

A General Template for Using the Needs Assessment

The following pages contain a template that is designed to help people with using data from the National Resource Center on Native American Aging survey; however, the template can still be used with other sources should you choose to conduct your needs assessment using a different survey.

In using the template, each place where “our tribe” is used, should be replaced with the name of your tribe or consortium and then replace the percentages with your own numbers from the comparison sheet. In other places there is either a blank space, underlined that directs you to fill in the blank with your data or to replace the numbers with the numbers from your tribe. Each of the tables is an example, using questions you will most likely want to consider and include in your applications. After you do this, look at them to see if there are differences in the pattern from the examples and adjust the text to fit your own observations.

You can follow this example to expand the number of tables or items you include in your discussion of the needs assessment. Please look at the comparison sheets to see what else might be important for your community and add those to the report using the same **format**. The example is not intended to include everything you might find important, but it is meant as a starting point for using the data for grant and reporting purposes.

Using Assessment Results in Title VI Applications

(NOTE – IN THIS SECTION YOU NEED TO REPLACE THE EXAMPLES WITH DATA FROM YOUR COMPARISON SHEETS AS DIRECTED. ALSO PUT YOUR TRIBES NAME IN PLACES WHERE “OUR TRIBE” IS USED.)

Program Information Section

In the section titled “Program Information” in the application you are asked to report the number of elders by age. This can be obtained either from the U.S. Census or your Tribal Enrollment Office. If the enrollment numbers are higher than the census, we recommend using them as the Census had problems with an undercount in some areas. Be sure to send the required enrollment certification if you use enrollment statistics. The elder age groups are expected to grow substantially in the over the next generation with the National Resource Center on Native American Aging projecting the population over age 55 to grow by 110% between 2000 and 2020. Clearly the impact of the large cohorts born during the post World War II will become a major source of change for our tribe.

Our Tribe’s Elder Needs Assessment Findings

The following can be used for question 1 in the Management Assessment section of the Title VI application.

The elders of our tribe are highly valued as members of their families and their communities. We must recognize them, hold them in high esteem and look to their experience and wisdom for guidance. We must seek optimal wellness for them and seek to help them retain the highest quality of life possible through independence in living.

Leading chronic diseases:

The top chronic diseases found among our elders were high blood pressure, arthritis, diabetes, depression and osteoporosis. (**Replace the disease names and percentages with the top five from item 3 in the comparison sheet.**) Each of these lead to limitations on peoples’ ability to take care of themselves and each are diseases for which treatments that make a difference are available. Nutritional care is particularly important for high blood pressure, diabetes and osteoporosis.

Five most common chronic diseases in <u>our tribe</u> for persons 55 and over	
High blood pressure	52.9%
Arthritis	45.9%
Diabetes	36.1%
Depression	17.1%
Osteoporosis	8.4%

Disparities between our tribe and the nation provide us information on specific diseases where our people appear to be at greater risk than others in the nation. This information

assists in identifying diseases where others have had greater success with health promotion efforts and where we should be able to make significant improvements in health status for our elders. The following table presents these diseases. (**Again, examine item 3 in the comparison sheet and use those diseases where the percent for your tribe is higher than the national comparison.**)

Chronic diseases with higher rates than the nation		
	<u>Our tribe</u>	<u>Nation</u>
Arthritis	45.9%	28.0%
Congestive heart failure	9.2%	7.3%
Stroke	7.9%	6.5%
Asthma	14.2%	10.8%
Diabetes	36.1%	14.6%
Colon/rectal cancer	1.9%	.4%
Osteoporosis	8.4%	4.6%

Functional Limitations

(The data for this come from items 5 and 6 in the comparison sheet along with the Measure of Long Term Care Need .)

Functional limitations serve as the basis for establishing informal or formal need for care. Functional limitations are defined in terms of Activities of Daily Living that include bathing, dressing, getting in or out of bed, walking and using the toilet. One's ability to manage each of these is essential for self care. The following table shows our people are significantly less likely to report such needs for assistance.

Activities of Daily Living: Our Tribe and the Nation		
	<u>Our Tribe</u>	<u>Nation</u>
Bathing	17.6%	36.8%
Dressing	12.0%	15.8%
Eating	7.7	8.1%
Getting in or out of bed	11.7	22.1%
Walking	23.2%	33.7%
Using the Toilet	9.3%	22.8%

Similarly, IADLs or Instrumental Activities of Daily Living serve as indicators of a need for assistance with task required for living safely in ones home, This includes meal preparation, shopping, money management, telephone use, heavy and light housework and getting outside of the home. With the exception of meal preparation, our tribe's elders reported fewer IADL limitations than the nation. This may be due to the relatively young age of our elders compared to the nation.

Instrumental Activities of Daily Living: Our Tribe and the Nation		
	<u>Our Tribe</u>	<u>Nation</u>
Meal preparation	20.3%	19.7%
Shopping	17.7%	34.8%

Money management	12.2%	17.9%
Use of telephone	8.4%	9.6%
Heavy housework	33.3%	51.6%
Light housework	16.8%	17.0%
Getting outside	13.5%	44.2%

The measure of need for long term care contains four levels of limitation; little or none, moderate, moderately severe and severe – each reflecting differing levels of need and eligibility for care. Although our elders are relatively independent, they are also relatively young. The following table contains the percentages at each level for our tribe and the nation.

