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## *Native Elder Needs Assessment Project*

Leander R. McDonald, PhD, & Richard Ludtke, PhD

40<sup>th</sup> Annual Governor's Conference on Aging  
Creative Aging – A Community Challenge  
Judicial Room  
May 20-22, 2008  
Colonial Inn - Helena, MT



 Funded by the Administration on Aging

*Connecting resources and knowledge to strengthen  
the health of people in rural communities.*

 Center for Rural Health

- Established in 1980, at the University of North Dakota - Grand Forks, ND
- Focuses on access, financing, quality, and information dissemination through:
  - Education, Training, and Awareness
  - Community Development & Technical Assistance
  - Native American Health
  - Rural Health Workforce
  - Rural Health Research
- Web site: <http://ruralhealth.und.edu>


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## National Resource Center on Native American Aging

- Established in 1994, at the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences
- Focuses on:
  - Education, Training, and Research
  - Community Development & Technical Assistance
  - Native Elder Health, Workforce, & Policy
- Web site: [www.nrcnaa.org](http://www.nrcnaa.org)

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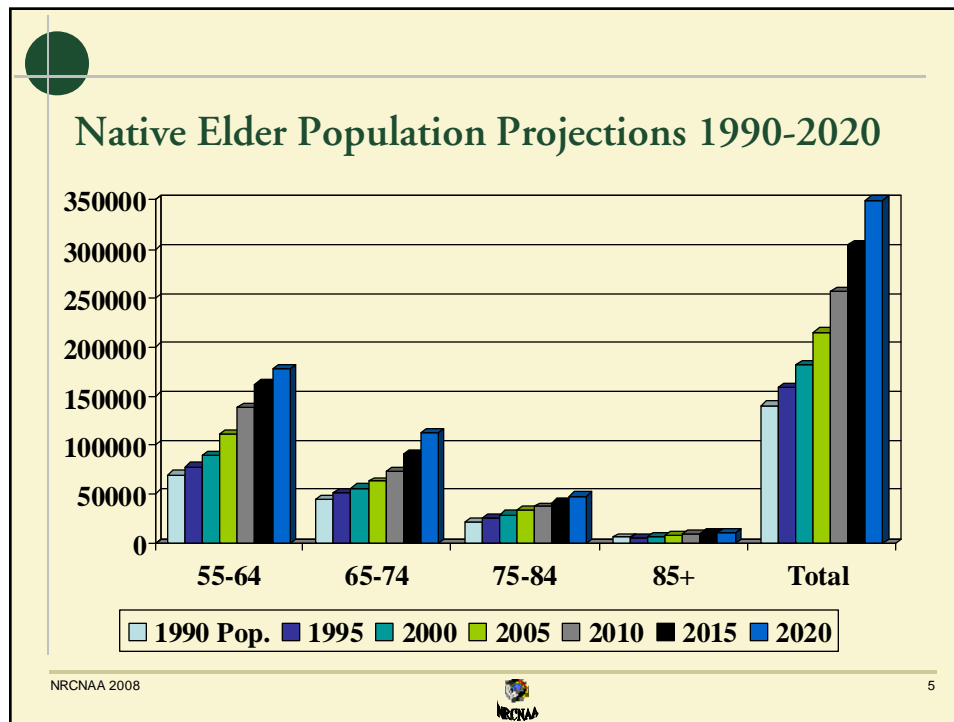
## Native Elder Issues

- Growing elder population with Boom generation
- Lower life expectancy
- Higher chronic disease rates
- Higher health risk factors
- Lack of screening
- Lack of long-term care services in Indian Country
- Changing family structure

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### Regional Variances

- One size does not fit all
- Variation in regard to life expectancy and chronic disease
  - Ex. California Indian Health Service Area life expectancy is close to the nations; however, Aberdeen Area is 64.3, a difference of 12.5 years.
  - Ex. Alaska Area (16%) has diabetes rate close to the general population at 14%; whereas, the majority of other regions are at 37% or higher.
- Once you seen one tribe you've only seen one tribe

