

# Identifying Our Needs: A Survey of Elders

Cycle VIII  
(2020 - 2023)

2024 Data Book



National Resource Center  
on Native American Aging

**NRCNAA**

# Letter From the Director



Boozhoo (Hello),

I would like to congratulate the Title VI directors and staff on another successful cycle of “Identifying Our Needs: A Survey of Elders.” It is your dedication and commitment to our Native Elders that makes the collection of this data

possible. The information gathered in this survey is vital to identifying the needs of our Elders. We are incredibly grateful for all of the work you do with your programs. We know you wear many hats and ensure your programs continue to provide the important services in our tribal communities that our Elders depend on. You all are truly amazing.

I also want to thank the Elders who participated in the survey. Without your willingness to take the time to share your stories through the data, this report would not be possible. The Elders in our communities are the heart of us all. Their resilience and strength are the motivation behind all of our efforts. They guided us and supported us in our youth: sharing their wisdom, helping us to learn from our mistakes, and weaving a lesson into every story they shared to make us who we are today.

Our Elders also taught us to appreciate and be thankful for each new day. Growing up, I remember how my grandma would always tell us to appreciate our birthdays, since we would never experience that age again. She shared how she was once a part of the younger and middle generations, but then found herself being a part of the older generation.

In the same way, my other grandma would also remind me to appreciate my age, because we don’t stay young forever. All of this advice has stayed with me throughout my years, and is especially meaningful to me now as a parent, while also seeing my parents become part of the older generation. It is hard for me to look at my parents as Elders, since they were the ones who cared for us and made sure we were safe. Now, it is our generation’s honor and responsibility to care for our parents and the Elders in our families and communities.

This focus has been my inspiration and motivation to push forward with the work we do: to make things better for our Elders. It is our turn to care for our Elders; to give a greater chance for them to have a better quality of life and improved overall health. They say it takes a village to raise a child, but it also takes a tribe to care for our Elders. We are that tribe. I feel so blessed and grateful for the opportunity to put this data into action to connect our Elders with the services they need. This data will provide evidence and justification for accessing these vital health services so we can develop a plan to help meet their needs through offering services in our community.

We owe it to our Elders to do the most we can with this data and information to help make their golden years shine!

Miigwech (Thank You),

**Dr. Collette Adamsen**

Director, NRCNAA

*Turtle Mountain Band of Chippewa Indians*

## Contributors

We are indebted to several individuals who provided their time, hard work, and expertise to this project: Dr. Collette Adamsen, Dr. Robin Besse, Halle Short, Shane Knutson, Dr. Chia-Lin Chang, Elaina Seep, and Shelly Davis. We would also like to acknowledge our appreciation for the Title VI directors and staff who administered this survey and the many Native Elders who took the time to complete it; without you, this report would not be possible.

# About This Report

Every three years since 1998, the NRCNAA has conducted the “Identifying Our Needs: A Survey of Elders” Needs Assessment. This survey, funded by the Administration for Community Living (ACL), collects health and social information from Native Elders across the United States.

During the most recent survey round (Cycle VIII), data was collected from just over 21,000 Native Elders between April 2020 and March 2023. The data presented in this data book, however, specifically focuses on Native Elders ages 55 years and older (n = 19,744).

This data book provides a snapshot of the health, needs, and issues facing Native Elders in the United States.

## KEY FINDINGS

While it is impossible to summarize all of the important data pertaining to Native Elders in just a few points, a brief synopsis of some of the more commonly referenced points is listed here.

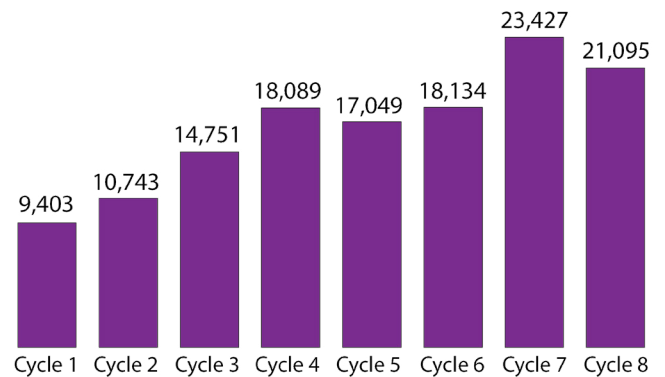
Most Native Elders surveyed were female (64.0%), between the ages of 60-69 years (44.0%), American Indian (85.6%), and were married or living with a partner (38.4%).

Most rated their health status as good (40.5%), with high blood pressure being the most commonly cited health concern (58.2%). Arthritis (44.8%) and diabetes (40.0%) were also frequently listed. Close to half of Native Elders (47.4%) had not had a fall, although another 44.4% reported having between one and four falls.

With regard to memory issues, 0.7% of Native Elders reported having Alzheimer’s Disease; followed by 1.9% with dementia; and 8.0% who had other problems with memory or thinking.

Close to one-third of Native Elders were disabled (29.0%). Among them, 36.4% indicated it was due to chronic disease; 28.8% due to accident or injury; 7.3% military service; and 4.4% congenital causes.

### Participation in Cycles I - VIII



Participation in the Needs Assessment Survey has shown a steady overall increase in participation since its inception in 1998. Cycle VII saw the largest number of participants to date with 23,427 surveys; however Cycle VIII was a close second, collecting 21,095 surveys from Indigenous communities across the U.S.

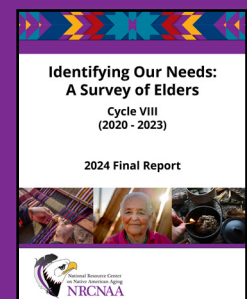
Native Elders were most likely to report having Medicare (58.9%) as healthcare coverage or utilizing Indian Health Service (52.0%).

Most Native Elders reported having access to traditional foods (67.6%); 44.7% reported consuming them regularly.

Approximately 21.0% reported smoking, and 42.0% indicated it had been more than 3 years since their last alcoholic drink.

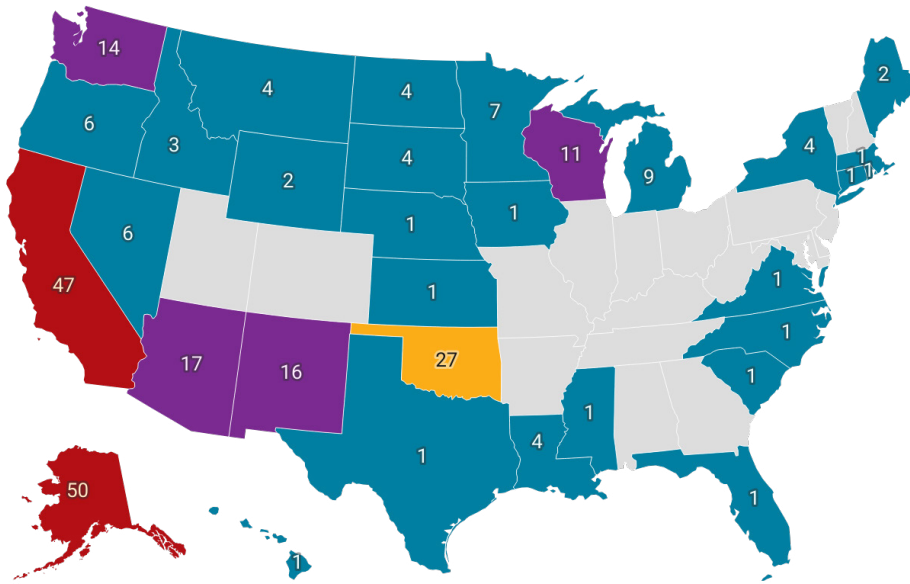
Close to 40.0% of Native Elders (38.2%) reported having a family member provide care for them. About one-third reported taking care of grandchildren (29.8%); 10.6% of respondents were the primary caregiver of their grandchildren.

To see more detailed information regarding the full results, please see the 2024 Final Report at [nrcnaa.org](https://nrcnaa.org)



# Native Elder Participation

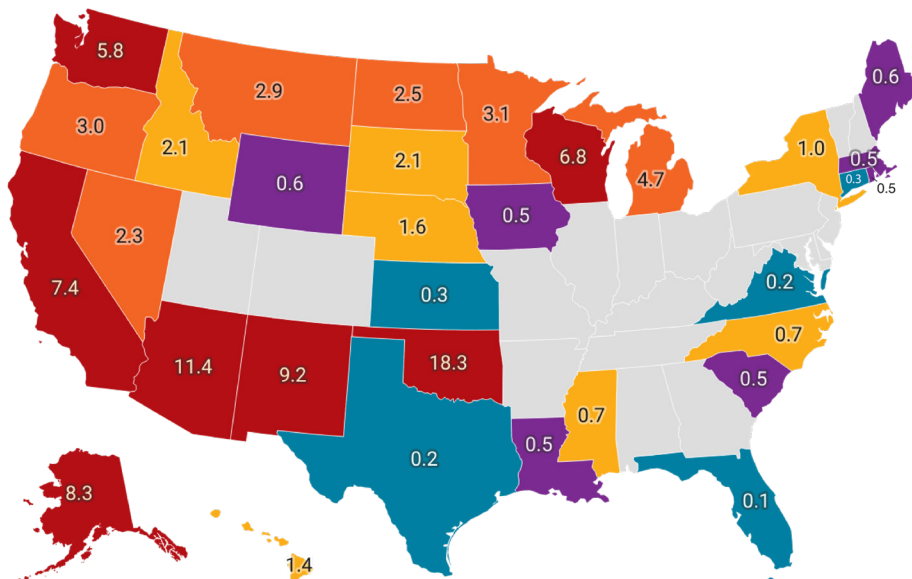
## Number of Indigenous Communities Participating in Cycle VIII



Created with Datawrapper

The map to the left shows the total number of Indigenous communities within each state who participated in the Cycle VIII survey. During this cycle, data was collected from a total of 250 communities, varying across states. For example, there were four participating Indigenous communities in North Dakota who participated in Cycle VIII; 11 from Wisconsin; and six from Nevada. Alaska had the highest number of communities participating at 50.

## Percentages of Elders from Each State



Created with Datawrapper

The map to the left provides another way of exploring participation across states. Because the number of surveys completed by each Indigenous community differed, this map highlights the total percentage of Elders from each state, based on the total number of Elders surveyed across all states (i.e., the survey total).

For example, Oklahoma Elders made up the highest percentage of survey respondents at 18.3%; this was followed by Arizona (11.4%), New Mexico (9.2%) and Alaska (8.3%). States with the lowest percentage of respondents included Florida (0.1%), Virginia (0.2%), and Texas (0.2%).



