



State of Caregiving for People with Dementia in Indian Country

Paula Carter, PhD

Turtle Mountain Chippewa

**National Resource Center on Native
American Aging
University of North Dakota**

Funded by Administration for Community Living

Grant Number 90OI003/02



Center for
Rural Health
The University of North Dakota
School of Medicine & Health Sciences
ruralhealth.und.edu



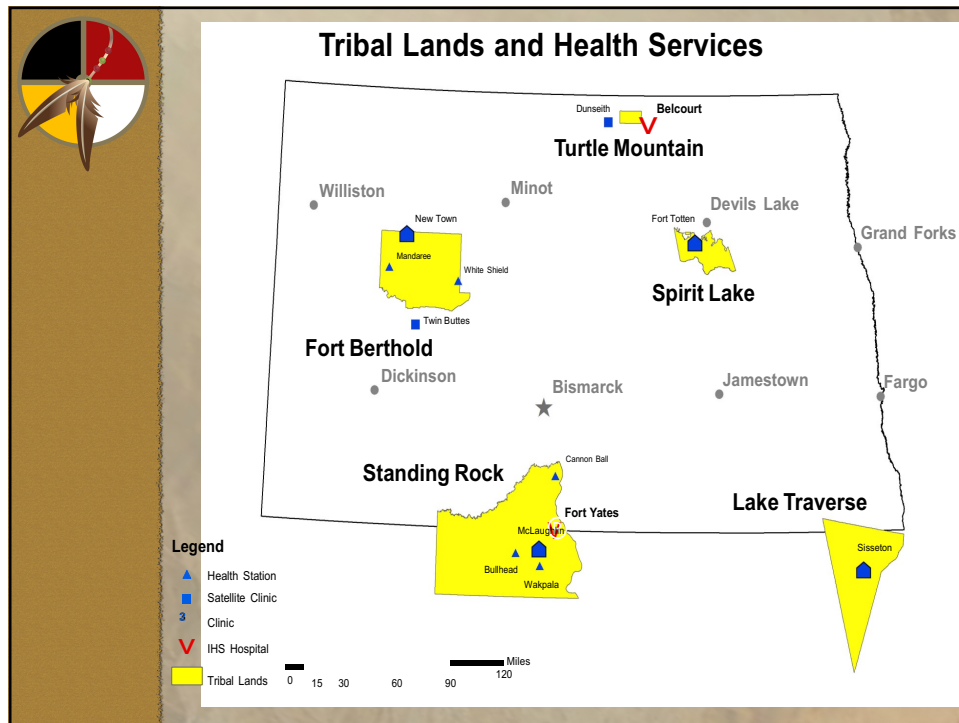
National Resource Center on Native American Aging

- ❖ The NRCNAA is one of three centers that are funded through the Administration for Community Living (ACL/AOA). 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)
- ❖ NRCNAA established in 1994, at the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences



NRCNAA 2012

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Administration for Community Living

❖ Vision:

“All people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society”.

❖ Web site: <http://www.acl.gov>

ACIAoA
Administration for Community Living/Department on Aging



NRCNAA MISSION

“ Identify and increase awareness of evolving Native elder health and social needs”.

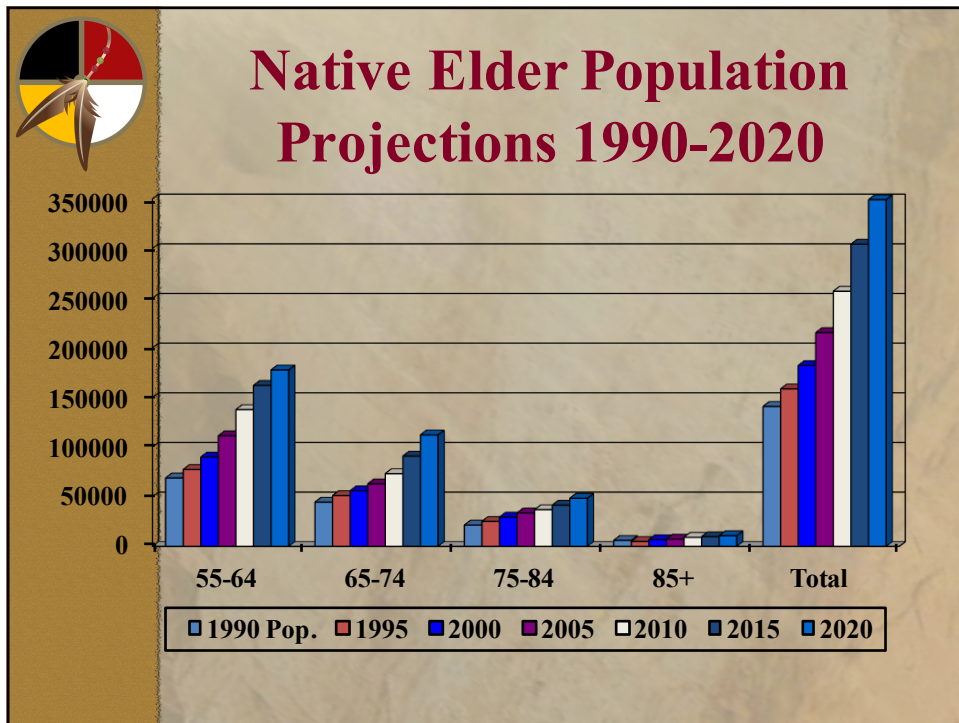
❖ Web site: www.nrcnaa.org



NRCNAA AIMS

❖ Empowerment of Native American elder caregivers, elder service providers, and tribal leaders

