



Understanding Community Long-Term Services and Support Needs

Paula Carter, Ph.D.

(Turtle Mountain Band of Chippewa)

2015 National Title VI Conference

August 10th – 13th

Washington, DC

**National Resource Center on Native
American Aging**

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 on 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





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>





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



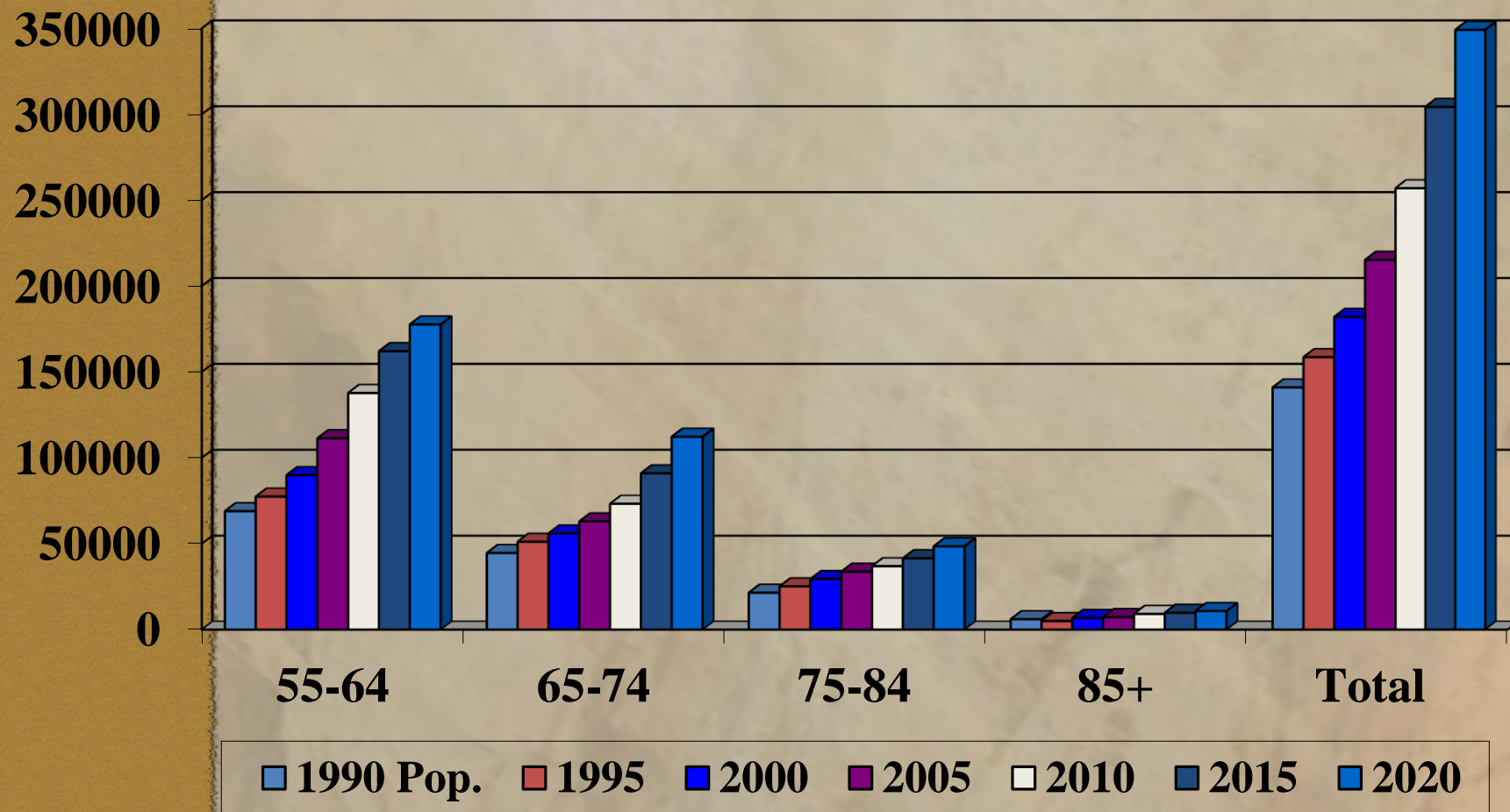
Tribal Participatory Model

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



Native Elder Population Projections 1990-2020





“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





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.



LTSS needs assessment

- ❖ An ongoing, definitive, and “big picture” process
- ❖ A process where local interests or issues are defined.
- ❖ A method by which the nature and extent of needs can be both assessed and documented.
- ❖ A basis for planning that is evidence based.



