



Data Use and Development: *“Identifying our Needs: a Survey of Elders”*

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Tulsa Cluster Training
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History of the NRCNAA

The NRCNAA is one of three centers that are funded through the Administration for Community Living (ACL). The other two centers are:

- The National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders (Alaska)
- National Resource Center for Native Hawaiian Elders (Hawaii)

The NRCNAA was established in 1994

- Center for Rural Health, University of North Dakota, School of Medicine & Health Sciences.

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Mission and Vision

Mission

Identify and increase awareness of evolving Native elder health and social issues.

Vision

To empower Native people to develop community based solution.

Honoring and helping to maintain cultural values.

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Identifying Our Needs: A Survey of Elders

- ACL funded project
 - Assesses the health and social needs of Native Elders in Tribal Communities
 - 3 year cycles
 - Opportunity to collect information for their communities
 - Technical assistance and training



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Data Roadmap

- Snapshot of Native elder population
- Who, what, when, and where
- Health and social needs trends
- Insight



Image retrieved from: <http://roadmap.bftek.com/>

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Tribal Diversity

- NRCNAA research model addresses diversity between and within tribes.
 - Measurement of local needs
 - Unique fit to tribal community
 - Custom-fitting measure
 - ONE SIZE DOES NOT FIT ALL

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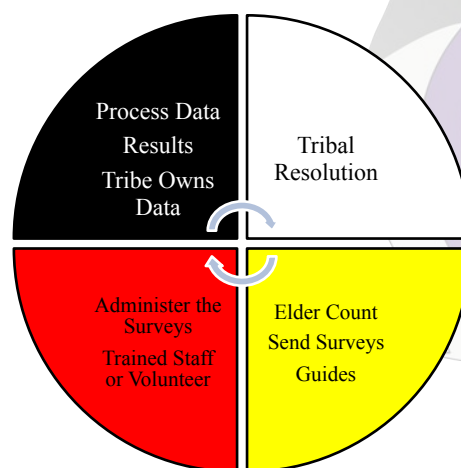
Population

- Native elders residing primarily on reservations, Alaskan villages, and Hawaiian homesteads.
- Native elders eligible for Title VI services.
- Age 55 years and older
- Important to note:
 - Age 55 years and over for Native elders is considered comparable to non-Native elders 65 years and older in the general population.

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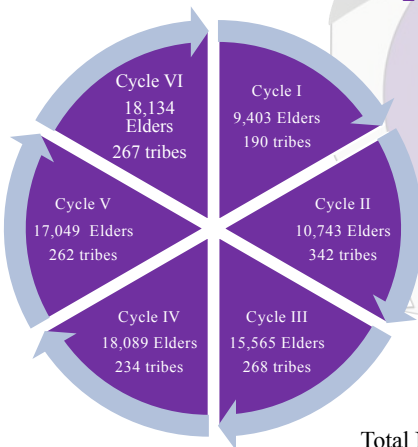
NRCNAA Research Model



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Needs Assessment Participation



Total N = 89,436 surveys

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Cycle VI Summary

- Data collected in the time span of April 1, 2014 to March 31, 2017
- 18,134 AI/AN elders
- 164 sites
- 267 tribes
- Representation from:
 - 11 out of 12 Indian Health Service (IHS) Regions
 - 9 out of 10 Department of Health and Human Services (DHHS) regions
 - 28 out of 50 states

*Cycle VII began April 1, 2017 and will end March 31, 2020

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Survey Needs Data

- General Health Status
- Diagnosis of Chronic Disease
- Falls
- Activities of Daily Living (ADL's)
- Instrumental Activities of Daily Living (IADL's)
- Screening
- Vision, Hearing, & Dental
- Memory and Disability
- Health Care Access
- Tobacco and Alcohol Use
- BMI, Nutrition, and Exercise
- Social Support/Housing
- Social Functioning
- Now Use and Would Use
- Demographics

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Identifying our Needs: A Survey of Elders VII

Identifying Our Needs: A Survey of Elders VII

Coating for this project is provided by Cooperative Agreement #000008 from the Administration for Community Living, ADA - Older Americans 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 seeps through the paper. * Make no stray marks and do not bend survey.

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?

☐ None
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

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

☐ Arthritis? ☐ Heart Disease? ☐ Stroke? ☐ Diabetes? ☐ High Blood Pressure? ☐ Osteoporosis? ☐ Depression? ☐ Cancer? ☐ Lung Disease? ☐ Kidney Disease? ☐ Liver Disease? ☐ HIV/AIDS? ☐ AIDS? ☐ HIV/AIDS? ☐ AIDS?

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

☐ None
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

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

SCREENING

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?
☐ Using your keys/keys (such as scrubbing floors, or washing windows)?
☐ Driving a car?
☐ Getting outside?

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 year
☐ Within the past 2 years
☐ Within the past 3 years
☐ 4 or more years ago

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

☐ Never had a checkup
☐ Within the past year
☐ Within the past 2 years
☐ Within the past 3 years
☐ 4 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 year
☐ Within the past 2 years
☐ Within the past 3 years
☐ 4 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 year
☐ Within the past 2 years
☐ Within the past 3 years
☐ 4 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 for prostate cancer?

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

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VISION, HEARING & DENTAL

13. Do you have total blindness in one or both eyes?
☐ Yes ☐ No

14. Do you use glasses or contact lenses?
☐ Yes ☐ No

15. Do you have trouble seeing (even when wearing corrective lenses)?
☐ Yes ☐ No

16. Have you seen an optometrist (eye doctor) in the past year?
☐ Yes ☐ No

17. Do you now have total deafness?
☐ Yes ☐ No

18. Do you use a hearing aid?
☐ Yes ☐ No

19. Do you have trouble hearing (even when wearing your hearing aid)?
☐ Yes ☐ No

20. Have you had a hearing test in the past year?
☐ Yes ☐ No

21. Have you seen a dentist or dental hygienist in the past year?
☐ Yes ☐ No

22. What type of dental care do you need now? (Please mark all that apply)
☐ Teeth filled (for example, fillings, crowns, and/or bridges)
☐ Teeth pulled
☐ Denture work (new dentures)
☐ Root of post
☐ Work to improve appearance (for example, braces or bonding)
☐ Other
☐ None

MEMORY & COGNITION

23. Have you been diagnosed with Alzheimer's disease, dementia or other problems with memory or thinking?
☐ Yes ☐ No

24. Has someone you are helping care for been diagnosed with Alzheimer's disease, dementia or other problems with memory or thinking?
☐ Yes ☐ No (If you answer NO to questions 23 & 24, skip to question 29)

25. I or the person I am helping care for was diagnosed in a timely way once we started noticing problems.
☐ Yes ☐ No

26. I know what to do to help myself or the person I'm caring for and I know where to get help if I need it.
☐ Yes ☐ No

27. The people helping me care for myself or me if I'm a caregiver feel well supported.
☐ Yes ☐ No

27. My wishes for the kind of care I want to get are listened to and respected.
☐ Yes ☐ No

28. Are you disabled?
☐ Yes ☐ No (If you answer NO, skip to question 30)

29. How were you disabled?
☐ Congenital (from birth)
☐ In military service
☐ Due to chronic disease
☐ Due to accident/injury

