





Native Urban Elder Needs Assessment Survey: Aggregate Data from Across the United States

2023 Final Report

Statement of Thanks



Dr. Collette Adamsen Director, NRCNAA Turtle Mountain Band of Chippewa Indians

Boozhoo (Hello),

On behalf of the Coalition on Urban Indian Aging (CoUIA) and the National Resource Center on Native American Aging (NRCNAA), I would like to express my deepest appreciation to everyone who was involved in the Native Urban Elder Needs Assessment Survey.

To the organizations serving urban Native Elders, this effort would not have been possible without your partnership and commitment. We are grateful for your dedication to our urban Native Elders and for working tirelessly to ensure that our Elders' voices are heard through this project.

I would also like to extend a heartfelt thank you to the urban Native Elders for taking the time to complete the survey. The data that has been shared through this survey tells us your story. This is so important and we will respect this information you have shared with us. It will be used to benefit Elders through advocacy, raising awareness, and gathering and securing additional resources and services to address identified needs based on the survey.

Reflecting back on when I was a young girl, my grandparents, great aunties and uncles, and Elders from the community gave so much of themselves in sharing their wisdom, guiding us, and caring for us. Some of my favorite moments were when our Elders would share traditional stories or stories about their lives. These stories were passed down to me at my grandma's kitchen table, riding around in my grandparent's big, green conversion van with my family, and at Ojibwa Indian School, when Elders from the community came to visit. No matter the setting, each story told by our Elders had a lesson weaved into it – it helped us to learn and gain knowledge, incorporating life lessons into each story. That is what this data will be: an opportunity for us to learn from the stories that Elders' have shared with us.

It is our responsibility to honor and care for our Elders as they cared for us. They gave their time, knowledge, and guidance to our younger generations. I still hold all of these stories and this knowledge close to my heart today, and it is an honor to be able to work for our Elders and give back to them. This project is just a small part of how we can repay them. Just as they shared their gifts with us, I will honor and respect the information that was shared with us through this project, using it to continue to work and advocate towards Elders' needs.

Miigwech (Thank You)

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Coalition on Urban Indian Aging

The Coalition on Urban Indian Aging was created to promote the Native Urban Elder Needs Assessment Survey (NUENAS 1.0). This survey seeks to understand the needs of urban American Indian and Alaska Native Elders and raise awareness about this important population.

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Introduction

The National Resource Center on Native American Aging (NRCNAA) serves Native Elders through education, training, and technical assistance. One of the services provided and conducted by the NRCNAA is the needs assessment Identifying Our Needs: A Survey of Elders. Through this survey, insight of the current health and social needs of the Native Elder population is gained. This effort empowers tribes and Native American organizations with the necessary information to identify existing needs and subsequently address them through planning efforts, decision-making activities, policy development, and pursuit of resources.

In order to explore health and social-related factors among urban Elders in the U.S., the NRCNAA partnered with the Coalition on Urban Indian Aging (CoUIA) to create a Native Urban Elder Needs Assessment Survey (NUENAS). This survey replicated many of the original needs assessment survey items, as well as the addition of several other questions which were tailored towards an urban Elder population.

Methods

There were 1,023 urban Native Elders, ages 55 and older, who were surveyed through hard copy surveys at urban centers across the U.S. (located in Nebraska, Minnesota, Oklahoma, California, and Massachusetts; n = 299), as well as through an online Qualtrics survey (n = 724). Surveys were completed from March 2021 through November 2022.

Respondents reported on social and health issues including general health, frequency of health screening procedures, memory and disability, alcohol and tobacco use, healthcare access, social activities, and other factors related to their health and well-being.

This report is a comprehensive overview of the present health and social issues of urban Native Elders who participated in the survey.

Results

In the following pages, results are shown for all urban Native Elders who completed the NUENAS survey. The total number of participants who answered each question is shown in the respective figure title. Some survey questions allowed for multiple responses, which may result in totals greater than 100.0%.

Demographics

Figure 1. Ethnicity (n = 1,004)



Figure 1 shows urban Native Elders' reported ethnicities. Most (83.3%) reported that they were American Indian, followed by 8.0% who were Alaska Native. Approximately 4.2% were descendants or other ethnicities, as well as 0.4% who were Native Hawaiian.

Figure 2. Enrolled Member of Federally Recognized Tribe (n = 1,009)



When asked if they were enrolled members of a federally-recognized tribe, 84.4% of urban Native Elders reported that they were. The remaining 15.6% did not report being enrolled members.

Figure 3. Enrolled Member of State-Recognized Tribe (n = 936)



Participants were also asked if they were enrolled members of a state-recognized tribe. Slightly fewer (63.6%) reported that this was the case, compared to 36.4% who were not enrolled.



When asked about their current gender identity, most urban Native Elders identified as female (80.8%), followed by male (17.2%). About 0.3% identified as being another gender, whereas 0.6% declined to answer.

Gender

Category/

Other

to

Answer

Figure 5. Sex Assigned on Birth Certificate (n = 1,007)



Participants were also asked to list the sex that they were assigned on their birth certificate. Most reported being female (82.4%), followed by male (17.1%); 0.5% declined to answer.

Figure 6. Sexual Orientation (n = 980)



With regard to sexual orientation, most participants reported being straight/heterosexual (91.3%). This was followed by 2.3% who were lesbian, gay, or homosexual, 1.4% who reported another sexual orientation, 0.8% who were bisexual, and 0.3% who were unsure. An additional 3.8% declined to answer.

Figure 7. Age Breakdown (n = 1,023)



The majority of urban Native Elders were between the ages of 60-69 years. This was followed by those between the ages of 70-79 years (22.6%), those between 55-59 years (19.7%), and those ages 80 and older (4.8%).

Figure 8. Current Marital Status (n = 1,014)



Over one-third of participants reported being married or living with a partner (36.1%). Slightly fewer were divorced or separated (28.9%), while 18.6% were single or had never married. Approximately 16.4% of urban Native Elders were widowed.





When asked about annual income, most urban Native Elders reported having an income of \$50,000 or more (18.6%). There were 15.2% who had an income between \$10,000 - \$14,999, followed by 12.9% whose income was between \$35,000 - \$49,999. Another 12.7% reported that their income was under \$5,000, followed by 9.0% whose income was between \$15,000 and \$19,999.

Figure 10. Employment Status During the Past 12 Months (n = 1,005)



During the past year, most urban Native Elders reported that they were either not working (32.0%) or were retired (31.6%). Slightly less than one quarter of participants worked full-time (23.6%), with 12.7% working part-time. Figure 11. Reasons for Not Working (n = 758)



Participants were asked to list the main reasons why they had not worked in the past 12 months. Most urban Native Elders again reported being retired (50.3%). About 21.2% reported being disabled, 10.7% had a medical condition that prevented them from working, and 7.3% were taking care of their home or family. Only 2.6% of participants reported being unable to find work, whereas another 7.9% indicated there was another reason.