❖ Honoring and maintaining cultural values while providing high-quality services



CAREGIVING

Alzheimer's Association 2014 Alzheimer's Disease Facts and Figures

- ❖ Caregiving: attending to another individual's health needs
 - ❖ Social needs can be part of caregiving
- ❖ Typically includes assistance with one or more activities of daily living (ADL's) and/or instrumental activities of daily living (IADL's)



CAREGIVING

Alzheimer's Association 2014 Alzheimer's Disease Facts and Figures

Who are the Caregivers

- ❖ Typically immediate family and can also be relatives and friends
- ❖ 65% are women
- ❖ 21% are 65 years of age and older
- ❖ 44% have some college education or had earned a college degree
- ❖ 64% are currently employed, a student or a homemaker
- ❖ 71% are married or in a long-term relationship



CAREGIVING

Alzheimer's Association 2014 Alzheimer's Disease Facts and Figures

Unpaid vs Paid Care

- ❖ Large majority of caregiving for people with Alzheimer's and other dementias is **unpaid care**
 - ❖ Over 15 million caregivers provide **unpaid care** for persons with Alzheimer's and other dementias in America
- ❖ Majority of formal care for person's with Alzheimer's and other dementias is made up of direct care workers such as nurse aides, home health aides, personal and home-care aides, and nursing assistants. This is the **paid care** caregiving.



Caregiving cost and value

CAREGIVING

Alzheimer's Association 2014 Alzheimer's Disease Facts and Figures

❖ Unpaid Care

- ❖ 15 million caregivers provided 17.7 billions hours of unpaid care
- ❖ Those care hours are nationally valued at \$220.0 billion
 - ✓ Approximately half the net value of Wal-Mart sales in 2012 (\$443.9 billion) Wal-Mart 2012 sales report
 - ✓ Approximately 8 times the total revenue of McDonald's in 2012 (\$27.6 billion) McDonald's Corporation Report 2012



CAREGIVERS

Sandwich Generation

- ❖ A sandwich generation caregiver is typically a middle-aged person who simultaneously cares for dependent minor children and aging parents.
 - ❖ Parents of dependent minors are older than in the past
 - ❖ The aging of the US population including American Indian populations growing as life expectancies increase



Caregiver Burden

Burden

“the emotional, psychological, physical, and financial ‘load’ assumed by CG’s, as well as their subjective appraisals of how task performance affects their lives”

(Gaugler et al. 2000:323)



Community & Caregiver Burden

- ❖ Tribal communities tend to be in rural areas
- ❖ High Unemployment rates and low incomes
- ❖ Health care access issues
- ❖ Shortage of culturally-competent health providers
- ❖ **Critical shortage of Long-term services and support which means extensive unmet needs for elders and caregivers**



“Identifying Our Needs: A Survey of Elders”

- ❖ Assesses elders’ health and social needs
- ❖ Run in three year cycles and currently in cycle VI
- ❖ Tribes have the opportunity to collect information about their community
- ❖ Funded by ACL/AOA for past 20 years



Tribal Participatory Model

Fisher & Ball (2003)

- ❖ Tribal Participatory Mechanisms:
 - ❖ Tribal Oversight
 - ❖ Tribal Resolution
 - ❖ Tribal Capacity Building
 - ❖ Culturally-Fit Method and Assessment
 - ❖ Applicable, Interpretable, and Usable Results
 - ❖ Tribal Data Ownership



Purpose of Needs Assessment

- ❖ Assists tribes in assessing options and developing an action plan to address local needs.
- ❖ Provides documentation required for planning and grant purposes including fulfilling requirements for tribes' Title VI elder nutrition program grant applications.
- ❖ **Provides documentation (Family caregivers percentages) to apply for elder caregivers grant applications.**



Population

- ❖ Native American elders residing primarily on reservations, Alaskan villages and Hawaiian homesteads.
- ❖ Individuals age 55 and over living on or around Indian areas.
 - ❖ Age 55 is considered comparable to 65 and over in the general population
 - ❖ Data is age adjusted



Tribal Diversity

- ❖ NRCNAA's model addresses diversity between and within tribes:
 - ❖ Measures local community needs which are then unique to that community and fit only that particular community.
 - ❖ Model utilizes a custom-fitting measure.