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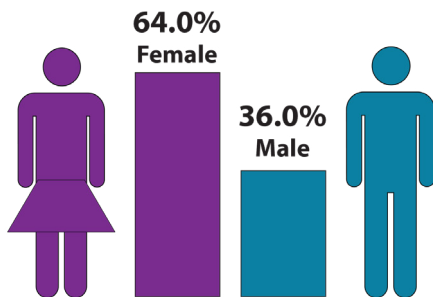
# Demographics

## Total Participation

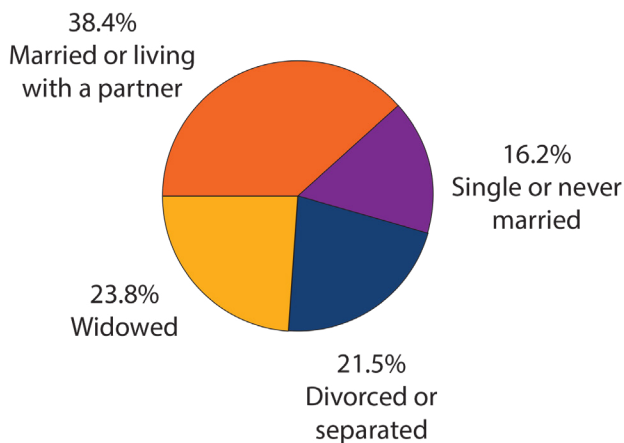


who were 55 years and older completed the Cycle VIII "Identifying Our Needs: A Survey of Elders" assessment

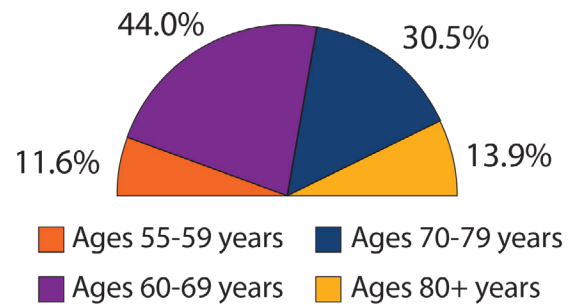
## Gender



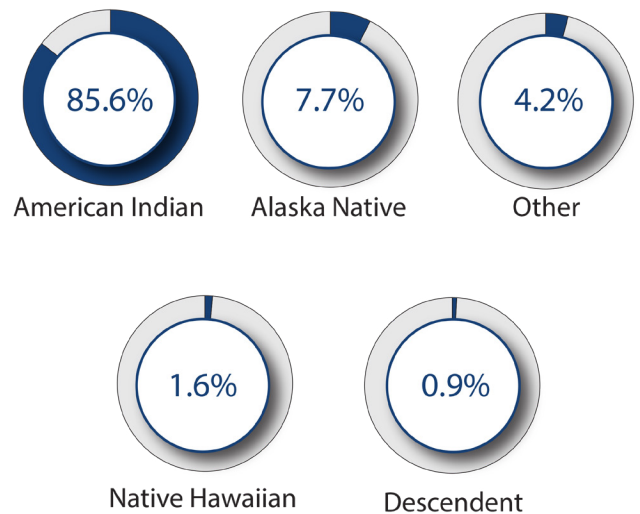
## Marital Status



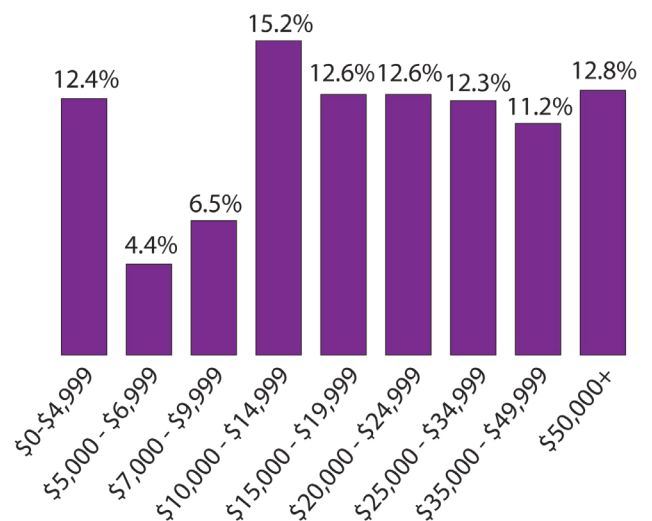
## Age



## Ethnicity

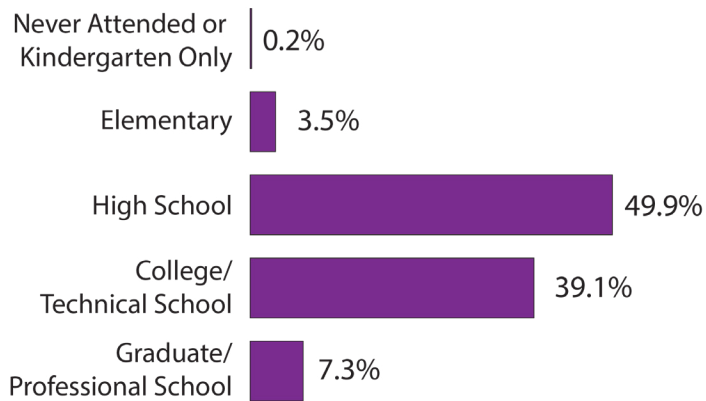


## Annual Income

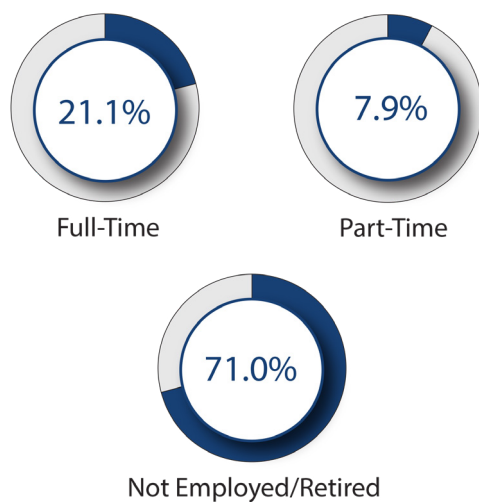


# Demographics

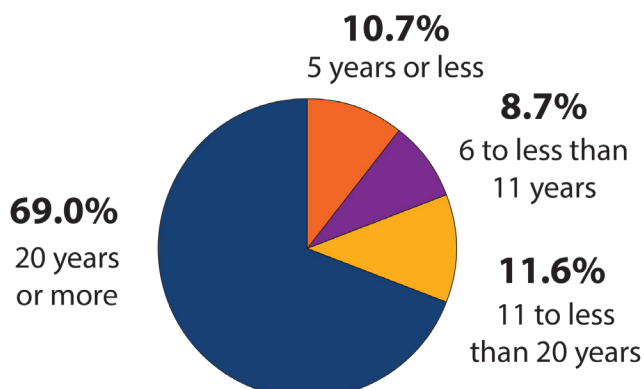
## Education



## Employment

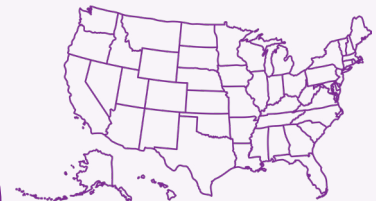


## Length of Time in ZIP



**13.3%**

served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard



**92.9%**

of Native Elders were enrolled members of a federally-recognized tribe

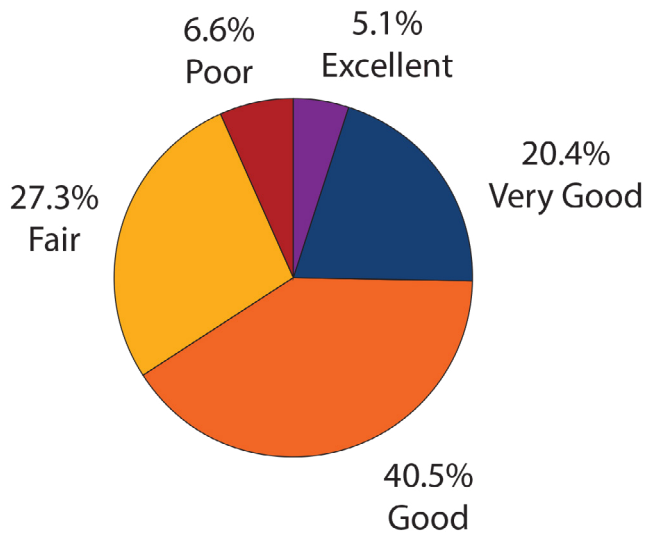


**64.4%**

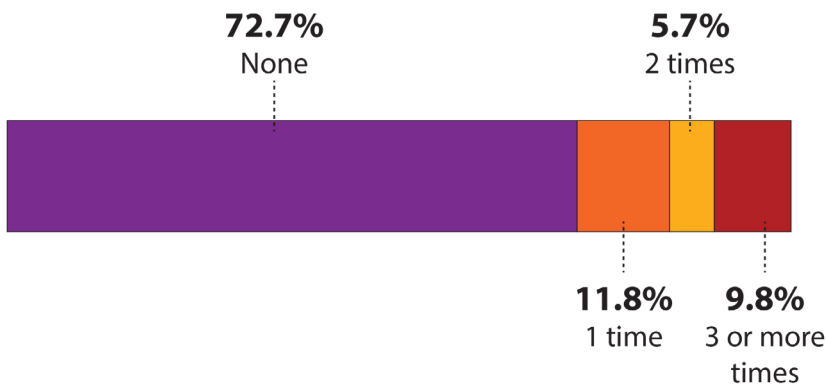
resided on a reservation, trust land, Alaska village, or Hawaiian homestead

# General Health Status

## Self-Reported Health Status

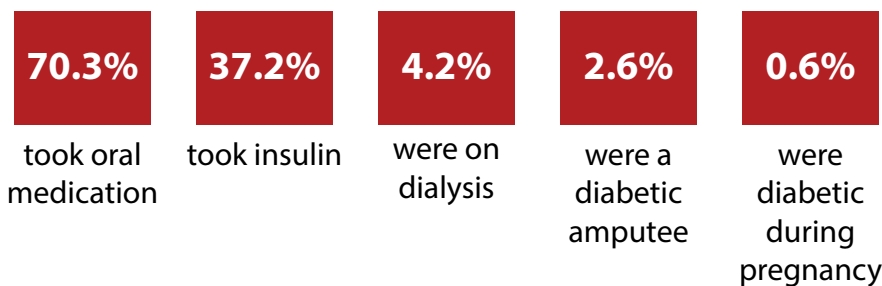


## Number of Hospital Stays in Past Year



## Diabetes

Among the 40.0% of Native Elders with diabetes:



## Falls



**40.7%**

of Native Elders worried about falling down in the past month



**47.4%**

of Native Elders had not fallen in the past year. Another 44.4% had between 1-4 falls; 5.1% had 5-8 falls; 2.0% had 9-12 falls; and 1.1% had 12+ falls.



