Identifying our Needs: A Survey of Elders

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Today's Presentation

- National Resource Center on Native American Aging (NRCNAA)
- Data Importance and challenges
- Overview of Identifying our Needs: A Survey of Elders (ION)
- Review of data booklet and infographics
- Examples of using the ION Needs Assessment
- Other NRCNAA projects
- History of NRCNAA video
- Questions

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National Resource Center on Native American Aging (NRCNAA)

- Twenty-eight years serving Tribes, Alaska Native villages, and Native Hawaiian homesteads.
- Located at the University of North Dakota, School of Medicine & Health Sciences, Center for Rural Health.
- Funded by the Administration for Community Living (ACL).
- Two sister centers in Alaska and Hawaii.

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Mission: identify and increase awareness of evolving Native elder health and social issues.

Vision: is to empower Native people to develop community- based solutions while honoring and helping to maintain cultural values.

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Why is Data Important?

- **Decisions are based on data**
  - Populations with little or no data are easily overlooked (Urban Indian Health Commission, 2007)
- **Provides an accurate picture of the Native elder population**
  - Collecting custom fit data
- **Assists in setting goals and priorities**
- **Identifies specific areas of health and social needs**
  - Resource allocation
- **Relevant actionable data**
  - Assists in securing grant funding opportunities.
  - Assists policymakers, tribal leadership, directorship, and management to make decisions based on facts and numbers.

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Data Challenges

- Data not being readily available to tribes.
- Significant gaps in data.
- National data sets are skewed due to misclassification of race/ethnicity.
- Small sample size
- Unreliable

(Urban Indian Health Commission, 2007)

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Why are needs assessment important?

- Identify the priorities needs
- Set goals and objectives to address the needs
- Support applications for funding and resources to support the service or intervention to address the needs

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NEEDS ASSESSMENT PURPOSE

- IDENTIFY PROBLEM OR NEED
- HEALTH NEED PRIORITIES
  - WHAT ARE THOSE PRIORITIES?
    - EX. CHRONIC CONDITIONS, FALLS PREVALENCE, OTHER HEALTH ISSUES
- PICTURE OF CURRENT HEALTH OF ELDERS IN COMMUNITY
- IDENTIFY CURRENT RESOURCES
  - PARTNERSHIPS
    - EX. IHS, TRIBAL HEALTH, OTHER RESOURCES IN THE COMMUNITY

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Identifying our Needs: A Survey of Elders

Meets Title VI grant requirement → Documents and assesses needs → 3-year cycles

Identifies gaps in needs and services → Provides information on health and social need trends. → Overall, provides a picture of our Native elder population.

Image retrieved from:
http://www.wayne.k12.ms.us/News/12/03/esthash.e7MrJwUP.dpbs

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Needs Assessment Data

- General health status of Native elders
- Indicators of chronic health
- Activities of Daily Living
- 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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NRCNAA Survey Processing

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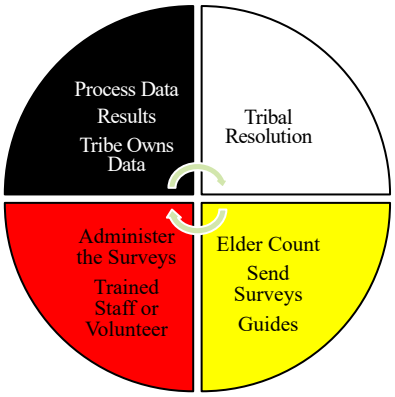
NRCNAA Research Method



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NRCNAA Provides:

- Survey instruments – a standardized tool
- Assistance with sampling
- Technical support
- Data entry
- Data analysis
- Statistical profiles of our Elders
- Comparisons with national norms
- Infographics

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Post Survey Documents

- Data output
- Comparison sheet
  - Tribal data, Tribal aggregate data, national data
- Infographic
  - Specific to your Tribal Elder data
- Results letter
- Grant Template for Using the data
  - Examples of presenting the data

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Health Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	1079	6.0	6.0	6.0
	Very Good	3581	19.7	19.9	25.8
	Good	7157	39.5	39.7	65.5
	Fair	4841	26.7	26.8	92.4
	Poor	1377	7.6	7.6	100.0
	Total	18035	99.5	100.0	
Missing	System	99	.5		
Total		18134	100.0		

Data Output Frequency Tables

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Comparison Sheet Data

Tribal Aggregate Cycle VI (N=18,134) 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)
	General Health Status			
1. Would you say your health in general is excellent, very good, good, fair, or poor?	Excellent	2.5%	6.0%	13.8%[1]
	Very Good	12.2%	19.9%	29.2%[1]
	Good	35.3%	39.7%	32%[1]
	Fair	35.3%	26.8%	16.8%[1]
	Poor	15.7%	7.6%	7.8%[1]
2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?	None	60.5%	74.6%	81.5%[3]
	1 time	15.5%	8.9%	11.8%[3]
	2 times	10.0%	5.9%	3.9%[3]
	3 or more times	14.0%	10.5%	2.7%[3]

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Using Needs Assessment Data

Social and Housing Characteristics

One third (**Replace with percent from item 49 on comparison sheet.**) of the elders in our community live alone. This means that 1/3 of our elders would be at risk for requiring help from outside the household – formal services or informal care from relatives who do not live with them. This proportion is large and suggests a strong need for building home and community based services that can support both the elder and his or her informal care provider.

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Using Needs Assessment Data

Our Tribe's Elder Needs Assessment Findings

The following can be used for question 1 in the Management Assessment section of the Title VI application.

The elders of our tribe are highly valued as members of their families and their communities. We must recognize them, hold them in high esteem and look to their experience and wisdom for guidance. We must seek optimal wellness for them and seek to help them retain the highest quality of life possible through independence in living.

Leading chronic diseases:

The top chronic diseases found among our elders were high blood pressure, arthritis, diabetes, depression and osteoporosis. (**Replace the disease names and percentages with the top five from item 3 in the comparison sheet.**) Each of these lead to limitations on peoples' ability to take care of themselves and each are diseases for which treatments that make a difference are available. Nutritional care is particularly important for high blood pressure, diabetes and osteoporosis.

Five most common chronic diseases in our tribe for persons 55 and over	
High blood pressure	52.9%
Arthritis	45.9%
Diabetes	36.1%
Depression	17.1%
Osteoporosis	8.4%

Disparities between our tribe and the nation provide us information on specific diseases where our people appear to be at greater risk than others in the nation. This information assists in identifying diseases where others have had greater success with health promotion efforts and where we should be able to make significant improvements in health status for our elders. The following table presents these diseases. (**Again, examine item 3 in the comparison sheet and use those diseases where the percent for your tribe is higher than the national comparison.**)

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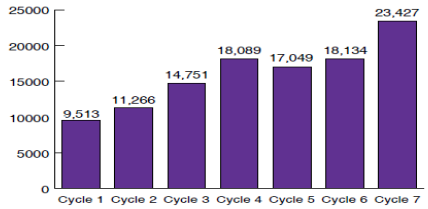
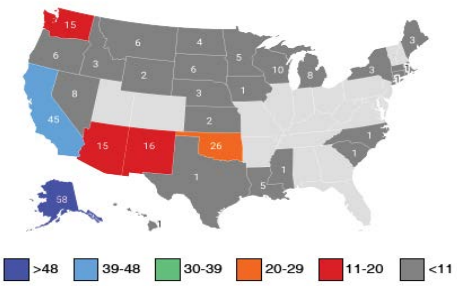
Identifying our Needs: A Survey of Elders

Participation in Cycles I - VII



Participation in the Title VI Needs Assessment has grown steadily each cycle. Cycle VII saw the largest number of participants to date with 23,427 surveys collected across tribes in the U.S.

