



Data: Creating a picture of your Native elders' needs

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What is a needs assessment?

“a systematic system of procedures undertaken for the purpose of setting priorities and making decisions about program or organizational improvement and allocation of resources. The priorities are based on identified needs” (Witkin & Atlschuld, 1995, p. 4).

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What is a need?

“A discrepancy or gap between “what is,” or the present state of affairs in regard to the group and situation of interest, and “what should be,” or a desired state of affairs” (Witkin & Altschuld, 1995, p. 4; Kauffman, 1988, 1992).

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Why is data important?

- Provides an accurate picture of the Native elder population
 - Collecting custom fit data
- Helps set goals and priorities
- Identifies specific areas of health and social needs
 - Resource allocation
- Relevant actionable data
 - Assists policymakers, tribal leadership, directorship, and management make decisions based on facts and numbers.

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Why is data important (cont.)

MOST IMPORTANT
USE THE DATA

- Fulfill Title VI grant requirements
- Other funding opportunities
 - Secure funding and additional resources for Native elders

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Question for Audience

- Why is conducting a needs assessment important for your community?
- How do you plan on using the data (information), in terms of tribal planning, grants, etc.?
- What barriers or challenges do you face in conducting a needs assessment in your tribal community?
- What benefits do you expect from the process?

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Identifying our Needs: A Survey of Elders VII

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Funding for this project is provided by Cooperative Agreement #000006 from the Administration For Community Living, AGA - Older Indians 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. ☐ Correct ☐ Incorrect

• Do not use pens with ink that soaks through the paper.
• Make no stray marks and do not bend survey. ☐ Correct ☐ Incorrect

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?

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

<input type="checkbox"/> Arthritis?	<input type="checkbox"/> Prostate Cancer?
<input type="checkbox"/> Congestive Heart Failure?	<input type="checkbox"/> Your eyes only?
<input type="checkbox"/> Stroke?	<input type="checkbox"/> Colon/Rectal Cancer?
<input type="checkbox"/> Asthma?	<input type="checkbox"/> Lung Cancer?
<input type="checkbox"/> Diabetes?	<input type="checkbox"/> Breast Cancer?
<input type="checkbox"/> High Blood Pressure?	<input type="checkbox"/> Cervical Cancer?
<input type="checkbox"/> Osteoporosis?	<input type="checkbox"/> (For women only)
<input type="checkbox"/> Cholesterol?	<input type="checkbox"/> (If so, please mark all that apply)
<input type="checkbox"/> Do you take insulin?	<input type="checkbox"/> Do you take insulin?
<input type="checkbox"/> Are you on diabetes?	<input type="checkbox"/> Are you on diabetes?
<input type="checkbox"/> (For women only)	<input type="checkbox"/> (For women only)
<input type="checkbox"/> Are you a diabetic amputee?	<input type="checkbox"/> Are you a diabetic amputee?

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

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)

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

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)?
☐ Doing the housework?
☐ Doing heavy housework (such as scrubbing floors, or washing windows)?
☐ Doing light housework (such as doing dishes, scrubbing tub, or light clean up)?
☐ Basting outside?

SCREENING

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
☐ 3 or more years ago

8. How long has it been since you had your blood stool tested for blood using a Hemo test?

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

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

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Survey Needs Data

- General health status of elders
- Indicators of chronic health
- Activities of Daily Living (ADL's)
- Screenings
- Indicators of visual, hearing, and dental
- Memory and Disability
- Health Care Access
- Tobacco and alcohol use patterns
- Diet, nutrition, and exercise
- Social support pattern and housing
- Social Functioning
- Use and acceptance of services
- Demographics

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Survey Questions

Questions with write in response (2, 4, 35, 37, 40, 41, 45, 49, 61, and 66).