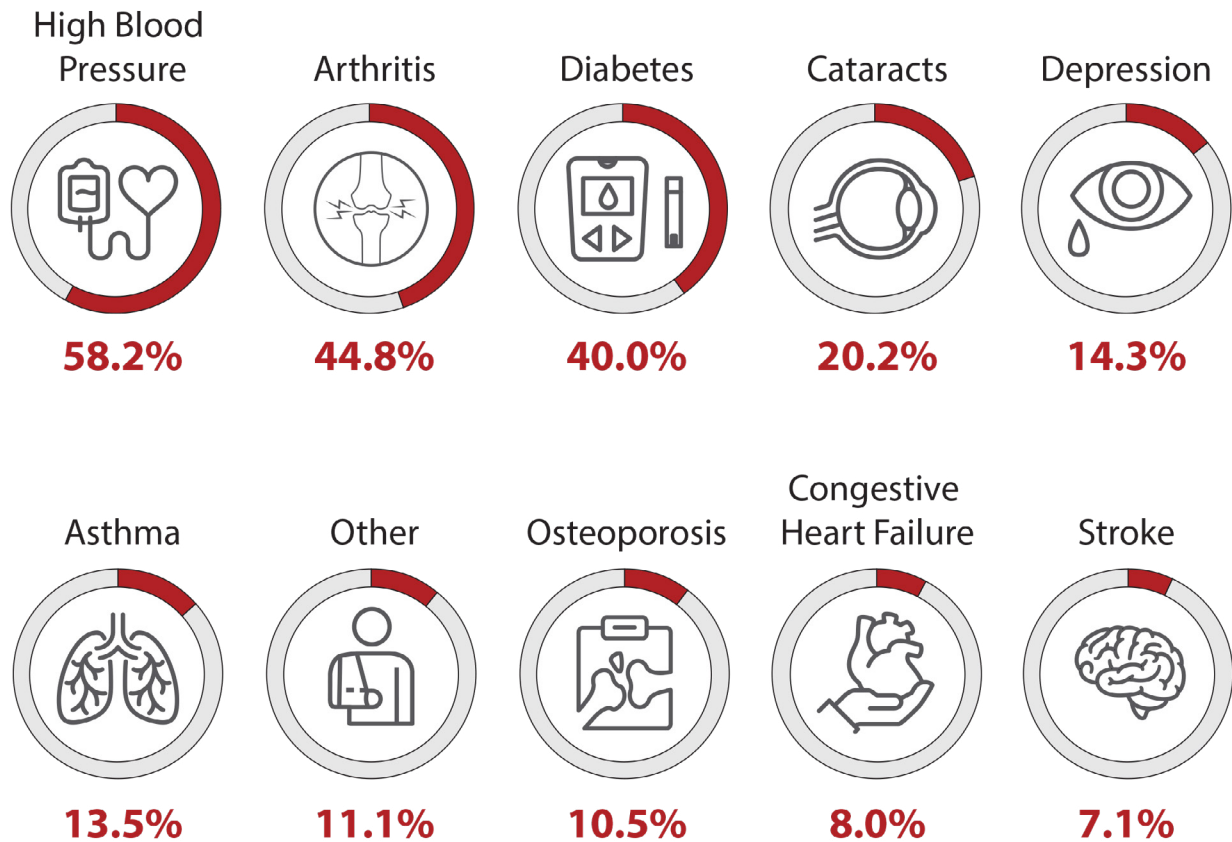
**33.3%**

of those who had a fall injured themselves seriously enough from a fall to need medical treatment

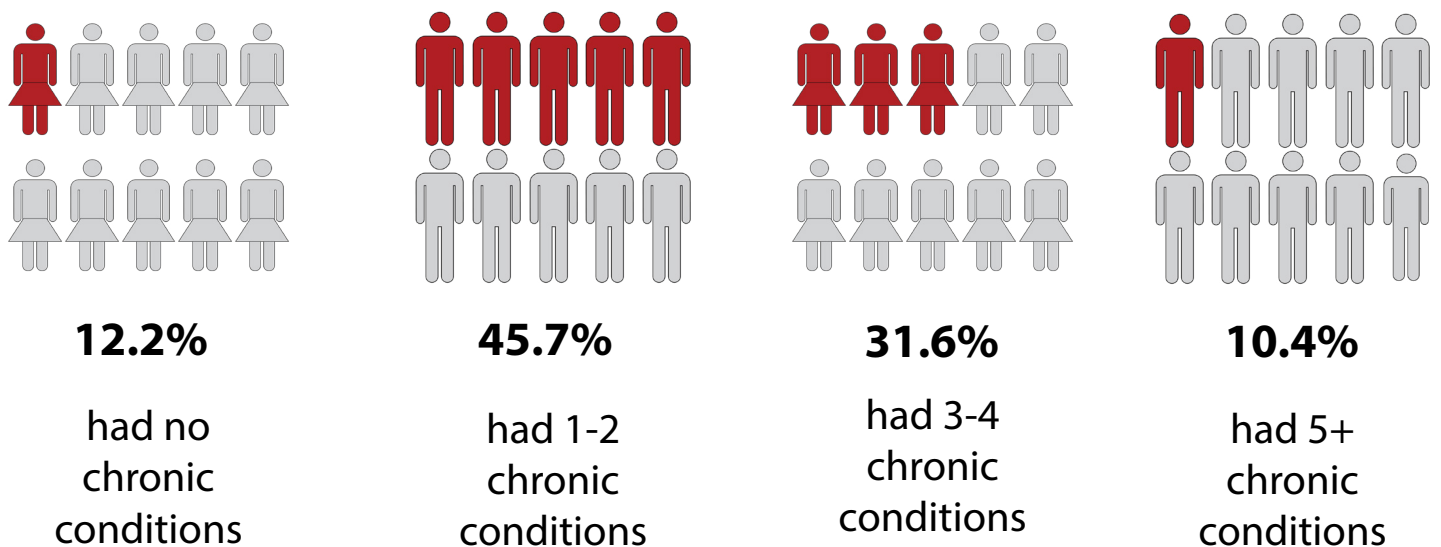


# General Health Status

## Most Frequently Reported Health Conditions

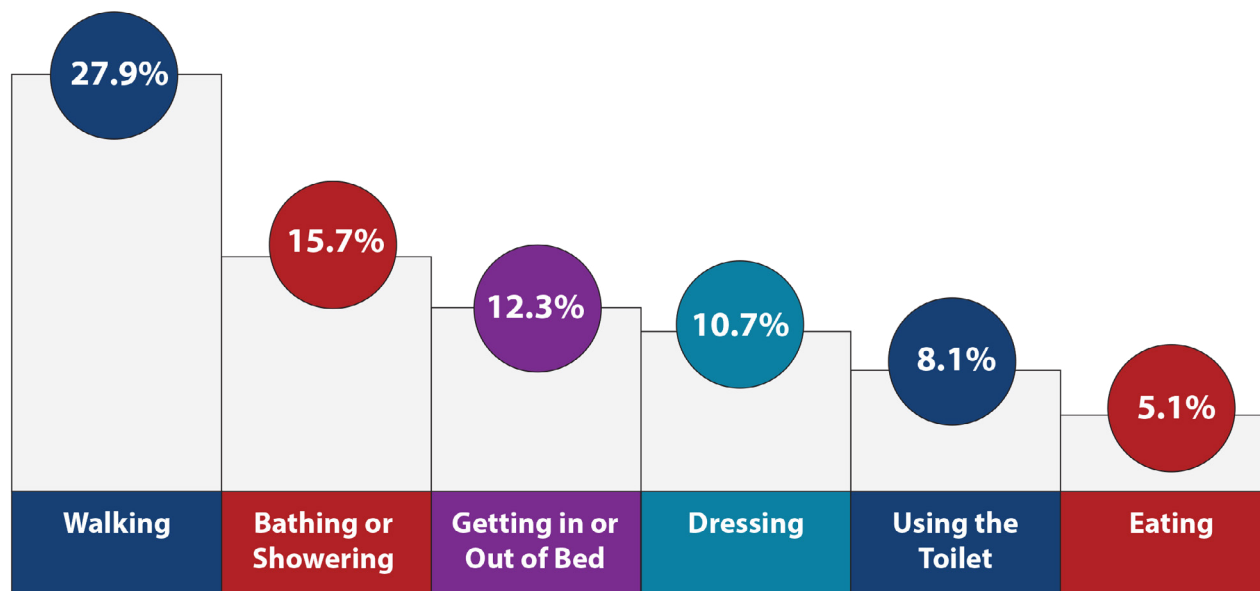


## Total Chronic Conditions



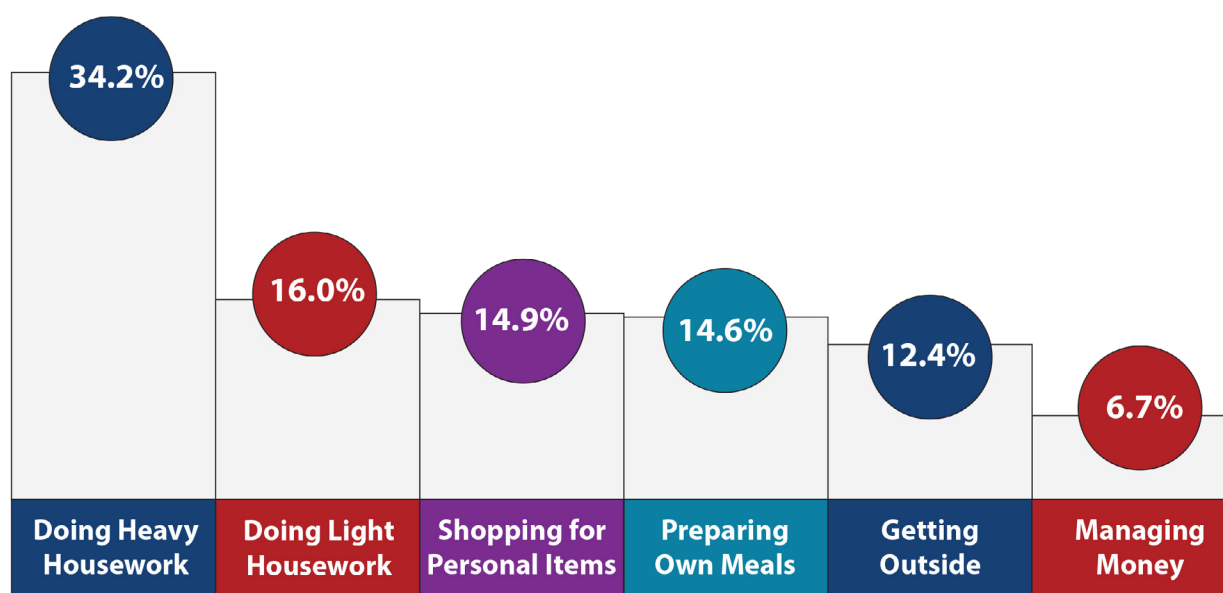
# Activities of Daily Living

## Difficulties of Daily Living



Most Native Elders (63.3%) reported that they did not have any activities of daily living that limited them, although 18.5% reported having one, and another 7.0% who reported having two limitations.

## Instrumental Difficulties of Daily Living



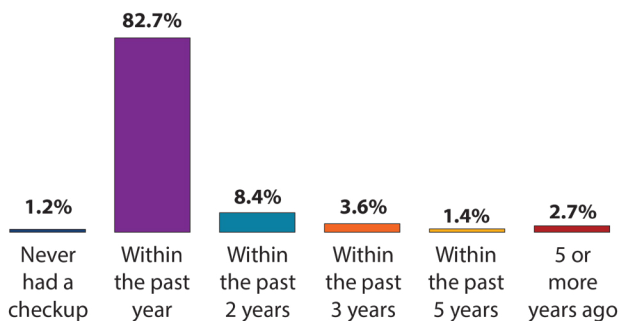
Most Native Elders (58.3%) reported that they did not have any instrumental activities of daily living that limited them, although 17.2% reported having one, and another 8.9% who reported having two limitations.

