



National Resource Center  
on Native American Aging  
**NRCNAA**

# Balancing Culture, Health, and Data

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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.hftek.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.
- 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.

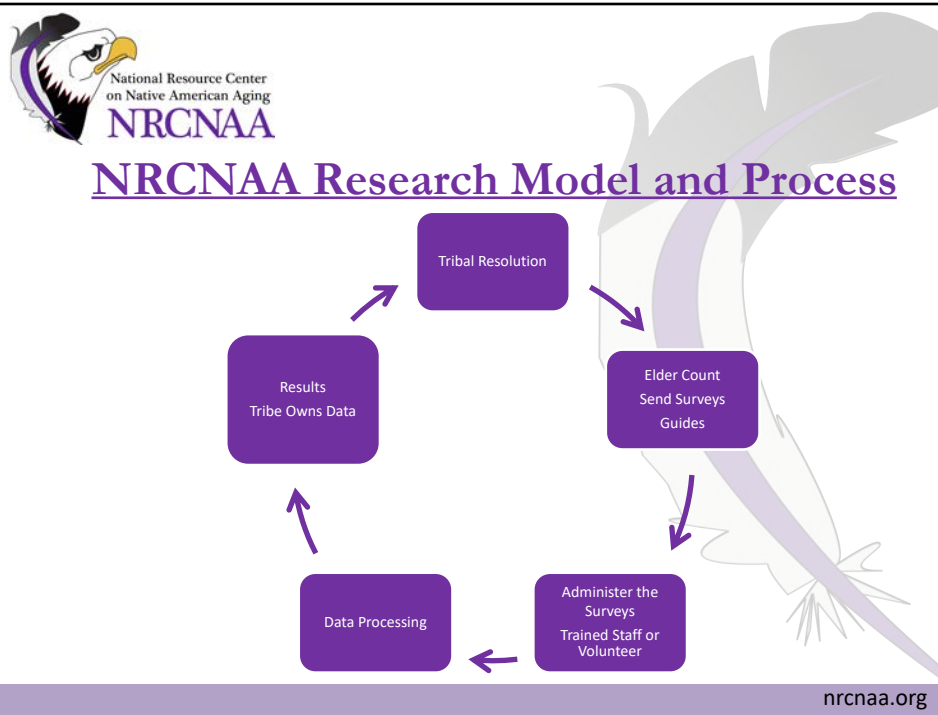
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## Survey Needs Data

- 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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The Comparison Sheet is a table for comparing tribal data to aggregate tribal data and national data. It includes the NRCNAA logo and a feather graphic. The table has five columns: Question, Response(s), Tribal Data (55 and over), Aggregate Tribal Data (55 and over), and National Data<sup>a</sup> (55 and over). The first row is a header for the comparison. The second row is a section header for General Health Status. The third row is the first question: "1. Would you say your health in general is excellent, very good, good, fair, or poor?". The following rows list the responses and their corresponding percentages.

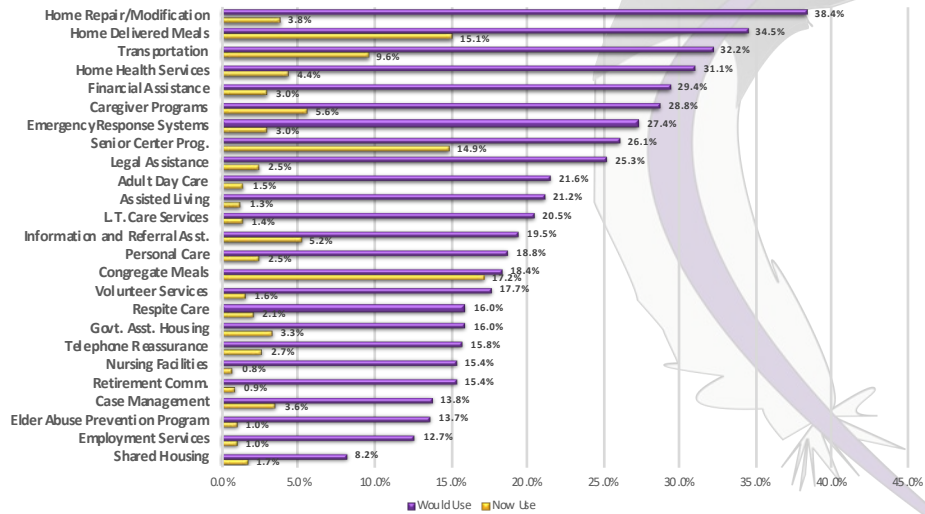
Tribe Name (N= ) Comparison Data to Aggregate Tribal Data and National Data				
Question	Response(s)	Tribal Data (55 and over)	Aggregate Tribal Data (55 and over)	National Data <sup>a</sup> (55 and over)
General Health Status				
1. Would you say your health in general is excellent, very good, good,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