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

NUMBER OF FALLS

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Survey Questions

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

- | | |
|--|---|
| <input type="checkbox"/> Arthritis? | <input type="checkbox"/> Prostate Cancer?
(For men only) |
| <input type="checkbox"/> Congestive Heart Failure? | <input type="checkbox"/> Colon/Rectal Cancer? |
| <input type="checkbox"/> Stroke? | <input type="checkbox"/> Lung Cancer? |
| <input type="checkbox"/> Asthma? | <input type="checkbox"/> Breast Cancer? |
| <input type="checkbox"/> Cataracts? | <input type="checkbox"/> Cervical Cancer?
(For women only) |
| <input type="checkbox"/> High Blood Pressure? | |
| <input type="checkbox"/> Osteoporosis? | |
| <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Diabetes? (If so, please mark all that apply) | |
| <input type="checkbox"/> Do you take oral medication? | |
| <input type="checkbox"/> Do you take insulin? | |
| <input type="checkbox"/> Are you on dialysis? | |
| <input type="checkbox"/> Was this only during a pregnancy?
(For women only) | |
| <input type="checkbox"/> Are you a diabetic amputee? | |

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Questions May Require Definitions

30. What type of health care coverage do you have?
(Please mark all that apply)

- ☐ Medicare
- ☐ Medicaid
- ☐ Private Insurance: Health/Medical
- ☐ Private Insurance: Long-term care
- ☐ None
- ☐ Veteran's Administration
- ☐ Indian Health Services
- ☐ Alaska Native Health Organization
- ☐ Indian Health/Tribal Insurance

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Smoke Tobacco Question

34. Do you smoke tobacco now?

- ☐ Yes, everyday (If so, please mark all that apply)
 - ☐ Ceremonial
 - ☐ Social/Recreational
- ☐ Yes, some days (If so, please mark all that apply)
 - ☐ Ceremonial
 - ☐ Social/Recreational
- ☐ No (If NO, skip to question #36)

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Social Functioning Questions

54. During the past month, how much of the time were you a happy person?

☐ All of the time

☐ Most of the time

☐ Some of the time

☐ None of the time

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Employment Question

65. Have you been employed full or part-time during the past 12 months?

☐ Full-time

☐ Part-time

☐ Retired

☐ No

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County/Borough Question

68. What county/borough do you currently reside in?

COUNTY/BOROUGH											

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Questions May Require Definitions

60. Are you now using, or if at some point you became unable to meet your own needs, would you be willing to use the following services? (Please mark all that apply)

(Interviewer, please see guide for definitions.)

NOW USING	WOULD USE	
<input type="checkbox"/>	<input type="checkbox"/>	Adult Day Care
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver Programs
<input type="checkbox"/>	<input type="checkbox"/>	Case Management
<input type="checkbox"/>	<input type="checkbox"/>	Elder Abuse Prevention Programs
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Response Systems
<input type="checkbox"/>	<input type="checkbox"/>	Employment Services
<input type="checkbox"/>	<input type="checkbox"/>	Financial Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Home Health Services
<input type="checkbox"/>	<input type="checkbox"/>	Home Repair/Modification
<input type="checkbox"/>	<input type="checkbox"/>	Information and Referral Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Home Delivered Meals
<input type="checkbox"/>	<input type="checkbox"/>	Congregate Meals
<input type="checkbox"/>	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	<input type="checkbox"/>	Respite Care
<input type="checkbox"/>	<input type="checkbox"/>	Assisted Living
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Communities
<input type="checkbox"/>	<input type="checkbox"/>	Nursing Facilities
<input type="checkbox"/>	<input type="checkbox"/>	Government Assisted Housing
<input type="checkbox"/>	<input type="checkbox"/>	Shared Housing
<input type="checkbox"/>	<input type="checkbox"/>	Senior Center Programs
<input type="checkbox"/>	<input type="checkbox"/>	Telephone Reassurance
<input type="checkbox"/>	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Services
<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care Services