Number of Indigenous Communities Participating in Cycle VII



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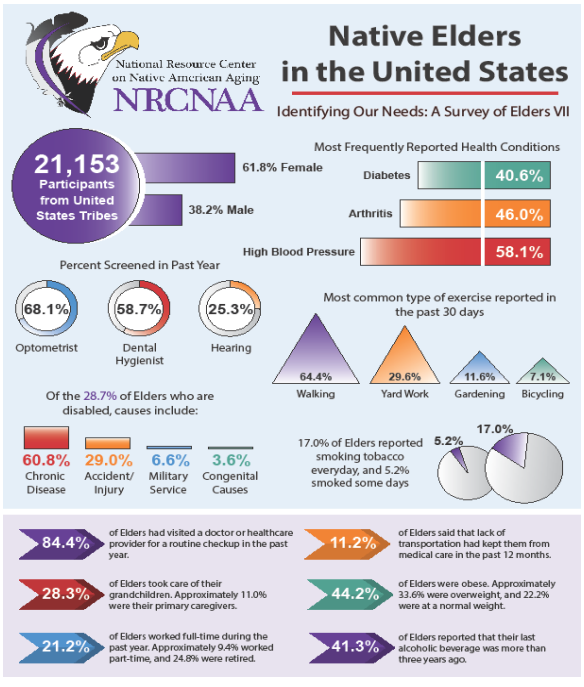

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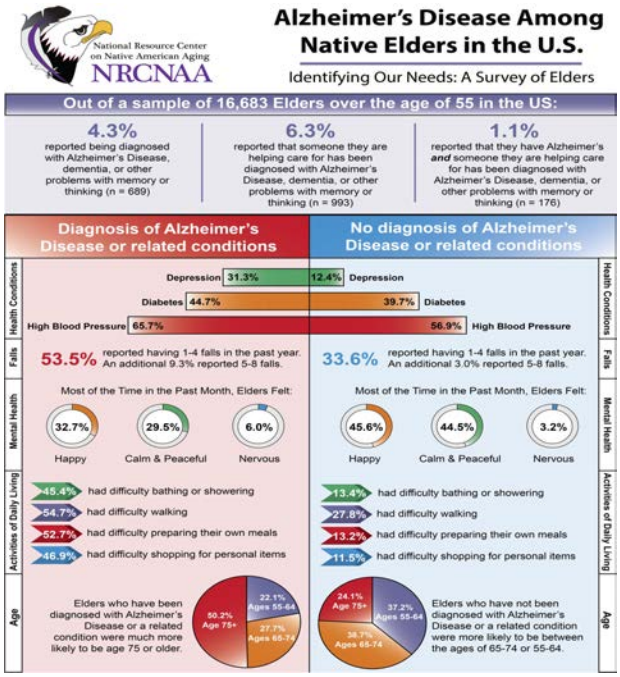
National Resource Center on Native American Aging
NRCNAA
Alzheimer's Disease Among Native Elders in the U.S.
Identifying Our Needs: A Survey of Elders
Out of a sample of 16,683 Elders over the age of 55 in the US:
4.3%
reported being diagnosed with Alzheimer's Disease, dementia, or other problems with memory or thinking (n = 689)
6.3%
reported that someone they are helping care for has been diagnosed with Alzheimer's Disease, dementia, or other problems with memory or thinking (n = 993)
1.1%
reported that they have Alzheimer's and someone they are helping care for has been diagnosed with Alzheimer's Disease, dementia, or other problems with memory or thinking (n = 176)
Diagnosis of Alzheimer's Disease or related conditions
No diagnosis of Alzheimer's Disease or related conditions
Health Conditions
Depression 31.3%
Diabetes 44.7%
High Blood Pressure 65.7%
12.4% Depression
39.7% Diabetes
56.9% High Blood Pressure
Falls
53.5% reported having 1-4 falls in the past year. An additional 9.3% reported 5-8 falls.
33.6% reported having 1-4 falls in the past year. An additional 3.0% reported 5-8 falls.
Mental Health
Most of the Time in the Past Month, Elders Felt:
32.7% Happy
29.5% Calm & Peaceful
6.0% Nervous
45.6% Happy
44.5% Calm & Peaceful
3.2% Nervous
Activities of Daily Living
45.4% had difficulty bathing or showering
54.7% had difficulty walking
52.7% had difficulty preparing their own meals
46.9% had difficulty shopping for personal items
13.4% had difficulty bathing or showering
27.8% had difficulty walking
13.2% had difficulty preparing their own meals
11.5% had difficulty shopping for personal items
Age
Elders who have been diagnosed with Alzheimer's Disease or a related condition were much more likely to be age 75 or older.
50.2% Age 75+
22.1% Ages 55-64
27.7% Ages 65-74
24.1% Age 75+
37.2% Ages 55-64
38.7% Ages 65-74
Elders who have not been diagnosed with Alzheimer's Disease or a related condition were more likely to be between the ages of 65-74 or 55-64.

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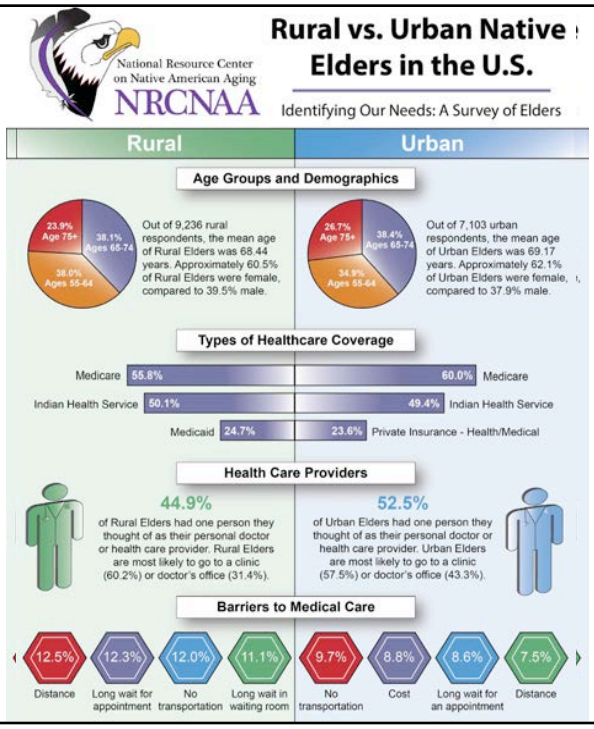
National Resource Center on Native American Aging
NRCNAA
Rural vs. Urban Native Elders in the U.S.
Identifying Our Needs: A Survey of Elders
Rural
Urban
Age Groups and Demographics
23.9% Age 75+
38.1% Ages 65-74
38.0% Ages 55-64
Out of 9,236 rural respondents, the mean age of Rural Elders was 68.44 years. Approximately 60.5% of Rural Elders were female, compared to 39.5% male.
26.7% Age 75+
38.4% Ages 65-74
34.9% Ages 55-64
Out of 7,103 urban respondents, the mean age of Urban Elders was 69.17 years. Approximately 62.1% of Urban Elders were female, compared to 37.9% male.
Types of Healthcare Coverage
Medicare 55.8%
Indian Health Service 50.1%
Medicaid 24.7%
60.0% Medicare
49.4% Indian Health Service
23.6% Private Insurance - Health/Medical
Health Care Providers
44.9%
of Rural Elders had one person they thought of as their personal doctor or health care provider. Rural Elders are most likely to go to a clinic (60.2%) or doctor's office (31.4%).
52.5%
of Urban Elders had one person they thought of as their personal doctor or health care provider. Urban Elders are most likely to go to a clinic (57.5%) or doctor's office (43.3%).
Barriers to Medical Care
12.5% Distance
12.3% Long wait for appointment
12.0% No transportation
11.1% Long wait in waiting room
9.7% No transportation
8.8% Cost
8.6% Long wait for an appointment
7.5% Distance

