Identifying our Needs: A Survey of Elders

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UNIVERSITY OF MINNESOTA

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
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.
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
- Relevance actionable data
  - Assists in securing grant funding opportunities.
  - Assists policymakers, tribal leadership, directorship, and management to make decisions based on facts and numbers.

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)
Why are needs assessment important?

- Identify problems/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

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
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

Needs Assessment Data

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

NRCNAA Research Method

1. Elder Count
2. Send Surveys Guides
3. Administer the Surveys
   - Trained Staff or Volunteer
4. Tribal Resolution
5. Process Data
   - Results
   - Tribe Owns Data
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

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
### Health Status

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>1070</td>
<td>8.0</td>
<td>8.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Very Good</td>
<td>3561</td>
<td>19.7</td>
<td>19.9</td>
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<td>Good</td>
<td>7157</td>
<td>39.5</td>
<td>39.7</td>
<td>65.5</td>
</tr>
<tr>
<td>Fair</td>
<td>4841</td>
<td>26.7</td>
<td>28.8</td>
<td>92.4</td>
</tr>
<tr>
<td>Poor</td>
<td>1377</td>
<td>7.6</td>
<td>7.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>16134</td>
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<td></td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>09</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Data Output Frequency Tables**

### Comparison Sheet Data

#### Tribal Aggregate Cycle VI (N=18,134) Comparison Data to Aggregate Tribal Data and National Data

<table>
<thead>
<tr>
<th>Question</th>
<th>Response(s)</th>
<th>Tribal Data (55 and over)</th>
<th>Aggregate Tribal Data (55 and over)</th>
<th>National Data* (55 and over)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would you say your health in general is excellent, very good, good, fair, or poor?</td>
<td>Excellent</td>
<td>2.5%</td>
<td>6.0%</td>
<td>13.8%</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>12.2%</td>
<td>19.9%</td>
<td>29.2%</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>35.3%</td>
<td>39.7%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>35.3%</td>
<td>26.8%</td>
<td>16.8%</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>15.7%</td>
<td>7.6%</td>
<td>7.8%</td>
</tr>
<tr>
<td>2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?</td>
<td>None</td>
<td>60.5%</td>
<td>74.6%</td>
<td>81.5%</td>
</tr>
<tr>
<td></td>
<td>1 time</td>
<td>15.5%</td>
<td>8.9%</td>
<td>11.8%</td>
</tr>
<tr>
<td></td>
<td>2 times</td>
<td>10.0%</td>
<td>5.9%</td>
<td>3.9%</td>
</tr>
<tr>
<td></td>
<td>3 or more times</td>
<td>14.0%</td>
<td>10.5%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
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 \( \frac{1}{3} \) 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.

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 disease:

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>30.0%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>45.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>36.1%</td>
</tr>
<tr>
<td>Depression</td>
<td>17.1%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

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.)
Identifying our Needs: A Survey of Elders

Participation in Cycles I - VII

Number of Indigenous Communities Participating in Cycle VII

Native Elders in the United States

Most Frequently Reported Health Conditions

Most common type of exercise reported in the past 30 days
ACTIVITIES OF DAILY LIVING

Because of a health or physical problem that lasted more than 3 months, Native Elders reported having difficulty...

- 62.8% had no activities of daily living that limited them.
- 15.0% reported 1 activity that limited them; 13.9% reported 2 activities, and 4.1% reported 3 activities.

56.7% had no instrumental activities of daily living that limited them. Approximately 18.7% reported 1 activity that limited them; 6.4% reported 2 activities; and 5.8% reported 3 activities.

SCREENING

- 84.4% of Native Elders had visited a healthcare provider for a routine check-up in the past year.

- 5 in 10 Native male Elders underwent a mammogram in the past year. Approximately 30.7% had a mammogram in the past 2 years; 49.2% reported having one or more years ago.

- 1 in 3 Native male Elders reported having a prostate-specific antigen test within the past year. Approximately 32.5% had never had this test performed before.
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 care for someone who had been diagnosed with it:

- 71.1% believed they had a good relationship with their family.
- 81.4% were somewhat or very happy with their family.
- 75.5% were somewhat or very satisfied with their family’s support.
- 85.0% felt well supported by their family.