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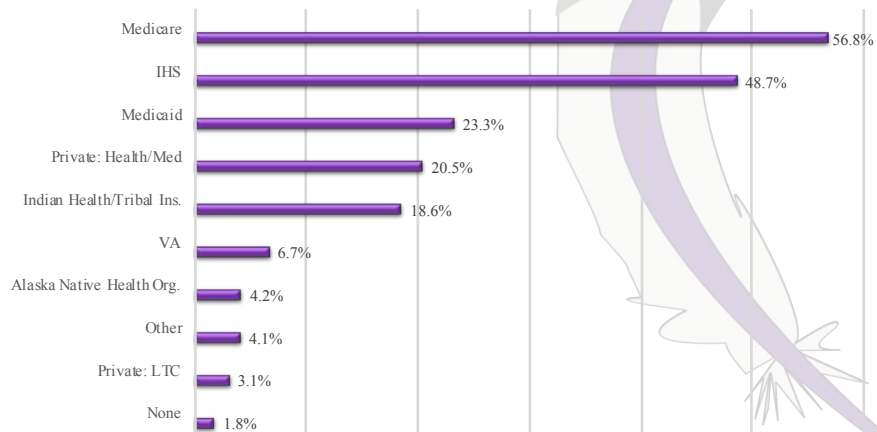


Health Care Access Data Results for Cycle VI

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Insurance Coverage

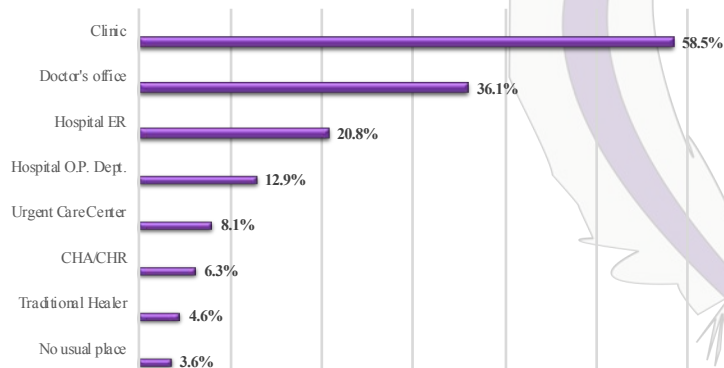


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Go for Medical Advice

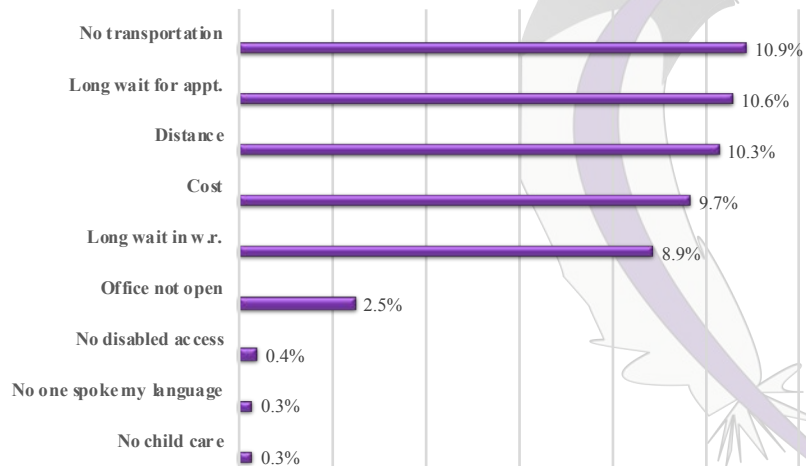


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Barriers and Challenges to Receive Medical Services