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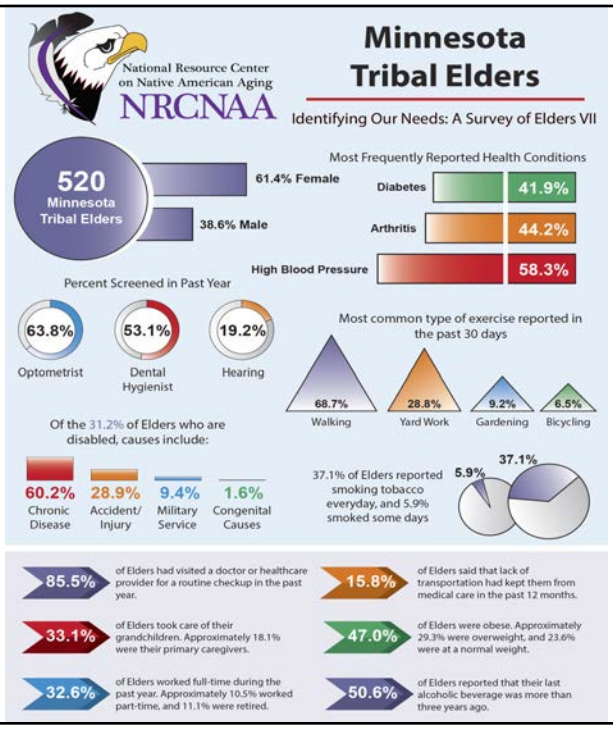
National Resource Center on Native American Aging
NRCNAA
Minnesota Tribal Elders
Identifying Our Needs: A Survey of Elders VII
520 Minnesota Tribal Elders
61.4% Female
38.6% Male
Most Frequently Reported Health Conditions
Diabetes 41.9%
Arthritis 44.2%
High Blood Pressure 58.3%
Percent Screened in Past Year
63.8% Optometrist
53.1% Dental Hygienist
19.2% Hearing
Most common type of exercise reported in the past 30 days
68.7% Walking
28.8% Yard Work
9.2% Gardening
6.5% Bicycling
Of the 31.2% of Elders who are disabled, causes include:
60.2% Chronic Disease
28.9% Accident/ Injury
9.4% Military Service
1.6% Congenital Causes
37.1% of Elders reported smoking tobacco everyday, and 5.9% smoked some days
37.1%
5.9%
85.5% of Elders had visited a doctor or healthcare provider for a routine checkup in the past year.
15.8% of Elders said that lack of transportation had kept them from medical care in the past 12 months.
33.1% of Elders took care of their grandchildren. Approximately 18.1% were their primary caregivers.
47.0% of Elders were obese. Approximately 29.3% were overweight, and 23.6% were at a normal weight.
32.6% of Elders worked full-time during the past year. Approximately 10.5% worked part-time, and 11.1% were retired.
50.6% of Elders reported that their last alcoholic beverage was more than three years ago.

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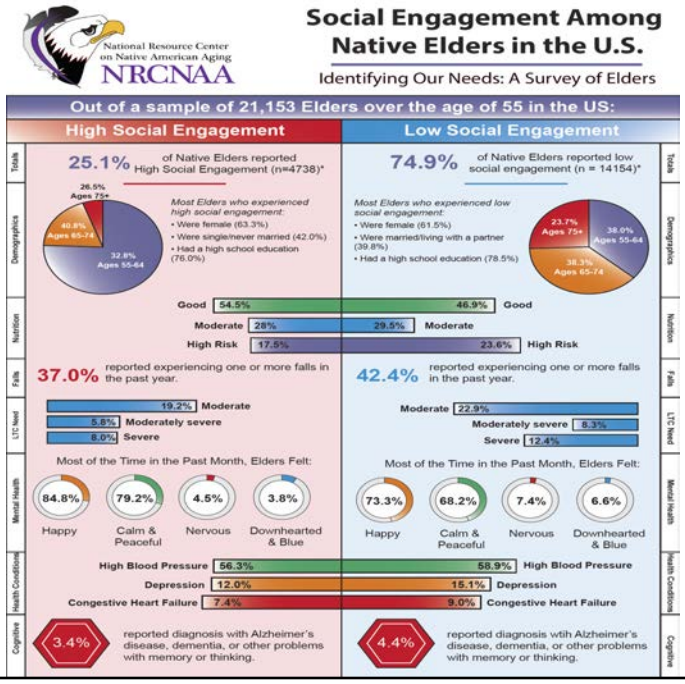
National Resource Center on Native American Aging
NRCNAA
Social Engagement Among Native Elders in the U.S.
Identifying Our Needs: A Survey of Elders
Out of a sample of 21,153 Elders over the age of 55 in the US:
High Social Engagement
Low Social Engagement
25.1% of Native Elders reported High Social Engagement (n=4738)*
74.9% of Native Elders reported low social engagement (n = 14154)*
Most Elders who experienced high social engagement:
• Were female (63.3%)
• Were single/never married (42.0%)
• Had a high school education (76.0%)
Most Elders who experienced low social engagement:
• Were female (61.5%)
• Were married/living with a partner (39.8%)
• Had a high school education (78.5%)
Good 54.5% 46.9% Good
Moderate 28% 29.5% Moderate
High Risk 17.5% 23.6% High Risk
37.0% reported experiencing one or more falls in the past year.
42.4% reported experiencing one or more falls in the past year.
19.2% Moderate
5.8% Moderately severe
8.0% Severe
Moderate 22.9%
Moderately severe 8.3%
Severe 12.4%
Most of the Time in the Past Month, Elders Felt:
84.8% Happy
79.2% Calm & Peaceful
4.5% Nervous
3.8% Downhearted & Blue
73.3% Happy
68.2% Calm & Peaceful
7.4% Nervous
6.6% Downhearted & Blue
High Blood Pressure 56.3% 58.9% High Blood Pressure
Depression 12.0% 15.1% Depression
Congestive Heart Failure 7.4% 9.0% Congestive Heart Failure
3.4% reported diagnosis with Alzheimer's disease, dementia, or other problems with memory or thinking.
4.4% reported diagnosis wtih Alzheimer's disease, dementia, or other problems with memory or thinking.