Participants who indicated another reason for not working (7.9%) were subsequently encouraged to write in their response. Answers were then qualitatively coded and themes identified. Among the 42 urban Native Elders who answered, the most common reason listed was COVID-19 (38.1%), with many reporting that they had been laid off or furloughed. There were 7.1% who reported being a caregiver; 7.1% who did not work due to health-related factors; and 7.1% who reported that their work was seasonal, or that they had been unemployed. Education/returning to school (4.8%) was also mentioned as a reason for not working. Approximately 21.4% of urban Native Elders listed other reasons that involved a variety of topics - these included transportation, home repair, relocating to a new city, getting social security, and being retired, among others. About 11.9% of participants specified that they did work. One participant reported that it was not applicable (2.4%).

Figure 12. Education (n = 1,003)



Most urban Native Elders reported that they had attended or graduated from college or technical school (52.7%). This was followed by 27.2% who had attended or graduated from high school, and 17.4% who had attended or completed graduate or professional school.

Figure 13. Number of Years Lived In Current ZIP Code (n = 1,007)



When asked how long they had lived in their current ZIP code, the majority of urban Native Elders indicated living there for 20 years or more (45.6%). Another 27.6% had lived there 5 years or less. Slightly fewer had lived at their ZIP code between 6-11 years (12.7%) or 11-20 years (14.1%).

Figure 14. Reside on a Reservation, Trust Land, Alaska Village, or Hawaiian Homestead (n = 1,003)



Most urban Native Elders did not report living on a reservation, trust land, Alaska village, or Hawaiian homestead (89.4%).

Figure 15. Characteristics of Those Living in Urban Areas (n = 1,023)



Urban Native Elders were asked to select which items in Figure 15 applied to them with regard to their experience with urban areas. Participants could select more than one answer choice. Most indicated that they were born or grew up in an urban area (44.0%), or they moved to an urban area for educational or work opportunities (27.0%). Approximately 13.0% attended a boarding school, and 11.3% had accompanied a parent, guardian, or Elder who moved to an urban area for reasons such as work, education, vocational training, or military service.

If participants reported that they had moved to an urban area due to problems they were having at a reservation or nearby rural area (4.7%), they were asked to write in a specific reason. Responses were qualitatively coded and themes identified. There were 29 urban Native Elders who answered this question, with some responses being split up into multiple themes, resulting in a total of 33 responses. The most common themes listed included lack of housing (21.2%), violence/assault (18.2%), lack of employment (15.2%), and various other non-specific reasons (15.2%). Remaining themes included a better environment and more opportunities (6.1%), drugs and addiction (6.1%), education (6.1%) and changes in a relationship (6.1%). Disability (3.0%) and weather (3.0%) were also listed as problems as to why individuals moved.

If urban Native Elders reported that they had moved to an urban area for another reason (10.5%), they were asked to list their reasons for doing so. For this item, there were 88 participants who answered this question, with some answers split up into multiple themes, resulting in a total of 96 responses. Most participants reported they had moved due to employment (17.7%), followed by moving to be with their partner (14.6%), to have more opportunities, explore, or because they liked urban areas (14.6%), as well as being closer to family or taking care of family (12.6%). Other responses included education (7.3%), moving with a parent (6.3%), adoption or foster care (5.2%), violence (5.2%), housing (3.1%), leaving the reservation as a child (3.1%), other reasons (3.1%), or to access better support (2.1%). There was one urban Native Elder each who reported factors of addiction, family, transportation, tribal politics, and weather-related factors (1.0% each).

Figure 16. Characteristics of Those Who Moved From an Urban Area to a Rural Area (n = 1,023)



If urban Native Elders had ever moved from an urban area to a reservation or rural area, they were asked to specify which items in Figure 16 applied to them (participants could select more than one). Most participants reported being born or having grown up in a reservation or rural area (27.4%), followed by 12.1% who moved to a reservation or rural area as an adult to be closer to family or friends.

If participants moved to a reservation or rural area due to problems they were having in an urban area (2.9%), they were asked to write in a specific reason. **Responses** were qualitatively coded and themes identified. Among the 15 urban Native Elders who answered this question, the most commonly listed theme was moving due to problems such as violence and drug-related factors (26.7%), followed by "Other" responses including jail, divorce, or their child being expelled from school (20.0%), as well as cost of living (20.0%). An additional 13.3% moved to be closer to family, 6.7% cited lack of community, and 6.7% listed unhealthy living conditions. One participant (6.7%) responded "N/A."

If urban Native Elders reported that they had moved to a reservation or rural area for some other reason (7.6%), they were also asked to list their reasons for doing so. Among the 59 participants who answered this question, the most common response was moving due to a relationship (e.g., to be with their partner, getting married or divorced; 18.6%); this was followed by 13.6% who moved with their parents as a child. An additional 11.9% wanted to be closer to family or moved due to caregiving, as well as 11.9% who preferred rural or liked the culture. There were 6.8% who listed other non-specific responses; this was followed by employment (5.1%), housing (5.1%), retirement (3.4%), cost of living (3.4%), foster care/ boarding schools (3.4%), and health-related factors (3.4%). One participant each (1.7%) listed violence, education, military, and moving to have better support. Approximately 6.8% indicated that the question was not applicable.

Figure 17. Served on Active Duty in the U.S. Armed Forces, Military Reserves, or National Guard (n = 998)



Most urban Native Elders had not served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard (93.7%); only 6.3% reported doing so.

General Health Status

Figure 18. Self-Rated Health Status (n = 980)



When asked to rate their overall health status, the majority of participants indicated having good (40.4%) or fair (28.4%) health. This was followed by 18.1% who said their health was very good, 10.1% who had poor health, and 3.1% whose health was excellent.

Figure 19. Overnight Stays in Hospital in Past Year (n = 833)



Urban Native Elders were also asked how many times they stayed in the hospital overnight or longer during the past 12 months. Most (74.7%) reported that they had never stayed in the hospital, while 9.8% reported one stay. An additional 4.8% reported two stays, and 10.7% reported three or more. The average number of days stayed in the hospital was 2.37.

Figure 20. Worry About Falling In Past Month (n = 971)



When asked if they had worried about falling down in the last month, results were fairly split. Approximately 50.4% of urban Native Elders indicated that it was a concern, whereas 49.6% were not worried.



The average number of falls across all states was 1.44. Wyoming had the highest average number of falls (6.0) and Ohio the lowest (0.3).





Participants were also asked to provide the total number of falls they had in the past year. Most urban Native Elders had not fallen (47.2%), although 46.6% reported falling between 1 and 4 times. Another 4.1% had 5-8 falls, 1.5% 9-12 falls, and 0.6% had 13 or more falls.

Figure 23. Needed Medical Treatment Due to Fall Injury (n = 474)



Among participants who reported a fall in the past year, most reported that they did not injure themselves seriously enough to need medical treatment (63.1%). Over one-third of urban Native Elders reported that this was the case (36.9%), however.