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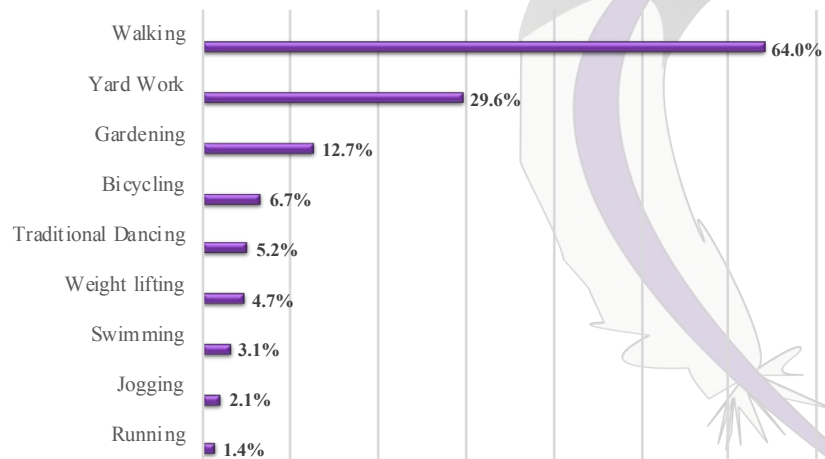
Diet and Exercise Data Results for Cycle VI

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Vigorous exercises performed in the past 30 days

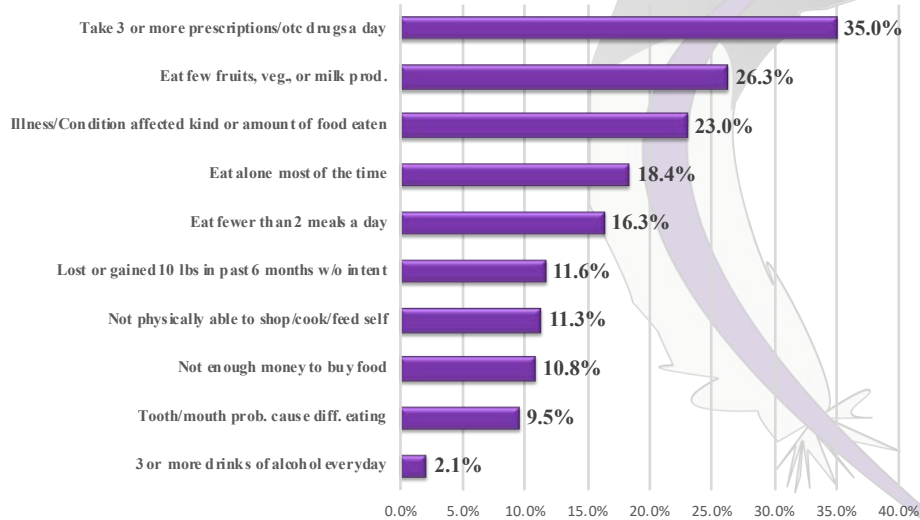


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Nutritional Health among AI/AN elders



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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

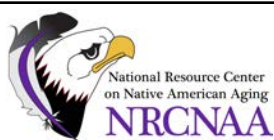
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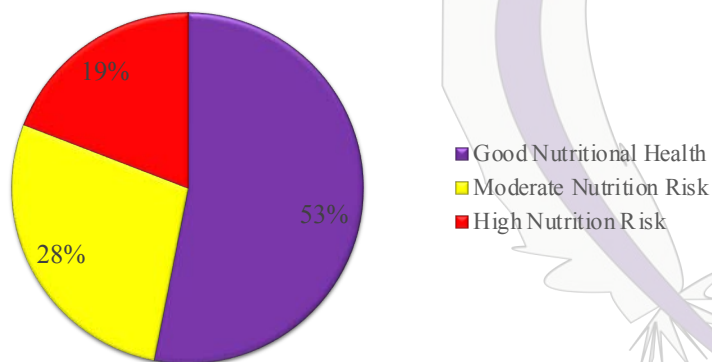
Nutritional Health Screening

- 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



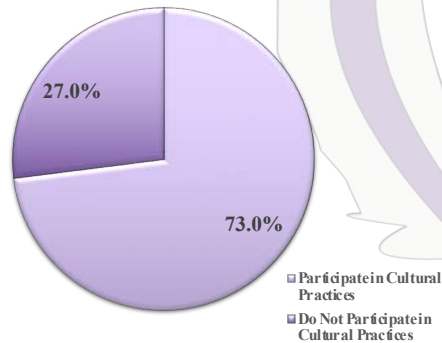
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Cultural Participation

- 73% of AI/AN elders participate in cultural practices.
- 27% do not participate in cultural practices.