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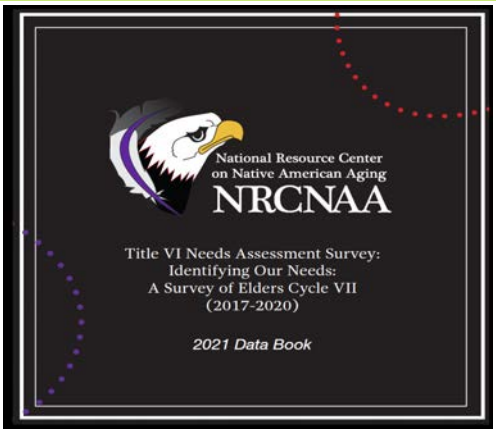
Data Booklet

2021 Data Book by Center for Rural Health - Issuu



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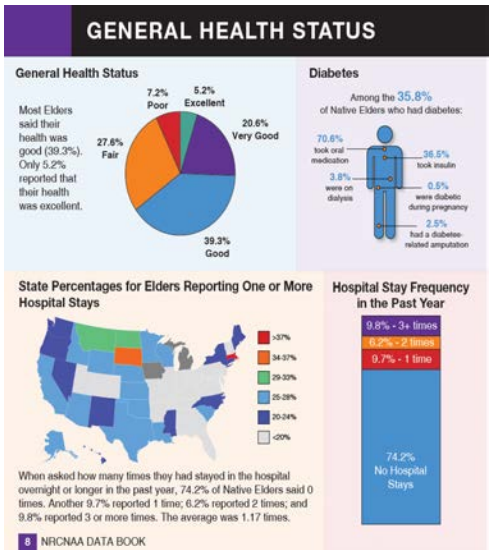
GENERAL HEALTH STATUS
General Health Status
Most Elders said their health was good (39.3%). Only 5.2% reported that their health was excellent.
7.2% Poor
5.2% Excellent
20.6% Very Good
27.6% Fair
39.3% Good
Diabetes
Among the 35.8% of Native Elders who had diabetes:
70.6% took oral medication
36.5% took insulin
3.8% were on dialysis
0.5% were diabetic during pregnancy
2.5% had a diabetes-related amputation
State Percentages for Elders Reporting One or More Hospital Stays
When asked how many times they had stayed in the hospital overnight or longer in the past year, 74.2% of Native Elders said 0 times. Another 9.7% reported 1 time; 6.2% reported 2 times; and 9.8% reported 3 or more times. The average was 1.17 times.
Hospital Stay Frequency in the Past Year
9.8% - 3+ times
6.2% - 2 times
9.7% - 1 time
74.2% No Hospital Stays
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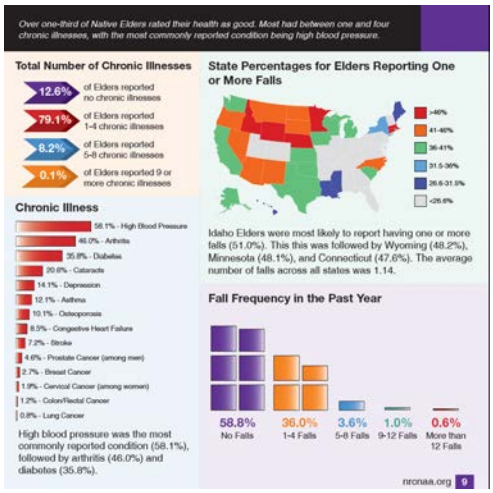
Over one-third of Native Elders rated their health as good. Most had between one and four chronic illnesses, with the most commonly reported condition being high blood pressure.
Total Number of Chronic Illnesses
12.6% of Elders reported no chronic illnesses
79.1% of Elders reported 1-4 chronic illnesses
8.2% of Elders reported 5-8 chronic illnesses
0.1% of Elders reported 9 or more chronic illnesses
Chronic Illness
58.1% - High Blood Pressure
46.0% - Arthritis
35.8% - Diabetes
20.6% - Cataracts
14.1% - Depression
12.1% - Asthma
10.1% - Osteoporosis
8.5% - Congestive Heart Failure
7.2% - Stroke
4.6% - Prostate Cancer (among men)
2.7% - Breast Cancer
1.9% - Cervical Cancer (among women)
1.2% - Colon/Rectal Cancer
0.8% - Lung Cancer
High blood pressure was the most commonly reported condition (58.1%), followed by arthritis (46.0%) and diabetes (35.8%).
State Percentages for Elders Reporting One or More Falls
Idaho Elders were most likely to report having one or more falls (51.0%). This was followed by Wyoming (48.2%), Minnesota (48.1%), and Connecticut (47.6%). The average number of falls across all states was 1.14.
Fall Frequency in the Past Year
58.8% No Falls
36.0% 1-4 Falls
3.6% 5-8 Falls
1.0% 9-12 Falls
0.6% More than 12 Falls
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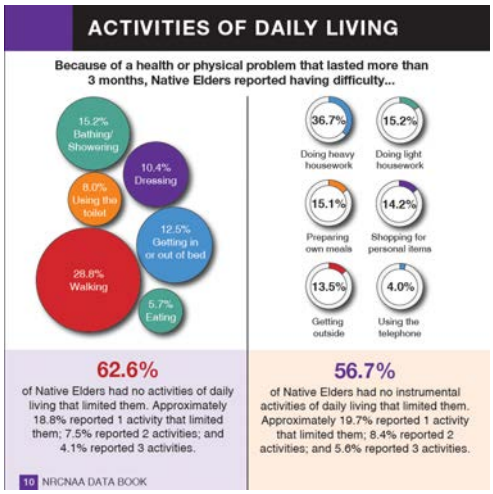
ACTIVITIES OF DAILY LIVING
Because of a health or physical problem that lasted more than 3 months, Native Elders reported having difficulty...
15.2% Bathing/ Showering
10.4% Dressing
8.0% Using the toilet
12.5% Getting in or out of bed
28.8% Walking
5.7% Eating
36.7% Doing heavy housework
15.2% Doing light housework
15.1% Preparing own meals
14.2% Shopping for personal items
13.5% Getting outside
4.0% Using the telephone
62.6%
of Native Elders had no activities of daily living that limited them. Approximately 18.8% reported 1 activity that limited them; 7.5% reported 2 activities; and 4.1% reported 3 activities.
56.7%
of Native Elders had no instrumental activities of daily living that limited them. Approximately 19.7% reported 1 activity that limited them; 8.4% reported 2 activities; and 5.6% reported 3 activities.
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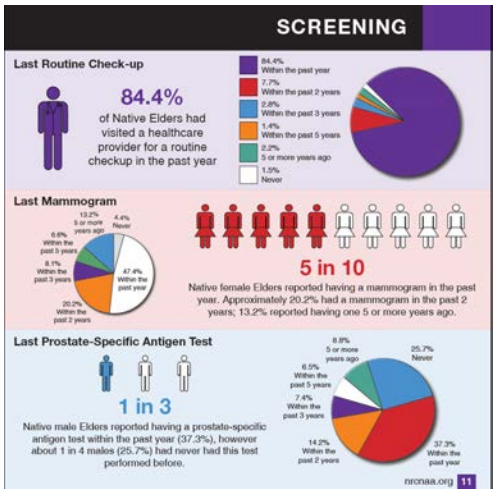
SCREENING
Last Routine Check-up
84.4%
of Native Elders had visited a healthcare provider for a routine checkup in the past year
84.4% Within the past year
7.7% Within the past 2 years
2.8% Within the past 3 years
1.4% Within the past 5 years
2.2% 5 or more years ago
1.5% Never
Last Mammogram
5 in 10