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.



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



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.surveyinstrument.pdf>



Sample Needs Assessment Survey



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-0003, 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.
- Make dark marks that fill the oval completely.

Correct

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

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
OVERNIGHT STAYS

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

- | | |
|---|--|
| <input type="radio"/> Arthritis? | <input type="radio"/> Prostate Cancer? |
| <input type="radio"/> Congestive Heart Failure? | (For men only) |
| <input type="radio"/> Stroke? | <input type="radio"/> Colon/Rectal Cancer? |
| <input type="radio"/> Asthma? | <input type="radio"/> Lung Cancer? |
| <input type="radio"/> Cataracts? | <input type="radio"/> Breast Cancer? |
| <input type="radio"/> High Blood Pressure? | <input type="radio"/> Cervical Cancer? |
| <input type="radio"/> Osteoporosis? | (For women only) |
| <input type="radio"/> Depression | |
| <input type="radio"/> Diabetes? | |
| <input type="radio"/> Do you take oral medication? | |
| <input type="radio"/> Do you take insulin? | |
| <input type="radio"/> Are you on dialysis? | |
| <input type="radio"/> Was this only during a pregnancy? | |
| (For women only) | |
| <input type="radio"/> 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, or washing windows)?
- ☐ Doing light housework (such as doing dishes, straightening up, or light clean up)?
- ☐ Getting outside?

SCREENING

7. About how long ago has it been since you last visited a doctor/health care provider for a routine check-up?

- | | |
|---|---|
| <input type="radio"/> Never had a checkup | <input type="radio"/> Within the past 3 years |
| <input type="radio"/> Within the past year | <input type="radio"/> Within the past 5 years |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> 5 or more years ago |

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

- | | |
|---|---|
| <input type="radio"/> Never had a checkup | <input type="radio"/> Within the past 3 years |
| <input type="radio"/> Within the past year | <input type="radio"/> Within the past 5 years |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> 5 or more years ago |

9. (FOR WOMEN ONLY) How long has it been since you had your last mammogram?

- | | |
|---|---|
| <input type="radio"/> Never had a checkup | <input type="radio"/> Within the past 3 years |
| <input type="radio"/> Within the past year | <input type="radio"/> Within the past 5 years |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> 5 or more years ago |

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

- | | |
|---|---|
| <input type="radio"/> Never had a checkup | <input type="radio"/> Within the past 3 years |
| <input type="radio"/> Within the past year | <input type="radio"/> Within the past 5 years |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> 5 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?

- | | |
|---|---|
| <input type="radio"/> Never had a checkup | <input type="radio"/> Within the past 3 years |
| <input type="radio"/> Within the past year | <input type="radio"/> Within the past 5 years |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> 5 or more years ago |

PLEASE DO NOT WRITE IN THIS AREA

00209



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)

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

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 Aide/(CHA/CHR)
☐ A hospital outpatient department ☐ Traditional healer
☐ A hospital emergency room ☐ 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 #36)

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 ☐ 3 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
☐ Bicycling or bicycling on a stationary bike ☐ Swimming
☐ Gardening ☐ Weight Lifting
☐ Jogging ☐ Yard Work
☐ Running ☐ Traditional Dancing (Pow-wow, Hula)

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 3 or more drinks of beer, liquor or wine almost everyday.
☐ I have tooth or mouth problems that make it hard for me to eat.
☐ I don't always have enough money to buy the food I need.
☐ I eat alone most of the time.
☐ I take 3 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/boarding house
☐ *Retirement home
☐ *A health facility (available medical personnel)
☐ Homeless
☐ Other

*(If retirement home/health facility is marked, skip to question #53.)

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).

| Now Using | Would Use | |
|--------------------------|--------------------------|-------------------------------------|
| <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 |

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 ☐ \$20,000 - \$24,999
☐ \$5,000 - \$6,999 ☐ \$25,000 - \$34,999
☐ \$7,000 - \$9,999 ☐ \$35,000 - \$49,999
☐ \$10,000 - \$14,999 ☐ \$50,000 or more
☐ \$15,000 - \$19,999
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 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
High School ☐ 9 ☐ 10 ☐ 11 ☐ 12
College/Technical School ☐ 13 ☐ 14 ☐ 15 ☐ 16
Graduate/Professional School ☐ 17
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
☐ Descendent (Grandparent or parent is an enrolled tribal member).
68. Do you reside on/in a reservation, trust land, Alaska village, or Hawaiian homestead?
☐ Yes ☐ No
69. Are you an enrolled member of a federally recognized tribe?
☐ Yes ☐ No
Tribal Affiliation:
70. Have you ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard?
☐ Yes ☐ No

SCANTRON OpScan INSIGHT™ EM-295074-1:654321

PLEASE DO NOT WRITE IN THIS AREA



00209



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



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).

