

To view the complete interactive tool kit, visit:  
<http://medicine.nodak.edu/crh/nares/booklet.pdf>

## Planning Native Elder Long Term Care Services



### NATIVE AMERICAN MAP FOR ELDER SERVICES: A LONG TERM CARE PLANNING TOOL KIT



A project of the Center for Rural Health's  
National Resource Center on Native American Aging

*Funding provided by:*

The Federal Office of Rural Health Policy,  
Health Resources and services Administration,  
Department of Health and Human Services

*“Long term care differs from other types of health care in that the goal of long-term care is not to cure an illness, but allows an individual to attain and maintain an optimal level of functioning”*

U.S. Senate Special Committee  
on Aging, February 2000

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## Introduction

### Why a tool kit?

In 2002, the National Resource Center on Native American Aging (NRCNAA), located within the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, received a grant from the Office of Rural Health Policy to develop a long term care planning tool kit. The purpose of the tool kit was to describe long term care services that will assist American Indian and Alaska Native groups with planning, developing, and implementing long term care services in their communities. The tool kit attempts to standardize definitions for terms used, promote a common understanding of service categories, and promote comprehensive planning, development, and assessment of services.

The purpose of this booklet is to give you a snapshot of tool kit described above. It is to offer you a glimpse of many different aspects of long term care. For more information on any of the sections included and to view the long term care planning tool kit in its entirety please visit the Center for Rural Health's Web site <http://medicine.nodak.edu/crh/names>.

## Conducting a Needs Assessment

A needs assessment assists in collecting information to identify disparities by comparing your community with the state, other tribes, or national populations. Conducting a community needs assessment should help you focus on three major goals:

- Identifying important issues for your community
- Locating options for responding to the issues
- Assessing the options and charting action plans.

### Methods for assessing community needs

**Surveys** – Surveys can provide accurate descriptions of your people based either on a complete head count or a representative sample of the people from your community. Surveys can be conducted by a self administered, mailed questionnaire; self administered questionnaires that are delivered and picked up or gathered at meetings; face-to-face interviews; or telephone interviews. If the survey method is used, consideration needs to be given to instrument design, sampling, sampling lists, data collection, and analysis.

**Key Informants** – This approach utilizes people who are most likely to be knowledgeable about the community as a source of information. The results from the key informant interviews may be more suggestive than conclusive, but can provide a good basis for resolving problems.

**Focus Groups** – Focus groups involve assembling small groups (up to 10 persons) in order to engage in a free and open conversation. When used in combination with another technique that yields more standardized data such as a survey, focus groups can make an excellent contribution.

**Community Forum** – This method allows for broad participation in a single meeting and provides an appearance of inclusiveness for all interested parties to attend and participate.

### The NRCNAA process

The project “Identifying Our Needs” is an on-going project assisting local communities to develop data reflecting the health and welfare of their elders. These assessments provide information used for planning long term care and for documenting local conditions and needs for grant applications. NRCNAA uses a standardized process where all communities use the same survey instrument and sampling methodology for data collection. Upon completion of analysis, tribes are given a comparison report that compares their tribe to the other tribes participating in the project and to the U.S. general population.

## Using Tribal Specific Data

Numerous uses of the data from needs assessment exists:

- Fundraising – documentation of critical areas of need for grant applications
- Defining tasks for health promotion
- Identifying goals for chronic disease management
- Planning for long term care infrastructure
- Press releases to inform local community of results
- Title VI applications
- Population health management
- Strategic planning

A template for using needs assessment results can be found on the internet at <http://medicine.nodak.edu/crh/nrcnaa/research/>. This template will assist you in searching your data for patterns in the needs assessment data.

## Developing a Plan of Action

### Why should we develop a plan of action?

The purpose of developing a plan of action for long term care is to focus on the aspects of long term care that affect the individual and the family, the tribe, and its health and welfare provider organizations, and the culture of the tribe itself.

Successful long term care services will most likely require a variety of forms of interventions and services, including policy changes, new and more confidential communication efforts, improved clinical services and follow up, formal education and training activities, incentives to families or organizations to retain the elderly in lowest level of services, computer and telephone services that are online, changes in benefits/incentives from the Indian Health Service and Tribal Health Services that affect family and individual behavior, and cultural tolerance for more invasive home care processes.

Most of the recent success in the area of long term care has been the result of a combination of interventions that have strong local support from the Tribe and its institutions. As a result, communication and collaboration across a multitude of social services organizations that serve American Indian elders is a must.

Please view the long term care planning tool kit at <http://medicine.nodak.edu/crh/naames> to learn more about developing a plan of action and mobilizing your community.

## Identifying Resources

### Where can we find the resources to assist with long term care?

Funding for long term care programs or services is typically obtained through grants from private and/or public funding sources. These sources include the federal government, state and local funding agencies, and private foundations. No one funding source is more important than the other, but we suggest you consider your local resources first.

There are many general resources that are available to assist tribes in planning and implementing long term care services for their elders in their communities. The Internet is a valuable resource as it has a variety of resources available with each of those sites linking to even more sources. We suggest developing a search plan by defining key search words for the Internet before you begin your search to save time. Other resources to consider are the public library, universities/colleges, and other resources outside of elderly programs.