In a survey of Native Elders, 1 in 3 reported being disabled.

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: 25.0%
- Accident/Injury: 60.8%
HEALTHCARE ACCESS

When you are sick or need professional advice about your health, where do you go?

- 59.6% go to a doctor
- 40.4% go to a hospital

Types of Healthcare Coverage

- Medicare: 58.7%
- Indian Health: 44.9%
- Private/Insurance: 22.9%
- Medicaid: 22.2%
- Veterans Administration: 20.6%
- HMO: 6.5%
- AF松r Health: 3.1%
- Other/Insurance: 3.1%
- Other: 1.5%

49.7% of Native Elders had one person they thought of as their personal doctor/health provider. About 38.3% had more than 1 provider; 17.1% said they did not have one person they thought of as their personal doctor; 5.1% were not sure.

TOBACCO AND ALCOHOL USE

Most Native Elders reported that they do not currently smoke tobacco (77.4%).

Among those who did smoke, 27.2% reported smoking 1-10 cigarettes per day, 29.7% smoked 11-20 cigarettes per day, 27.6% smoked 21-50 cigarettes per day, and 15.5% smoked more than 50 cigarettes per day.

Do You Use Tobacco Now?

- 5.1% say yes, smoke tobacco

Cigarettes Smoked Per Day

- 1-5 cigarettes: 30.9%
- 6-10 cigarettes: 29.7%
- 11-20 cigarettes: 27.6%
- 21-50 cigarettes: 8.3%
- More than 50 cigarettes: 1.6%

Among Native Elders who smoked cigarettes, most (85.9%) said they smoked 1-10 cigarettes per day. Among those who smoked 11-20 cigarettes, the average number of cigarettes smoked per day was 9.3.

Do You Use Chewing Tobacco Now?

- 0.8% say yes, smoke chewing tobacco

Most Native Elders did not report using chewing tobacco (99.2%). Among the 0.8% who did report using it, the average number of containers used per week was 0.7.
### Social Support and Housing

**Do you participate in cultural practices that include traditional food, music, and customs?**

- **80.3%** Some of the time
- **19.7%** All of the time

**How often do you get out and socialize per month?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 time</td>
<td>15.0%</td>
</tr>
<tr>
<td>1-2 times</td>
<td>20.0%</td>
</tr>
<tr>
<td>3-4 times</td>
<td>22.5%</td>
</tr>
<tr>
<td>5-6 times</td>
<td>17.0%</td>
</tr>
<tr>
<td>7+ times</td>
<td>25.5%</td>
</tr>
</tbody>
</table>

- **38.4%** Had a family member who provided care for them
- **28.3%** Took care of grandchild
- **10.9%** Were the primary caregiver of a grandchild

### Senior Service Programs

**Top 5 Services - Now Using**

- 17.1% - Congregate Meals
- 16.0% - Home-Delivered Meals
- 14.6% - Senior Center Programs
- 8.9% - Transportation
- 6.9% - Home Health Services

**Top 5 Services - Would Use if Offered**

- 40.2% - Home Repair Modification
- 37.5% - Home-Delivered Meals
- 37.5% - Transportation
- 30.0% - Home Health Services
- 29.2% - Congregate Programs
SPOTLIGHT: GRANDPARENT CAREGIVING

Among the 15.8% of Native Elders who were primary caregivers for their grandchildren:

Demographics
- 20.8% were female
- 55.8% were between 65 and 74 years old
- 48.6% had less than a high school education
- 40.2% were married
- 36.7% lived in the same household as their grandchildren
- 31.6% had a household income of less than $15,000
- 12.7% had an income of less than $5,000

Health of Grandparents
- 50.7% were in fair or poor health
- 76.5% had 1 or more chronic conditions
- 38.1% had a major health problem
- 40.1% had a problem with vision
- 34.8% had a problem with hearing
- 25.9% had a problem with mobility

Health Conditions
- Most commonly reported health conditions were arthritis (53.9%) and diabetes (27.4%)
- 20.1% had asthma
- 16.7% had chronic lung disease
- 14.2% had heart disease
- 10.9% had cancer

Social Support
- 8.9% were married
- 3.1% lived alone
- 36.6% lived with their spouse
- 16.6% lived with their children
- 27.0% lived with their grandchildren

Most grandparents reported getting out to socialize about 3 times per month.