Figure 24. Most Commonly Reported Diseases (n = 1,023)



Urban Native Elders were asked to list any diseases that they had been diagnosed with (participants were able to select more than one). High blood pressure was most commonly cited (54.8%), followed by arthritis (51.6%), diabetes (37.2%), high cholesterol (34.9%), and depression (29.9%). Cataracts (21.8%), asthma (19.7%), and osteoporosis (12.8%) were also common.

Participants who indicated having another disease that was not listed (15.2%) were encouraged to write in a response, which was then qualitatively coded. There were 149 participants who provided a response, however some urban Native Elders wrote in multiple diseases, leading to a total of 168 different responses.

Among those who wrote in their own responses, the most commonly reported condition was being prediabetic (13.1%), followed by autoimmune conditions such as lupus, Sjogren's Syndrome, and Grave's Disease, among others. Several also reported having cancer or a tumor (10.1%), bone or spinal issues (7.7%), mental health conditions like PTSD, depression, and anxiety (7.7%), cardiovascular disease (4.8%), fibromyalgia (4.8%), and lung-related conditions including pulmonary fibrosis (4.8%), among others.

Figure 25. Diabetic Characteristics and Management (n = 381)



Participants who indicated that they had diabetes were asked additional follow-up questions, such as if they took oral medication, used insulin, or were on dialysis, among others (participants could select more than one option). Among the 381 urban Native Elders who reported having diabetes (37.2%), most (80.1%) took oral medication. Slightly less than one-third took insulin (32.5%), and 1.6% were on dialysis. Only 0.3% were a diabetic amputee, and 0.6% indicated that it was only during a pregnancy.

Figure 26. Total Number of Chronic Conditions (n = 1,023)



Most urban Native Elders reported having between one and four chronic conditions. There were 12.4% who did not indicate having any diagnoses, while most participants reported having three different conditions (18.2%).



The average number of chronic illnesses was 3.10 across all participants. Iowa had the greatest percentage of urban Native Elders with three or more chronic conditions (88.9%). There was a three-way tie for lowest (33.3%) among North Dakota, Missouri, and Ohio.



High blood pressure was the most commonly reported chronic condition across all participants (54.8%). Across states, Virginia had the highest percentage of participants with high blood pressure (100.0%), whereas North Dakota had the lowest (16.7%).



Arthritis was the second most commonly reported chronic condition across all participants (51.6%). Across states, Iowa had the highest percentage (77.8%) of participants with arthritis, whereas New York had the lowest (14.3%).



Across all urban Native Elders, 37.2% reported that they had diabetes. Utah reported the highest number of participants with diabetes (57.1%), whereas North Dakota and Ohio reported the lowest (0.0%).

Activities of Daily Living

Figure 31. Difficulties With Activities of Daily Living (n = 1,023)



Urban Native Elders were asked to indicate any problems they experienced with activities of daily living (ADLs), as a result of a health or physical problem that had lasted more than 3 months (participants could select more than one). ADLs refer to basic, daily activities that are needed in order to live independently. Participants were most likely to report having problems with walking (34.7%) and bathing or showering (20.0%). This was followed by getting in or out of bed (15.4%), dressing (14.0%), using the toilet (11.9%), and eating (9.9%).

Figure 32. Number of ADLs Limiting One (n = 1,023)



Most participants reported that they did not experience any limitations with regard to ADLs (56.2%), although 17.7% reported experiencing one, and 9.1% had experienced two. Across all participants, the average number of ADLs experienced was 1.06.

Figure 33. Difficulties With Instrumental Activities of Daily Living (n = 1,023)



In addition to activities of daily living, urban Native Elders were also asked to list any instrumental activities of daily living (IADLs) that had been impacted due to a health or physical problem that had lasted longer than 3 months (participants could select more than one). These refer to slightly more complex daily activities that allow one to live independently.

Participants were most likely to report having trouble with doing heavy (42.7%) or light housework (19.9%). Many also had trouble shopping for personal items (18.6%), getting outside (18.2%), and preparing their own meals (17.1%). Slightly fewer had issues managing their money (9.2%) or using the telephone (2.5%).

Figure 34. Number of IADLs Limiting One (n = 1,023)



Similar to ADLs, most participants reported that they did not experience any limitations with regard to IADLs (49.6%), although 19.3% experienced one, and 9.8% experienced two. Among all participants, the average number of IADLs was 1.28.

Figure 35. Measure of Long-Term Care Needed (n = 1,023)



Based on urban Native Elder responses to items measuring ADLs and IADLs, their respective need for long-term care was subsequently calculated, which placed Elders into one of four different levels of need, each corresponding with different levels of care. Most participants had little to no need for long-term care (53.0%), whereas 20.9% had a moderate need, most appropriately met by home and community-based care or personal care services. This was followed by 9.1% who had a moderately severe need and may need assisted living; and 17.0% who had a severe need, potentially needing skilled nursing care.

<u>Screening</u>

Figure 36. Last Visit to a Healthcare Provider for a Routine Check-Up (n = 954)



Most participants reported that they had last visited a doctor or healthcare provider for a routine check-up within the past year (86.2%), followed by within the past 2 years (7.2%), and 2.3% who had a check-up 5 or more years ago. Approximately 1.0% reported never having a check-up.

Figure 37. Length of Time Since Stool Tested for Blood (n = 961)



The majority of urban Native Elders reported never having had their stool tested for blood (40.7%), although 27.8% had done so within the past year, and 11.9% within the past 2 years. An additional 9.2% indicated it had been 5 or more years since the test.



Figure 38. Length of Time Since Last Mammogram (n = 789)

With regard to mammograms, almost half of Native urban Elder women reported having completed one within the past year (48.0%). Another 17.9% had done this test within the past 2 years, although 11.5% reported it had been 5 or more years ago. Approximately 5.3% of participants reported they had never had a mammogram.

Figure 39. Length of Time Since Last Pap Smear (n = 778)



Female participants were most likely to report that their last pap smear was 5 or more years ago (36.6%), although 18.9% had done so within the past 2 years and 17.7% within the past year. About 2.4% of urban Native Elder women had never had a pap smear.

Figure 40. Length of Time Since Prostate-Specific Antigen (PSA) Test (n = 157)



Most urban Native Elder males reported never having a prostate-specific antigen (PSA) test (40.1%), although 28.7% had done so within the past year. An additional 17.2% had done so within the past two years.

Vision, Hearing, and Dental

Figure 41. Vision-Related Screening and Issues



Participants were also asked several questions regarding their vision. Very few urban Native Elders reported having total blindness in one or both eyes (2.9%). Most used glasses or contact lenses (89.7%), with 38.3% having difficulty seeing even when wearing corrective lenses. About two-thirds (66.4%) had seen an optometrist in the past year, and 15.5% indicated that a doctor had treated them for glaucoma.

Figure 42. Hearing-Related Screening and Issues



In addition to vision, participants were also asked various questions to assess hearing status. Very few Elders reported total deafness (1.8%). There were 10.6% who used a hearing aid; 19.8% reported having trouble hearing, even when wearing a hearing aid. About 17.8% of participants had a hearing test in the past year.