Native female Elders reported having a mammogram in the past year. Approximately 20.2% had a mammogram in the past 2 years; 13.2% reported having one 5 or more years ago.
Last Prostate-Specific Antigen Test
1 in 3
Native male Elders reported having a prostate-specific antigen test within the past year (37.3%), however about 1 in 4 males (25.7%) had never had this test performed before.
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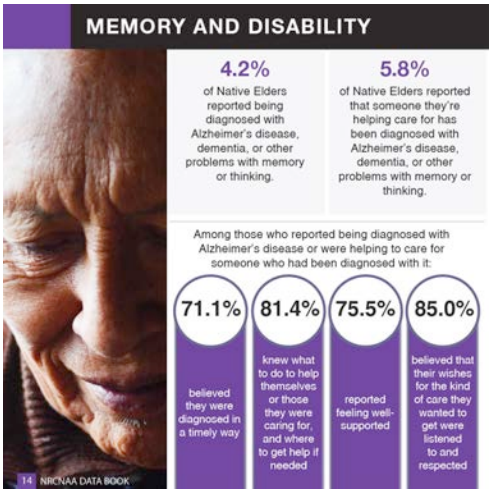
MEMORY AND DISABILITY
4.2%
of Native Elders reported being diagnosed with Alzheimer's disease, dementia, or other problems with memory or thinking.
5.8%
of Native Elders reported that someone they're helping care for has been diagnosed with Alzheimer's disease, dementia, or other problems with memory or thinking.
Among those who reported being diagnosed with Alzheimer's disease or were helping to care for someone who had been diagnosed with it:
71.1%
believed they were diagnosed in a timely way
81.4%
knew what to do to help themselves or those they were caring for, and where to get help if needed
75.5%
reported feeling well-supported
85.0%
believed that their wishes for the kind of care they wanted to get were listened to and respected
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Fewer than 5% of Elders reported being diagnosed with Alzheimer's disease, dementia, or other problems with memory or thinking.
Approximately
1 in 3
of Native Elders reported being disabled
Reasons for disability, among the
28.7%
of Native Elders who reported being disabled:
Congenital 3.6%
In military service 6.6%
Chronic disease 29.0%
Accident/ injury 60.8%
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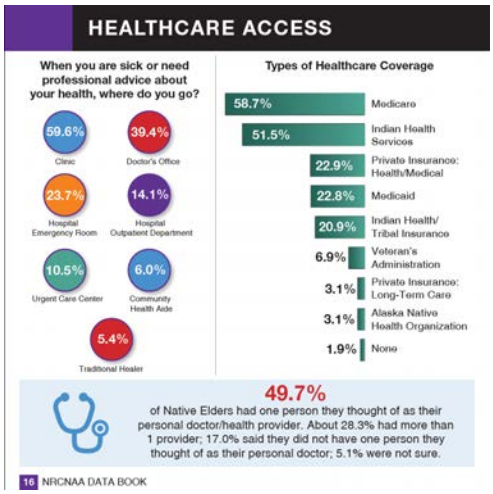
HEALTHCARE ACCESS
When you are sick or need professional advice about your health, where do you go?
59.6% Clinic
39.4% Doctor's Office
23.7% Hospital Emergency Room
14.1% Hospital Outpatient Department
10.5% Urgent Care Center
6.0% Community Health Aide
5.4% Traditional Healer
Types of Healthcare Coverage
58.7% Medicare
51.5% Indian Health Services
22.9% Private Insurance: Health/Medical
22.8% Medicaid
20.9% Indian Health/ Tribal Insurance
6.9% Veteran's Administration
3.1% Private Insurance: Long-Term Care
3.1% Alaska Native Health Organization
1.9% None
49.7%
of Native Elders had one person they thought of as their personal doctor/health provider. About 28.3% had more than 1 provider; 17.0% said they did not have one person they thought of as their personal doctor; 5.1% were not sure.
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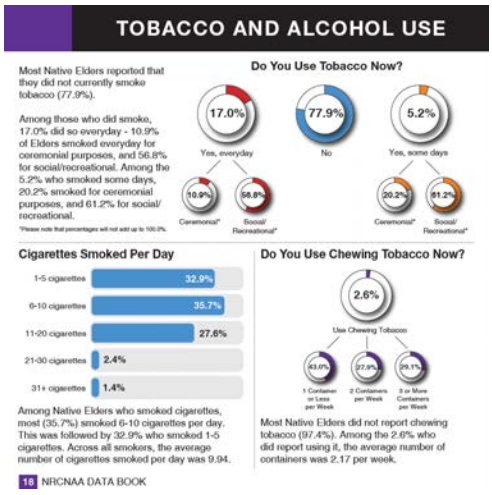
TOBACCO AND ALCOHOL USE
Most Native Elders reported that they did not currently smoke tobacco (77.9%).
Among those who did smoke, 17.0% did so everyday - 10.9% of Elders smoked everyday for ceremonial purposes, and 56.8% for social/recreational. Among the 5.2% who smoked some days, 20.2% smoked for ceremonial purposes, and 61.2% for social/ recreational.
*Please note that percentages will not add up to 100.0%.
Do You Use Tobacco Now?
17.0% Yes, everyday
10.9% Ceremonial*
56.8% Social/ Recreational*
77.9% No
5.2% Yes, some days
20.2% Ceremonial*
61.2% Social/ Recreational*
Cigarettes Smoked Per Day
1-5 cigarettes 32.9%
6-10 cigarettes 35.7%
11-20 cigarettes 27.6%
21-30 cigarettes 2.4%
31+ cigarettes 1.4%
Among Native Elders who smoked cigarettes, most (35.7%) smoked 6-10 cigarettes per day. This was followed by 32.9% who smoked 1-5 cigarettes. Across all smokers, the average number of cigarettes smoked per day was 9.94.
Do You Use Chewing Tobacco Now?
2.6% Use Chewing Tobacco
43.0% 1 Container or Less per Week
27.9% 2 Containers per Week
29.1% 3 or More Containers per Week
Most Native Elders did not report chewing tobacco (97.4%). Among the 2.6% who did report using it, the average number of containers was 2.17 per week.
18 NRCNAA DATA BOOK