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## Cycle VI Tribal Aggregate Unmet Needs

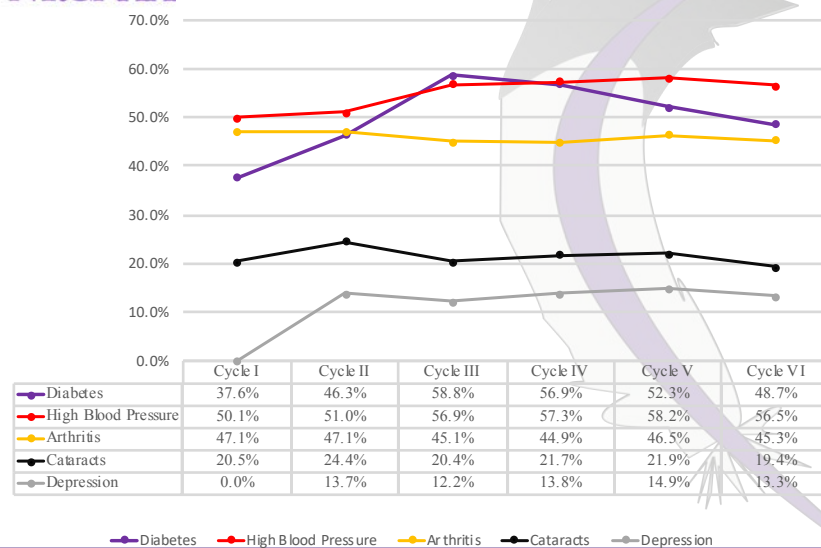


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## Trending Data for Top 5 Chronic Diseases among AI/AN elders

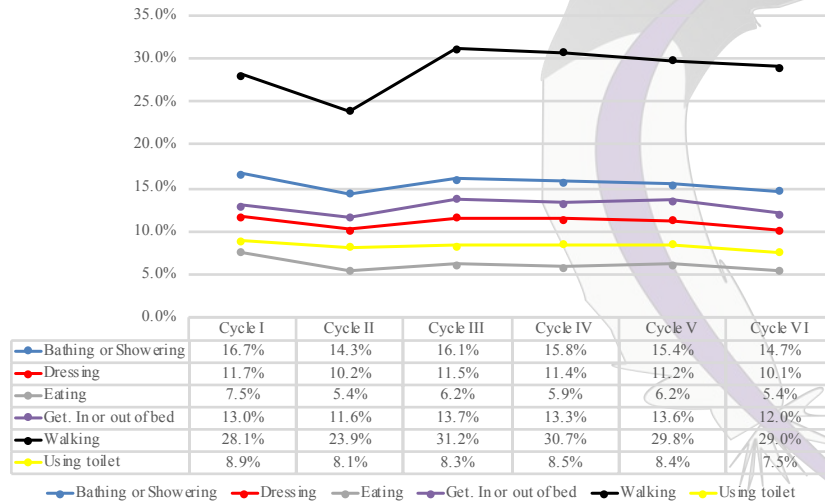


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## Trending Data for Activities of Daily Living for AI/AN elders

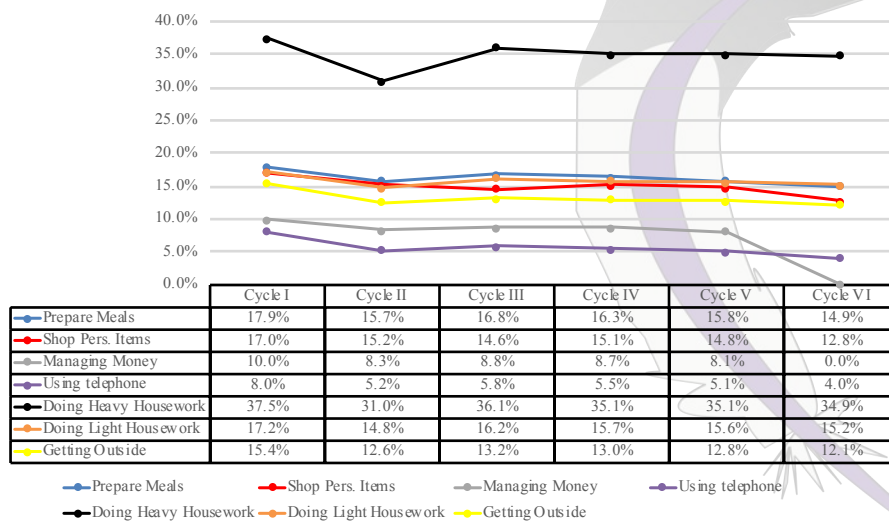


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## Trending Data for Instrumental Activities of Daily Living for AI/AN elders