## Last Routine Checkup

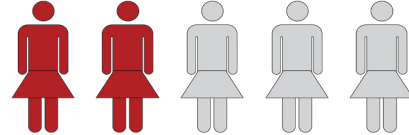


**4 out of 5**

Native Elders visited a healthcare provider for a routine checkup in the past year

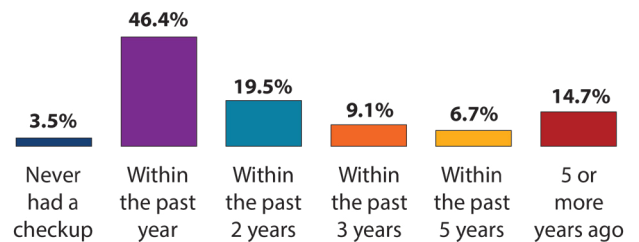


## Last Mammogram

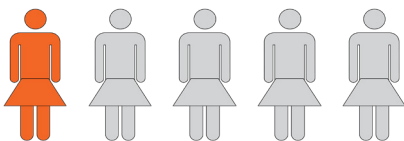


**2 out of 5**

female Native Elders visited a healthcare provider for a mammogram in the past year

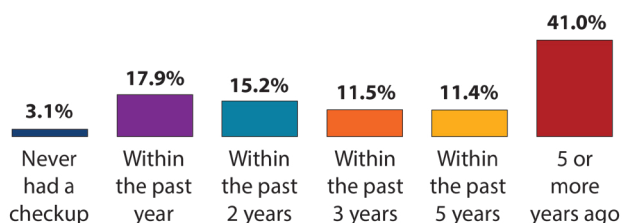


## Last Pap Smear

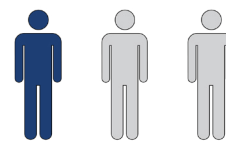


**1 out of 5**

female Native Elders had a pap smear in the past year

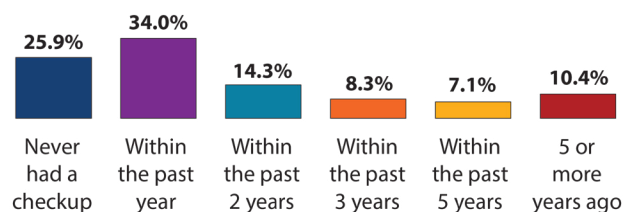


## Last PSA Test



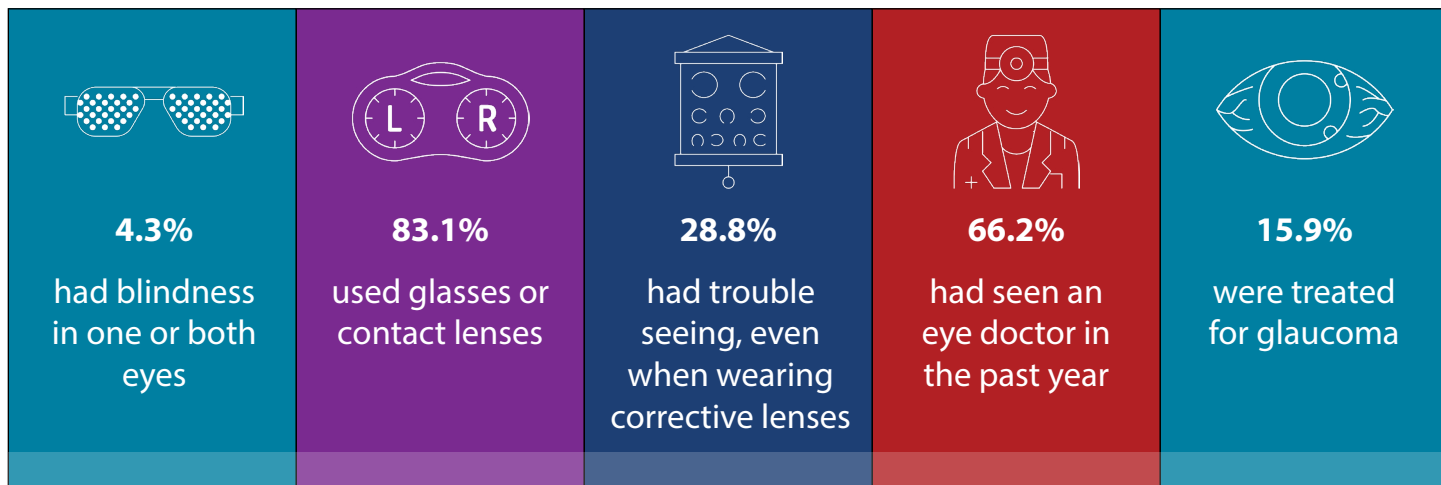
**1 out of 3**

male Native Elders had a prostate-specific antigen (PSA) test in the past year

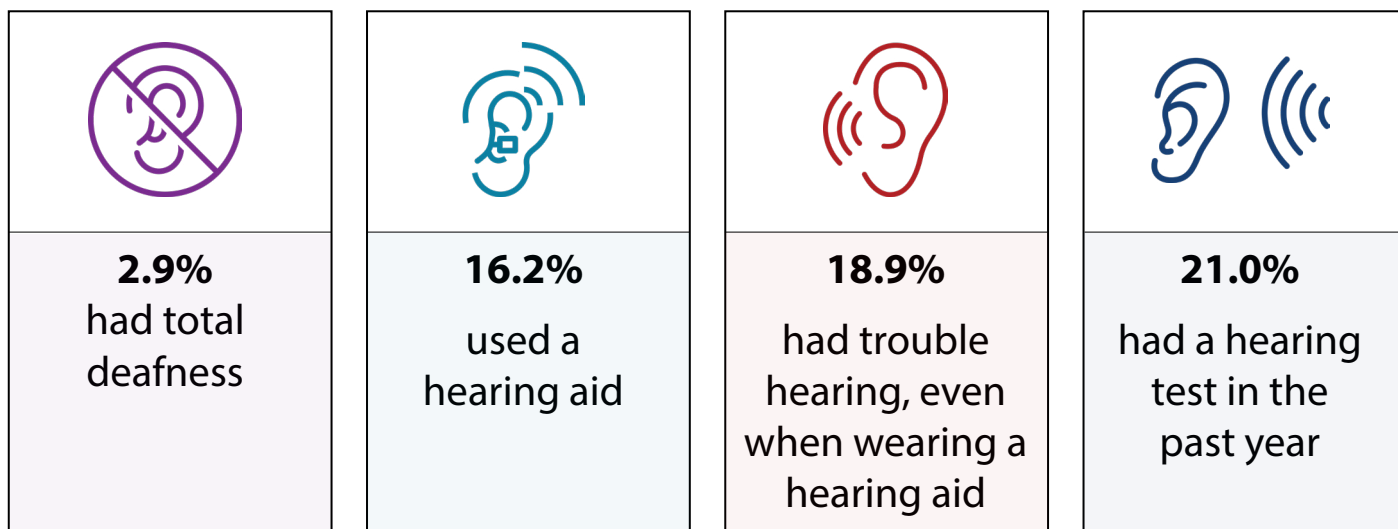


# Vision, Hearing, and Dental

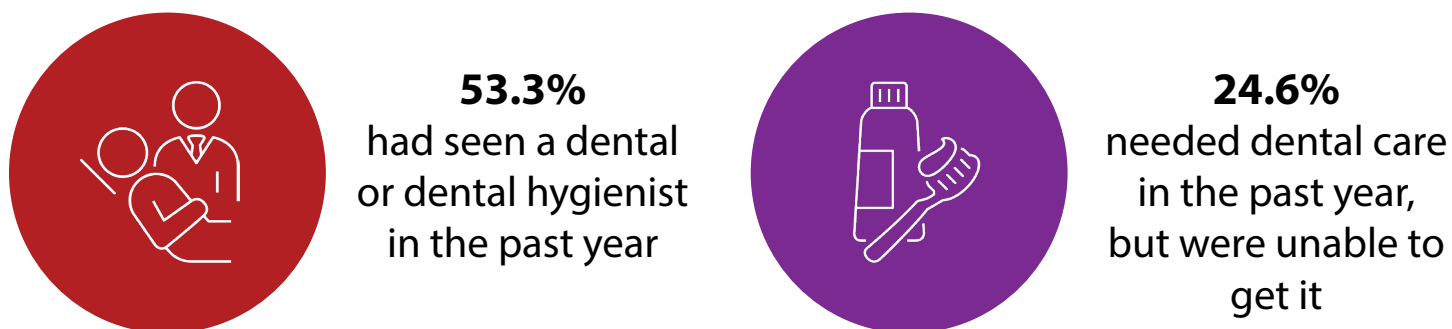
## Vision



## Hearing



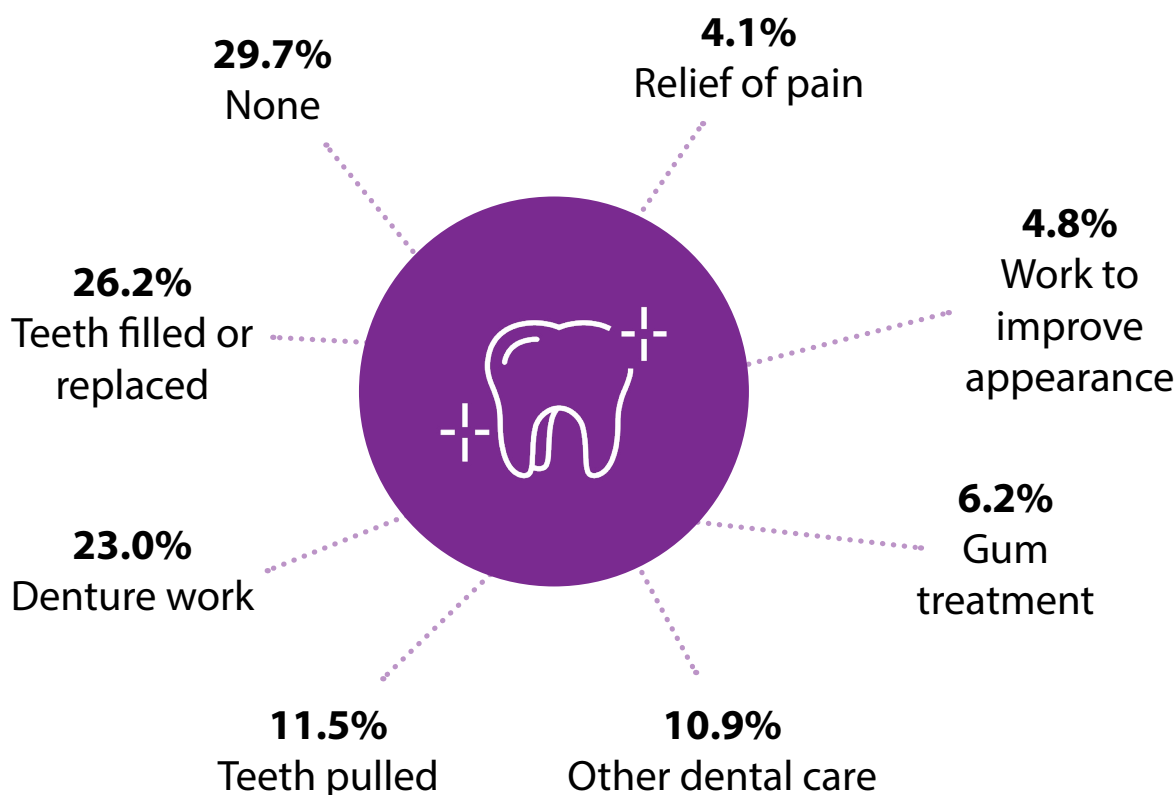
## Dental



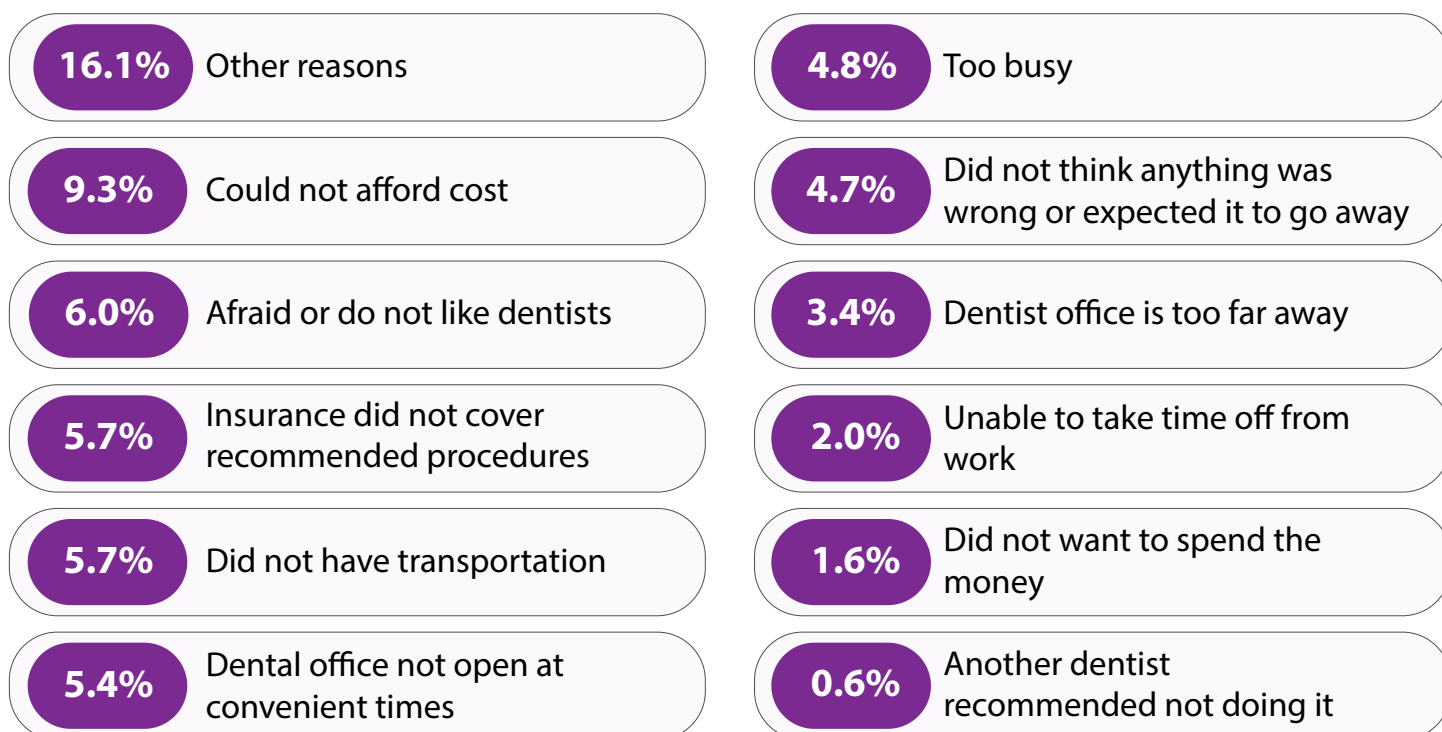


# Vision, Hearing, and Dental

## Type of Dental Care Currently Needed



## Reasons Why Native Elders Were Unable to Get Needed Dental Care



# Memory and Disability

## Diagnosis of Memory Problem



**0.7%**  
Alzheimer's  
Disease



**1.9%**  
dementia

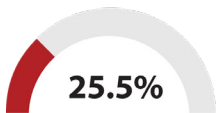


**8.0%**  
other problems  
with memory or  
thinking

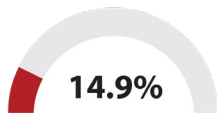


**80.2%**  
were not  
diagnosed with  
any memory issue

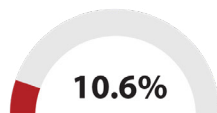
## Memory Problems Experienced in Past 12 Months



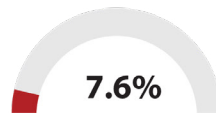
Misplacing  
things



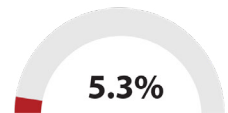
Memory  
loss



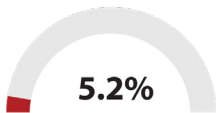
Changes in  
mood or behavior



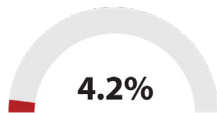