Figure 43. Visit to Dentist or Dental Hygienist in Past Year (n = 956)



Over half of participants reported that they had seen a dentist or dental hygienist in the past year (56.7%); there were 43.3% who had not.

Figure 44. Types of Dental Care Needed (n = 1,023)



With regard to dental care, urban Native Elders were asked to select what types of dental care they currently needed (participants could select more than one). Over one-third indicated that they needed teeth filled or replaced, such as fillings, crowns, and/or bridges (36.9%). Slightly over one-quarter needed denture work (26.8%), 17.6% needed teeth pulled, and 14.0% needed gum treatment. This was followed by a need for relief of pain (10.8%) and work to improve appearance, such as braces or bonding (6.4%).

Figure 45. Unable to Get Needed Dental Care in Past 12 Months (n = 947)



Although over half of participants (55.0%) indicated that they were able to get the dental care that they needed in the past year, 45.0% indicated that this was not the case, and were not able to get needed dental care.

Figure 46. Reasons Unable to Get Needed Dental Care (n = 426)



When asked about the reasons they could not get the dental care they needed, participants were most likely to say that they could not afford it (55.4%), followed by

insurance not covering the recommended procedures (31.7%). About 15.5% were afraid or did not like dentists, 13.6% did not have transportation, and 12.2% said the dental office was too far away. Other reasons included the dental office not being open at convenient times (9.2%), not wanting to spend the money (7.3%), not thinking anything serious was wrong (5.4%), or being unable to take time off from work (4.7%). Participants were able to select more than one reason.

Participants also had the option of writing in a response. There were 18.5% who indicated an additional reason, with 124 writing in specific responses, some of which were separated into multiple categories, resulting in 130 different responses. Among these, the most commonlylisted reason was COVID (22.3%), with many saying their dental office was closed. Similarly, 16.9% noted a long wait time or lack of appointments available; 11.5% mentioned not having insurance or that the insurance did not cover their needs. An additional 6.9% reported issues with their dentist or dental office, such as being understaffed, uncooperative, or not returning their calls; 6.9% also cited a medical concern as to why they delayed care.

Many also mentioned other non-specific concerns (6.2%), followed by fear (3.8%), not having made an appointment (3.1%), cost (3.1%), distance (1.5%), and relocating (0.8%). An additional 16.9% indicated that it was not applicable.

Figure 47. Self-Rated Health of Teeth and Gums (n = 954)



When asked how they would rate the health of their teeth and gums, about one-third of urban Native Elders reported fair health (33.8%). Another 29.2% said their teeth and gum health was good, followed by 21.8% who said it was poor, 11.9% who reported very good, and 3.2% who said it was excellent.

Memory and Disability

Figure 48. Diagnosis of Memory Problem (n = 1,023)



Urban Native Elders were asked if they had been diagnosed with memory-related issues. Most participants reported they had not (83.5%), although 7.5% had been diagnosed with problems surrounding memory or thinking. Only 0.9% were diagnosed with Alzheimer's Disease, and 1.3% with dementia. Participants could select more than one diagnosis. Figure 56 shows percentages of memory issues broken down by state.

Figure 49. Memory Issues Experienced (n = 1,023)



With regard to memory, participants were also asked if they had experienced any types of memory problems (they were able to select more than one). Again, most reported that they had not experienced any issues (42.5%). The most commonly-cited issue was misplacing things (32.1%), followed by memory loss (19.1%), changes in mood or behavior (16.3%), loss of initiative (11.9%), and difficulty performing familiar tasks (8.8%). Figure 57 shows percentages across states of those who experienced one or more memory issues.

Figure 50. Worsening Memory Loss or Mental Confusion



Participants were also asked if, during the past year, they had experienced mental confusion that was happening more often or was getting worse. Approximately 20.5% said that their memory loss was getting worse or happening more often, whereas 13.9% said their confusion was worsening or occurring more often.

Figure 51. How Often Given Up Day-To-Day Household Activities Due to Confusion or Memory Loss (n = 933)



Participants were also asked how often in the past year they had given up day-to-day household activities or chores they used to do as a result of confusion or memory loss. Most urban Native Elders said that they had not given up any activities (64.5%), although 15.9% said this sometimes was the case. About 14.7% reported it rarely occurred.

Figure 52. Diagnosis of Disability (n = 934)



When asked if they had been diagnosed with a disability, slightly over one-third of urban Native Elders (39.8%) indicated that this was the case.

Figure 53. Cause of Disability (n = 372)



Among those who had been diagnosed with a disability, most reported that it was the result of chronic disease (37.9%) or accident/injury (35.5%). An additional 31.5% indicated there was another cause and had the option to write in a response; 5.9% were disabled due to military service, and 5.6% listed congenital factors.

Among the 31.5% participants who indicated there was another cause for their disability, 122 wrote in responses, which were qualitatively coded. Some answers were classified into multiple categories, resulting in a total of 131 responses. Among these, mental health was most commonly listed as a cause of disability (20.6%), followed by back and spine issues (12.2%), stroke or brain-related issues (8.4%), as well as other non-specific conditions (8.4%). Knee problems (7.6%), vision and/or hearing loss (5.3%), arthritis (4.6%), cardiovascular issues (3.8%), accidents (3.1%), age (3.1%), and autoimmune conditions were also mentioned (3.1%), among others.

Figure 54. Health Problem Requiring Use of Special Equipment (n = 927)



Participants were asked if they had a health problem that required them to use special equipment, such as a cane, wheelchair, a special bed, or special telephone. While most urban Native Elders said this was not the case (68.8%), close to one-third indicated that they did have a health problem that required the use of special equipment (31.2%).

Figure 55. Brain Injury Experience



Factors surrounding brain injuries were also assessed. Few Elders indicated they had sustained a head injury in the past year (4.2%); 5.6% had suffered a traumatic brain injury. Approximately 8.8% reported that they had a brain injury that had limited them in any way for more than a week.

Figure 56. Percentage of Urban Native Elders Diagnosed With a Memory Issue (Alzheimer's Disease/Dementia/Other Memory Issue) By State*



Overall state percentages for those diagnosed with Alzheimer's Disease, dementia, or another memory issue were relatively low. New York and Indiana (28.6%) reported the highest rates, whereas urban Native Elders across several states indicated that they had not received such a diagnosis.



Nationally, 47.4% of urban Native Elders reported experiencing at least one memory issue. Those in Iowa and Florida (66.7%) had the highest percentage of those experiencing one or more memory issues, whereas states such as Massachusetts (18.2%) and North Dakota (16.7%) had lower percentages.

Healthcare Access

Figure 58. Type of Healthcare Coverage (n = 1,023)



Urban Native Elders were asked to select which types of healthcare coverage they currently had (they could select multiple options). Most reported being enrolled in Medicare (50.2%) and Indian Health Services (30.1%). Private health and medical insurance was also frequently listed (23.1%), as was Medicaid (21.3%). Others included Indian Health/Tribal Insurance (8.4%), a preferred provider organization (8.0%), health maintenance organization (7.5%) or other (7.4%). Only 2.2% of participants reported having no health insurance coverage.

