

Interviewing Elders

A Brief Guide for *Identifying Our Needs: A Survey of Elders*

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ABOUT THE SURVEY

The overall goal of the National Resource Center on Native American Aging (NRCNAA) is to identify and increase awareness of evolving Native elder health and social issues. The NRCNAA in North Dakota along with National Centers in Alaska and Hawaii exist to help raise the quality of life for American Indian, Alaska Native, and Native Hawaiian elders. The survey, *Identifying Our Needs: A Survey of Elders*, is the instrument we provide to communities throughout the United States to assess areas of concern for individuals age 55 and older. In addition to printing, scanning, and compiling the results of the needs assessment, the NRCNAA will assist with technical and training issues that may arise during the assessment process. The NRCNAA provides draft resolutions, sampling assistance, and guidance on how to use the data obtained by the needs assessment. The NRCNAA is supported by a cooperative agreement from the Administration on Aging (AoA), which allows us to offer the needs assessment and our services at no cost to participating communities. An aggregate file is maintained by the NRCNAA to document the needs of American Indian, Alaska Native, and Native Hawaiian elders.

INTERVIEWER ROLES AND RESPONSIBILITIES

As an interviewer, you represent the community or agency which is conducting the survey. While part of doing the needs assessment requires gathering and recording information, it is not necessary to pry for answers or insist upon cooperation from the elder being interviewed. The survey is completely voluntary and should be viewed by the elders of your community as a highly positive experience.

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 being 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 have been completed, return them to your representative community or agency, so they can be sent 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, including a guide on some commonly misunderstood questions.

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

Thank you for your participation. We hope the interviewing experience is pleasant and positive for you and for the elders you interview!

Conducting the Needs Assessment: A Step-By-Step Guide

Step 1: Find a location to conduct the survey

- Place should be private
- Somewhere elders will feel comfortable and at ease
- Where you will not be interrupted
- 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 or two surveys (It is ok to give the elder you are interviewing a survey to follow along with the questions you are asking.)

Step 2: Develop a relationship

- Greet the elder with respect and sincerity.
- Engage in small talk, for example:
 - Comment about the weather.
 - Give them a compliment.
- Be pleasant and upbeat – keep the communication positive.
- Ask if they would like something to drink (if available) or need to use the restroom before starting the survey.

Step 3: Explain the survey to the elder

- Introduce yourself:
 - Give them your name
 - And the name of the organization you represent.

- Explain to the elder that you were asked to assist with the survey to help find out what elders in their community need.
- Emphasize that this survey was requested by their local community leaders and is supported by the National Resource Center on Native American Aging.
- Explain that they were randomly selected from a list of elders in their community.
- Encourage them to participate in the survey; their input is valuable in efforts to meet the long-term needs of their community's elders.
- Assure them the survey is voluntary and completely confidential.

Step 4: Ask the elder if they will consent to be interviewed.

- Consent is given when the elder agrees to be interviewed.

Step 5: Read the “Verbal Consent Form” (page 6) to the elder.

- 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.
- 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.
- This survey is most effective when the interviewer (not the elder) fills in responses on the answer sheet.
- If the elder misunderstands the question, read it again.
 - For some elders, it may be helpful to give them a blank survey so they can follow along with the questions you are asking.
 - If the elder has questions, answer them; then read the question again to get their answer.
 - If you feel the elder has not understood the question, you can ask it again by saying:

“I think I have misread the question. Let me read it 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?”

This survey is most effective when the interviewer fills in responses on the answer sheet.

- See *Guide for Interpretation of Survey Questions* on page 10 and 11.
- Maintain a positive environment throughout the survey.
- An “I don’t know” response usually means the elder did not understand, needs time to think, or is embarrassed by the question. This can be handled by:
 - Reading the question again.
 - Assuring the elder that there are no wrong answers.

Step 7: Close the interview

- When you are finished, look over the survey to make sure you asked all the questions (4 pages) and recorded the answers clearly.
 - Each question should have an answer (or multiple answers if it is a **Mark all that apply** question).
 - The answer will be blank only if the elder declined to answer.
 - Make sure the ovals for each answer are filled in completely with a no. 2 pencil.
- Thank the elder for their participation.

Step 8: Return the completed surveys to the contact person or agency that gave them to you.

- Do not bend or make stray marks on the surveys and
- Try to avoid survey contact with food or water so there will be no delay in processing.
- The agency or contact person can mail completed surveys to:

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

VERBAL CONSENT FORM

“Thank you for agreeing to be interviewed regarding the health and social needs of Native American elders. We 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 are confidential. Your name will not be attached to any of your answers and you can decline to answer any question at any time. 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 information for this survey will be collected anonymously by community members and the information will be stored at the National Resource Center on Native American Aging located at the University of North Dakota School of Medicine and Health Sciences in a locked file cabinet and destroyed after a period of ten years.

I encourage you to contact your local healthcare provider if you experience any concerns about potential health problems. A list of health providers in your area is available upon request from [INSERT NAME OF TRIBAL AGENCY HERE].

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

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. tribe, long-term care facility or senior center) to assist with data collection pertaining to their community. The data is for local use identifying the needs of elders. Results from the survey will be used to 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. You can 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 will be sent back to your community 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 completely voluntary, but 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. Once local survey results have been received and reviewed by the sponsoring tribal agency (or agencies), participants and community members can view survey results through their local offices' dissemination means.