Difficulty in  
performing  
familiar tasks



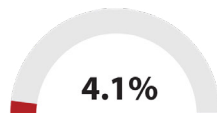
Loss of  
initiative



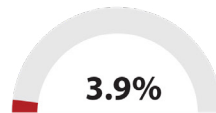
Disorientation  
to time and  
place



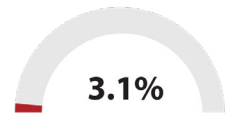
Problems  
with abstract  
thinking



Poor or decreased  
judgment

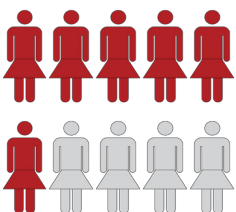


Changes in  
personality

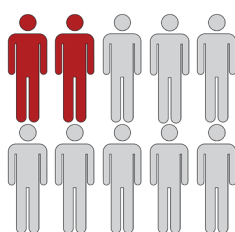


Problems with  
language

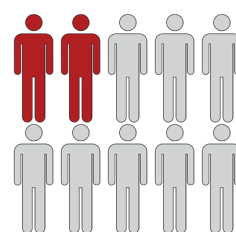
## Total Number of Memory Problems in the Past 12 Months



**62.9%**  
did not  
experience  
any memory  
problems



**17.6%**  
experienced  
1 memory  
issue



**19.5%**  
experienced  
2 or more  
memory  
issues

# Memory and Disability

## Disability

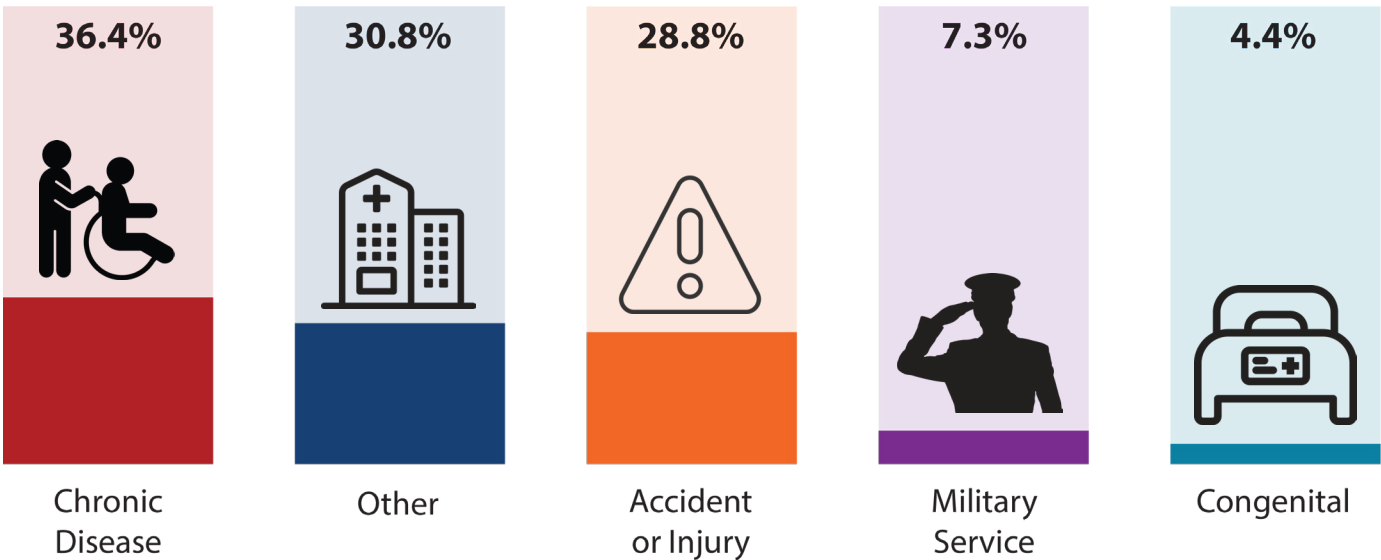


**1 in 3**

Native Elders reported that they had been diagnosed with a disability

## Type of Disability

Among the 29.0% of Native Elders with a disability:



## Special Equipment



**31.0%**

had a health problem that required them to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone

## Brain Injury

**5.6%**

had a brain injury that limited them in any way for more than a week in any activity



# Healthcare Access

## Current Type of Healthcare Coverage



**58.9%**

Medicare



**52.0%**

Indian Health  
Service\*



**22.5%**

Medicaid



**20.0%**

Private  
Insurance:  
Health-Medical



**18.4%**

Indian  
Health: Tribal  
Insurance



**7.2%**

Other  
Health Care  
Coverage



**5.1%**

Veteran's  
Administration



**4.5%**

Alaska Native  
Health  
Organization



**1.7%**

Private  
Insurance: Long-  
Term Care



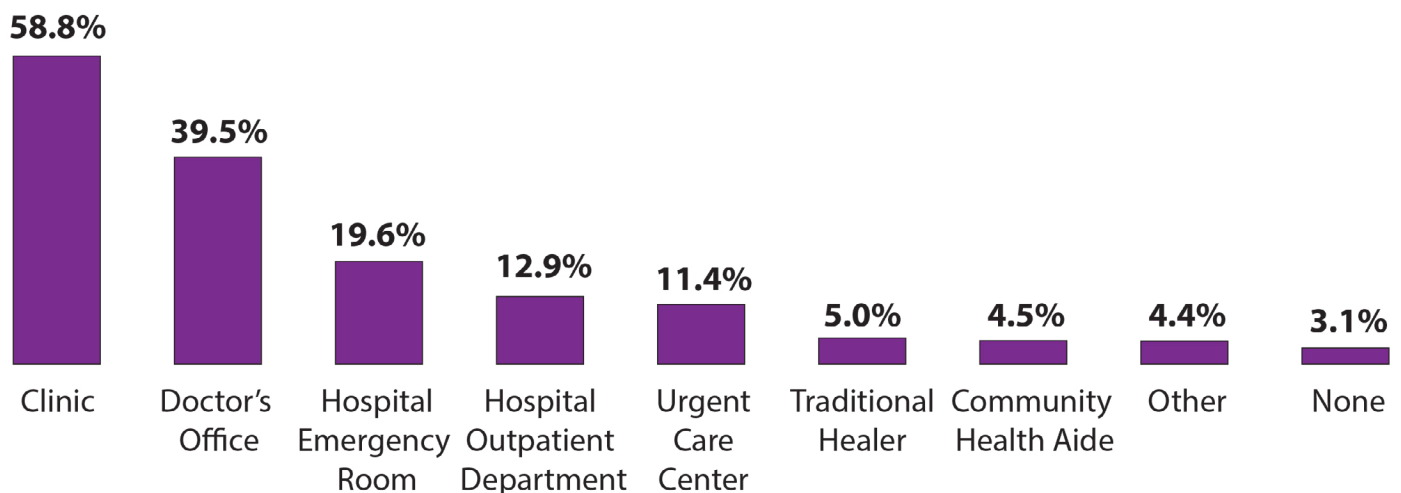
**0.4%**

Native  
Hawaiian  
Health Care

Approximately 1.9% of Native Elders reported having no health coverage.