One Size Does Not Fit All



Aggregated Representation

- ❖ Not a single representative sample of nation's Native American Elders
 - ❖ Represents an aggregation of representative samples from participating tribes
 - ❖ Survey and methodology has stayed constant from Cycle II through Cycle V



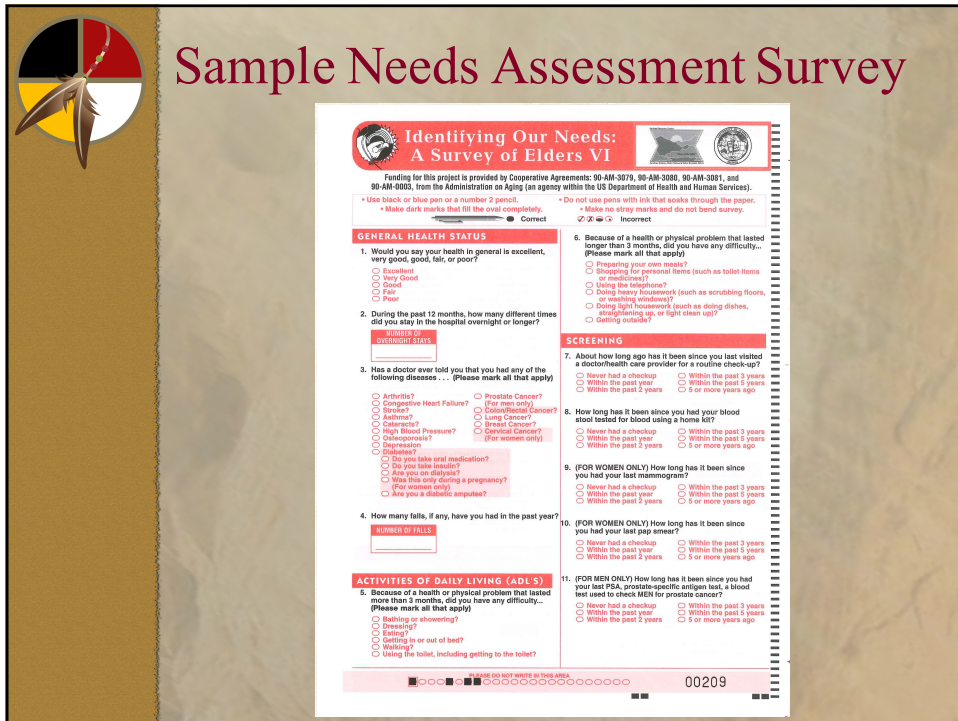
Regional Variance

- ❖ NRCNAA model also addresses regional variance:
 - ❖ Such as variance in life expectancy and chronic disease
 - ❖ California Indian Health Service Area life expectancy at 76.3 years is close to nations; however, Aberdeen Area is 64.3 a difference of 12 years.
 - ❖ Alaska Area has a diabetes rate slightly higher than the general population at 16%; whereas, the majority of other regions area at 37% or more.



The Needs Assessment Survey

- ❖ The primary method of data collection is the survey instrument (administered face-to-face with the elders).
- ❖ A standardized assessment instrument
 - ❖ Surveys provided to the tribes by NRCNAA at no cost.
 - ❖ Surveys processed (optical scanner) by NRCNAA at no cost.
 - ❖ A copy of the survey can be viewed at <http://ruralhealth.und.edu/projects/nrcnaa/pdf/cycleiv.survey.instrument.pdf>



Identifying Our Needs: A Survey of Elders VI

Funding for this project is provided by Cooperative Agreements: 90-AM-3079, 90-AM-3080, 90-AM-3081, and 90-AM-3082, from the Administration on Aging (an agency within the US Department of Health and Human Services).

• Use black or blue pen or a number 2 pencil.
• Do not use pens with ink that soaks through the paper.
• Make dark marks that fill the oval completely.
• 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?

NUMBER OF HOSPITAL STAYS

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

☐ Arthritis? ☐ Prostate Cancer? (For men only)
☐ Congestive Heart Failure? ☐ Diabetes Mellitus?
☐ Angina? ☐ Lung Cancer?
☐ Osteoporosis? ☐ Breast Cancer?
☐ High Blood Pressure? ☐ Cervical Cancer? (For women only)
☐ Osteoarthritis?
☐ Depression
☐ Did you take oral medication?
☐ Do you take insulin?
☐ Are you on diabetes?
☐ Have this only during a pregnancy?
☐ Are you a diabetic amputee?

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

NUMBER OF FALLS

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?
☐ 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)?
☐ Using the telephone?
☐ Doing heavy housework (such as scrubbing floors, emptying refrigerator)?
☐ Doing light housework (such as doing dishes, emptying sink or light clean up)?
☐ 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 3 years
☐ Within the past year ☐ Within the past 6 years
☐ Within the past 2 years ☐ 6 or more years ago

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

☐ Never had a checkup ☐ Within the past 3 years
☐ Within the past year ☐ Within the past 6 years
☐ Within the past 2 years ☐ 6 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 3 years
☐ Within the past year ☐ Within the past 6 years
☐ Within the past 2 years ☐ 6 or more years ago