HEALTH CARE ACCESS

30. What type of health care coverage do you have? (Please mark all that apply)
☐ Medicare ☐ Veteran's Administration
☐ Medicaid ☐ Indian Health Services
☐ Health/Medicaid ☐ Organization Health
☐ Private insurance ☐ Indian Health/Tribal Insurance
☐ Long-term care ☐ None

31. Do you have one person you think of as your personal doctor or health care provider?
☐ Yes ☐ No ☐ Don't know/not sure

32. When you are sick or need professional advice about your health, to which of the following places do you usually go? (Please mark all that apply)
☐ A doctor's office ☐ Urgent care center
☐ A hospital outpatient department ☐ Assisted Living/Residential
☐ A hospital emergency room ☐ Traditional healer

33. Have any of the following kept you from medical care in the past 12 months? (Please mark all that apply)
☐ Cost ☐ No child care
☐ Doctor wasn't open ☐ No transportation
☐ When I could get there ☐ No place for people
☐ Too long a wait for an appointment ☐ Too long a wait in waiting room
☐ I don't speak my language ☐ Other

TOBACCO & ALCOHOL USE

34. Do you smoke tobacco now?
☐ Yes ☐ No (If no, please mark all that apply)
☐ Cigarettes ☐ Pipe tobacco
☐ Yes, some days (If so, please mark all that apply)
☐ No, sometimes ☐ No (If NO, skip to question 36)

35. How many cigarettes do you smoke per day?

ADDITIONAL INFORMATION

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36. Do you use chewing tobacco or snuff?
☐ Yes ☐ No

37. How many containers of snuff or chewing tobacco per week do you use?

38. 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 a 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?
☐ Within the last 30 days
☐ More than 30 days but within the past 12 months
☐ More than 12 months ago but within the past 5 years
☐ I have never had an alcoholic drink in my life
☐ If you have never had an alcoholic drink, skip to question 40

39. During the past 30 days, on how many days did you have five or more drinks on the same occasion? (By occasion, we mean at the same time or within a single hour of each other)
☐ None ☐ 1 or 2 days ☐ 3 to 5 days ☐ 6 or more days

WEIGHT & NUTRITION

40. How tall are you without shoes?

41. How much do you weigh today?

42. Are you presently trying to lose or gain weight?
☐ Yes, trying to lose weight
☐ Yes, trying to gain weight
☐ No

43. Over the past 30 days, what vigorous exercises did you do? (Please mark all that apply)
☐ Walking ☐ Swimming
☐ Bicycling or Jogging ☐ Aerobic
☐ Gardening ☐ Weight Lifting
☐ Fishing ☐ Tai Chi
☐ Traditional Dancing (Pow-wow, Hula)

44. Please mark all that apply to your nutritional health.
☐ I have lost or gained weight that made me change the kind and/or amount of food I eat.
☐ I eat fewer than 2 meals per day.
☐ I have 3 or more drinks of beer, liquor or wine almost every day.
☐ I have tooth or mouth problems that make it hard for me to eat.
☐ I don't have enough money to buy the food I need.
☐ I eat alone most of the time.
☐ I have 3 or more different prescriptions or over-the-counter drugs a day.
☐ I feel a need to lose weight.
☐ I am not always physically able to shop, cook and/or feed myself.

SOCIAL SUPPORT/HOUSING

45. Do you participate in cultural practices that include traditional food, music, and customs?
☐ All of the time ☐ Some of the time
☐ Most of the time ☐ None of the time

46. How often do you get out and socialize (attend church/religious meetings, clubs, organizations you belong to or cultural activities/traditional ceremonies)?

47. How long have you lived at your present address?
☐ Less than 5 years
☐ 5-10 years
☐ Over 10 years

48. What type of housing do you presently have?
☐ Single family residence
☐ An apartment
☐ Mobile home/trailer
☐ Retirement home
☐ A health facility (available medical personnel)
☐ Homeless
☐ Other
(If retirement home/health facility is marked, skip to question 49)

49. Are you living with family members, non-family members, or alone?
☐ With family members
☐ With non-family members
☐ With both family and non-family members
☐ Alone

50. How many (INCLUDING YOURSELF) live in your household?

51. Do you have a family member who provides care for you?
☐ Yes ☐ No

52. Do you take care of grandchildren?
☐ Yes ☐ No

53. Are you the primary caregiver of grandchildren?
☐ Yes ☐ No

SOCIAL FUNCTIONING

54. During the past month, how much of the time were you a happy person?
☐ All of the time ☐ Some of the time
☐ Most of the time ☐ None of the time

55. How much of the time, during the past month, have you felt calm and peaceful?
☐ All of the time ☐ Some of the time
☐ Most of the time ☐ None of the time

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DEMOGRAPHICS	
1. Gender	<input type="radio"/> Male <input type="radio"/> Female
2. Current marital status	<input type="radio"/> Single/never married <input type="radio"/> Married/registered partner <input type="radio"/> Widowed
3. What is your individual annual income?	<input type="radio"/> \$0 - \$24,999 <input type="radio"/> \$25,000 - \$34,999 <input type="radio"/> \$35,000 - \$44,999 <input type="radio"/> \$45,000 - \$54,999 <input type="radio"/> \$55,000 or more
4. Have you been employed full or part-time during the past 12 months?	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Retired <input type="radio"/> No
5. What is the highest grade or year of school you completed?	<input type="radio"/> Never attended or kindergarten only <input type="radio"/> Elementary <input type="radio"/> High School <input type="radio"/> College/Technical School <input type="radio"/> Graduate/Professional School
6. What zip code do you currently reside in?	<input type="text"/> ZIP CODE
7. What county/torough do you currently reside in?	<input type="text"/> COUNTY/TOROUGH
8. Are you American Indian, Alaska Native, Native Hawaiian, Descendant or other?	<input type="radio"/> American Indian <input type="radio"/> Alaska Native <input type="radio"/> Native Hawaiian or descendant or parent is an enrolled tribal member. <input type="radio"/> Other
9. Do you reside on/in a reservation, trust land, Alaska village, or Hawaiian homestead?	<input type="radio"/> Yes <input type="radio"/> No
10. Are you an enrolled member of a federally recognized tribe?	<input type="radio"/> Yes <input type="radio"/> No
11. Have you ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard?	<input type="radio"/> Yes <input type="radio"/> No