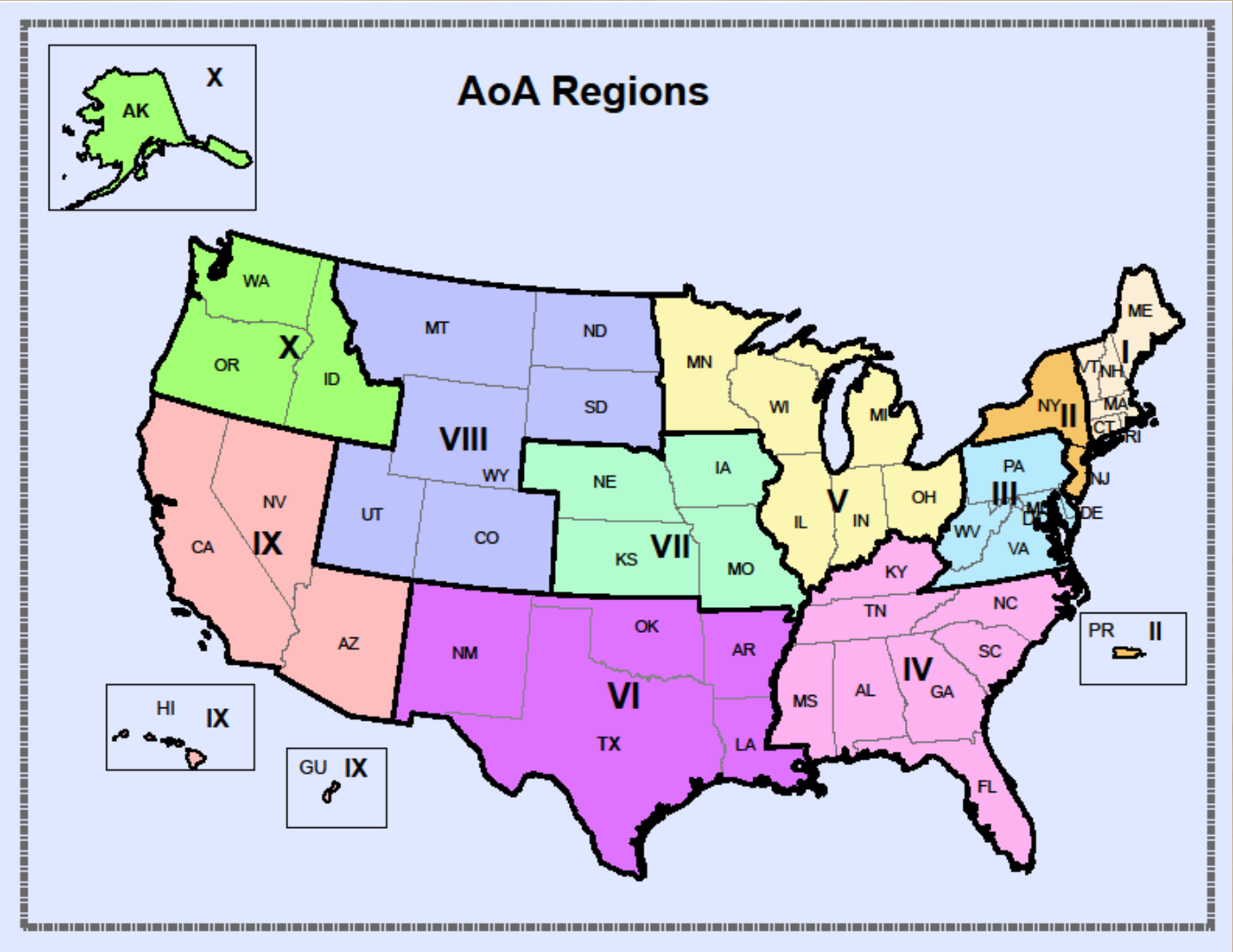


Result Tabulations

- ❖ 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.