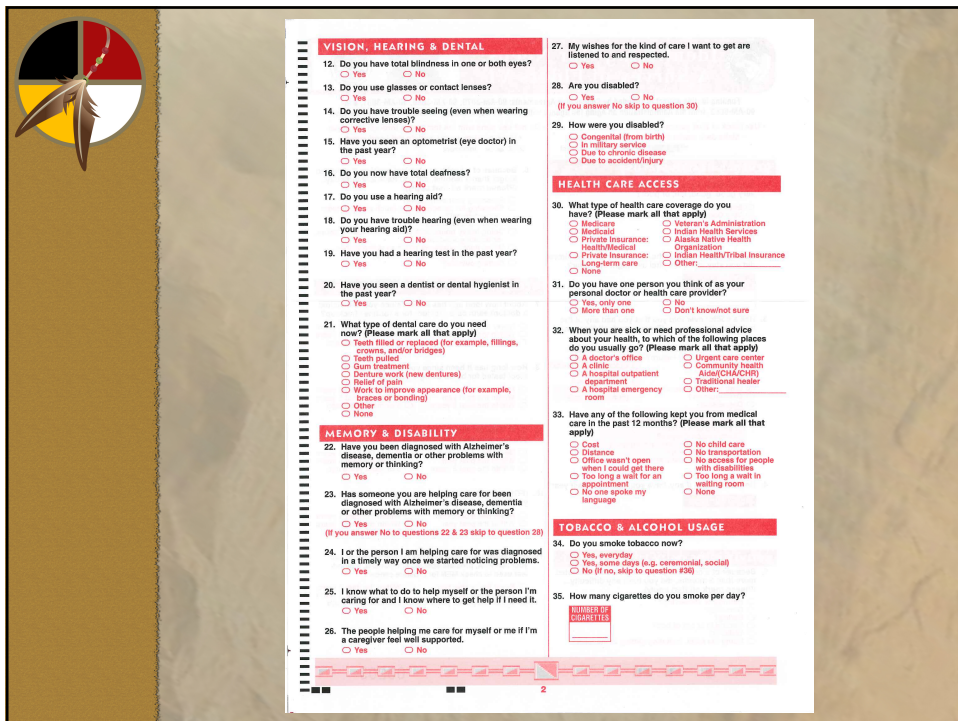
10. (FOR WOMEN ONLY) How long has it been since you had your last pap smear?

☐ Never had a checkup ☐ Within the past 3 years
☐ Within the past year ☐ Within the past 6 years
☐ Within the past 2 years ☐ 6 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 3 years
☐ Within the past year ☐ Within the past 6 years
☐ Within the past 2 years ☐ 6 or more years ago

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VISION, HEARING & DENTAL

12. Do you have total blindness in one or both eyes?

☐ Yes ☐ No

13. Do you use glasses or contact lenses?

☐ Yes ☐ No

14. Do you have trouble seeing (even when wearing corrective lenses)?

☐ Yes ☐ No

15. Have you seen an optometrist (eye doctor) in the past year?

☐ Yes ☐ No

16. Do you now have total deafness?

☐ Yes ☐ No

17. Do you use a hearing aid?

☐ Yes ☐ No

18. Do you have trouble hearing (even when wearing your hearing aid)?

☐ Yes ☐ No

19. Have you had a hearing test in the past year?

☐ Yes ☐ No

20. Have you seen a dentist or dental hygienist in the past year?

☐ Yes ☐ No

21. What type of dental care do you need now? (Please mark all that apply)

☐ Teeth filled or replaced (for example, fillings, crowns, and/or bridges)
☐ Teeth pulled
☐ Gum treatment
☐ Denture work (new dentures)
☐ Relief of pain
☐ Work to improve appearance (for example, braces or bonding)
☐ Other
☐ None

MEMORY & DISABILITY

22. Have you been diagnosed with Alzheimer's disease, dementia or other problems with memory or thinking?

☐ Yes ☐ No

23. 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 22 & 23 skip to question 28)

24. I or the person I am helping care for was diagnosed in a timely way once we started noticing problems.

☐ Yes ☐ No

25. 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

26. 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)

☐ Medicaid ☐ Veterans Administration
☐ Medicare ☐ Indian Health Services
☐ Private Insurance ☐ Alaska Native Health
☐ Health/Medical ☐ Organization
☐ Private Insurance ☐ Indian Health/Tribal Insurance
☐ Long-term care ☐ Other: _____
☐ None

31. Do you have one person you think of as your personal doctor or health care provider?

☐ Yes, only one ☐ No
☐ More than one ☐ 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 clinic ☐ Community health
☐ A hospital outpatient department ☐ Aide(CH/ACHR)
☐ A hospital emergency room ☐ Traditional healer
☐ Other: _____

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
☐ Distance ☐ No transportation
☐ Office wasn't open when I could get there ☐ No access for people with disabilities
☐ Too long a wait for an appointment ☐ Too long a wait in waiting room
☐ No one spoke my language ☐ None


TOBACCO & ALCOHOL USAGE

34. Do you smoke tobacco now?

☐ Yes, everyday
☐ Yes, some days (e.g., ceremonial, social)
☐ No (If no, skip to question 35)

35. How many cigarettes do you smoke per day?

NUMBER OF CIGARETTES



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

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

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 past 30 days
☐ More than 30 days ago but within the past 12 months
☐ More than 12 months ago but within the past 3 years
☐ More than 3 years ago
☐ I have never had an alcoholic drink in my life (skip to question #31)

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 couple hours of each other).
☐ None ☐ 2 to 5 days
☐ 1 or 2 days ☐ 6 or more days