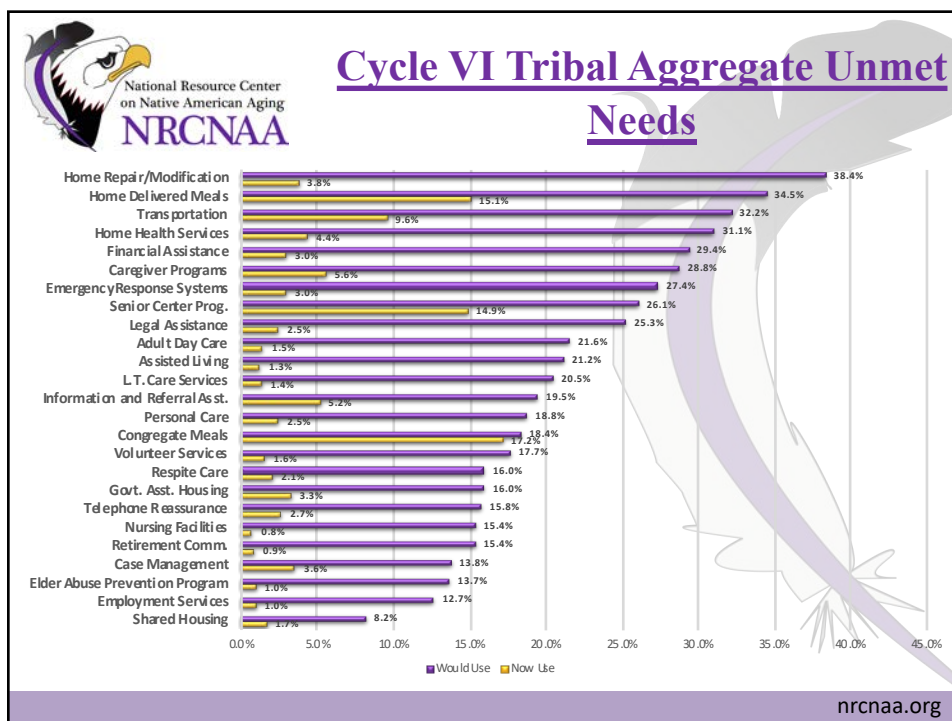
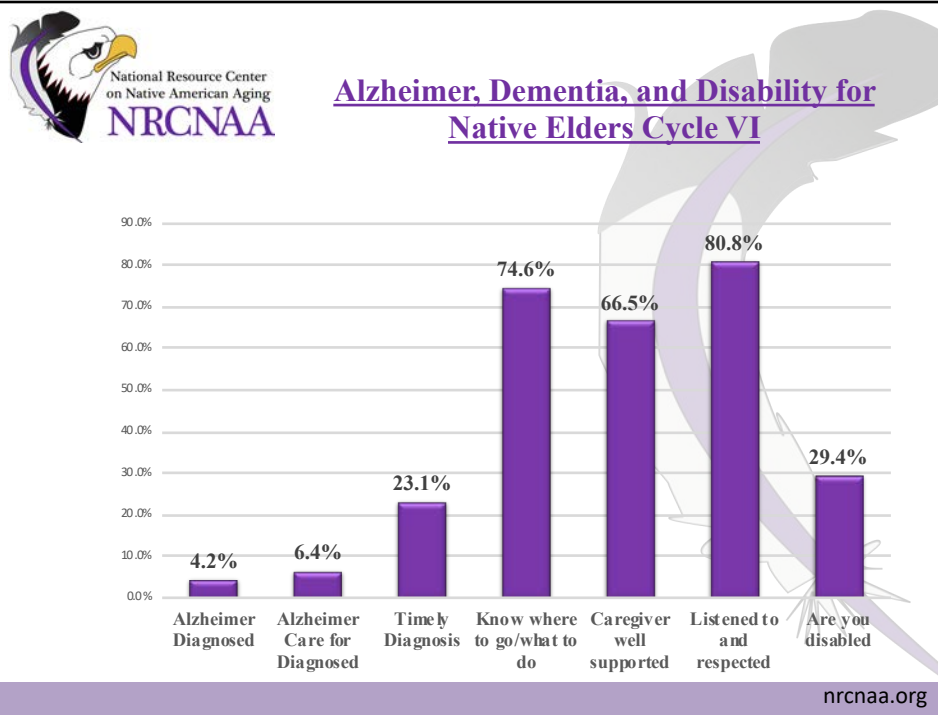
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Comparison Sheet

Tribe Name (N=) Comparison Data to Aggregate Tribal Data and National Data				
Question	Response(s)	Tribal Data (55 and over)	Aggregate Tribal Data (55 and over)	National Data ^a (55 and over)
1. Would you say your health in general is excellent, very good, good, fair, or poor?	General Health Status			
	Excellent			13.8% ¹
	Very Good			29.2% ¹
	Good			32% ¹
	Fair			16.8% ¹
	Poor			7.8% ¹

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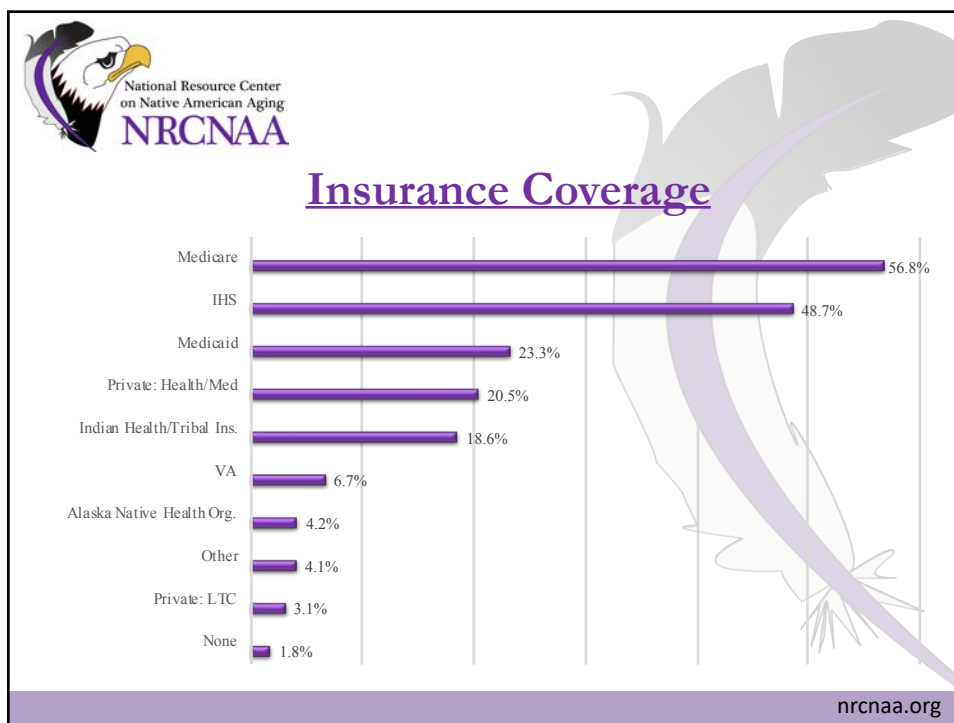