*\*Although IHS is not a type of healthcare coverage, it was included in the survey options in order to better understand health-related services that Native Elders may be utilizing.*

## Places Went When Sick or In Need of Professional Advice About Health





# Healthcare Access

## Barriers to Healthcare



**8.7%**

Too long a wait for  
an appointment



**7.8%**

Lack of  
transportation



**7.2%**

Distance



**6.0%**

Cost



**5.5%**

Too long a wait in  
waiting room



**4.5%**

Other



**3.5%**

Office was not open  
when I could get there



**0.4%**

No access for people  
with disabilities



**0.3%**

No one spoke my  
language



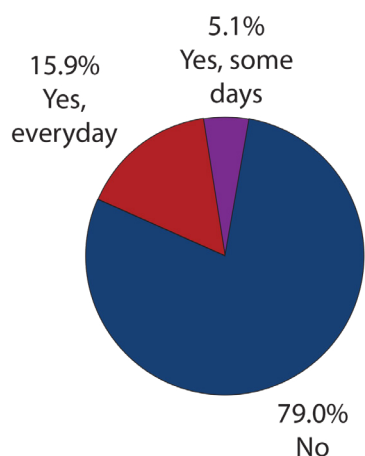
**0.3%**

No child care

Approximately 59.0% of Native Elders reported having no barriers to medical care.

# Tobacco and Alcohol Use

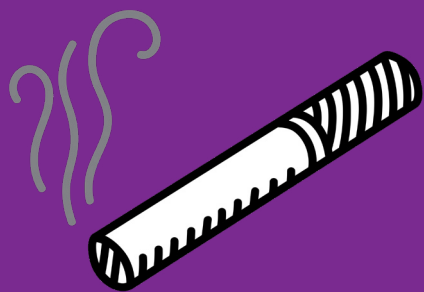
## Smoking Cigarettes



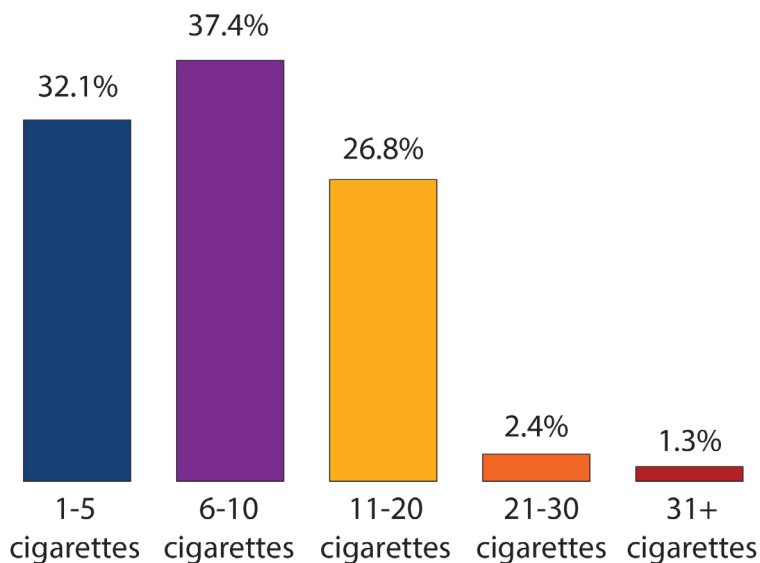
### Among those who smoked:

- 8.8%** smoked cigarettes *everyday* (ceremonial)
- 54.4%** smoked cigarettes *everyday* (social/recreation)
- 23.5%** smoked cigarettes *some days* (ceremonial)
- 51.8%** smoked cigarettes *some days* (social/recreation)

*\*Percentages will not add up to 100.0% as Elders could select multiple responses*



Among those who reported smoking, Native Elders smoked an average of **9.7** cigarettes per day



## Chewing Tobacco



**2.7%** of Native Elders reported using chewing tobacco or snuff



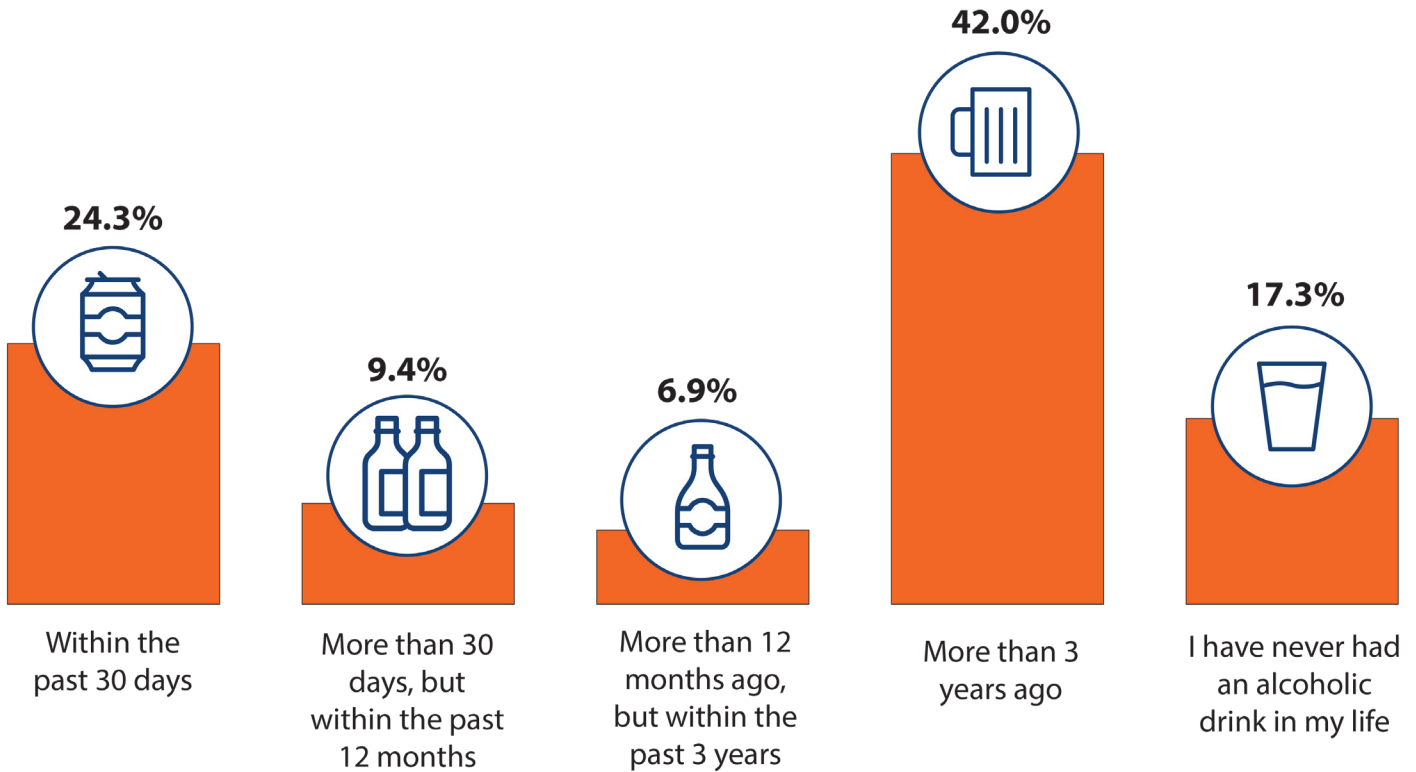
Among those who reported chewing tobacco, Native Elders used an average of **2.4** containers per week



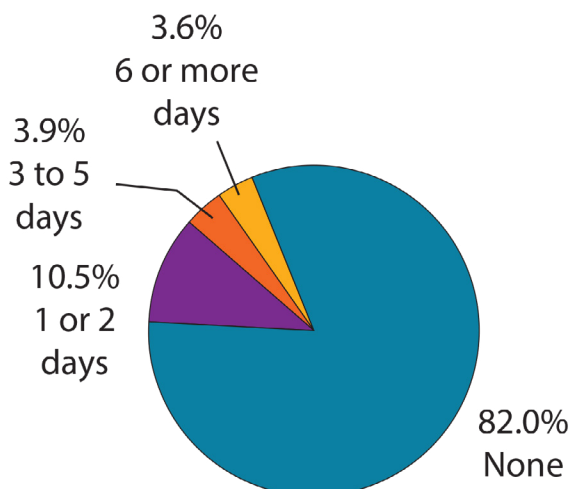
Among those who reported using chewing tobacco:  
**45.3%** used 1 container  
**25.2%** used 2 containers  
**29.5%** used 3 or more

# Tobacco and Alcohol Use

## Length of Time Since Last Drank an Alcoholic Beverage



## Number of Days Had 5 or More Drinks on One Occasion



# Weight and Nutrition

## Food Insecurity in the Last 12 Months:

**15.8%**

Cut the size of or skipped meals because there wasn't enough money for food

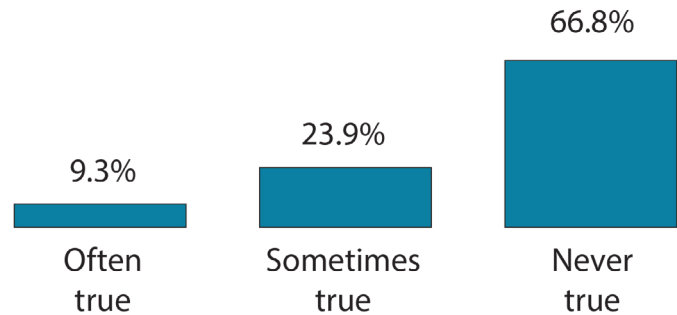
**15.3%**

Ate less than they felt they should because there wasn't enough money for food

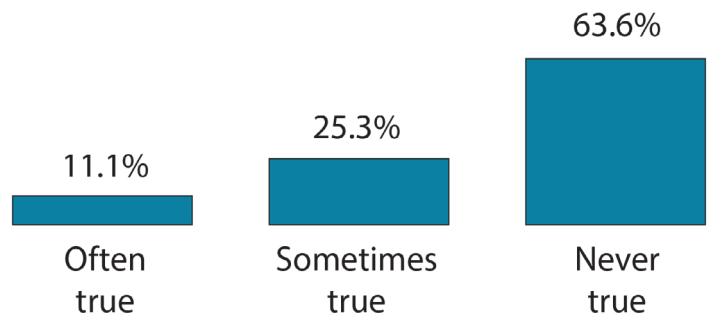
**11.4%**

Were hungry but didn't eat because there wasn't enough money for food

"The food I bought didn't last, and I didn't have money to get more"