WEIGHT & NUTRITION

40. How tall are you without shoes?
 FEET INCHES

41. How much do you weigh today?
 POUNDS

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).
☐ Aerobics ☐ Walking ☐ Swimming
☐ Bicycling or bicycling on a stationary bike ☐ Weight Lifting
☐ Gardening ☐ Yard Work
☐ Jogging ☐ Traditional Dancing (Hula, etc.)
☐ Running (Jogging, etc.)
☐ Please mark all that apply to your nutritional health.
☐ I have an illness or condition that made me change the kind and/or amount of food I eat.
☐ I eat fewer than 2 meals per day.
☐ I eat few fruits or vegetables or milk products.
☐ I have 2 or more drinks of beer, liquor or wine almost every day.
☐ I have both or more problems that make it hard for me to eat.
☐ I don't always have enough money to buy the food I need.
☐ I take 2 or more different prescribed or over-the-counter drugs a day.
☐ Without wanting to, I have lost or gained 10 pounds in the last 6 months.
☐ I am not always physically able to shop, cook and/or feed myself.

SOCIAL SUPPORT/HOUSING

44. 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 ☐ A little of the time
☐ A good bit of the time ☐ None of the time

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

46. How long have you lived at your present address?
☐ Less than 5 years
☐ 6-10 years
☐ Over 10 years

47. What type of housing do you presently have?
☐ Single family residence
☐ An apartment
☐ Sleeping room/boarder house
☐ Retirement home
☐ A health facility (available medical personnel)
☐ Homeless
☐ Other

48. 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

49. How many (including yourself) live in your household?
 NUMBER IN HOUSEHOLD

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


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

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

SOCIAL FUNCTIONING

53. 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 ☐ A little of the time
☐ A good bit of the time ☐ None of the time

54. 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 ☐ A little of the time
☐ A good bit of the time ☐ None of the time



55. How much of the time, during the past month, have you been a very nervous person?
☐ All of the time ☐ Some of the time
☐ Most of the time ☐ A little of the time
☐ A good bit of the time ☐ None of the time

56. How much of the time, during the past month, have you felt downhearted and blue?
☐ All of the time ☐ Some of the time
☐ Most of the time ☐ A little of the time
☐ A good bit of the time ☐ None of the time

57. How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up?
☐ All of the time ☐ Some of the time
☐ Most of the time ☐ A little of the time
☐ A good bit of the time ☐ None of the time

58. We would like to ask the extent to which you feel you can personally influence things by what you do or say. How much influence do you feel over your life in general?
☐ Almost no influence ☐ A lot of influence
☐ Little influence ☐ Total influence
☐ Some influence

59. 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).

Home Using	Home Using	Home Using
<input type="checkbox"/>	<input type="checkbox"/>	Adult Day Care
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver Program
<input type="checkbox"/>	<input type="checkbox"/>	Care 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/Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	Information and Referral/Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Meals Delivered
<input type="checkbox"/>	<input type="checkbox"/>	Companionate Meals
<input type="checkbox"/>	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	<input type="checkbox"/>	Respite Care
<input type="checkbox"/>	<input type="checkbox"/>	Religious Communities
<input type="checkbox"/>	<input type="checkbox"/>	Nursing Facilities
<input type="checkbox"/>	<input type="checkbox"/>	Concurrent 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

DEMOGRAPHICS

60. Gender ☐ Male ☐ Female

61. Age

62. Current marital status
☐ Married or living with partner
☐ Single/never married
☐ Divorced or separated
☐ Widowed

63. What is your personal annual income?
☐ Under \$5,000 ☐ \$5,000 - \$24,999
☐ \$5,000 - \$9,999 ☐ \$25,000 - \$34,999
☐ \$10,000 - \$19,999 ☐ \$35,000 - \$49,999
☐ \$50,000 or more

64. Have you been employed full or part-time during the past 12 months?
☐ Full-time ☐ Part-time ☐ No

65. What is the highest grade or year of school you completed?
☐ Never attended or kindergarten only
☐ Elementary ☐ High School ☐ College/Technical School ☐ Graduate/Professional School

66. What zip code and county/borough do you currently reside?
 Zip Code
 County/Borough

67. Are you American Indian, Alaska Native, Native Hawaiian, mixed race or other?
☐ American Indian ☐ Native Hawaiian
☐ Alaska Native ☐ Other
☐ Descendant (Grandparent or parent is an enrolled tribal member)

68. Do you reside on a reservation, trust land, Alaska village, or Hawaiian homestead?
☐ Yes ☐ No

69. Are you an enrolled member of a federally recognized tribe?
☐ Yes ☐ No

70. Have you ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard?
☐ Yes ☐ No

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Survey Needs Data

- ❖ General health status of elders
- ❖ Indicators of chronic health
- ❖ Indicators of visual, hearing, and dental
- ❖ Tobacco and alcohol use patterns
- ❖ Diet, nutrition, and exercise
- ❖ Social support patterns, housing and work
- ❖ Health care access
- ❖ **Unmet needs**
- ❖ Use and acceptance of services



National Resource Center Provides:

- ❖ Survey instruments – a standardized tool
- ❖ Assistance with sampling
- ❖ Training on data collection
- ❖ Technical support
- ❖ Data entry
- ❖ Data analysis
- ❖ Statistical profiles of your elders
- ❖ Comparisons with national norms



Local Communities Provide:

- ❖ A resolution from their tribal councils
- ❖ A number or count of the elders in the community
- ❖ Data collection
- ❖ A repository for the findings and are responsible for getting them to the right people
- ❖ Local implementation and coordination

NRCNAA 2008

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Post Data Collection

- ❖ NRCNAA receives completed surveys from participating tribes.
 - ❖ Surveys are scanned and coded for statistical analysis
 - ❖ A data file is created for each tribal participant
 - ❖ Standard measures are created (such as Body Mass Index, ADL and IADL limitations, chronic diseases and service uses).