Levels of Functional Limitation: A Measure of Need for Long Term Care		
	<u>Our Tribe</u>	Nation
Little or none	61.7%	44.9%
Moderate	20.0%	21.5%
Moderately Severe	5.8%	9.2%
Severe	12.4%	24.5%

The NRCNAA survey asked a series of questions on whether people were using services now and whether they would use them in the future if the circumstances arose that they would be unable to meet their own needs. The following table shows which services are now available and which additional services would be most in demand for future development. **(Replace the percents from item 46 in your comparison sheet.)** The survey suggests that people would use a larger array of services if they were available. In some instances, the expression of interest is very high when the services are rarely available. For example, respite care is almost non-existent, but over 40% indicate they would use it when the time was appropriate. These results assist our tribe in prioritizing and to continue expanding available services for elders living in their homes.

Extent of Use and Projected Use If One Could Not Meet Own Needs		
	Use Now	Would use
Adult Day Care	2.7%	30.0%
Caregiver Program	8.0%	38.6%
Case Management	3.8%	18.2%
Elder Abuse Prevention	1.3%	19.2%
Emergency Response Systems	2.7%	30.0%
Employment Services	1.3%	14.2%
Financial Assistance	2.7%	33.4%
Home Health	4.1%	36.8%
Home Repair	4.3%	49.2%
Home Modification	2.5%	37.1%
Information and Referral Services	5.9%	26.0%
Legal Assistance	1.0%	28.1%

Home Delivered Meals	15.7%	40.6%
Congregate Meals	26.9%	21.6%
Personal Care	6.2%	26.3%
Respite Care	2.1%	23.6%
Assisted Living	1.8%	18.5%
Retirement Communities	2.5%	18.5%
Nursing Facilities	.9%	19.2%
Government Assisted Housing	3.7%	18.9%
Shared Housing	1.8%	11.5%
Senior Center Programs	30.4%	29.7%
Telephone Reassurance	8.4%	24.1%
Transportation	16.7%	38.7%
Volunteer Services	4.7%	29.0%

Specifically related to nutrition are the findings about weight, diet and exercise. Using the people's weight and height, a Body Mass Index was calculated to determine how many people are overweight (BMI 25 to 29) or obese (BMI 30 and over). Weight issues have become a focus of concern because of the relationship between weight and diabetes, arthritis, hypertension and functional limitations requiring care. Our results for the Body Mass Index are below. **(Replace the percents with results from item 33 in your comparison sheet.)**

Proportions in each Weight Category for Our Tribe	
Low/normal weight	21.4%
Overweight	30.4%
Obese	33.5%

Dietary concerns are reflected in an item that asked about eating habits and conditions that are important to consider when designing nutrition programs for our elders. A large proportion of the elders report too few fruits and vegetables in their diet and many have an insufficient number of meals per day to adequately nourish them. **(Replace the percents with results from item 35 in your comparison sheet.)**

Responses to nutritional items.	
I have an illness or condition that made me change the kind and or amount of food I eat.	28.0%
I eat fewer than 2 meals per day.	19.0%
I eat few fruits and vegetables or milk products.	38.9%
I have 3 or more drinks of beer, liquor or wine almost every day.	2.3%
I have tooth or mouth problems that make it hard for me to eat.	14.6%

I don't always have enough money to buy the food I need.	13.3%
I eat alone most of the time.	28.1%
I take 3 or more prescription or OTC drugs a day.	40.4%
Without wanting to, I have lost or gained 10 lbs in the past 6 months.	12.2%
I am not always physically able to shop, cook and/or feed myself.	13.1%

Social and Housing Characteristics

One third (**Replace with percent from item 42 on comparison sheet.**) of the elders in our community live alone. This means that 1/3 of our elders would be at risk for requiring help from outside the household – formal services or informal care from relatives who do not live with them. This proportion is large and suggests a strong need for building home and community based services that can support both the elder and his or her informal care provider.

FAMILY CAREGIVER RESULTS

(NOTE – NRCNAA STAFF HAVE ENTERED YOUR NUMBERS IN THE NEXT THREE PARAGRAPHS. THIS HELPS YOU ESTIMATE THE NUMBERS WHO WOULD QUALIFY FOR FAMILY CAREGIVER SERVICES. YOU MAY STILL NEED TO DETERMINE HOW TO ALLOCATE CAREGIVER SERVICES TO THOSE MOST IN NEED.)

Responses from the elders of (**Insert the name of your Tribe or consortium**) reported **26.5%** had received care from family members. The total population of elders includes **49** persons. This yields a total of **13** persons who are recipients of family care. Again, this supports the need for family caregiver support services as well as formal services for the elders.

24.5% of the elders reported providing care to grandchildren. **This yields 12** grandparent caregivers providing child care on our reservation. This responsibility is high and must be considered when designing programs for the elders. They have responsibilities and tasks that in many other contexts would not be present. This responsibility for child care limits their options for using some services.

Additionally, **8.2%** reported both providing grandparent care and being a receiver of family care. Thus **4** persons had a dual involvement in family caregiving.

**DATA ON PERSONS EITHER RECEIVING INFORMAL CARE OR SERVING
AS A GRANDPARENT CAREGIVER**

The data in the following tables are restricted to respondents who are either receiving informal care or are providing care for a grandchild or grandchildren. These elders constitute participants in the National Family Caregiver Support Program. Their responses on availability of services, service use, or future use may be used in the application section referring to the Family Caregiving Support Program.