ACL/AOA Regional Map





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 diseases with higher rates than the nation

| | All Tribes | Nation |
|--------------------------|------------|--------|
| Congestive heart failure | 9.1% | 8.2% |
| Stroke | 7.8% | 6.3% |
| Asthma | 13.6% | 12.0% |
| High blood pressure | 58.2% | 55.2% |
| Diabetes | 40.7% | 18.0% |
| Cervical cancer | 1.6% | 0.3% |
| Osteoporosis | 10.6% | 4.6% |



Visualizing Unmet Needs

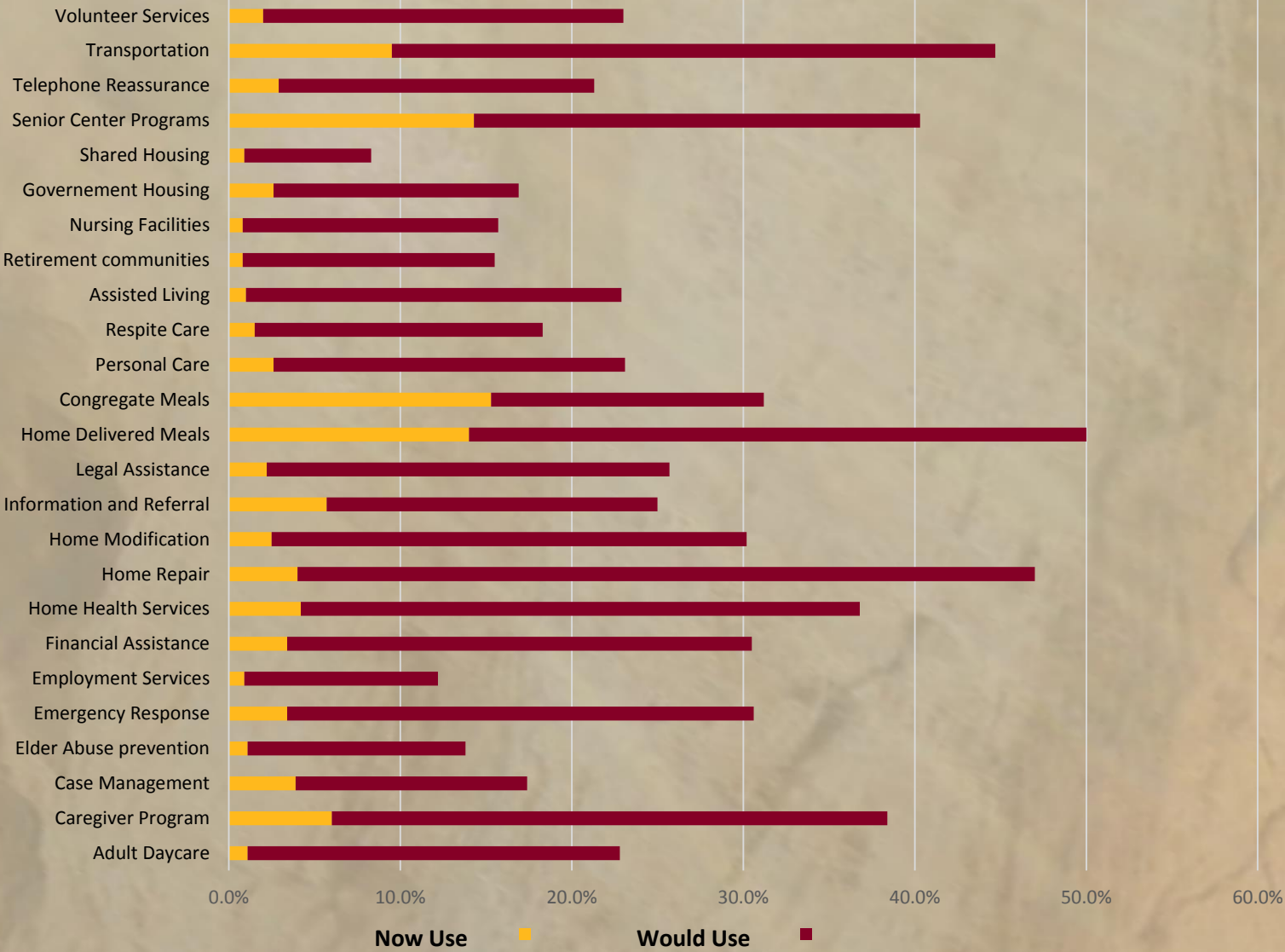
59. Are you now using, or if at some point you became unable to meet your own needs, would you be willing to use the following services?
(Please mark all that apply)

(Interviewer, please see guide for definitions).

| Now Using | Would Use | |
|--------------------------|--------------------------|-------------------------------------|
| <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 |