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 general 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 (1-800-896-7628) 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. They will, however, answer any general questions about the nature, purpose, and history of the survey.

There are some common excuses elders give when asked to complete a survey. Here are some possible responses you can use to change their mind.

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's too many people here/lack of privacy . . . Ask if there is some other location they would prefer for conducting the survey interview.

INFORMATION ABOUT SURVEY QUESTIONS

“Image box” questions (2, 4, 35, 37, 40, 41, 46, 50, 62, 67 and 68):

Example question: What is your age? Write answer/response in corresponding box.

62. Age

ENTER AGE

“Mark all that apply” questions (3, 5, 6, 21, 30, 32, 33, 43, and 60):

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.

Example: Question 3. “Has your doctor every told you that you had any of the following diseases. . . Please mark all that apply.”

You say: “This question has many parts; I will read the question and each choice, then give you time to answer before moving on to the next part.”

“Has a doctor ever told you that you had any of the following diseases . . . Arthritis?” (Pause for their response. Fill in the bubble for their answer on the survey.) “Congestive Heart failure?” (Pause . . .)

PLEASE NOTE: In question 3, the questions concerning diabetes: Should ONLY be marked if the elder has been told he/she has diabetes.

☐ 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?

These questions can be repeated as needed for clarity, especially when there are two columns with the same answer options, such as in question 60.

GUIDE FOR INTERPRETATION OF SURVEY QUESTIONS

Question #	Question	Answer
2, 4, 35, 37, 40, 41, 46, 50, 62, 67, 68	Image boxes	<ul style="list-style-type: none"> Each of these questions has a box to write the answer/response in.
30	Explanation of insurance types.	<ul style="list-style-type: none"> For Alaska villages: please make sure to mark Alaska Native Health Organization instead of Indian Health Service, if applicable. Indian Health Service (IHS) refers to the federal program used by many tribes in the lower 48 states. Tribal Health/Tribal refers to insurance specifically offered by their tribe.
34	Explanation of uses of tobacco (other than tobacco in a cigarette).	<p>This question refers to the use of tobacco placed in and smoked through a pipe.</p> <p><u>Tobacco used for ceremonial and medicinal purposes should be included in this response.</u></p>
38	What is an alcoholic beverage?	Some elders will refer to alcoholic beverages as 'homebrews'. These types of beverages are included when speaking of 'alcoholic beverages'.
40	Equivalent measurements for conversions from inches to feet and inches.	If the elder gives you their height in inches only, use the chart on page 14 to convert their response to feet and inches. Write in their height in feet and inches.
44	Explanation of fruits and vegetables.	Berries and/or plants can be included as fruits and vegetables. The question is whether they have few fruits or vegetables, meaning <u>not many</u> .
60	Description of services.	See pages 12-13
65	Explanation of work status.	<p>Full time = 32+ hours per week.</p> <p>Part Time = Anything less than 32 hours per week.</p>
66	How to enter highest grade completed.	Please fill in only ONE bubble indicating the HIGHEST GRADE or YEAR of school completed.

67	Participant zip code.	Please write in the zip code.
68	County/borough.	Fill in the county/borough name with one letter for each image box.
69	Explanation of ethnic origin.	Please select the option with which the elder most identifies. Mixed race corresponds to descendent response.
71	Explanation of Tribal Affiliation.	Please fill in the bubble for yes or no AND write in the tribe name, Alaska village name, or Hawaiian homeland name.

Question 60: Definition of Services

Adult Day Care: A protective setting for those who cannot be left alone, due to health and/or social needs.

Caregiver Programs: Support for caregivers of older adults; also services for grandparents raising grandchildren.

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 will also help make arrangements for available services.

Elder Abuse Prevention Programs: A program designed to investigate allegations of abuse, neglect, and exploitation; and intervene in substantiated cases.

Emergency Response Systems: In-home, 24-hour electronic alarm systems that enable homebound elders to summon emergency help.

Employment Services: Place or system where elders can find employment options.

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 for.

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.

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.

Information and Referral/Assistance: Specialists who provide assistance and help elders to find available services and resources.

Legal Assistance: Advice and representation for legal matters, such as government benefit programs, tenant rights, and consumer protection.

Home-delivered Meals (Meals on Wheels): A food program that delivers prepared food to elders that are homebound.

Congregate Meals: Meals served at a senior center or other site where elders can socialize with others while getting nourishing meals.

Personal Care: Assistance with bathing, dressing, walking, eating, supervision, emotional security, and/or housekeeping for functionally impaired elders.

Respite Care: A break for caregivers who provide ongoing supervision and care of a person with functional impairment and for grandparents caring for grandchildren.

Assisted Living: Private, separate living units where elders can live while receiving help with non-medical aspects of daily activities.

Retirement Communities (Continuing Care): 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.

Nursing Facilities (Nursing Homes): 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.

Government Assisted Housing: Rent subsidized housing.

Shared Housing: An organized, shared-housing network where elders can share their home, or the home of another.

Senior Center Programs: A variety of recreational and educational programs for older adults.

Telephone Reassurance: Regular telephone contact and safety checks performed by trained personnel, available to homebound elders and disabled persons.

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.

Volunteer Services: Opportunities for older adults to provide or receive telephone reassurance, peer visits, insurance counseling and more.

Height Conversion Table

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"