Figure 59. Without Health Insurance At Any Point in Past 12 Months (n = 922)



As seen in Figure 59, 12.4% of participants reported being without health insurance or coverage at some point in the past year.

Figure 60. Length of Time Since Last Had Healthcare Coverage (n = 699)



Participants were asked how long it had been since they last had healthcare coverage. Most reported that they had never been without healthcare coverage (46.4%). Another quarter (25.3%) indicated it had been between 1 and 6 months. This was followed by 17.7% who said it had been more than 3 years, and 5.6% who had health insurance between 6 months and 1 year ago.

Figure 61. Participant-Reported Healthcare Provider (n = 945)



Over half of urban Native Elders reported having only one person they thought of as their personal doctor or healthcare provider (53.7%). Approximately another third (29.1%) had more than one. There were 9.8% who did not have a personal doctor or healthcare provider; 7.4% did not know or were not sure.

Figure 62. Locations Turned To For Health Services (n = 1,023)



When sick or in need of professional advice about their health, urban Native Elders were most likely to go to a doctor's office (47.6%) or a clinic (39.8%). Other commonly-mentioned locations included an urgent care center (15.5%), hospital emergency room (14.9%), an urban Indian organization (13.5%), hospital outpatient department (7.6%), or traditional healer (7.5%). Participants could select more than one option.

Figure 63. Barriers to Medical Care in Past 12 Months (n = 1,023)



Participants were asked to select which barriers they faced that had kept them from medical care in the past year (Figure 63); they could select multiple options. Most reported that they had not experienced any barriers (43.8%). Among those who did, cost was most frequently listed (18.2%), followed by too long of a wait for an appointment (15.0%), lack of transportation (10.5%), and distance (9.9%). Participants were least likely to list disability access (0.5%), lack of child care (0.4%), and no one who spoke their language (0.3%).

Approximately 6.2% of participants indicated another reason, and had the option to write in a response, which was then qualitatively coded. There were 54 individuals who wrote in a response; one answer was separated into multiple categories, resulting in 55 total responses.

The most commonly-listed theme with regard to barriers was COVID-related reasons, such as closings, restrictions, and quarantine (21.8%), followed by issues with the provider or office (14.5%). Another 12.7% reported illness or medical issues that prevented them from medical care, such as being too sick to go, or no one knowing how to treat their condition.

Other reasons listed included lack of insurance (12.7%), a long wait for an appointment (10.9%), other nonspecific answers (10.9%), as well as fear (3.6%), mental health concerns (3.6%), relocation (3.6%), being too busy (3.6%) and caregiving (1.8%).

Figure 64. Did Not Take Prescription Medication In Past 12 Months Due to Cost (n = 938)



While most urban Native Elders indicated the cost of their prescription medication did not prevent them from taking it (84.2%), there were 15.8% of participants for whom this was the case.

Tobacco and Alcohol Use

Figure 65. Smoking Status (n = 1,023)



When asked if they smoked tobacco currently, most urban Native Elders reported they did not (74.5%). About 15.7% smoked every day, whereas 9.8% smoked some days.

Figure 66. Smoking Patterns Among Those Who Smoke Every Day (n = 145)



Among those who reported smoking every day, the majority did so for social/recreational reasons (79.3%); 15.9% did so for ceremonial purposes. Participants had the option of selecting both social/recreational and ceremonial, if applicable.

Figure 67. Smoking Patterns Among Those Who Smoke Some Days (n = 90)



Among those who reported smoking some days, most reported doing so primarily for social/recreational reasons (75.6%), although 28.9% did so for ceremonial purposes. Participants again had the option of selecting both social/recreational and ceremonial, if applicable.

Figure 68. Number of Cigarettes Smoked (n = 212)



Among those who smoked, most urban Native Elders smoked between 1 and 5 cigarettes per day (41.5%), followed by those who smoked between 6 and 10 cigarettes (35.8%). The average number of cigarettes smoked per day was 8.24.

Figure 69. Use of Chewing Tobacco or Snuff (n = 899)



Most urban Native Elders did not chew tobacco or snuff (98.4%); only 1.6% reported doing so.

Figure 70. Number of Cans of Chewing Tobacco Per Week (n = 12)



Among those who reported chewing tobacco or snuff, most used three containers a week (41.7%). The average number of containers used per week was 2.23.

Figure 71. Length of Time Since Last Drank Alcoholic Beverage (n = 896)



Participants were asked to list how long it had been since they last drank an alcoholic beverage. Most (40.1%) reported that it had been more than 3 years ago; slightly less said it had been within the past 30 days (29.0%). An additional 13.5% said it had been more than 30 days ago, but within the last year. About 10.0% of urban Native Elders had never had an alcoholic drink in their lives, and 7.4% indicated it had been between 1 and 3 years ago.

Figure 72. Number of Days Drank Five or More Drinks on Same Occasion (n = 789)



Among those who reported drinking alcohol, participants were asked how many days in which they had five or more drinks on the same occasion in the past month. Most (82.3%) reported they had not done this at all, although 10.8% reported having five or more drinks on one or two days in the past month.

Weight and Nutrition





As part of the survey, participants were asked to provide their height and weight, which were then used to calculate an overall **BMI** score for each individual. Slightly over half of urban Native Elders were obese (51.9%), followed by 28.7% who were overweight. About 19.4% were at a normal weight.





Most urban Native Elders reported walking (62.1%) as their primary form of vigorous exercise. This was followed by yard work (24.0%), gardening (15.0%), and other types of exercise (14.4%). Also common was bicycling (8.8%), traditional dancing (7.4%) and weight lifting (6.5%). For this question, participants were able to select more than one type of exercise.

Participants who indicated "Other" had the option to write in a response, which was subsequently qualitatively coded. There were 128 individuals who wrote in an answer for this question, with some responses being categorized into more than one theme, resulting in a total of 133 responses. The most common write-in response was that the participant did not exercise (23.3%), followed by other various exercises such as tai chi, shopping, gathering traditional foods, fishing, or stretching (13.5%). Housework was also frequently mentioned (12.8%), followed by walking (12.0%), physical therapy, gym usage, or personal workouts (9.0%), yoga (7.5%), and chair exercises (6.0%). Activities such as sports (5.3%), dance (4.5%), caregiving (3.0%) and work (3.0%) were also mentioned.

Figure 75. Frequency of Exercise (n = 779)



Those who reported exercising were subsequently asked how many times they typically engaged in vigorous exercise. Over half reported doing so 1-2 times per week (51.6%), followed by 31.5% who exercised 3-4 times per week, and 16.9% who did so 5 or more times per week.





Participants were also asked several questions regarding their diet. Figure 76 lists how participants rated the current nutritional quality of their diet. Most reported their diet was good (40.2%) or fair (29.7%), followed by 17.1% who said it was very good, and 8.2% who indicated it was poor. Few (4.8%) rated their diet quality as excellent.

Figure 77. Consume Traditional Foods Regularly (n = 919)



When asked if they consumed traditional foods regularly, approximately one-third of urban Native Elders indicated that they did so (34.9%). The remaining 65.1% did not.