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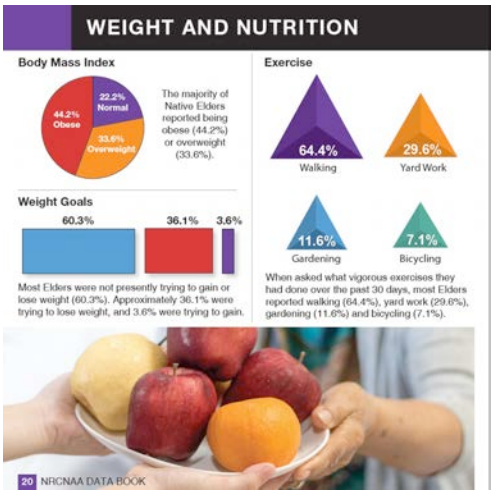
WEIGHT AND NUTRITION
Body Mass Index
22.2% Normal
44.2% Obese
33.6% Overweight
The majority of Native Elders reported being obese (44.2%) or overweight (33.6%).
Weight Goals
60.3%
36.1%
3.6%
Most Elders were not presently trying to gain or lose weight (60.3%). Approximately 36.1% were trying to lose weight, and 3.6% were trying to gain.
Exercise
64.4% Walking
29.6% Yard Work
11.6% Gardening
7.1% Bicycling
When asked what vigorous exercises they had done over the past 30 days, most Elders reported walking (64.4%), yard work (29.6%), gardening (11.6%) and bicycling (7.1%).
20 NRCNAA DATA BOOK

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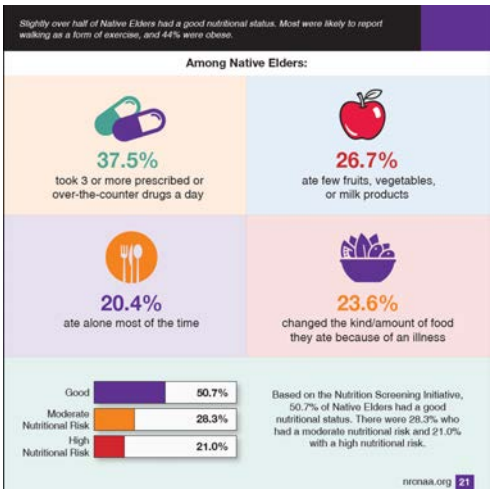
Slightly over half of Native Elders had a good nutritional status. Most were likely to report walking as a form of exercise, and 44% were obese.
Among Native Elders:
37.5%
took 3 or more prescribed or over-the-counter drugs a day
26.7%
ate few fruits, vegetables, or milk products
20.4%
ate alone most of the time
23.6%
changed the kind/amount of food they ate because of an illness
Good 50.7%
Moderate Nutritional Risk 28.3%
High Nutritional Risk 21.0%
Based on the Nutrition Screening Initiative, 50.7% of Native Elders had a good nutritional status. There were 28.3% who had a moderate nutritional risk and 21.0% with a high nutritional risk.
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SOCIAL SUPPORT AND HOUSING
Do you participate in cultural practices that include traditional food, music, and customs?
48.3% Some of the time
30.5% None of the time
12.8% Most of the time
8.3% All of the time
How often do you get out and socialize per month?
0 times 15.0%
1-2 times 20.0%
3-4 times 22.9%
5-8 times 17.0%
9+ times 25.1%
33.4%
Had a family member who provides care for them
28.3%
Took care of grandchildren
10.9%
Were the primary caregiver of grandchildren
22 NRCNAA DATA BOOK

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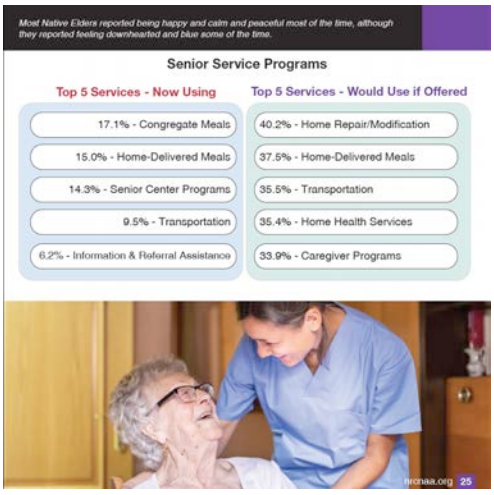
Most Native Elders reported being happy and calm and peaceful most of the time, although they reported feeling downhearted and blue some of the time.
Senior Service Programs
Top 5 Services - Now Using
17.1% - Congregate Meals
15.0% - Home-Delivered Meals
14.3% - Senior Center Programs
9.5% - Transportation
6.2% - Information & Referral Assistance
Top 5 Services - Would Use if Offered
40.2% - Home Repair/Modification
37.5% - Home-Delivered Meals
35.5% - Transportation
35.4% - Home Health Services
33.9% - Caregiver Programs
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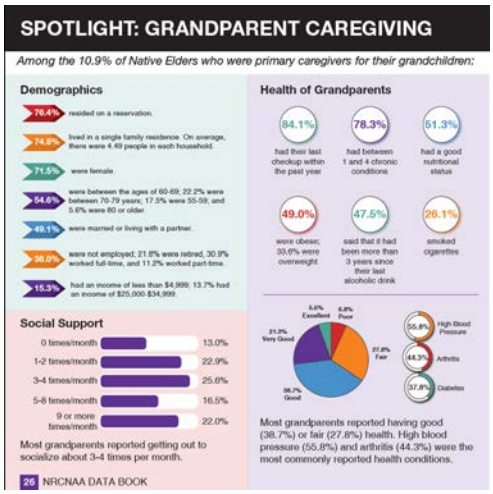
SPOTLIGHT: GRANDPARENT CAREGIVING
Among the 10.9% of Native Elders who were primary caregivers for their grandchildren:
Demographics
76.4% resided on a reservation.
74.8% lived in a single family residence. On average, there were 4.49 people in each household.
71.5% were female.
54.6% were between the ages of 60-69; 22.2% were between 70-79 years; 17.5% were 55-59; and 5.6% were 80 or older.
49.1% were married or living with a partner.
36.0% were not employed; 21.8% were retired, 30.9% worked full-time, and 11.2% worked part-time.
15.3% had an income of less than $4,999; 13.7% had an income of $25,000-$34,999.
Social Support
0 times/month 13.0%
1-2 times/month 22.9%
3-4 times/month 25.6%
5-8 times/month 16.5%
9 or more times/month 22.0%
Most grandparents reported getting out to socialize about 3-4 times per month.
Health of Grandparents
84.1% had their last checkup within the past year
78.3% had between 1 and 4 chronic conditions
51.3% had a good nutritional status
49.0% were obese; 33.6% were overweight
47.5% said that it had been more than 3 years since their last alcoholic drink
26.1% smoked cigarettes
5.5% Excellent
0.8% Poor
21.3% Very Good
27.8% Fair
36.7% Good
55.8% High Blood Pressure
44.3% Arthritis
37.8% Diabetes
Most grandparents reported having good (36.7%) or fair (27.8%) health. High blood pressure (55.8%) and arthritis (44.3%) were the most commonly reported health conditions.
26 NRCNAA DATA BOOK