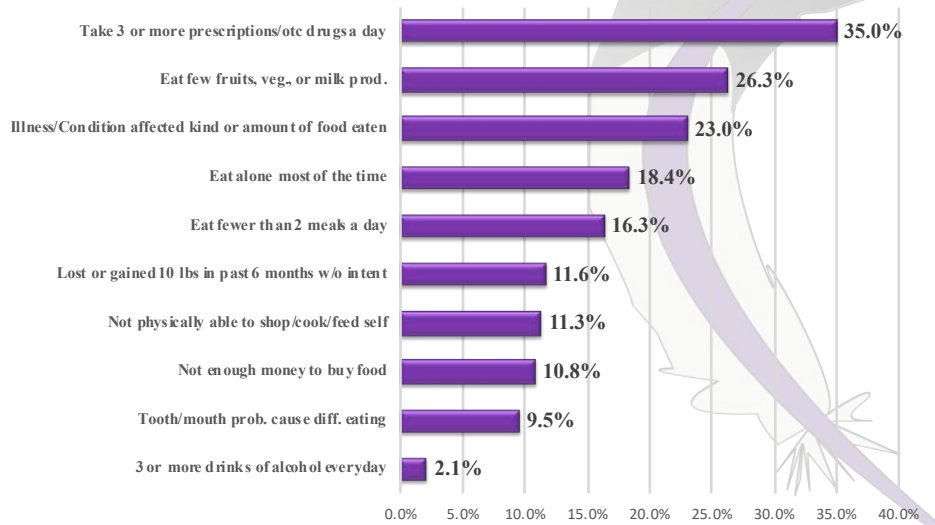


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## Nutritional Health among AI/AN elders



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## Data Tells a Story

- Quantitative Data
- Unmet needs increases risk of developing health issues
- Chronic conditions can increase
- Disruption of independent living
- Difficulties performing ADLs and IADLs
- Nutritional health is important in reducing health risks

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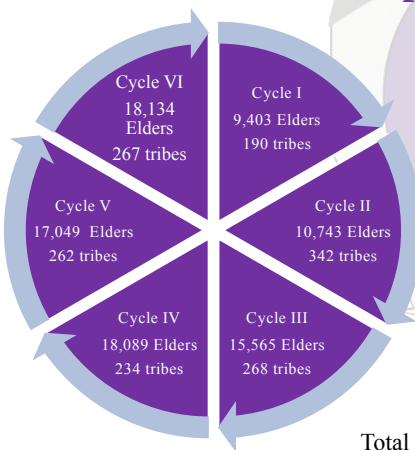
## Utilization of Data for Tribal Communities

- 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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## Needs Assessment Participation



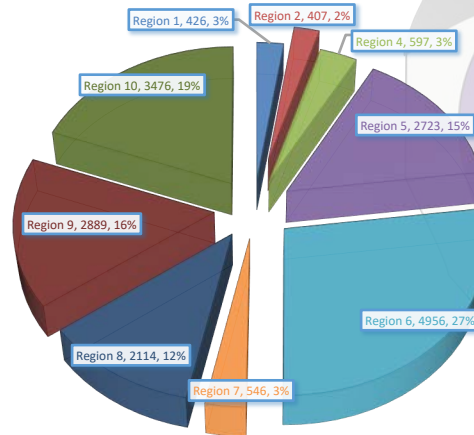
Total N = 89,436 surveys

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## Participation by DHHS Regions for Cycle VI



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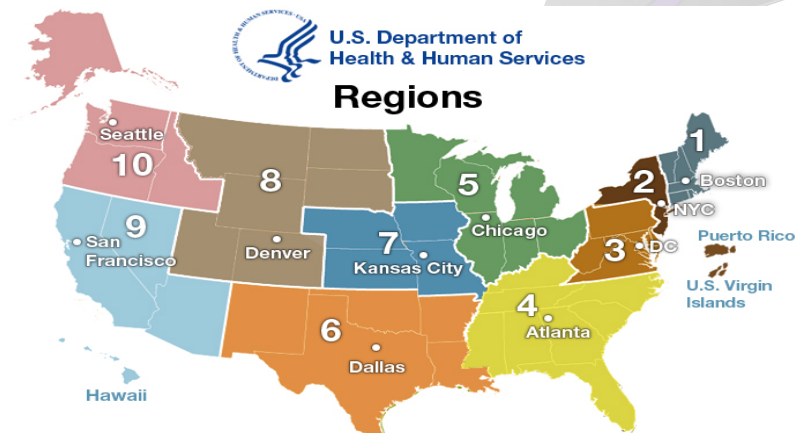
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## Map of DHHS Regions



U.S. Department of  
Health & Human Services

### **Regions**



U.S. Department of Health and Human Services  
<https://www.hhs.gov/about/agencies/ica/regional-offices/index.html>

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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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## The NRCNAA Team



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