of American Indian, Alaska Native, and Native Hawaiian elderly and assist these groups in conducting a needs assessment which is a requirement for their ACL grant; and,

WHEREAS, The needs assessment is designed to yield information on the following Native elder health care needs:

- General Health Status
- Activities of Daily Living
- Screening
- Visual, Hearing, and Dental
- Memory and Disability
- Health Care Access
- Tobacco and Alcohol Use
- Nutrition, Exercise, and Excess Weight
- Social Support/Housing
- Social Functioning
- Demographics

WHEREAS, In addition to providing technical assistance, the grant to the North Dakota, Alaska, and Hawaii resource centers on Native aging is required by the Older Americans Act to perform research and disseminate the results of the research, and

WHEREAS, The North Dakota, Alaska, and Hawaii National Resource Centers on Native Aging are asking Tribes throughout the nation to volunteer to participate in a partnership arrangement, to identify the needs of American Indian and Alaska Native elders nationwide, in which the resource centers and the Tribe/consortium will each assume responsibilities:

What the Resource Center 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

What each Tribe/consortium will provide:

- A Tribal Resolution documenting participation in the Native elder social and health needs assessment as applicable
- A list of elders to interview
- 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

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

WHEREAS, The confidentiality of enrolled members and Tribal/consortium information is of the utmost importance; therefore, the information in this needs assessment will be collected anonymously by tribal members with a digital copy of the data stored on a secure server at the UND School of Medicine and Health Sciences for a period of at least ten years or longer. Paper copies will be retained for 6 month after the cycle ends to ensure accurate data entry then destroyed.

NOW, THEREFORE, BE IT RESOLVED,

That the _____
(*enter the name of your tribal government here*)

hereby authorizes participation in the, “Identifying Our Needs: A Survey of Elders” Native elder social and health needs assessment. The Tribal Council grants permission to the North Dakota, Alaska, and Hawaii National Resource Centers on Native Aging to use all collected needs assessment information in aggregate format for the purpose of 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 _____
(*fill in the name of your tribe in both of these spaces*)
and may not be released in any form to individuals, agencies, or organizations without additional tribal authorization.

(*signatures and date*)

(*signatures and date*)