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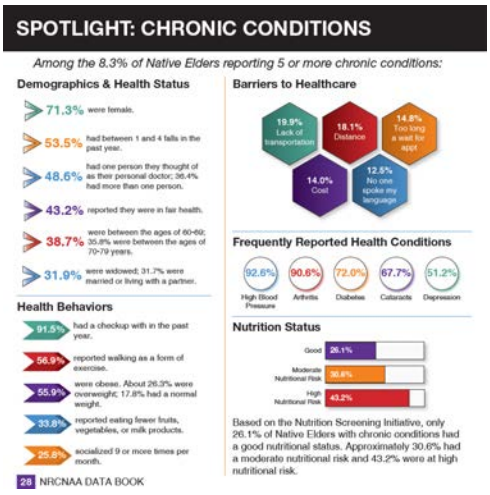
SPOTLIGHT: CHRONIC CONDITIONS
Among the 8.3% of Native Elders reporting 5 or more chronic conditions:
Demographics & Health Status
71.3% were female.
53.5% had between 1 and 4 falls in the past year.
48.6% had one person they thought of as their personal doctor; 36.4% had more than one person.
43.2% reported they were in fair health.
38.7% were between the ages of 60-69; 35.8% were between the ages of 70-79 years.
31.9% were widowed; 31.7% were married or living with a partner.
Health Behaviors
91.5% had a checkup with in the past year.
56.9% reported walking as a form of exercise.
55.9% were obese. About 26.3% were overweight; 17.8% had a normal weight.
33.8% reported eating fewer fruits, vegetables, or milk products.
25.8% socialized 9 or more times per month.
Barriers to Healthcare
19.9% Lack of transportation
18.1% Distance
14.8% Too long a wait for appt
14.0% Cost
12.5% No one spoke my language
Frequently Reported Health Conditions
92.6% High Blood Pressure
90.6% Arthritis
72.0% Diabetes
67.7% Cataracts
51.2% Depression
Nutrition Status
Good 26.1%
Moderate Nutritional Risk 30.6%
High Nutritional Risk 43.2%
Based on the Nutrition Screening Initiative, only 26.1% of Native Elders with chronic conditions had a good nutritional status. Approximately 30.6% had a moderate nutritional risk and 43.2% were at high nutritional risk.
28 NRCNAA DATA BOOK

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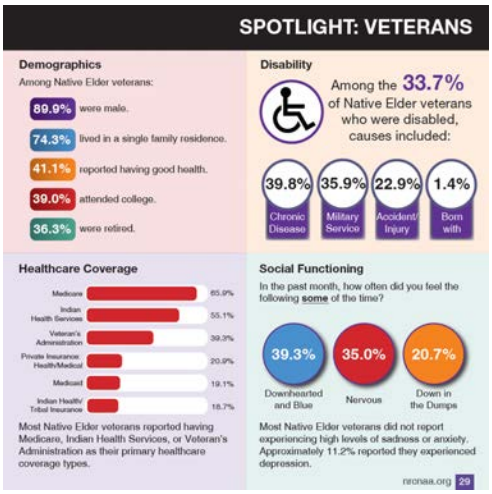

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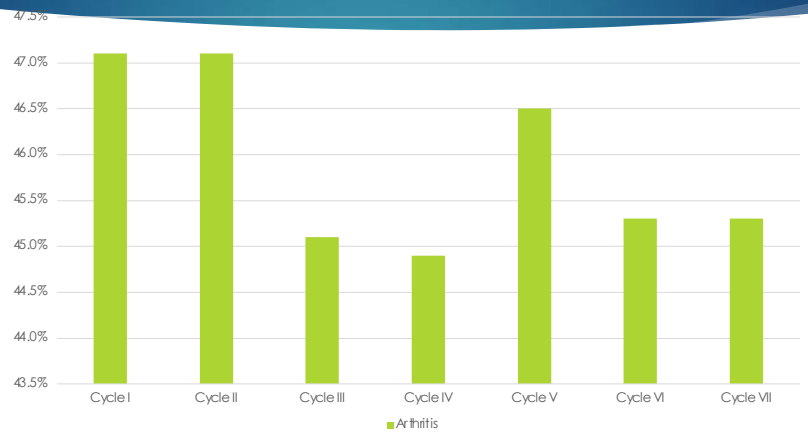
Arthritis



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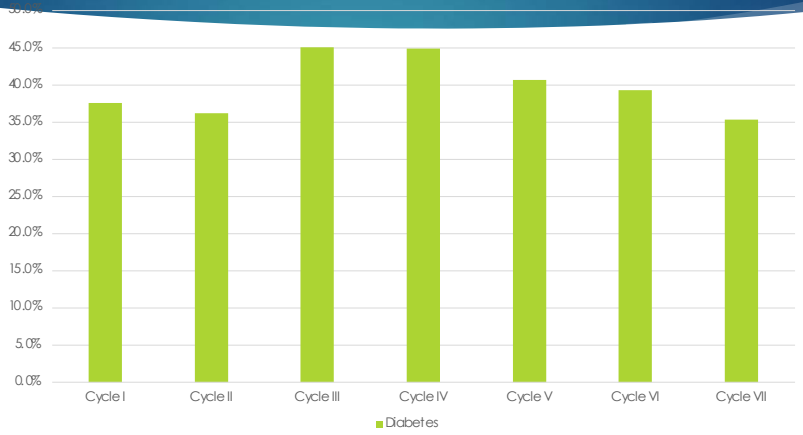
Diabetes



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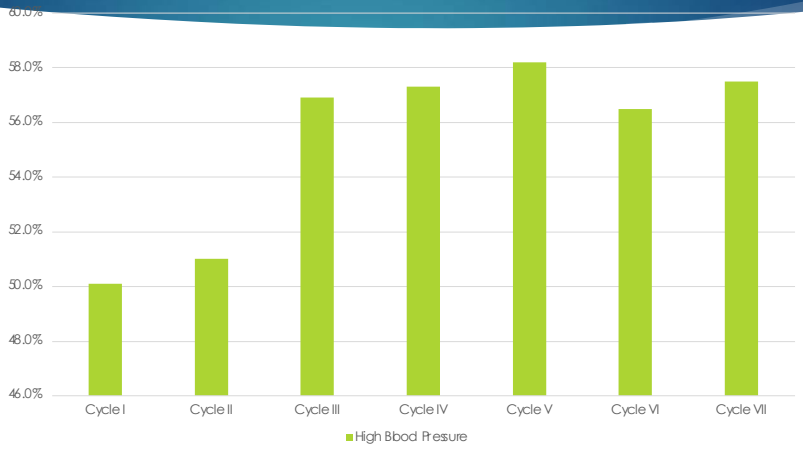
High Blood Pressure



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Utilization of Data for Tribes