Cycle V Tribal Aggregate Unmet Need





Community Level Data Uses

- ❖ Renewal of Title VI Native Elder Nutrition and Caregiving Grants
- ❖ Strengthening of grant proposals
- ❖ Documentation of health disparities
- ❖ Documentation of need for health promotion, home and community based services, and assisted living



Regional and National Data Use

❖ The applications for data at these levels are numerous and focus on:

- Training for increasing skills for Native elder service providers
- Advocating for resources at the state, regional, and national level



Regional and National Data

Use continued

- ❖ Developing policy for informing national Native elder organizations
- ❖ Filling the research gap for Native elder related publication
- ❖ Training Native researchers in the aging field



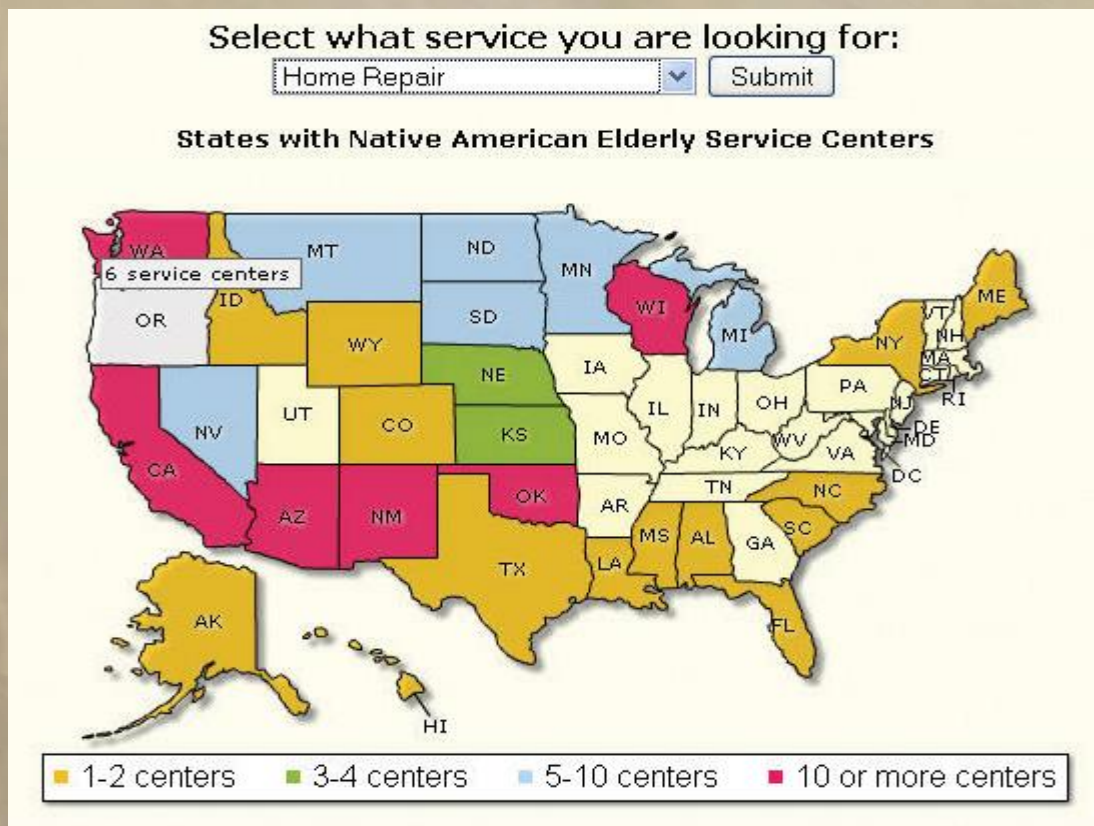
Examples of Application of Assessment Data

- ❖ Tribal support for service program justification
- ❖ Proposals
 - ❖ Health Care Center
 - ❖ New Gym
- ❖ Tracking
- ❖ Gain partnerships
- ❖ Information sharing with community & government
- ❖ Identifying needs and resources
- ❖ Assessing mental health needs
- ❖ Enhancing Tribal Leadership



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.