Result Tabulations

- ❖ NRCNAA prepares comparison sheets for all participating tribes:
 - ❖ Includes each tribe's data, national data, and data for all Native American elders (tribal aggregate).
- ❖ Sample comparison sheet can be seen at:
 - <http://ruralhealth.und.edu/projects/nrcnaa/pdf/comparison.pdf>
- ❖ The comparison sheets allow a context for interpretation:
 - ❖ Helps to determine whether each tribe's elders are healthier or less healthy than the norm or whether they have more chronic disease.



Visualizing Disparities

❖ Data Comparison

Comparisons between our tribe, regions and the U.S. general population provide documentation of disparities on specific diseases where American Indian people appeared to be at greater risk than others in the nation. This information assists in identifying diseases where health promotion efforts will assist in making significant improvements in health status for our elders. The table on the next slide presents these diseases.



NRCNAA Data Use Template

❖ Chronic Disease

The top chronic diseases found among our elders were high blood pressure, arthritis, diabetes, depression and osteoporosis. Each of these lead to limitations on peoples' ability to take care of themselves. Nutritional care is particularly important for high blood pressure, diabetes and osteoporosis.

Five most common chronic diseases for Our Tribe (persons 55 and over)

	Region IX	Tribal Agg.	Nation
High blood pressure	60.7%	58.2%	55.2%
Arthritis	44.4%	46.5%	47.4%
Diabetes	45.8%	40.7%	18.0%
Depression	14.1%	14.9%	17.2%
Osteoporosis	10.5%	10.6%	4.6%



Chronic Diseases

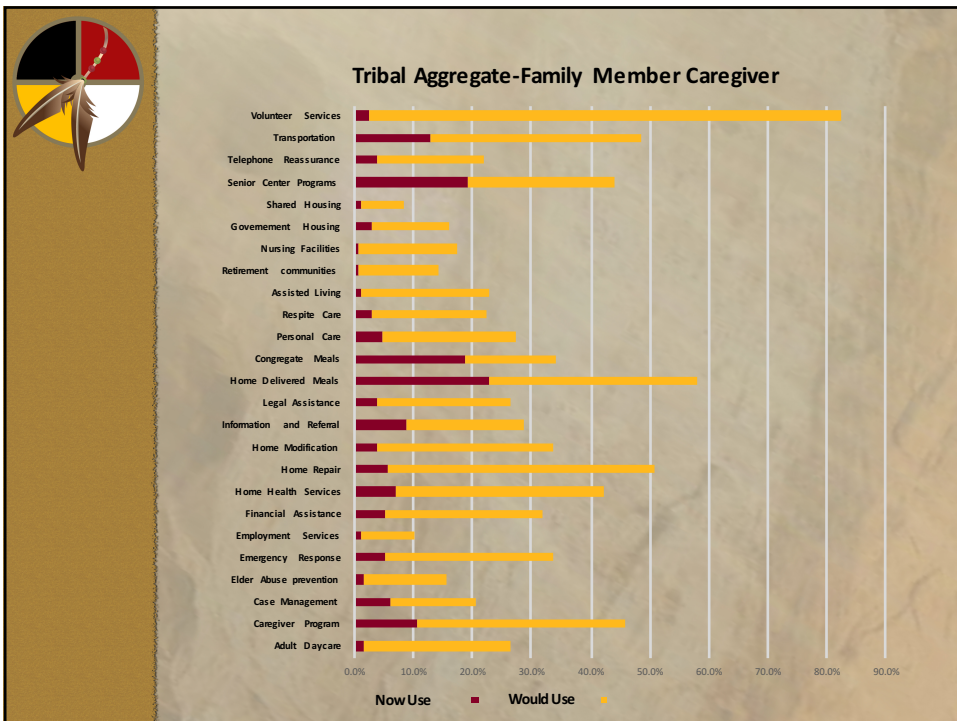
	High Blood Pressure	Arthritis	Diabetes	Depression	Osteoporosis
National	55.2%	47.4%	18.0%	17.2%	4.6%
Tribal Agg	58.2%	46.5%	40.7%	14.9%	10.6%
Region 1	59.4%	52.1%	38.1%	23.1%	11.0%
Region 2	45.9%	48.6%	40.5%	5.4%	21.6%
Region 4	68.2%	45.4%	46.7%	13.6%	8.9%
Region 5	57.0%	49.8%	45.1%	20.6%	12.0%
Region 6	59.6%	43.6%	44.0%	12.8%	9.2%
Region 7	61.6%	43.2%	50.5%	12.3%	8.8%
Region 8	58.4%	48.8%	44.2%	11.4%	9.7%
Region 9	60.7%	44.4%	45.8%	14.1%	10.5%
Region 10	53.6%	48.0%	27.5%	16.1%	11.9%