"I couldn't afford to eat balanced meals"



**33.7%**

took 3 or more over-the-counter drugs a day



**26.5%**

ate few fruits or vegetables or milk products



**24.9%**

ate alone most of the time



**22.8%**

had a illness or condition that changed the kind and/or amount of food they ate



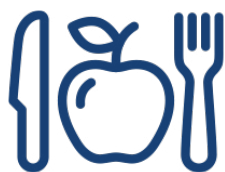
**16.1%**

ate fewer than 2 meals per day



# Weight and Nutrition

## Nutritional Status



**52.5%**  
had a good  
nutritional  
status



**28.2%**  
were at a  
moderate  
nutritional risk



**19.4%**  
were at a high  
nutritional risk

## Traditional Foods

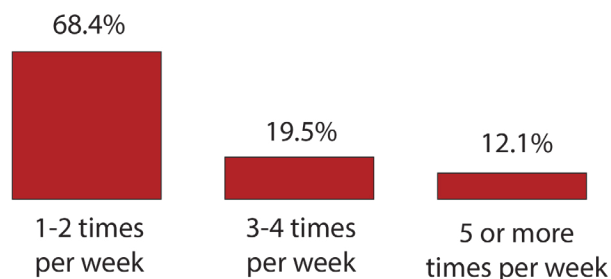


**67.6%** reported having  
access to traditional foods



**44.7%** reported regularly  
consuming traditional foods

Consumption of traditional foods per week  
(among all Native Elders):



**14.3%**

had lost or  
gained 10  
pounds in the  
last 6 months  
without  
wanting to



**11.5%**

had tooth  
or mouth  
problems that  
make it hard for  
me to eat



**10.5%**

were not always  
physically able  
to shop, cook,  
and/or feed  
myself



**9.6%**

didn't always  
have enough  
money to buy  
the food they  
needed



**2.3%**

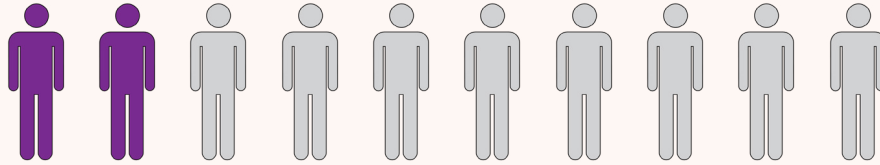
had 3 or more  
drinks of beer,  
liquor or wine  
almost every  
day



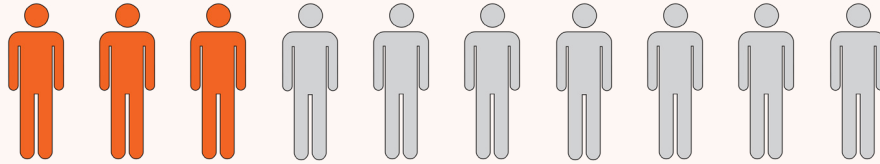
# Weight and Nutrition

## BMI

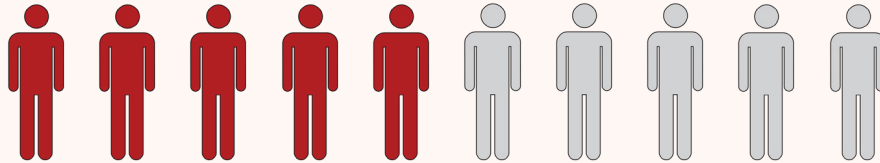
**21.4%**  
Normal weight



**32.9%**  
Overweight



**45.7%**  
Obese



## Exercise

Walking



Yard Work



None



Gardening



Other



Bicycling



Weight Lifting



Traditional Dancing



Swimming



Aerobics



Jogging



Running



Among those who reported exercising:



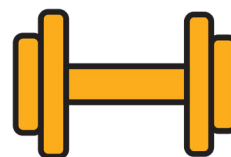
**50.9%**

exercised 1-2 times  
per week



**28.1%**

exercised 3-4 times  
per week



**20.9%**

exercised 5 or more  
times per week

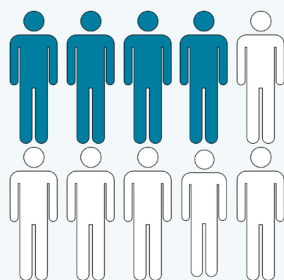
# Caregiving, Culture, and Support

## Caregiving



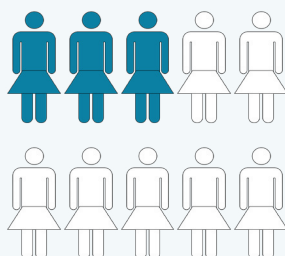
**38.2%**

had a family member who provided care to them



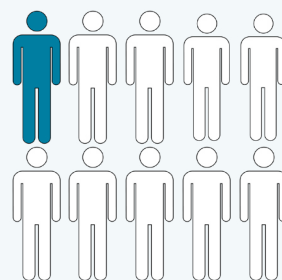
**29.8%**

cared for their grandchildren



**10.6%**

were the primary caregiver of their grandchildren



## Support



**75.9%**

had someone they felt like they could depend upon to provide physical support, such as shopping or running errands, fixing things around the house, or providing transportation



**81.8%**

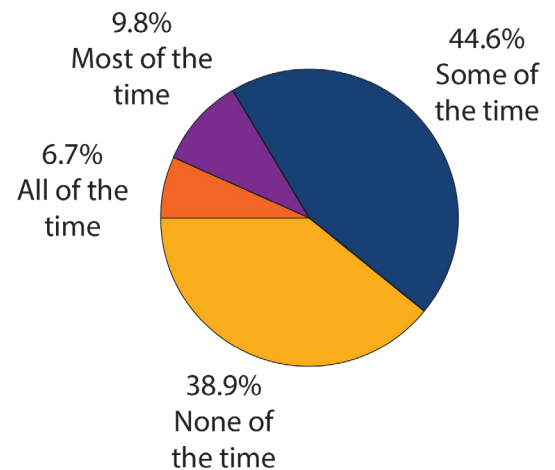
had someone they felt they could depend upon to provide social support, such as listening to problems, giving advice, or providing companionship

# Caregiving, Culture, and Support

## Cultural Practices and Traditions

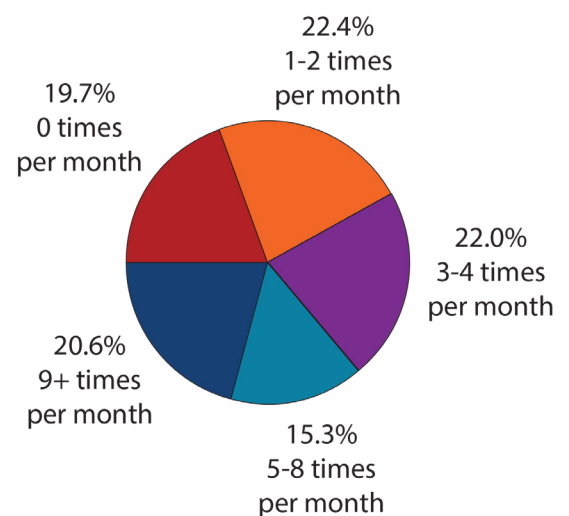
28.9%	Powwows	
24.9%	Consume cultural/traditional foods	
19.9%	Prepare cultural/traditional foods	
19.5%	Smudging	
14.9%	Cultural/traditional music/song	
14.5%	Speak my cultural/traditional language	
13.0%	Cultural/traditional dance	
8.8%	Storytelling	
8.1%	Other	
6.2%	Sweat lodge ceremony	
5.5%	Talking circles	
3.1%	Drum group	
3.0%	Sundance ceremony	

Participation in cultural practices that include traditional food, music, and customs