Figure 78. Frequency of Consuming Traditional Foods (n = 379)



Among those who did regularly consume traditional foods, most reported doing so between 1 and 2 times per week (68.3%). Fewer participants reported eating traditional foods 3-4 times per week (22.7%) or 5 or more times per week (9.0%). For more detailed information on traditional foods, please see Figure 84, which lists a cloud map of the most-commonly consumed traditional foods, as well as specific percentage breakdowns for participants who chose to write in the traditional foods that they ate.

Figure 79. Nutritional Health (n = 1,023)



Urban Native Elders were also asked to select which items in Figure 79 applied to them with regard to their nutritional health. Over one-third reported taking three or more different prescribed or over-the-counter drugs a day (34.8%). This was followed by 31.4% who ate few fruits, vegetables, or milk products, and 28.0% who had an illness or chronic condition that made them change the kind and/or amount of food they ate.

About 27.3% of participants ate alone most of the time; 23.6% ate fewer than two meals per day. In addition, 19.3% reported that they had lost or gained 10 pounds in the last 6 months without wanting to.

About 16.0% of participants had tooth or mouth problems that made it hard for them to eat, and 15.6% did not always have enough money to buy the food they needed. Lastly, 10.2% were not always physically able to shop, cook, and/or feed themselves, and 2.4% had 3 or more drinks of beer, liquor, or wine almost every day.



Using the statements listed in Figure 79, an overall nutrition score was calculated for each participant using the Nutrition Screening Initiative, which was developed by the American Academy of Family Physicians, the American Dietetic Association, and the National Council on Aging. Most urban Native Elders (41.4%) had a good nutrition score. There were 29.6% who were at moderate nutritional risk, however, and 28.9% at a high nutritional risk.

Figure 81. Affordability of Food



Participants were also asked to rate their agreement with various statements regarding affordability of food. When asked if the food they bought just didn't last, and they didn't have money to get more, over half (55.7%) said this was never true, although for 29.6% it was sometimes true; 14.6% reported it was often true.

When asked to what extent participants agreed with the statement that they couldn't afford to eat balanced meals, about half (49.1%) reported this was never the case, followed by 32.6% for whom it was sometimes true, and 18.2% who said it was often true.

Figure 82. Lack of Money and Food



Participants were asked additional questions about having enough money for food within the past year. When asked if they cut the size of meals or skipped meals because there wasn't enough food, 30.2% of urban Native Elders reported yes. A similar percentage also acknowledged that they ate less than they felt they should because there wasn't enough money for food (30.6%). About 23.2% reported being hungry but didn't eat because there wasn't enough money for food.

Figure 83. How Often Cut Size of Meals Or Skipped Them (n = 276)



Among the 30.2% of participants who reported cutting the size of meals or skipping them because there wasn't enough money for food, most (51.1%) indicated doing so almost every month. About one-third said they did so some months but not every month, whereas 14.1% did so only 1 or 2 months.

Figure 84. Traditional Foods



Urban Native Elders were asked to list the traditional foods that they regularly consumed, with 351 participants writing in responses. Figure 84 shows a cloud map, in which the words' frequency is proportional to its size - words that are listed most frequently among participants appear largest. In the map above, for example, items such as beans, wild rice, fry bread, fish, corn, salmon, berries, and meat were most commonly listed among urban Native Elders.

In order to further assess themes, the 351 responses were qualitatively coded, with some responses broken into several categories, as many participants listed multiple traditional foods that they consumed. This resulted in a total of 938 responses. Looking broadly across responses, vegetables were most commonly cited, followed by grains and breads, meat and protein, fish, fruit, and seafood.

When broken down into more specific categories, the most common traditional foods listed included rice or wild rice (10.4%), bread or fry bread (7.9%), beans (7.7%), fish (5.7%), berries (5.5%), soup or stew (5.4%), vegetables (5.4%), corn (4.8%), various types of meat and proteins (4.3%), and salmon (3.8%). This was followed by elk, deer, or venison (3.6%), fruits (3.6%), squash (3.1%), seafood (2.7%), and greens, roots, and herbs (2.5%). Many also listed specific cultural dishes (2.5%), as well as others who listed non-specific items such as medicinal foods, fried foods, or indiscernible text (2.1%).

Buffalo (1.9%), tacos or Indian tacos (1.8%), drinks such as tea, coffee, or milk (1.8%), potatoes (1.5%), bison (1.4%), chicken (1.1%), as well as nuts, seeds, oils, and fats (1.1%) were also frequently listed. Lastly, other items included grains (1.0%), mush and grits (1.0%), peppers, chilies, tomatoes, or salsa (1.0%), tortillas (1.0%), beef (0.9%), eggs (0.7%), halibut (0.7%), moose (0.5%), mushrooms (0.5%), cheese and yogurt (0.4%) and honey or syrup (0.4%). An additional 0.3% listed none or were unsure.

Figure 85. Commonly-Reported Nutrition Programs (n = 1,023)



Most urban Native Elders did not take part in nutrition programs (41.8%). About one-quarter used food stamps (26.6%), followed by an urban Indian organization (9.9%), commodities program (8.0%), meals at a community center (6.7%) and Meals on Wheels (3.5%). Another 7.2% listed an additional program. Participants could select more than one option for this question.

Figure 86. Days Took Part in Nutrition Programs in Past Month (n = 450)



When asked how often they took part in nutrition programs in the past month, most participants did so 1-2 days (68.4%), followed by 3-5 days (14.0%). This was followed by 16 or more days (10.2%), 6-8 days (4.2%), 9-12 days (2.0%), and 13-15 days (1.1%).

Social Support/Caregiving

Figure 87. Cultural Practices and Traditions (n = 1,023)



When asked what cultural practices and traditions they participated in, urban Native Elders were most likely to report smudging (49.7%). This was followed by powwows (49.5%), consuming cultural/traditional foods (29.9%), preparing cultural/traditional foods (24.9%), and cultural/traditional music and songs (23.6%). Storytelling (20.9%), dance (16.0%), and talking circles (15.1%) were also commonly selected. Participants could select more than one response for this question.

About 8.7% of participants reported another practice that was not listed, where they had the opportunity to write it in. This resulted in 84 responses that were qualitatively coded; some were categorized into more than one theme, resulting in 88 total answers. Among these, ceremonies were most frequently mentioned (21.6%) - these included full moon ceremonies, water ceremonies, and pipe ceremonies, among others. Social events and meetings were also commonly listed (18.2%), followed by art (12.5%), beading (10.2%), nature-related activities (8.0%), and other non-specific activities (8.0%). Remaining practices included prayer (4.5%), church (3.4%), language (3.4%), dance (2.3%), music (1.1%), and stories (1.1%). About 5.7% of participants indicated they did not participate.

Figure 88. Participation in Cultural Practices (n = 891)



Most participants reported that they did not engage in any cultural practices, such as traditional food, music, and customs in the past month (46.6%), although this was closely followed by those who did so 1-2 times per week (43.0%). An additional 6.1% participated 3-4 times per week, and 4.4% did so 5 or more times per week.