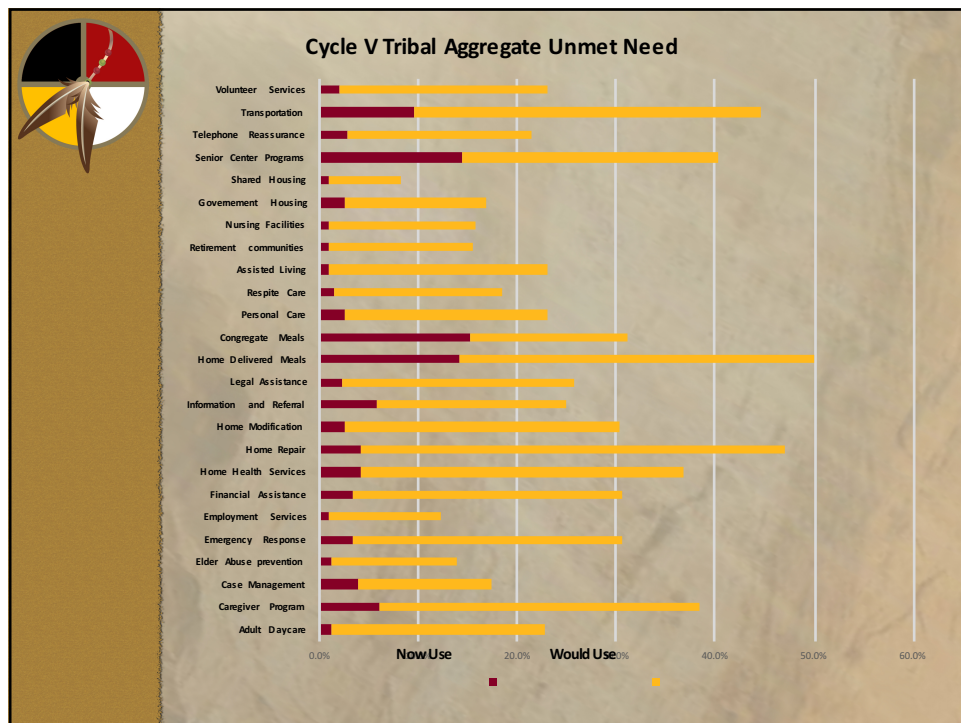
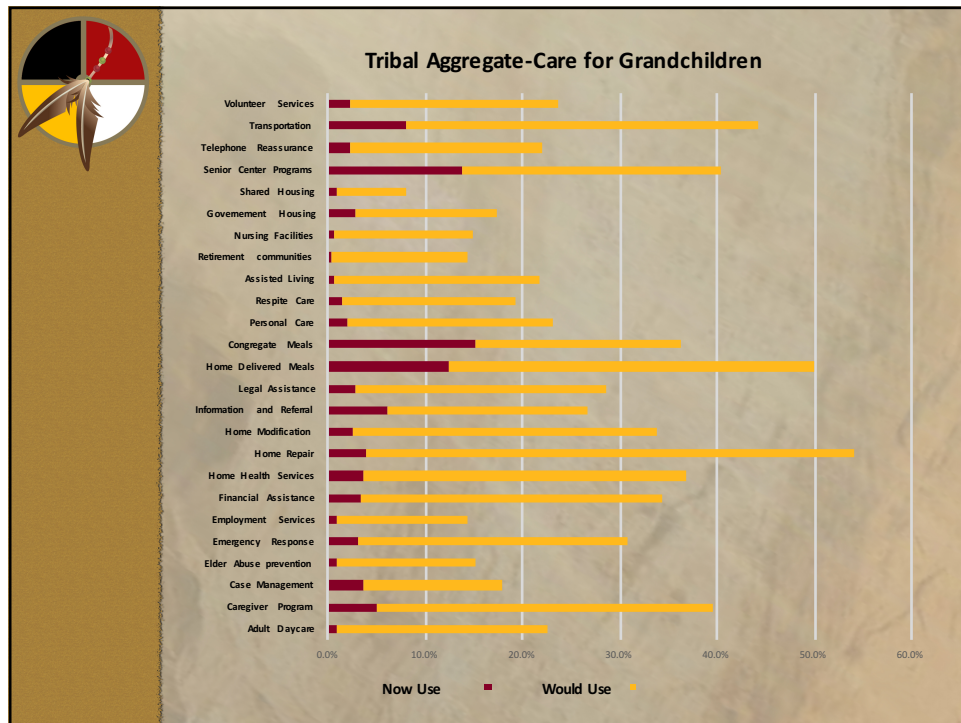


Visualizing Long-term Services and Support/Unmet Needs

59. 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	Service
<input type="checkbox"/>	<input type="checkbox"/>	Adult Day Care
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver Program
<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