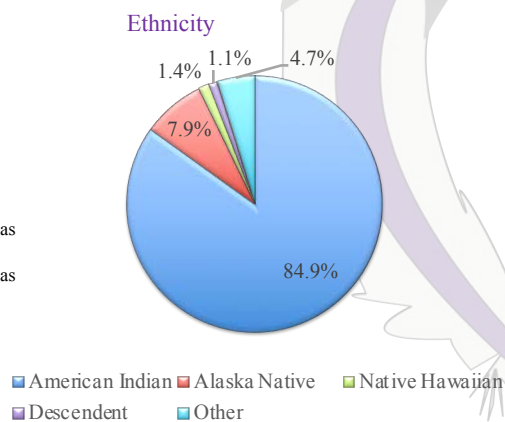
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Ethnicity

- 84.9% of participants identified as American Indian
- 7.9% of participants identified as Alaska Native
- 1.4% of participants identified as Native Hawaiian
- 1.1% of the participants identified as Descendent
- 4.7% of the participants identified as Other



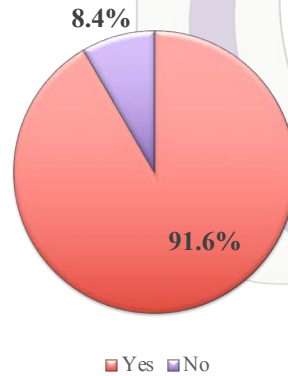
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Federally Recognized Tribe Enrollment

- 91% of the participants are enrolled in a federally recognized tribe.
- 8.4% of the participants are not enrolled in a federally recognized tribe (state recognized).



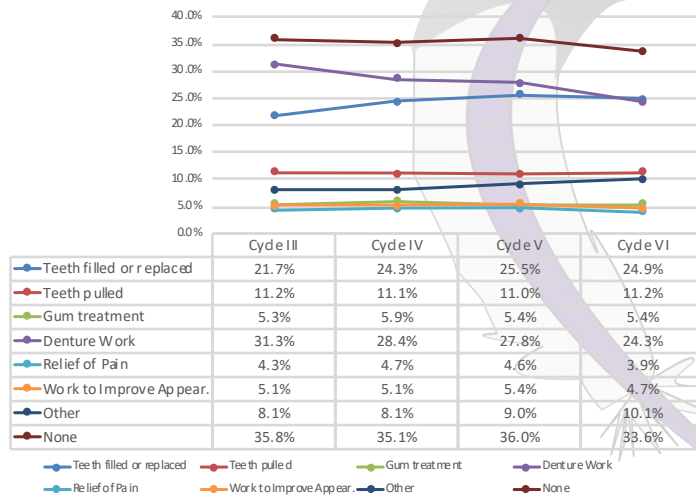
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Dental Care Trending Data