Figure 89. Socializing Frequency (n = 852)

Over one-quarter of urban Native Elders socialized 1-2 times per week (26.3%), although roughly the same percentage reported not socializing at all (25.9%). Another 23.4% socialized 3-4 times per week.

Figure 90. Family Member Providing Care (n = 902)



Over one-quarter of participants reported that they had a family member who provided care to them (27.2%).

Figure 91. Grandchildren



Urban Native Elders were also asked if they took care of their grandchildren. Over one-third indicated that this was the case (35.5%), whereas 14.8% reported being the primary caregiver of their grandchildren.

Figure 92. Support



The majority of participants reported having a good support system, with 70.4% of urban Native Elders feeling like they had someone to provide physical support to them, and an additional 77.1% who had someone they could depend upon to provide social support to them. A summarized version of these variables according to state can be seen in Figure 94.



Approximately 35.5% of urban Native Elders reported taking care of their grandchildren. Utah had the greatest percentage of Elders who took care of their grandchildren (66.7%), whereas Texas had the lowest percentage (13.3%).



Most urban Native Elders reported having high levels of social and physical support. Elders in Florida (100.0%), Massachusetts (100.0%), Colorado (94.1%) and Michigan (92.9%) reported the highest levels of support, compared to those in North Carolina (25.0%), Pennsylvania (40.0%), and Iowa (44.4%).

Housing/Physical Environment

Figure 95. Type of Housing (n = 903)



When asked about their present type of housing, most participants were likely to say they lived in a single family residence (60.0%). This was followed by an apartment (31.1%), or other housing arrangements (4.8%).

Figure 96. Length of Time At Present Address (n = 908)



Most participants reported living at their present address for over 10 years (45.5%), although 37.1% had lived there less than 5 years.

Figure 97. Living Arrangements (n = 899)



Urban Native Elders were most likely to live with family members (59.2%), although close to one-third reported living alone (29.8%). They were least likely to live with non-family members (7.1%) or with both family and non-family members (3.9%).

When asked how many individuals lived in their household (including themselves), the average was 2.73, although responses for this ranged from 1 to 24 individuals. When asked how many children under the age of 18 lived in the household, the average was 0.56, with responses ranging between 0 and 9 children.

Social Functioning





Over half of urban Native Elders reported being happy most of the time in the past month (50.8%); 27.1% were happy some of the time. Approximately 1.0% reported that they were not happy any of the time.





Most Elders were calm and peaceful most (43.9%) or some (32.3%) of the time in the past month. About 10.4% were calm and peaceful all of the time; 1.5% reported that they never felt that way.

Figure 100. Nervous Person in Past Month (n = 899)



When asked if they were a nervous person in the past month, close to one-third of participants (32.7%) reported feeling that way a little of the time. About 27.1% were nervous some of the time; 2.6% were nervous all of the time.





Participants reported feeling downhearted and blue a little of the time (37.1%) in the past month, followed by 26.7% who felt this way some of the time. A similar percentage reported never feeling that way (24.6%).

Figure 102. Felt So Down in the Dumps That Nothing Could Cheer You Up in Past Month (n = 905)



When asked how much of the time they felt so down in the dumps that nothing could cheer them up, most Native Elders (53.3%) said this had not happened in the past month. About one-quarter reported it was the case a little of the time (25.7%). About 1.3% reported feeling this way all of the time.





Urban Native Elders were also asked how often they felt stressed in the past month. Responses varied, with most participants experiencing feelings of stress a little of the time (29.9%) or some of the time (27.7%). Another 23.7% said they were not stressed any time.





Most participants reported feeling very (59.9%) or extremely (24.3%) safe in their daily lives. About 14.8% did not feel very safe, and 1.0% did not feel safe at all.

Figure 105. Quality of Life in Past 12 Months (n = 900)



Urban Native Elders were also asked to rate their quality of life over the past 12 months. Most said their quality of life was good (40.0%) or very good (30.2%), although 3.1% reported it as poor.

Figure 106. Physical or Mental Health Interfered Negatively With Day-To-Day Functioning (n = 901)



Participants were also asked to what extent their physical or mental health had interfered negatively with their day-to-day functioning in the past month. Responses varied, with most indicating that it had not caused any issues (31.5%). Some said that it interfered a little (27.5%) or some (26.3%) of the time. This was followed by 11.0% who said it interfered most of the time, and 3.7% who listed all of the time.

Technological Connectedness Figure 107. Access to Internet (n = 893)



Most participants reported having access to the internet all of the time (61.4%), followed by 18.8% who had access most of the time, 8.1% some of the time, and 4.3% a little of the time. About 7.5% reported not

Figure 108. Technological Devices Used (n = 1.023)



Participants were also asked to indicate which devices they used from those listed in Figure 108 (they could select more than one). Most urban Native Elders reported using a smartphone (70.3%), followed by a computer (49.8%) or iPad or tablet (35.4%). Approximately 5.8% did not use any devices.

having access.

Figure 109. Social Media Use (n = 891)



Most urban Native Elders used social media (82.8%), although 14.5% did not. An additional 2.7% were not sure.

Social Challenges



Figure 110. Main Challenges Faced

Participants were also presented with a list of items, and were asked to rate the degree to which they were challenged by it. Items were rated on a scale of 1 to 5, with 1 being the greatest of their challenges and five being the least of their challenges (i.e., lower scores are associated with being more challenging). Figure 110 shows the averages across all participants.

Among the pre-set themes, nutrition emerged as the greatest challenge (3.44), followed by infrastructure/ transportation and health facilities (3.55), social isolation from family and friends (3.57), and facing a multi-cultural society (3.63).

Participants were also given the chance to write in other challenges faced if they were not addressed in the original items. As a whole, "other" challenges were rated as being the most difficult out of the five items (3.21). For this question, 142 urban Native Elders wrote in responses, which were then qualitatively coded. While some were broken up into multiple responses, others were excluded for analysis purposes, as many listed a number but not a corresponding challenge. This resulted in a total of 115 responses.

Health-related challenges such as aging, diet, exercise, and pain were most frequently listed (23.5%); this was followed by mental health factors such as loneliness, stress, and anxiety (16.5%). Non-specific challenges involving family, communication, education, and reliable phone and internet services were also listed, among others (13.0%).

Housing and rent were also frequently mentioned (7.8%), as well as finances (7.0%), transportation (6.1%), employment (5.2%) racism (5.2%), caregiving (3.5%) dental issues (2.6%), and politics (1.7%). Approximately 7.8% of respondents indicated nothing was an issue.

Figure 111. Nutrition Services Currently Used vs. Would Use (n = 1,023)



Figure 111 shows the respective percentages of urban Native Elders who currently used various nutrition services (purple), compared to the services they would be willing to use if they were unable to meet their own needs (orange). Participants were most likely to say they currently used home delivered meals (6.6%) and nutrition education (6.6%) programs; they were most likely to say they would use home delivered meals (59.2%).