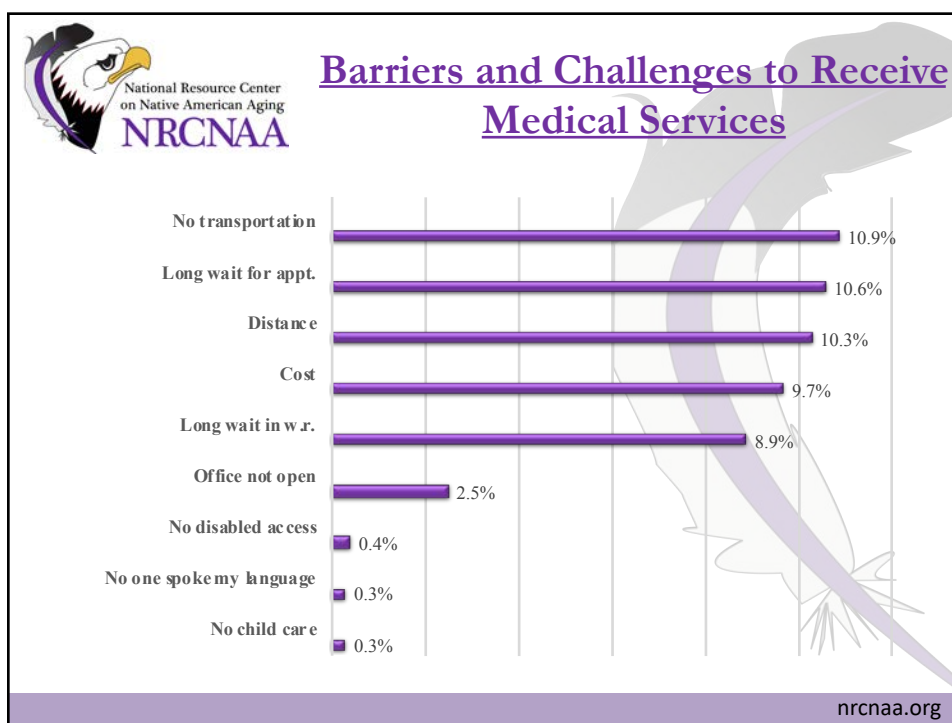
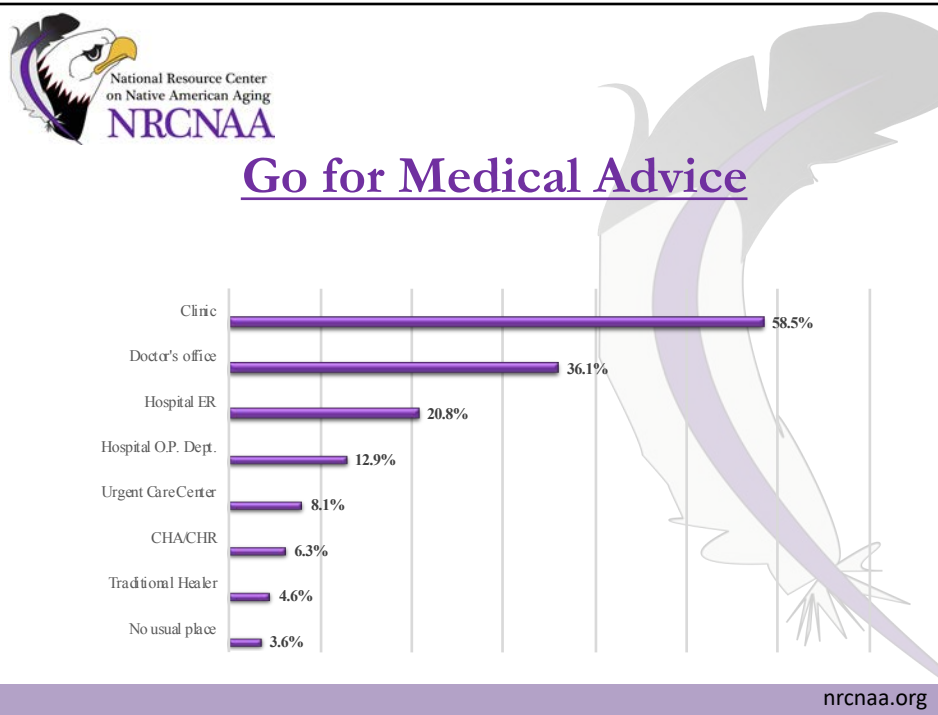
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Health Care Access Data Results for Cycle VI

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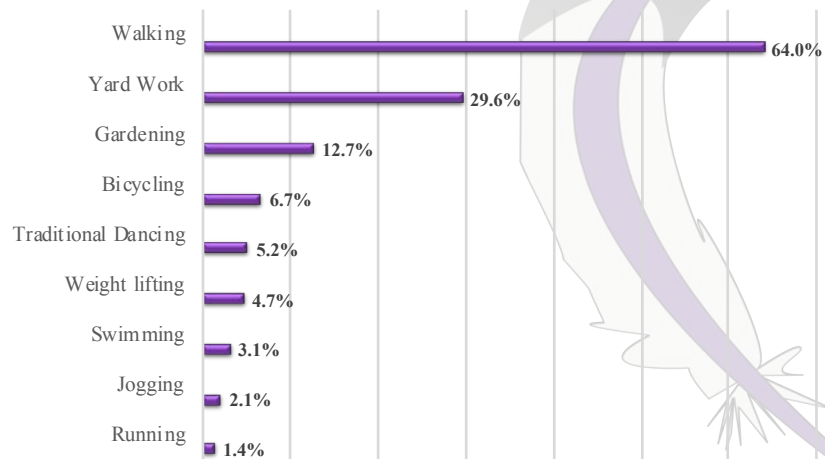
Diet and Exercise Data Results for Cycle VI

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Vigorous exercises performed in the past 30 days

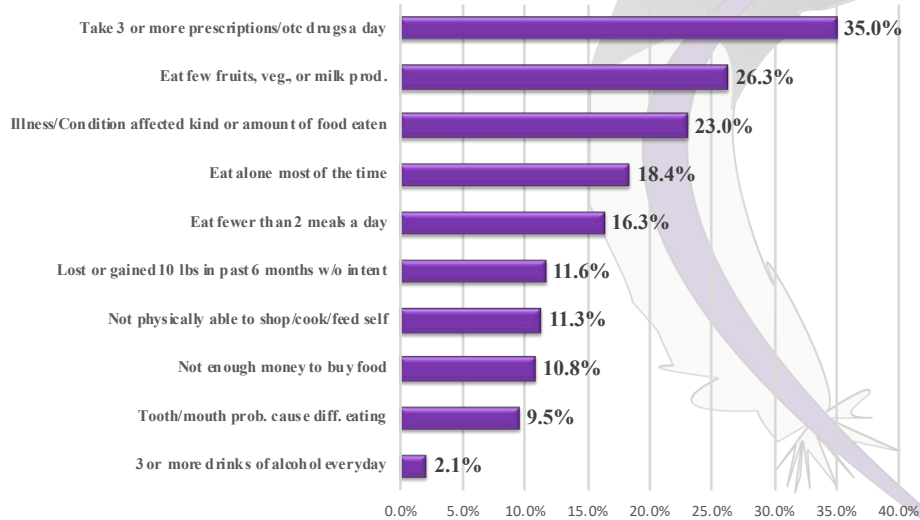


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Nutritional Health among AI/AN elders



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Nutritional Health Screening

The options for question 44 are from the Nutrition Screening Initiative (NSI), which developed a self-assessment screening tool to identify nutrition risk among the elder population (Bernstein & Luggen, 2010).