Dental Care Needed for Native Elders over a 12 Year Span

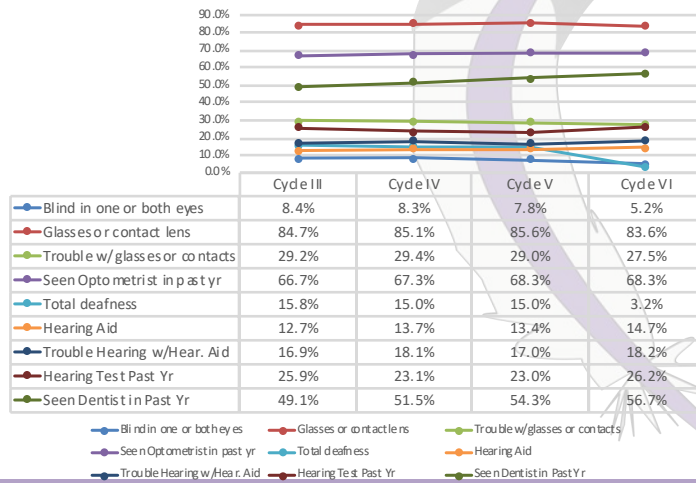


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Screenings Trending Data

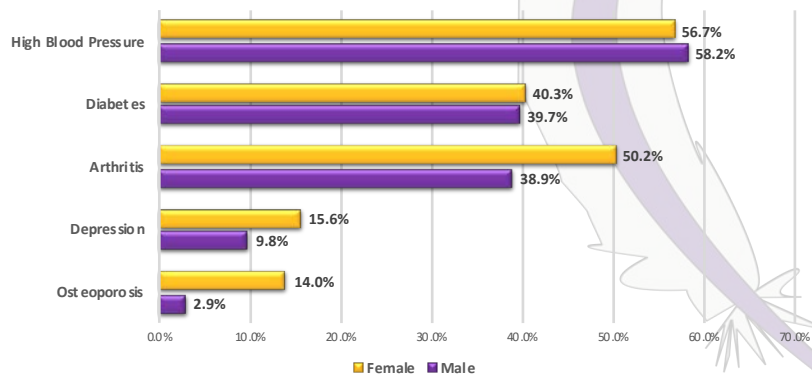
Vision, Hearing, & Dental for Native Elders over a 12 Year Span



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Chronic Disease Rates by Gender among Native Elders

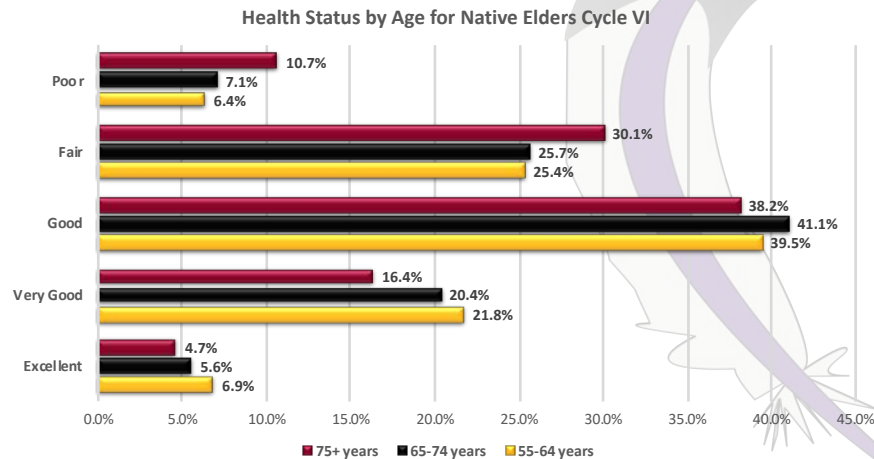


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Health Status by Age for Native elders



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Summary

- A needs assessment should be conducted every three years to document changes.
- A needs assessment is required by the Administration for Community Living for Title VI projects.
- ACL, the NRCNAA, and others can assist you with conducting a good needs assessment

MOST IMPORTANTLY USE YOUR DATA!
**PUT IT TO WORK IN GRANT, TRIBAL PLANNING, SETTING
PRIORITIES AND GOALS, IDENTIFYING NEEDS, AND USE TO
INFORM DECISION MAKERS.**

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References

Witkin, B.R. (1995). Planning and Conducting Needs Assessments: A Practical Guide. Sage Publications, California.

Bernstein, M. & Luggen, A.S. (2010). *Nutrition for the Older Adult*. Sudbury, MA: Jones and Bartlett Publishers, LLC.

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Questions?

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