Figure 112. Support Services Currently Used vs. Would Use (n = 1,023)



Participants also rated support service programs with regard to those which they were currently using (purple) versus those that they would consider using (orange). Urban Native Elders were most likely to report using senior center programs (8.9%), physical therapy (7.0%), transportation (6.9%), case management (6.4%) and home health services (5.4%). If unable to meet their own needs, they would be most likely to use home health services (43.6%), transportation (37.3%), physical therapy (34.5%), senior center programs (34.2%) and information and referral assistance (32.2%) services.

Figure 113. Caregiving Services Currently Used Vs. Would Use (n = 1,023)



Urban Native Elders additionally rated caregiving programs that they currently used (purple) and those they would consider using if unable to meet their own needs (orange). Rates of current utilization among caregiver programs were lower, with participants most likely to report currently using personal care services (4.3%), homemaker and chore services (3.1%), caregiver programs (2.2%), assisted living (1.3%), and adult day care (1.1%). If unable to meet their own needs, they would be most likely to use homemaker and chore services (39.0%), personal care services (33.2%), caregiver programs (31.2%), assisted living (29.9%) and hospice and palliative care services (21.0%).

Figure 114. Other Services Currently Used (n = 1,023)



Figure 114 shows the percentages of those who were currently using various other services. Among these, pharmacy services were used most frequently (30.0%), followed by government assisted housing (9.9%), and financial assistance (7.9%). Corresponding percentages for those who would use such services were unavailable for this question.

Conclusion

This report aims to provide a comprehensive overview of the health of urban Native Elders, highlighting several different health and social factors that play a role in their well-being. It examines health across 14 different dimensions, including activities of daily living, health screenings, memory and disability, as well as social support and caregiving, social functioning, and housing/physical environment, among others. A brief summary of each of these areas is summarized in the paragraphs below.

Urban Native Elders who responded to the Native Urban Elder Needs Assessment Survey (NUENAS) were most likely to be American Indian (83.3%), female (80.8%), and straight (91.3%); most were between the ages of 60 to 69 years of age (52.9%) and were married or living with a partner (36.1%). Most had attended or graduated from college or technical school (52.7%), and were enrolled members of a federallyrecognized (84.4%) or state-recognized (63.6%) tribe. Urban Native Elders typically rated their health as good (40.4%) or fair (28.4%). Few reported having an overnight stay in the hospital in the past year (74.7%), nor did most report falling in the past year (47.2%). There were 46.6% who did have between 1 and 4 falls, however, and half of participants said they worried about falling (50.4%).

Elders were most likely to say they had three chronic illnesses (18.2%), with high blood pressure (54.8%), arthritis (51.6%) and diabetes (37.2%) being most commonly reported. Others included high cholesterol (34.9%) and depression (29.9%).

With regard to activities of daily living, urban Native Elders were most likely to report struggling with doing heavy housework (42.7%), walking (34.7%), bathing and showering (20.0%), and doing light housework (19.9%). Most did not report any limitations, however (56.2% had no issues with activities of daily living and 49.6% reported no problems with instrumental activities of daily living).

Looking at screening rates, close to half of female participants had completed a mammogram within the past year (48.0%), although 36.6% had a pap smear 5 or more years ago. Most males reported never having a prostate-specific antigen (**PSA**) test performed (40.1%), although 28.7% had done so in the past year.

With regard to vision, most Elders used glasses or contact lenses (89.7%), although 38.3% reported difficulty in seeing even when wearing corrective lenses. About 10.6% used a hearing aid, but 19.8% had trouble hearing, even when wearing a hearing aid.

Over half (56.7%) had visited a dentist or dental hygienist in the past year, with teeth being filled or replaced as the most commonly mentioned type of dental care needed (36.9%). If participants were not able to get the dental care they needed, it was most often due to the cost (55.4%).

Only 0.9% of urban Native Elders had been diagnosed with Alzheimer's Disease; 1.3% with dementia. Most were likely to say they had not experienced any memory issues (42.5%), although if they did, misplacing items (32.1%) was most commonly listed. Over onethird of Elders had been diagnosed with a disability (39.8%), with chronic disease (37.9%) being the most frequently-listed reason why. With regard to healthcare, most urban Native Elders reported using Medicare (50.2%) and Indian Health Services (30.1%). Most had one doctor or healthcare provider (53.7%), and primarily went to a doctor's office (47.6%) or clinic (39.8%) for their care. While many (43.8%) did not list any barriers to medical care, cost (18.2%) and having too long of a wait for an appointment (15.0%) were cited most often.

Most Elders did not smoke (74.5%); among those who did, the average number of cigarettes smoked per day was 8.24. Even fewer chewed tobacco or snuff (1.6%), averaging about 2.23 cans among those who did.

The majority of urban Native Elders were obese (51.9%) or overweight (28.7%), and reported walking as their main type of exercise (62.1%). Most said that the nutritional quality of their diet was good (40.2%), although 28.9% of participants were at a high nutritional risk. Close to one-third (30.2%) cut the size of or skipped meals or ate less than they felt they should (30.6%) because there wasn't enough money for food. About 34.9% consumed traditional foods regularly, with the most commonly listed items being wild rice, beans, corn, frybread, fish, and salmon.

Among those who participated in cultural practices and traditions, smudging (49.7%) and powwows (49.5%) were most common. Additionally, most reported socializing 1-2 times per week (26.3%), although a similar percentage never socialized (25.9%). About 35.5% of Elders took care of their grandchildren, with 14.8% being the primary caregiver. Over two-thirds had someone they felt could provide them with physical (70.4%) or social (77.1%) support.

Looking at housing and physical environment, most lived in a single-family residence (60.0%) along with family members (59.2%), and had been there for over 10 years (45.5%). Urban Native Elders reported being a happy (50.8%) and calm (43.9%) most of the time during the past month, although some felt nervous (32.7%) or downhearted and blue (37.1%) a little of the time. Most reported feeling very safe (59.9%) in their daily life, and felt that their quality of life in the past year had been good (40.0%).

Urban Native Elders typically had access to the internet all of the time (61.4%), and were most likely to utilize devices such as a smartphone (70.3%) or computer (49.8%). Over three-quarters said they used social media (82.8%).

When asked about social challenges, nutrition was listed as being most challenging (M = 3.44 on a scale where 1 = greatest challenge and 5 = least challenge), followed by infrastructure/transportation and health facilities (M = 3.55).

Health service usage was also assessed, in which Elders were asked to list which services they currently used versus those that they would use if unable to meet their own needs. They were most likely to report using services such as pharmacy services (30.0%), government-assisted housing (9.9%), senior center programs (8.9%), and financial assistance (7.9%), and would be most likely to consider using homedelivered meals (59.2%), home health services (43.6%), homemaker and chore services (39.0%), as well as transportation (37.3%).

While each Elder's health status is unique, and additionally may differ from one location and tribe to the next, together these items provide a snapshot of urban Native Elder health in America. Together, they help us to better understand and raise awareness of the unique issues that the urban Native Elder population faces.





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