Value of 1

- I take three or more different prescribed or over-the-counter drugs a day
- I eat alone most of the time

Value of 2

- I have an illness or condition that made me change the kind and/or amount of food I eat
- I eat few fruits or vegetables, or milk products
- I have three or more drinks of beer, liquor or wine almost every day
- I have tooth or mouth problems that make it hard for me to eat
- Without wanting to, I have lost or gained 10 pounds in the last 6 months
- I am not always able to physically shop, cook and/or feed myself

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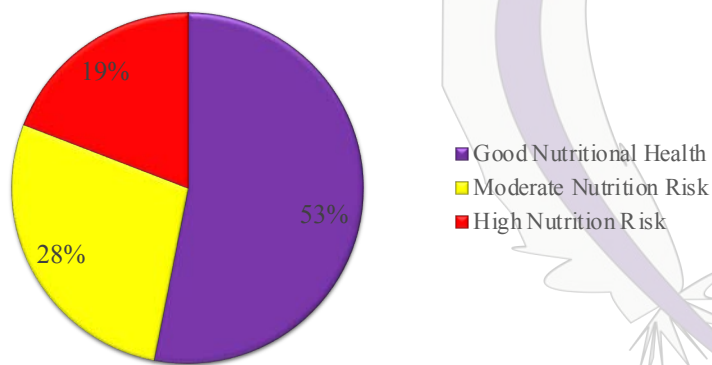
Nutritional Health Screening

- Value of 3
 - I eat fewer than two meals per day
- Value of 4
 - I don't always have enough money to buy the food I need
- Good nutritional health
 - Score of 0-2
- Moderate nutrition risk
 - Score of 3-5
- High nutrition risk
 - Score 6 or more

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Nutrition Risk Results

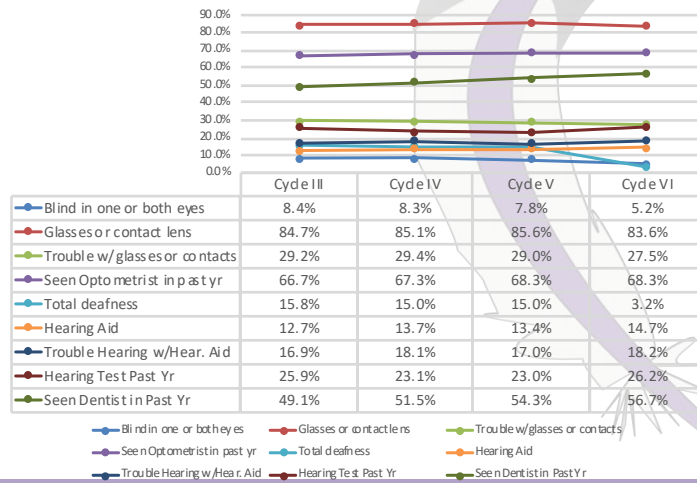


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Screenings Trending Data

Vision, Hearing, & Dental for Native Elders over a 12 Year Span

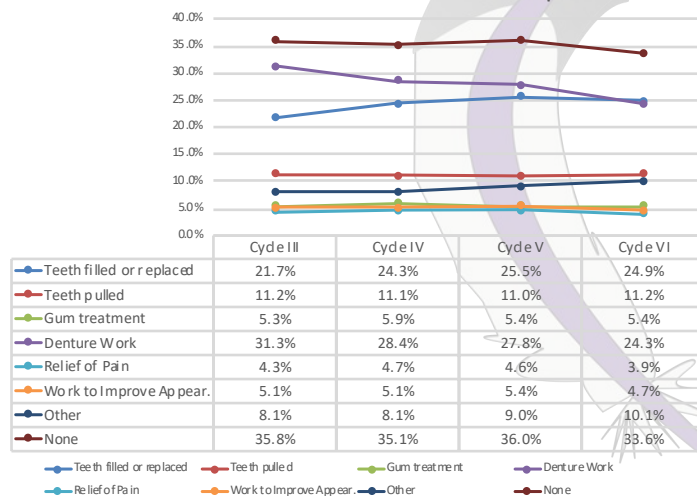


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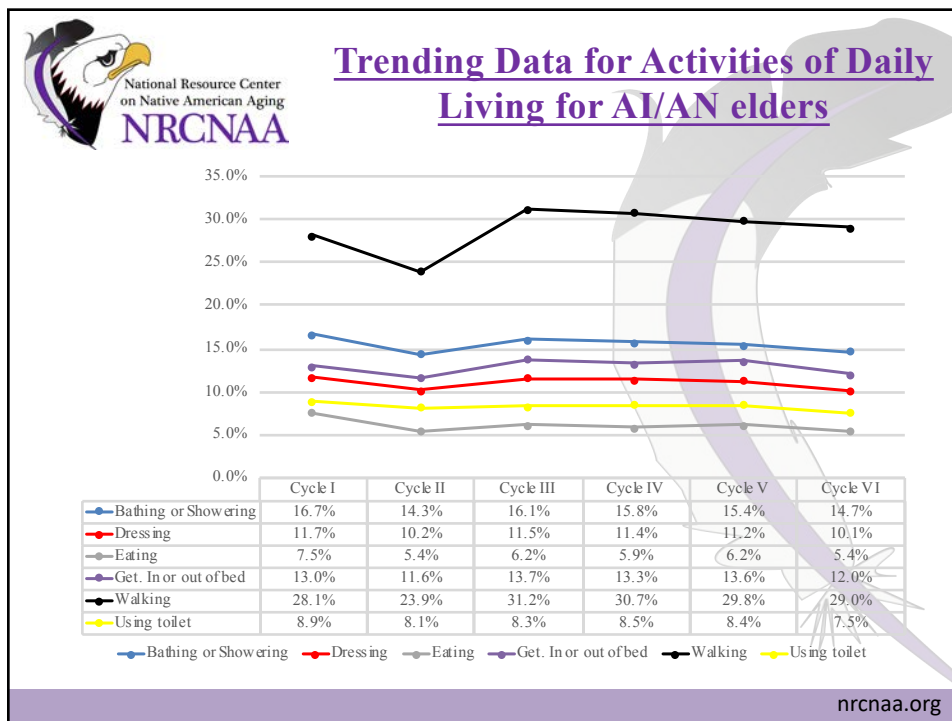
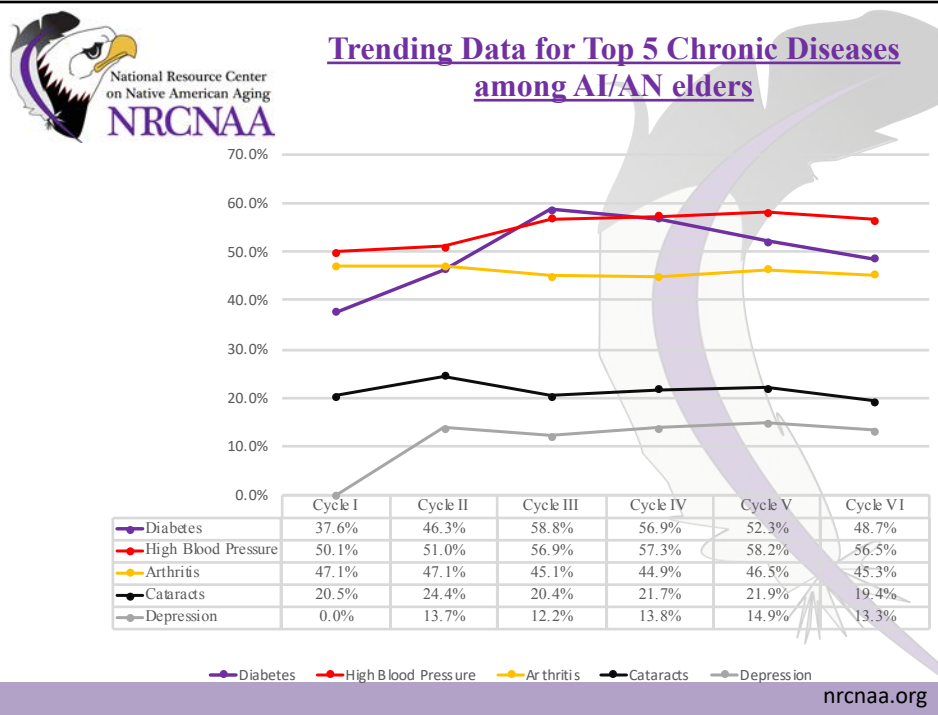