- **Local Tribal/State/National Level**
  - Assist in program planning, grant writing, and advocacy
    - Tribal planning (budget, infrastructure)
    - Renewal of Title VI grants
    - Strengthen grant proposals
    - Advocating for resources at the state and national levels
  - Document health and social disparities
  - Identify strength-based programs and interventions
  - Empowers the tribes with information to identify and address health needs
  - Training for Native elder service providers
  - Filling the research gap for Native elder information
  - Training Native researchers in aging field
  - Decision-making and policy

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IDENTIFIED PRIORITY HEALTH NEED

- DEVELOP PLAN TO IMPROVE THE PROBLEM OR ADDRESS THE NEED
- WE NEED RESOURCES OR FUNDING TO HELP SUPPORT THE SERVICES OR PROGRAM TO ADDRESS THE NEED
- WE NEED DATA…
  - TITLE VI ELDER NEEDS ASSESSMENT

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Examples
Title VI Elder Needs Data

What is the problem/need?	What are the causes?	Plan and test what works.	How do you do it?
•Title VI Elder Needs Assessment identified a need to increase physical activity and lower obesity among their Tribal Elders.	•Risk factors •Low physical activity. •High prevalence of obesity •Sub-risk factors •Lack of access to healthy foods, traditional foods •No transportation to participate in exercise programs. •Environmental risk factors •Safety •No sidewalks, dogs, etc. •No physical activity programs for elders.	• Developed a plan and worked with Title VI staff member, who researched and brought in a new yoga program for the elders to combat obesity and increase physical activity.	•Implemented the program for the elders in their community. •The program is well attended, word spread of the program.

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Examples
Title VI Elder Needs Data

What is the problem/need?	What are the causes?	Plan and test what works.	How do you do it?
•Title VI Elder Needs Assessment identified a need to educate elders on the dangers of diabetic neuropathy and on appropriate foot care for diabetics.	•Risk factors •High prevalence of diabetes.	• Developed a plan and approached IHS with the data and created a partnership to address the need.	•IHS conducted a training specific to diabetic foot care.

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Examples of Using the ION Needs Assessment Data

Seeking Resources and Support	Building Collaborative Relationships	Evaluating and Building Programming
Title VI Grants	With other Title VI directors	Establishing need for specific services
State, federal grants (CDC, NCOA)	With other elders services providers and colleagues	Designing new programs to meet needs
IHS Programming	With elders, to promote health and address needs	Tracking and measuring impact

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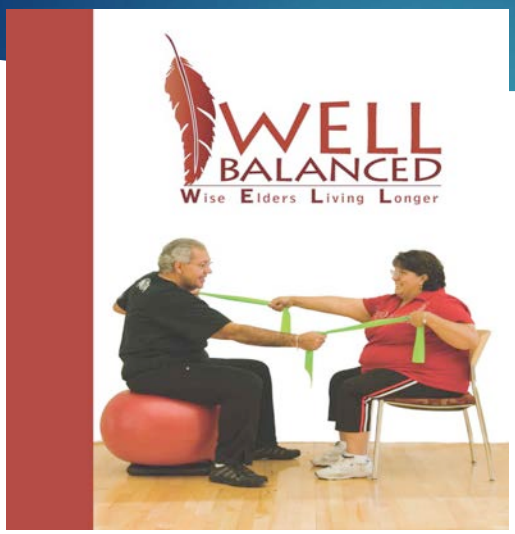

WELL-Balanced

Exercise program for Native Elders promoting:

- Falls prevention
- Strengthening and balance
- Engaging in social activity
- Managing diabetes, arthritis, and high blood pressure
- Developing strategies for independent living while having FUN!

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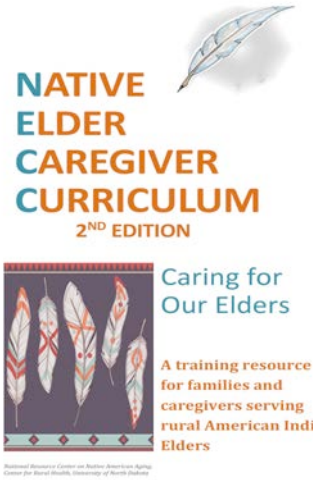

- Many elders prefer to "age in place" (home and community.
- Tool to assist Native Elder caregivers including Community Health Representatives (CHRs)
- NECC guided by awareness of the modern context of Tribal reservation communities with a mindfulness of rich tradition and strengths of American Indian nations.

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Native Service Locator

Turtle Mountain Band of Chippewa Indians
Nutrition & Supportive Services
Address: 1001 Louis Riel Drive
Belcourt, ND 58316
Phone: 701-477-6609
Director: Alfreda Morin
Email: alfredamorin42@gmail.com
Hours: 8:00 am - 4:30 pm Central

Services

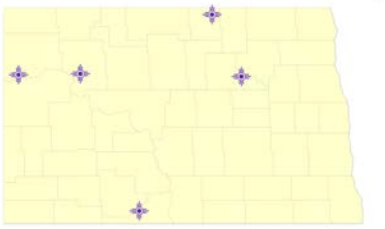
The following services are offered by the Nutrition & Supportive Services at the Turtle Mountain Band of Chippewa Indians:

- Caregiver Programs
- Congregate Meals
- Elder Abuse Prevention Programs
- Emergency Response Systems
- Employment Services
- Financial Assistance
- Government Assisted Housing
- Home Delivered Meals
- Home Health Services
- Home Modification
- Information and Referral/Assistance
- Legal Assistance
- Respite Care
- Retirement Communities
- Senior Center Programs
- Telephone Reassurance
- Transportation
- Volunteer Services

Native Aging > Services > Service Locator

Services in North Dakota

Click location indicator for information about the services offered by each North Dakota tribe.



- Spirit Lake Nation
- Standing Rock Sioux Tribe
- Three Affiliated Tribes
- Trenton Indian Service Area
- Turtle Mountain Band of Chippewa Indians

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WHAT WE CAN DO FOR YOU

Title VI Needs Assessment: "Identifying Our Needs: A Survey of Elders"
The purpose of this survey is to assist tribes, villages, and homesteads in creating a record of the health and social needs of their elders.

Urban Needs Assessment: "Native Urban Elder Needs Assessment Survey"
The purpose of this survey is to assist tribes, villages, and homesteads in creating a record of the health and social needs of their elders.

Native Elder Caregiver Curriculum
Elder caregivers in your community are one of our most valuable resources. Help them function more effectively with a three-day workshop.

Native Service Locator
An interactive map with Tribal Elderly services available in the continental U.S., Alaska, and Hawaii.

Native Aging in Place Project
This project works to create a sustainable infrastructure of long-term services and supports for Spirit Lake Tribal Elders by creating and implementing best practices that allow Native American Elders to live independently in their homes.

Well-Balanced Program (Wise Elders Living Longer)
A group program designed specifically for Native American Elders, combining exercise, information, and social interaction to help Elders remain active and independent as long as possible.

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NRCNAA History Video

National Resource Center on Native American Aging Celebrates 25 Years (nrcnaa.org)

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Contact Information

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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Questions?

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