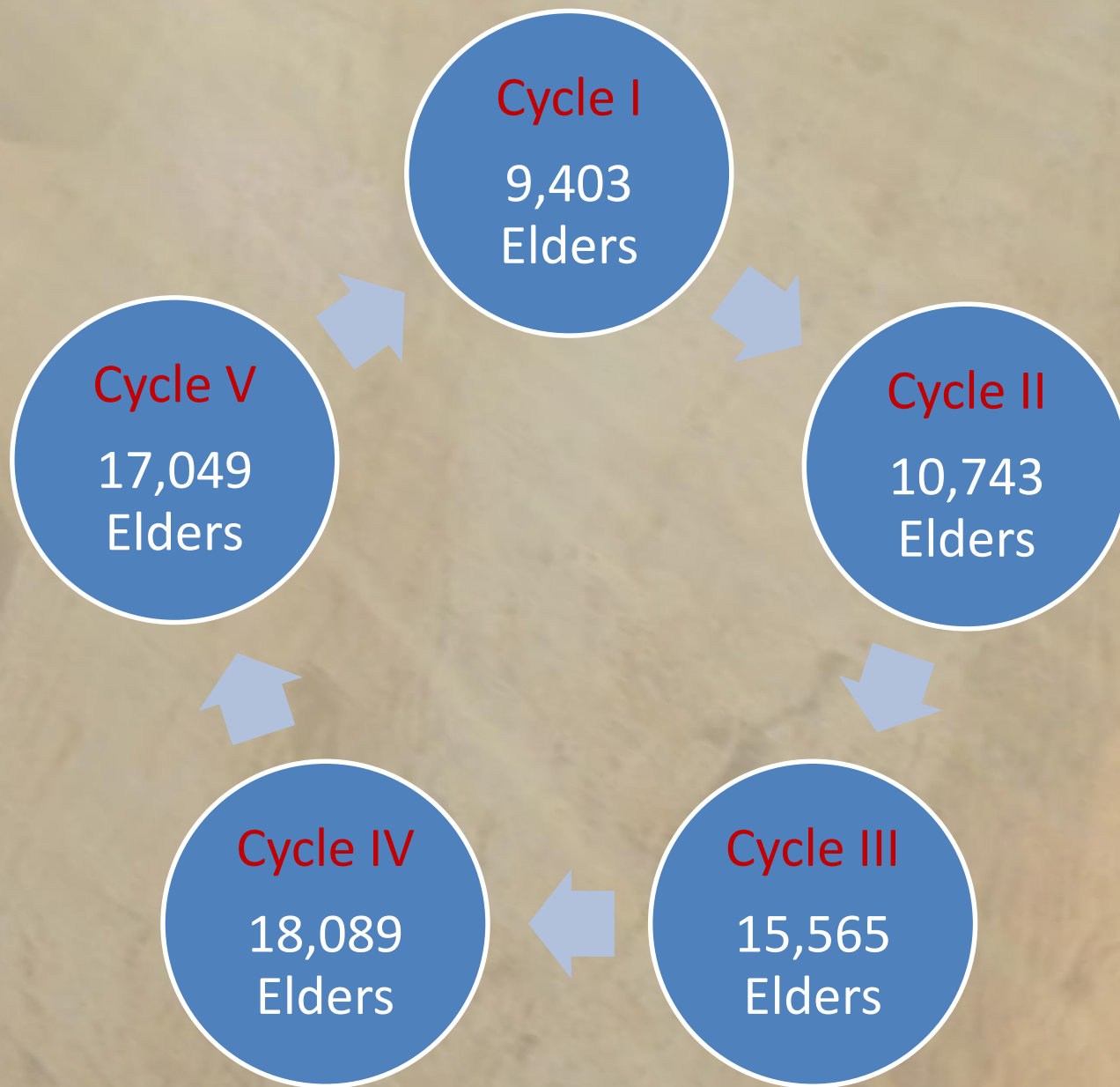


Center for
Rural Health

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

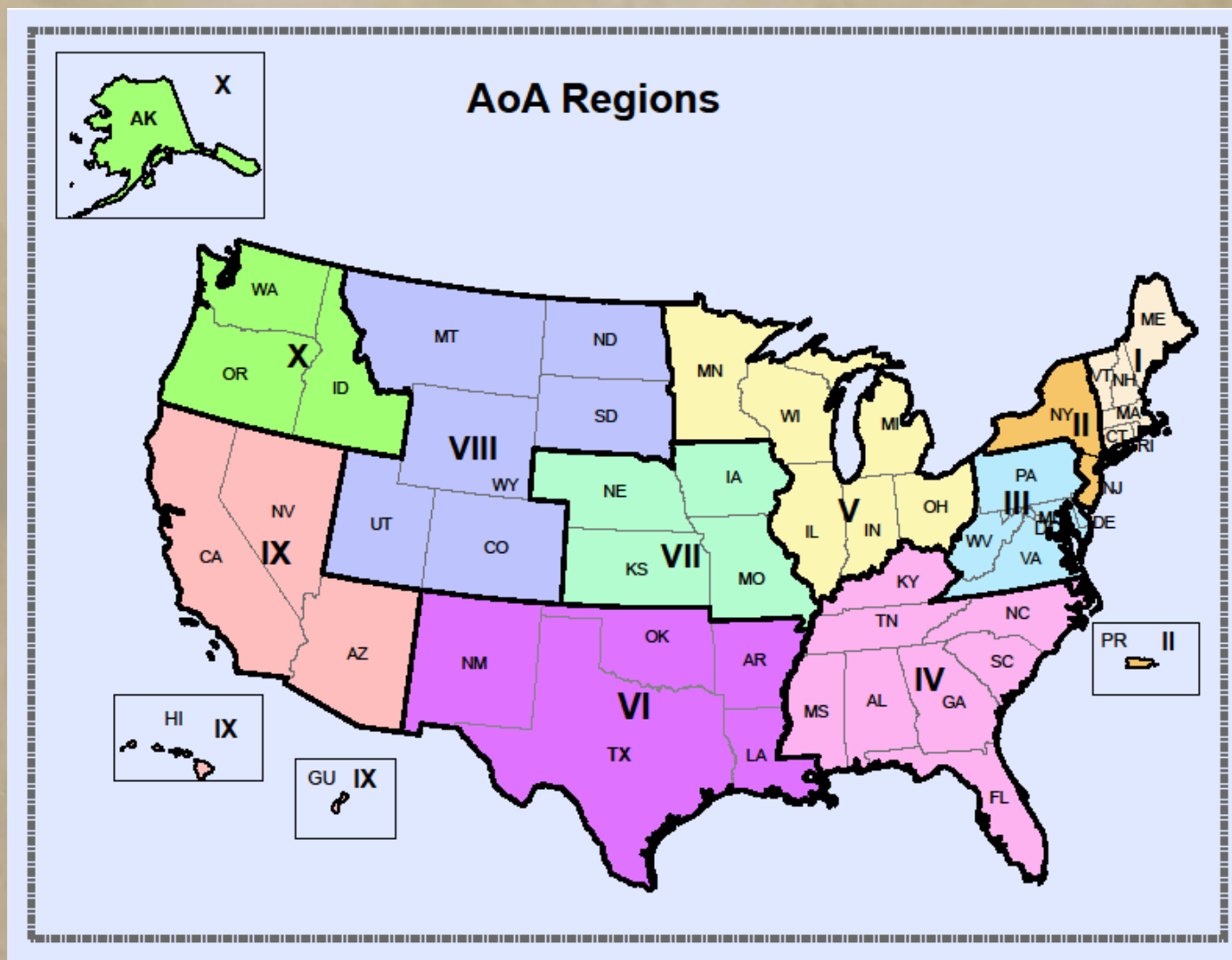


Past Cycles I-V



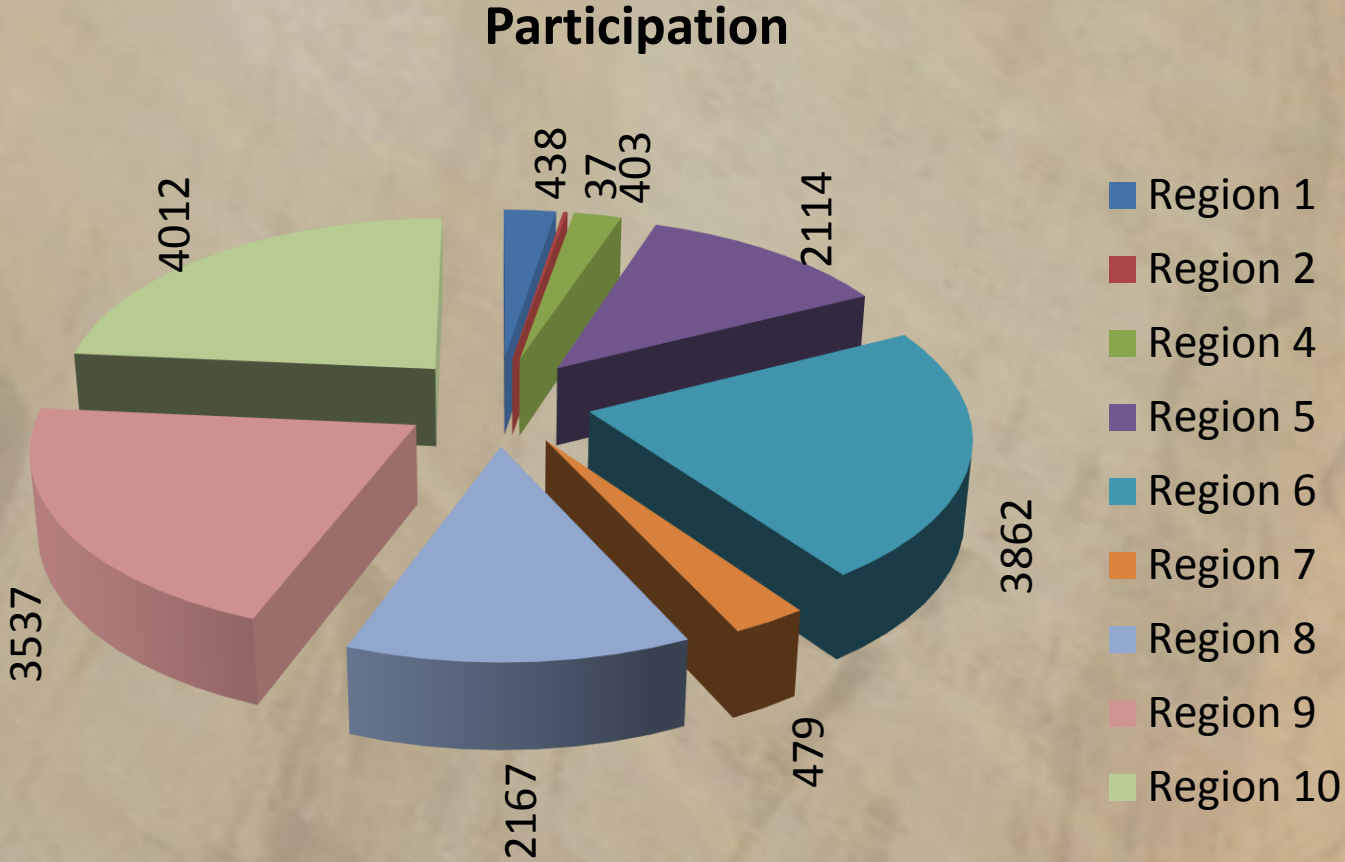


ACL/AOA Regional Map





Regional Participation





Current Status of Needs Assessment

- ❖ **Cycle V (ended March 31, 2014)**
 - ❖ 262 Tribes/Alaska Native Villages/Hawaiian Homelands from 142 sites
 - ❖ 17,049 Native elder participants have filled out the needs assessment survey
 - ❖ 10 I.H.S. Regional Areas are represented in the national file.



The Needs Assessment Team

- ❖ Paula Morin-Carter, PhD., NCRNAA Director
- ❖ Collette Adamsen, M.S., Project Coordinator
- ❖ Patty Stensland, B.A., Research Specialist
- ❖ Ann Miller-Administrative Assistant
- ❖ Cole Ward-Graduate Research Assistant
- ❖ Jacque Gray, Ph.D., Associate Professor