Dental Care Trending Data

Dental Care Needed for Native Elders over a 12 Year Span



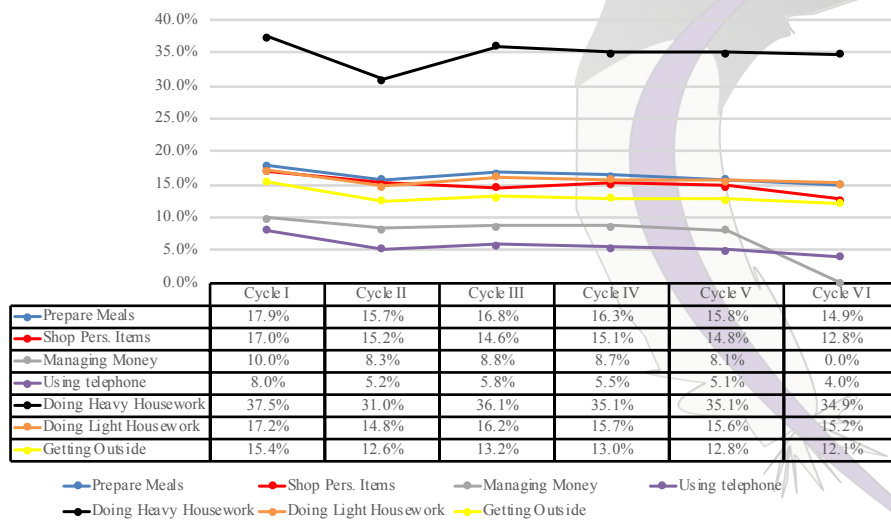
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Trending Data for Instrumental Activities of Daily Living for AI/AN elders

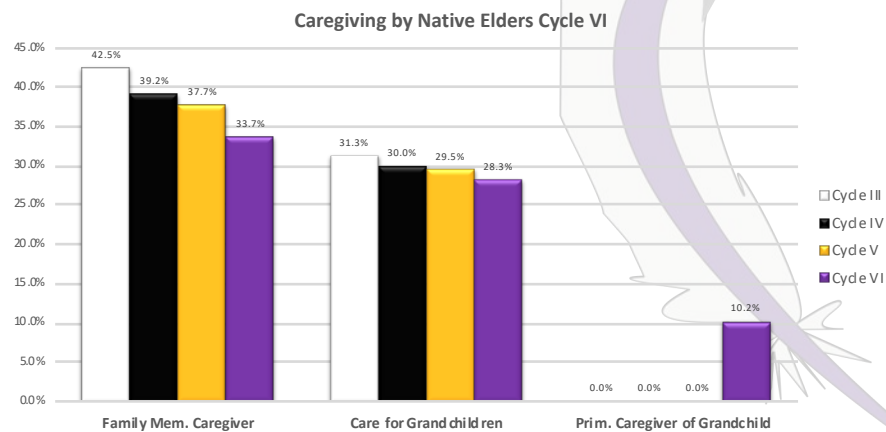


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Data: Caregiving Data

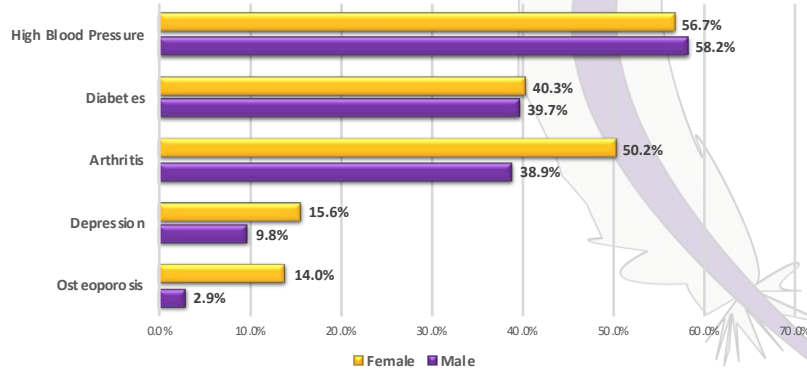


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Chronic Disease Rates by Gender among Native Elders

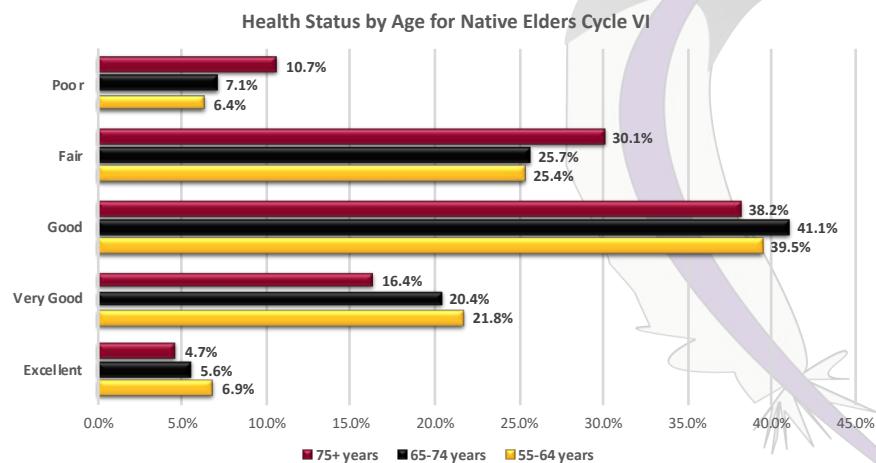


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Health Status by Age for Native elders



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Top Chronic Diseases for Native Elders by Region and Tribal Aggregate

	Diabetes	High Blood Pressure	Arthritis	Cataracts	Depression	Asthma
National	18%	55.2%	47.4%	40.2%	17.2%	12%
Tribal Aggregate	**48.7%	*56.5%	***45.3%	19.4%	13.3%	12.6%
Region 1	***47.9%	*55.2%	**49.3%	12.7%	15%	13.8%
Region 2	***45.7%	*56%	**51.4%	18.4%	14.7%	16%
Region 4	**57.8%	*64.3%	***41.7%	23.5%	12.2%	12.1%
Region 5	**52.4%	*57.2%	***48.7%	21.6%	17.6%	14.6%
Region 6	*52.5%	**43.1%	***43%	17.8%	12.5%	10.3%
Region 7	*61.7%	**60.6%	***58.2%	20.9%	12.6%	12.3%
Region 8	**48.3%	*55.1%	*45.4%	15.8%	10%	12.8%
Region 9	***53%	*57.1%	**56.7%	19.6%	10.7%	12.6%
Region 10	***33.8%	*54%	**47.2%	22.2%	15.1%	13.9%

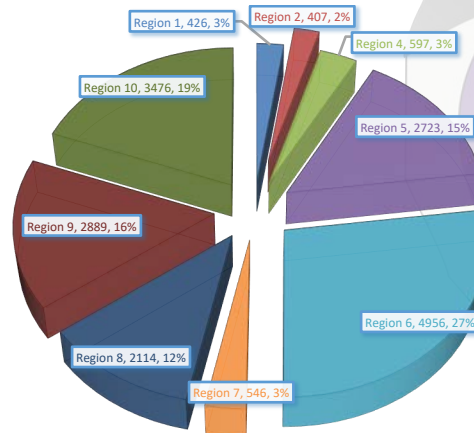
- ❖ High Blood Pressure, Diabetes, and Arthritis are the top three chronic conditions for all ten regions and the tribal aggregate.
- ❖ For the rate of diabetes, Region 10 (Alaska, Idaho, Oregon, and Washington) is lower than all other regions at 33.8%; however, still high compared to the national statistics at 18%.