State of Caregiving


- ❖ Loss of Native caregivers
 - ❖ Youth more upwardly mobile
 - ❖ Students choosing non-tribal community career options
- ❖ Higher burden on Native Caregivers
- ❖ Respite care being sparse or non-existent for many Native caregivers
- ❖ Less training opportunities for caregivers



State of Caregiving

Native Caregiving Strengths

- ❖ Reciprocity/Giving back the care
- ❖ Resource Sharing
- ❖ Collectivism
- ❖ Community Cohesiveness
- ❖ Resiliency & Survivability
- ❖ Adaptability
- ❖ Humor
- ❖ Respect for Elders

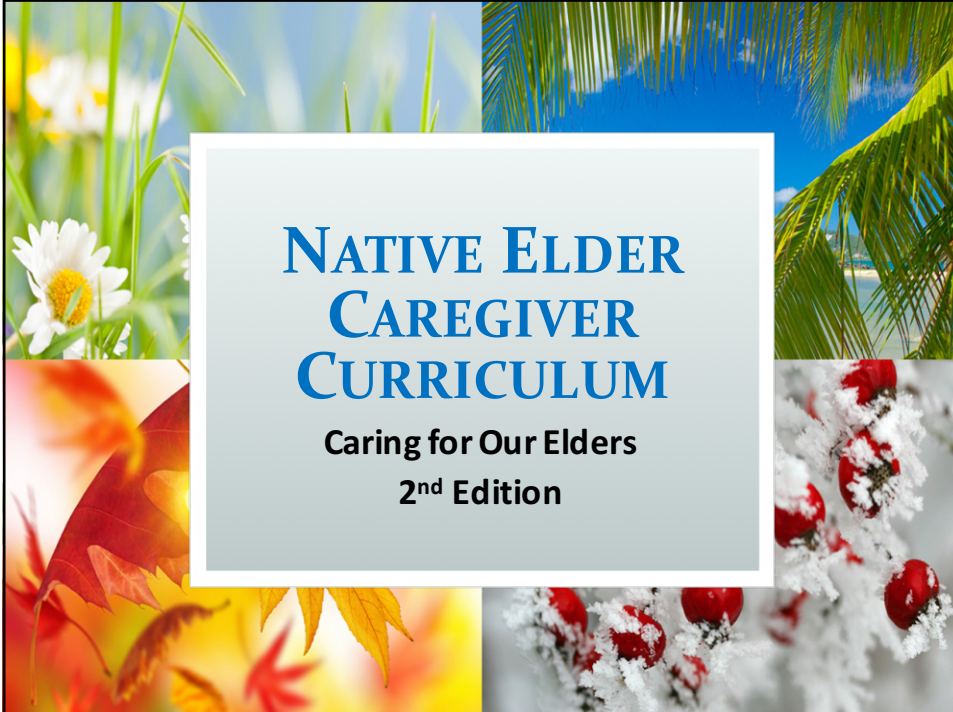


State of Caregiving

Kane (2000)

Native Caregiving Strength

- ❖ Native spirituality
- ❖ Knowledge base of traditional medicine
- ❖ Culturally-unique understanding of psychopathology
- ❖ Acceptance associated with caregiving for elders with dementia (less sense of stigma and shame)



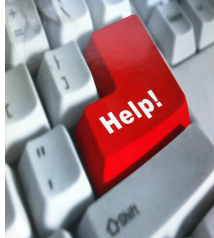
NATIVE ELDER CAREGIVER CURRICULUM

Caring for Our Elders
2nd Edition



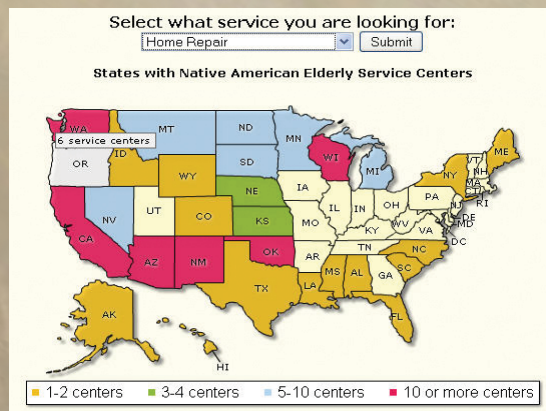
THREE MAJOR “RULES” FOR THE CAREGIVER JOURNEY

- Take “one day at a time
- Seek out a supportive listener who will be there for you
- Ask for AND accept help when needed



Service Locator for Native American Elders

The NRCNAA maintains a web-based service locator for Native American elders. Services vary by location, but some examples include help with chores, personal care, home-delivered meals, financial assistance, senior citizens programs and assisted living. You can search by service or by area or both. Please visit us online at <http://ruralhealth.und.edu/projects/nrcnaa/servicelocator.php> to check for services available in your area.



Center for
Rural Health
The University of North Dakota
School of Medicine & Health Sciences
ruralhealth.und.edu



Contact Information

❖ For more information contact:

*National Resource Center on
Native American Aging*

❖ Center for Rural Health

❖ School of Medicine and Health Sciences

❖ Grand Forks, ND 58202-9037

❖ Tel: 800-896-7628

❖ Fax: (701) 777-6779

❖ <http://www.nrcnaa.org>



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