SPOTLIGHT: CHRONIC CONDITIONS

Among the 8.3% of Native Elders reporting 5 or more chronic conditions:

Demographics & Health Status
- 71.9% were female
- 55.8% were between 65 and 74 years old
- 48.6% had less than a high school education
- 40.2% were married
- 36.7% lived in the same household as their grandchildren
- 31.6% had a household income of less than $15,000
- 12.7% had an income of less than $5,000

Health Conditions
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- 55.8% were between 65 and 74 years old
- 48.6% had less than a high school education
- 40.2% were married
- 36.7% lived in the same household as their grandchildren
- 31.6% had a household income of less than $15,000
- 12.7% had an income of less than $5,000

Barriers to Healthcare
- 19.8% had transportation issues
- 16.4% had a lack of health insurance
- 14.2% had a lack of affordable care
- 10.9% had a lack of medication
- 8.6% had a lack of information
- 6.0% had a lack of doctors

Frequently Reported Health Conditions
- 50.0% had high blood pressure
- 25.0% had diabetes
- 20.0% had arthritis
- 15.0% had chronic lung disease
- 10.0% had heart disease
- 5.0% had cancer

Nutrition Status
- 38.1% were overweight
- 25.0% were underweight
- 16.4% were normal
- 10.0% were obese

Based on the Behavioral Risk Factor Surveillance System (BRFSS), only 21.5% of Native Elders with chronic conditions had a good nutritional status. Approximately 36.0% had a high nutritional risk and 12.2% were at high nutritional risk.
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

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
Examples
Title VI Elder Needs Data

What is the problem/need?
• Title VI Elder Needs Assessment identified a need to increase physical activity and lower obesity among their Tribal Elders.

What are the causes?
• 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.

Plan and test what works:
• 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.

How do you do it?
• Implemented the program for the elders in their community.
• The program is well attended, word spread of the program.

Examples
Title VI Elder Needs Data

What is the problem/need?
• Title VI Elder Needs Assessment identified a need to educate elders on the dangers of diabetic neuropathy and on appropriate foot care for diabetics.

What are the causes?
• Risk factors
  • High prevalence of diabetes.

Plan and test what works:
• Developed a plan and approached IHS with the data and created a partnership to address the need.

How do you do it?
• IHS conducted a training specific to diabetic foot care.
Examples of Using the ION Needs Assessment Data

Seeking Resources and Support
- Title VI Grants
- State, federal grants (CDC, NCDA)
- IHS Programming

Building Collaborative Relationships
- With other Title VI directors
- With other elders services providers and colleagues
- With elders, to promote health and address needs

Evaluating and Building Programming
- Establishing need for specific services
- Designing new programs to meet needs
- Tracking and measuring impact

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!
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.
Native Service Locator
Turtle Mountain Band of Chippewa Indians
Nutrition & Supportive Services
Address: 1201 Low Road Drive
Bakewell, ND 58104
Phone: 701-473-8609
Director: Alma Moton
Email: afederman@nltbg.com
Hours: 8:00 a.m. - 5:00 p.m. Central

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

WHAT WE CAN DO FOR YOU

The purpose of this survey is to assess tribes, villages, and households in creating a record of the health and social needs of their elders.

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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 Hawai’i

Native Aging In Place Project
This project works to create a sustainable infrastructure of long-term services and supports for Native Elderly 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 mental interaction to help Elders remain active and independent as long as possible.
NRCNAA History Video

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

Contact Information

National Resource Center on Native American Aging
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Grand Forks, ND 58202-9037
Tel: 800-896-7628
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Jordan Dionne, BBA
Project Coordinator
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jordan.dionne@und.edu

Questions?