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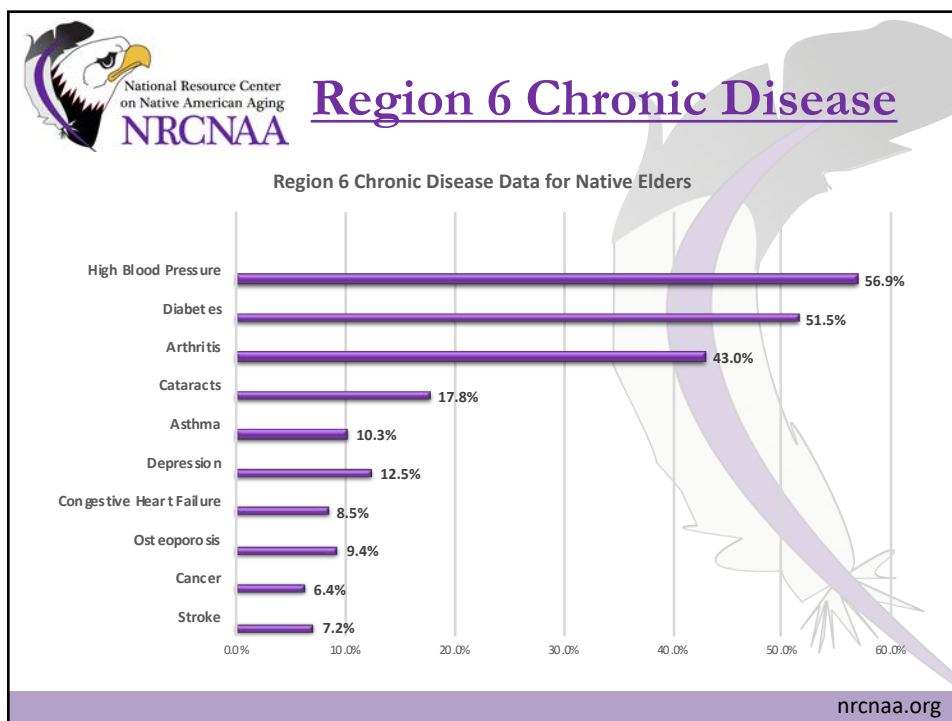
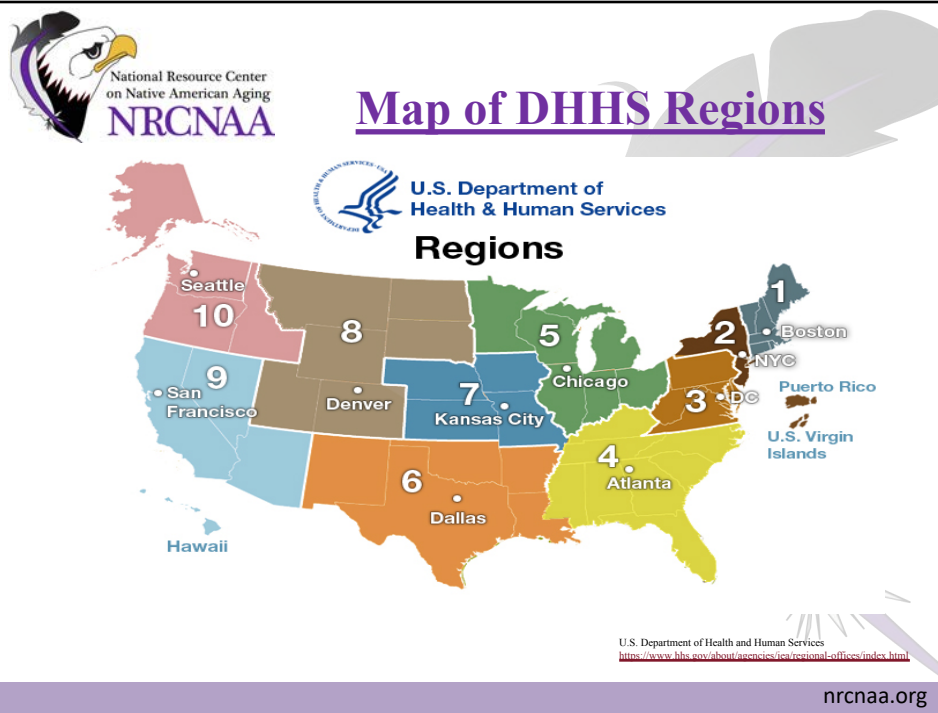


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Participation by DHHS Regions for Cycle VI



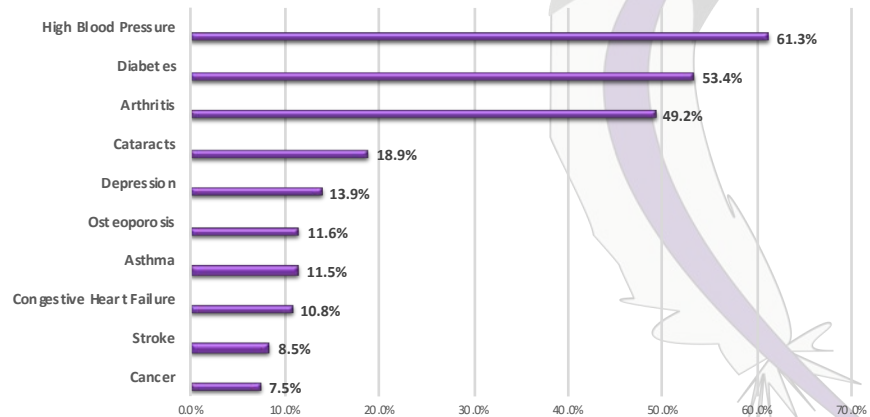
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Oklahoma State Chronic Disease Data