## Socializing

Times socialized per month

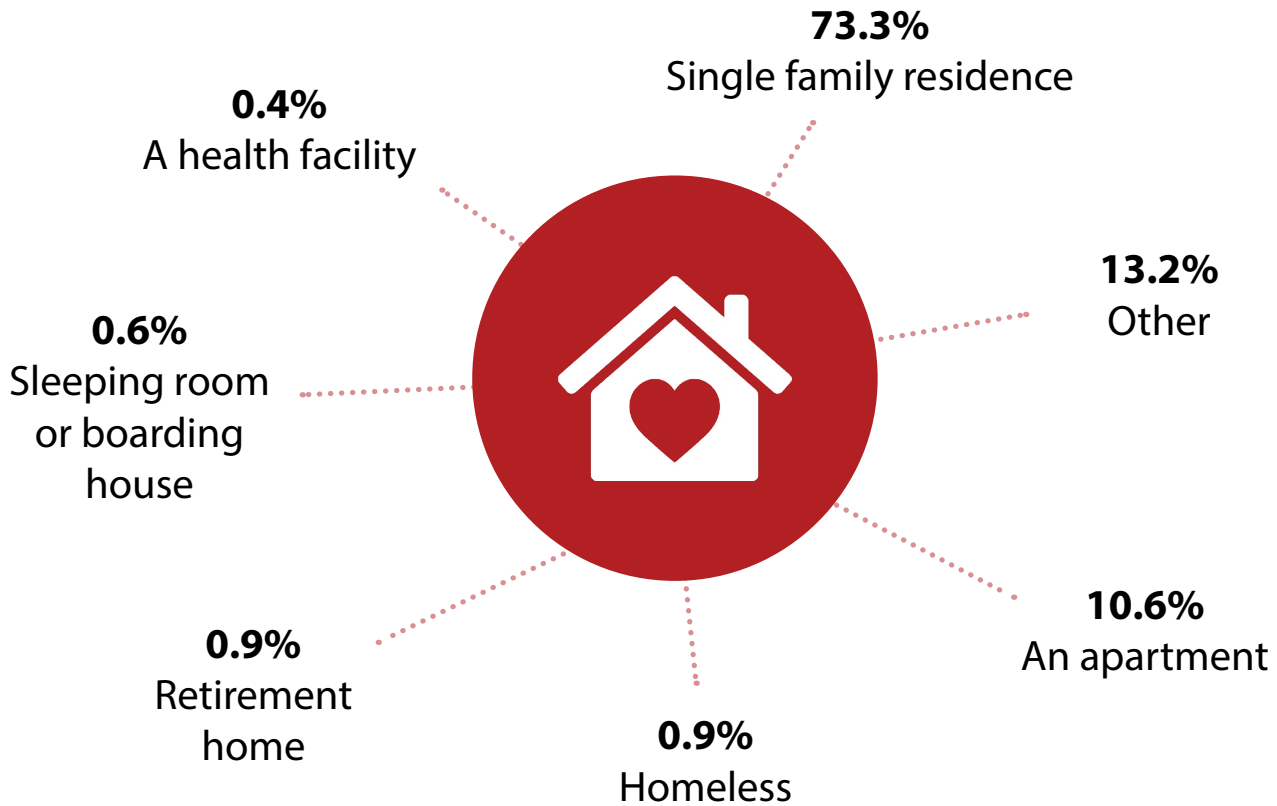


Native Elders reported socializing an average of 5.6 times per month

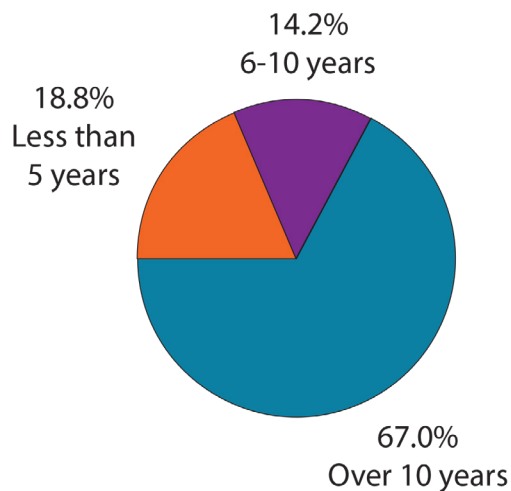


# Housing and Physical Environment

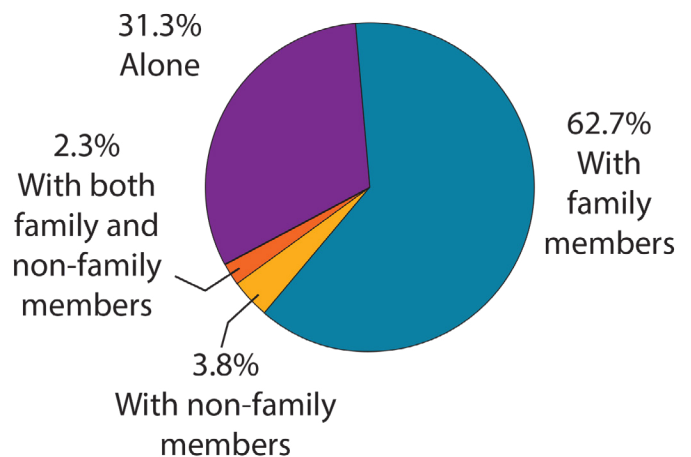
## Current Type of Housing



## Time at Present Address



## Current Living Situation



**2.66**

average number of  
individuals in household  
(including self)



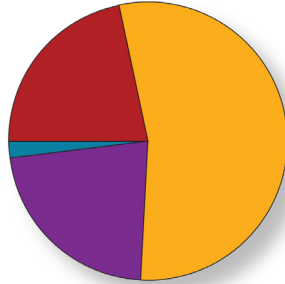
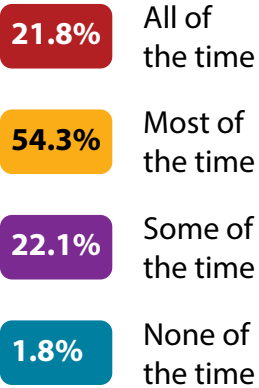
**2.25**

average number of children  
in household  
(among households with children)

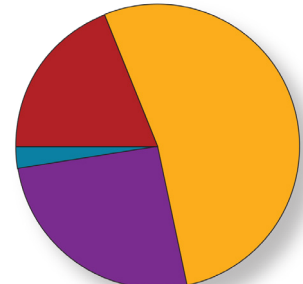
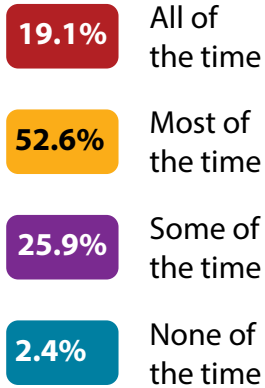
# Social Functioning

In the past month, how often did you feel:

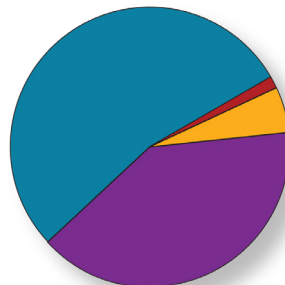
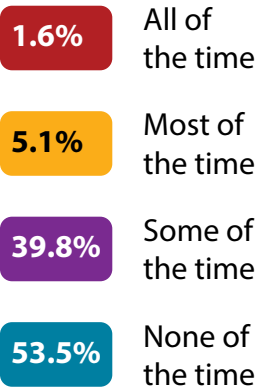
## Happy



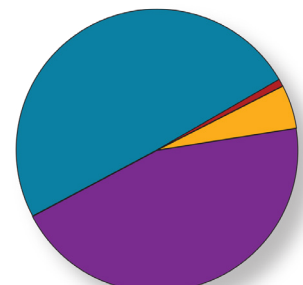
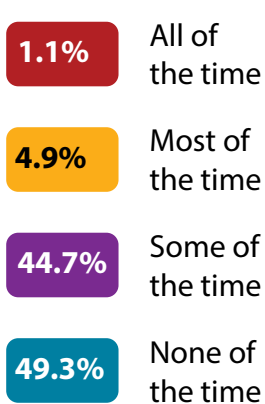
## Calm and Peaceful



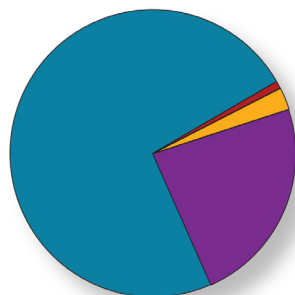
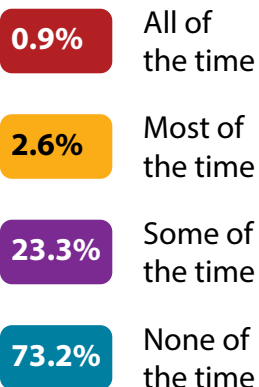
## Nervous



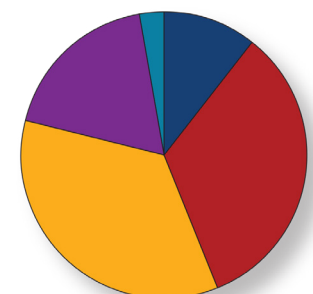
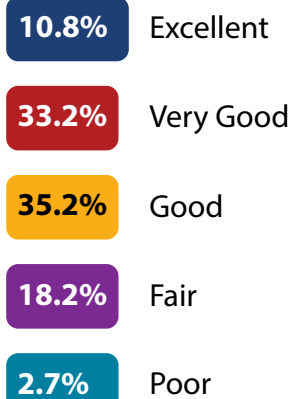
## Downhearted and Blue



## Down in the Dumps - Nothing Could Cheer You Up



## Self-Rated Quality of Life





# Social Functioning

## Senior Service Programs



### Top 5 Services - Now Using



**38.3%** Pharmacy



**33.3%** Home-Delivered Meals



**28.8%** Senior Center Programs



**23.5%** Congregate Meals



**11.9%** Transportation

### Top 5 Services - Would Use



**71.8%** Home-Delivered Meals



**43.8%** Pharmacy



**41.0%** Home Health Services



**40.8%** Transportation



**39.1%** Senior Center Programs

# NRCNAA: Who We Are

*The NRCNAA is made up of experts, researchers, and leaders with diverse backgrounds and experience. Our team is committed to helping improve the lives of Native Elders and working to ensure they get the resources they need.*



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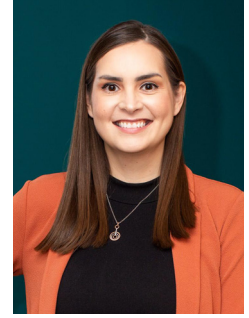
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# About Us

## National Resource Center on Native American Aging

The National Resource Center on Native American Aging (NRCNAA) is committed to identifying Native Elder health and social issues. Through education, training, and technical assistance, we assist in developing community-based solutions to improve the quality of life and delivery of support services to the Native aging population.

The NRCNAA serves the elderly Native American population of the U.S. The three centers are committed to increasing awareness of issues affecting American Indian, Alaskan Native, and Native Hawaiian Elders. We are a voice and advocate for their concerns. Through education, training, technical assistance, and research, the center assists in developing community-based solutions to improve the quality of life and delivery of support services to this aging population.

## Center for Rural Health

The Center for Rural Health (CRH) was established in 1980 within the University of North Dakota's School of Medicine & Health Sciences. It is one of the nation's oldest, largest, and most experienced organizations committed to providing leadership in rural health. CRH's mission is to connect resources and knowledge to strengthen the health of people in rural communities. CRH serves as a resource for healthcare providers health organizations, citizens, researchers, educators, and policymakers across the state of North Dakota and the nation. CRH activities are targeted toward identifying and researching rural health issues, analyzing health policy, strengthening local capabilities, and developing community-based alternatives. Although many specific activities constitute the agenda of the CRH, five core CRH divisions serve as the focus: (1) community outreach and engagement, including the designated North Dakota State Office of Rural Health; (2) education and information dissemination, including the Rural Health Information Hub website; (3) Indigenous programs, including two national American Indian centers; (4) program evaluation; and (5) research.

*This project was supported, in part, by grant number 90OIRC0003, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.*

*Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.*

# What We Can Do For You



## Title VI Needs Assessment: "Identifying Our Needs: A Survey of Elders"

This survey gathers information on health and social needs of your Elders to help with tribal planning, long-term care discussions, and grant applications.



## Native Urban Elder Needs Assessment Survey (NUENAS 1.0)

This survey gathers information and social needs of urban Elders to help with tribal planning, long-term care discussions, and grant applications.



## Resource Center on Native Aging and Disability (RCNAD)

The RCNAD is a national hub aiding tribal communities and organizations serving American Indian, Alaska Native, and Native Hawaiian Elders in building self-sustaining supportive programs for Elders and adults with disabilities.



## Native Elder Caregiver Curriculum

Elder caregivers in your community are one of our most valuable resources. This tool is designed to aid professionals, relatives, and community members who had the responsibility of caring for Native Elders in their homes.



## Native Aging in Place Project

This project aids professionals, relatives, and community members who have the responsibility of caring for Native Elders in their homes.



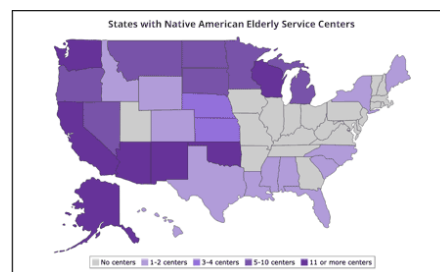
## Well-Balanced Program (Wise Elders Living Longer)

This is 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.



## Honoring Native Elder Veterans

To honor and recognize our Native Elder veterans, we are sharing their stories of service, selflessness, and dedication.



## Native Service Locator

This interactive map provides a list of tribal elderly services available across the United States.





National Resource Center  
on Native American Aging

**NRCNAA**

**National Resource Center on Native American Aging  
UND School of Medicine & Health Sciences  
Center for Rural Health  
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Grand Forks, ND 58202-9037**

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