For a list of possible funding and general resources for long term care planning please visit the long term care planning tool kit web site at <http://medicine.nodak.edu/crh/names>

## Level of Functional Limitation

The level of disability is defined in terms of levels of functional limitations in the population. Nearly all definitions of functional limitations use information about activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

The measure of functionality combines ADLs and IADLs into four functional limitation levels of little or none, moderate, moderately severe, and severe. The four levels are then matched with service goals, services that best meet the goals, and personnel that would be required to carry out the services.

The functional limitation levels help us produce an estimate of the numbers of people who would be screened as eligible for services at differing levels of formal care. For example, people would require a severe level of functional limitation to become eligible for skilled nursing care. Clearly, only a small percentage of those technically eligible for institutional care actually end up choosing such care as the needs end up being provided for by family caregivers augmented by home- and community-based services.

By using the chart and the results of the NRCNAA, or similar, needs assessment, tribes can gain insight into which long term care program or facility will best suit their community and their elders.

## Level of Functional Limitation—Little or None

### Benchmarks for your service area:

Estimated number of elders from your tribe, 55 and over, with little or no limitations: \_\_\_\_\_

Estimated number of aggregate tribal elders 55 and over with little or no limitations: \_\_\_\_\_

Estimated number of national elders, US general population, with little or no limitations: \_\_\_\_\_

### Service goals:

The category of ‘little or none’ means that the elder has no ADL limitations and no more than one IADL limitation and still retains most of their functionality. If, based on the results of your needs assessment, the majority of your elders fall into the ‘little or none’ category, it is recommended that you consider health promotion and preventive care services for your elders.

### Service that fit best:

Services that best match this category are health promotion, preventive care, and other maintenance services that assist the elder in maintaining their vitality.

### Service personnel required:

Personnel required to support these services include, but is not limited to, health educators, physical trainers, various therapists, and peer educators.



## Level of Functional Limitation—Moderate

### Benchmarks for your service area:

Estimated number of elders from your tribe, 55 and over, with moderate limitations: \_\_\_\_\_

Estimated number of aggregate tribal elders 55 and over with moderate limitations: \_\_\_\_\_

Estimated number of national elders, US general population, with moderate limitations: \_\_\_\_\_

### Service goals:

The ‘moderate’ category represents entry level functional limitations and requires assistance usually consistent with remaining in one’s home. Elders in the ‘moderate’ category usually have one ADL limitation and two or more IADL limitations. Service goals for this category would be supportive services that would aid the elder in remaining in their home. In addition, training and support should be provided for informal and family caregivers, including respite care and other services.

### Service that fit best:

Services that are a best match for the ‘moderate’ category are informal care, chronic disease management, and home- and community-based services. Home- and community-based services can include day/night care, furnishing durable medical equipment, home health care, homemaker services, physical therapy, occupational therapy, medical assistance, speech therapy, mental health services, transportation services, nutritional services, personal care, and respite care.

### Service personnel required:

Personnel required to support these services could include family and friends, caregiver trainers, nurses or nursing assistants, therapists or therapist aides, social workers, personal care attendants, dieticians, drivers, or any other kind of trained attendant.

## Level of Functional Limitation—Moderately Severe

### Benchmarks for your service area:

Estimated number of elders from your tribe, 55 and over, with moderately severe limitations:

\_\_\_\_\_

Estimated number of aggregate tribal elders 55 and over with moderately severe limitations: \_\_\_\_\_

Estimated number of national elders, US general population, with moderately severe limitations:

\_\_\_\_\_

### Service goals:

This category indicates an increase in frailty for the elder. Elders in the ‘moderately severe’ category will have two or more ADL limitations. Elders with two ADL limitations are often candidates for assisted living or institutional care designed to provide care for people with moderate needs for assistance. Service goals for this category should be to provide housekeeping and meals along with a modest level of oversight while still letting the elder maintain some level of independence.

### Service that fit best:

In addition to services listed under the previous two categories, the elder becomes eligible for congregate care, basic care facilities, and assisted living services.

### Service personnel required:

Service personnel required would be assisted living/institutional staff as required by state regulations. Home- and community-based staff may also apply to this category.

## Level of Functional Limitation—Severe

### Benchmarks for your service area:

Estimated number of elders from your tribe, 55 and over, with severe limitations: \_\_\_\_\_

Estimated number of aggregate tribal elders 55 and over with severe limitations: \_\_\_\_\_

Estimated number of national elders, US general population, with severe limitations: \_\_\_\_\_

### Service goals:

Elders in the ‘severe’ category usually have three or more ADL limitations which represents a higher level of acuity that may necessitate 24 hour-a-day professional care.

### Service that fit best:

The service that best fits this category would be skilled nursing care. Some of the services listed in the previous categories may also apply here.

### Service personnel required:

Institutional staff as required by state regulations would be the service personnel required for this category. Service personnel listed in the previous categories may also apply to this category.

## Level of Functional Limitation—End of Life Care

### Service goals:

End of Life Care has been added as a special category. End of life care can occur at any of the categories previously listed, but it is likely to be concentrated at the higher levels of limitation. At this point, palliative care is sought with a goal of optimizing physical and emotional comfort, but not providing curative care.

### Service that fit best:

Hospice care is the service that best fits this special category. The services listed in the previous categories may also apply here.

### Service personnel required:

Personnel could be hospice volunteers, hospice coordinator, or educators for informal caregiving.

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