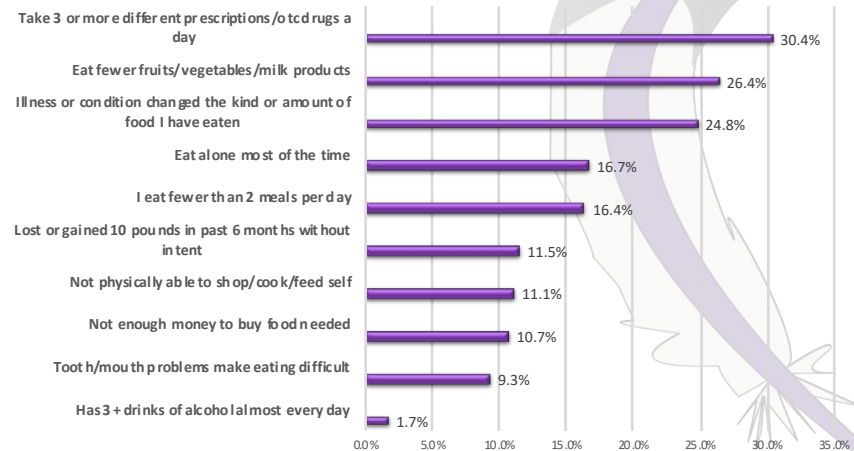
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Region 6 Nutrition Health

Nutritional Health Data for Native Elders Region 6 Data



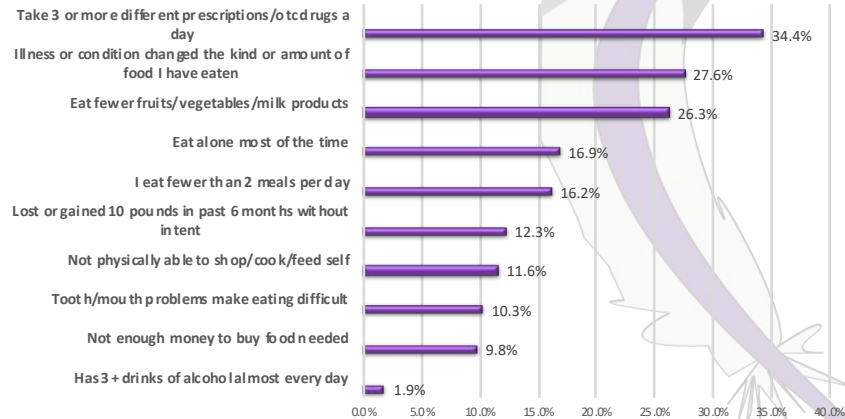
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Oklahoma State Nutritional Health

Nutritional Health Data for Native Elders Region 6 Data

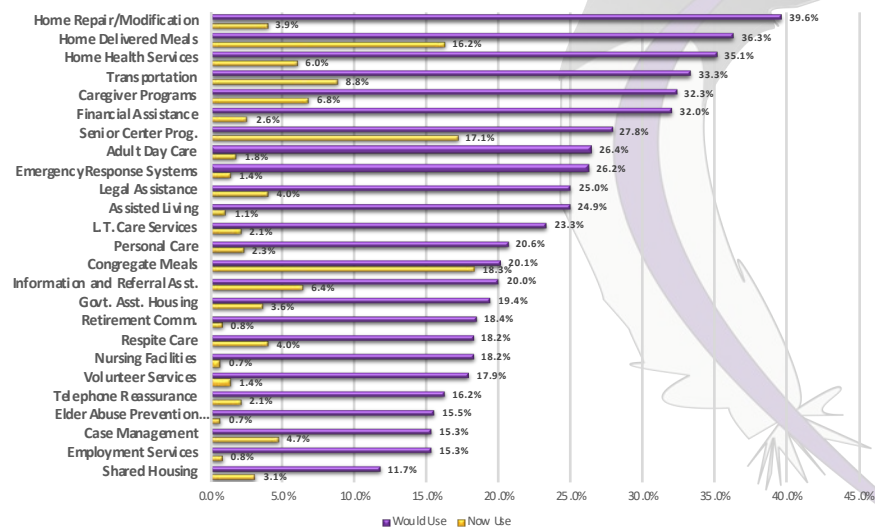


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Region 6 Unmet Needs

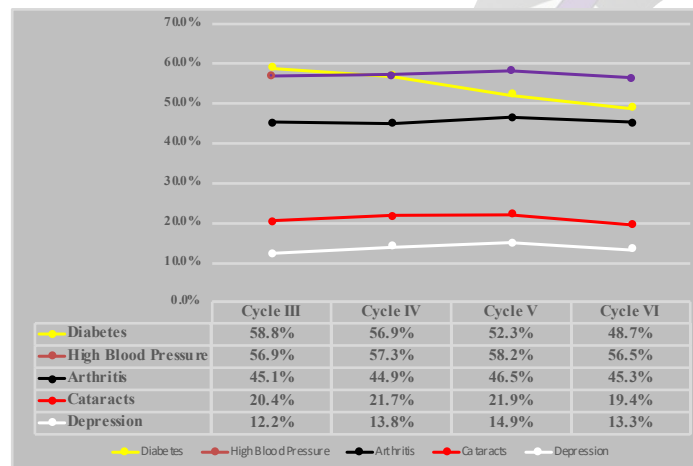


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Top Five Chronic Diseases Among Native Elders: 12 year time period



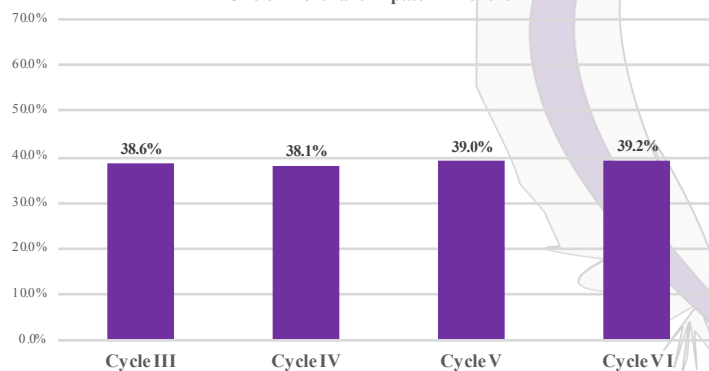
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Falls Trending Data: 12 year time period

One or more falls in past 12 months



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This slide features the NRCNAA logo in the top left corner. The title "WELL Balanced Benefits" is centered in a purple, serif font. Below the title is a bulleted list of program benefits. A large, faint feather graphic is positioned on the right side of the slide. The website address "nrcnaa.org" is located in the bottom right corner.

WELL Balanced Benefits

- An exercise wellness program for Native elders which promotes:
 - Falls prevention
 - Strengthening and Balance
 - Engaging in social activity
 - Managing diabetes, arthritis, and high blood pressure
 - Developing strategies for independent living while having FUN!

<https://www.nrcnaa.org/well-balanced>

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Utilization of Data for Tribal Communities

- Community Level
 - Renewal of Title VI Grants
 - Strengthen Grant Proposals
 - Document health and social disparities
 - Tribal planning and infrastructure
 - Empowers the tribe with information to identify and address health needs
- National Level
 - Training for Native elder service providers
 - Advocating for resources and funding at the state, regional, and national level
 - Filling the research gap for Native elder information
- Training Native researchers in aging field
- Decision-making and policy

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Summary of Data Process

- *Partnership with the Tribe*
 - Open communication and transparency about the research and data
- *Building Tribal Capacity*
 - People within the community administering surveys and assisting in conducting the research.
- *Obtaining proper permission to conduct research within tribal community*
 - Tribal Resolutions
 - Tribal IRB or RRB Boards
- *Benefits to the partners (tribe and researcher)*
 - Data assists in bringing additional resources or funding to address health and social issues or disparities. Helps to change policy relating to the AI/AN elder population.
- *Tribe owns data*

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Questions?

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