- ❖ Marilyn Klug, Ph.D., Biostatistician



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>

References

1. 2011 Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data (BRFSS). Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
2. 2006 Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data (BRFSS). Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
3. 2003-2006 Centers for Disease Control and Prevention (CDC). National Health and Nutrition Examination Survey Data (NHANES). Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
4. 2002 Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data (BRFSS). Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
5. 1999-2004 Centers for Disease Control and Prevention (CDC). National Health and Nutrition Examination Survey Data (NHANES). Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
6. 1982, 1984, 1989, 1994, 1999 Duke University Center for Demographic Studies. National Long-Term Care Survey (NLTCs). Duke University, 2117 Campus Drive, Durham, NC 27708-2003.
7. 1988-1994 Centers for Disease Control and Prevention (CDC). National Health and Nutrition Examination Survey Data (NHANES III). Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
8. 2001 U.S. Census Bureau; Current Population Survey (CPS). United States Department of Commerce, U.S. Census Bureau, 4700 Silver Hill Road, Washington, DC, 20233-0001
9. 1991-1996 Substance Abuse and Mental Health Data Archive. National Household Survey on Drug Abuse (NHSDA). ICPSR/ISR, P.O. Box 1248, Ann Arbor, MI 48106-1248.
10. 2000 U.S. Census Bureau; Census of Population and Housing. United States Department of Commerce, U.S. Census Bureau, 4700 Silver Hill Road, Washington DC, 20233-0001