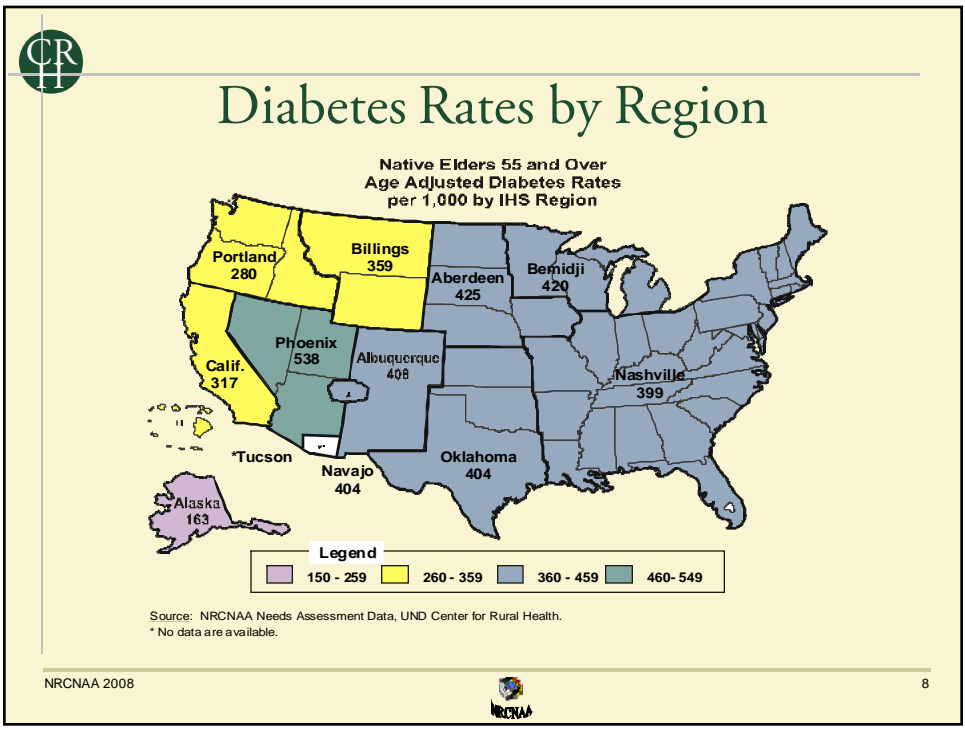
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### Life Expectancy at Birth, ages 55, 65 and 75 by IHS Area

IHS Area	At Birth	At Age 55	At Age 65	At Age 75
Aberdeen	64.3	18.9	13.2	8.5
Bemidji	65.7	18.7	12.7	10.1
Billings	67.0	20.2	13.9	8.9
Alaska	68.0	21.3	14.7	9.2
Tucson	68.4	22.2	15.8	10.0
Phoenix	69.8	22.6	16.1	10.6
Portland	71.7	23.1	16.0	10.1
Navajo	71.9	24.9	17.7	11.7
Nashville	72.2	22.8	16.3	10.5
Albuquerque	72.7	25.4	19.6	12.2
Oklahoma	74.2	25.7	18.2	13.1
California	76.3	26.9	19.4	13.3
All Indians	71.1	23.5	16.7	11.2
**U.S. All Races	76.8			


Source: I.H.S. Division of Statistics (1998); \*\*National Center for Health Statistics (2000)

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## Identifying our Needs III: A Native Elders Needs Assessment



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the health of people in rural communities.*

 **The Needs Assessment Team**

- Leander “Russ” McDonald, Ph.D – Director
- Richard Ludtke, Ph.D.
- Kyle Muus, Ph.D.
- Twyla Baker-Demaray, Research Analyst
- Kim Ruliffson, Project Assistant
- Joelle Ruthig, PhD, Research Associate
- Mary Gattis, Graduate Research Assistant
- Pam Ness, Graduate Research Assistant
  - Kaylee Compton, Student Assistant
  - C.W. Hall, Student Assistant

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## Purpose of the Project

- Assist tribes in collecting data useful for building infrastructure in their communities.
- Multiple methods are used throughout the study, primary method of data collection is the survey instrument (administered face-to-face with the elders).
- Fulfills requirements for tribes' Title VI Elder Nutrition program grant applications.



## Population

- Native American elders residing primarily on reservations
- Individuals age 55 and over living on or around Indian areas.
  - Age 55 is considered comparable to 65 and over in the general population





## Data is collected on

- General health status
- Activities of Daily Living (ADL's)
- Instrumental Activities of Daily Living (IADL's)
- Indicators of chronic disease
- Cancer screenings
- Access to healthcare
- Indicators of vision and hearing
- Tobacco and alcohol use
- Nutrition and exercise
- Weight and weight control
- Social supports



## National Resource Center Provides:

- Survey instruments – a standardized tool
- Assistance with sampling
- Training on data collection
- Technical support
- Data entry
- Data analysis
- Statistical profiles of your elders
- Comparisons with national norms





## Local Communities Provide:

- A resolution from their tribal councils
- A list of names/subjects for the sample
- Data collection
- Local implementation and coordination



## Current Status of Project

- **Cycle I**
  - 190 tribes from 87 different sites are represented in national file
  - 9,403 Native elder participants have filled out the survey
  - At least one tribe from 11 of the 12 I.H.S. Regional Areas were represented in the national file
- **Cycle II**
  - 254 tribes from 75 sites representing 10,521 Native elders have completed Cycle II
  - All 12 I.H.S. Regional Areas were represented in the national file







## Current Status of Project

- **Cycle III**

- 298 Tribes/Alaska Native Villages/Hawaiian Homelands from 127 different sites are represented in national file
- 14,751 Native elder participants have filled out the NRCNAA survey, 774 have filled out the NSAIE survey, for a total of 15,565 AIANNH elders.
- All 12 I.H.S. Regional Areas are represented in the national file.



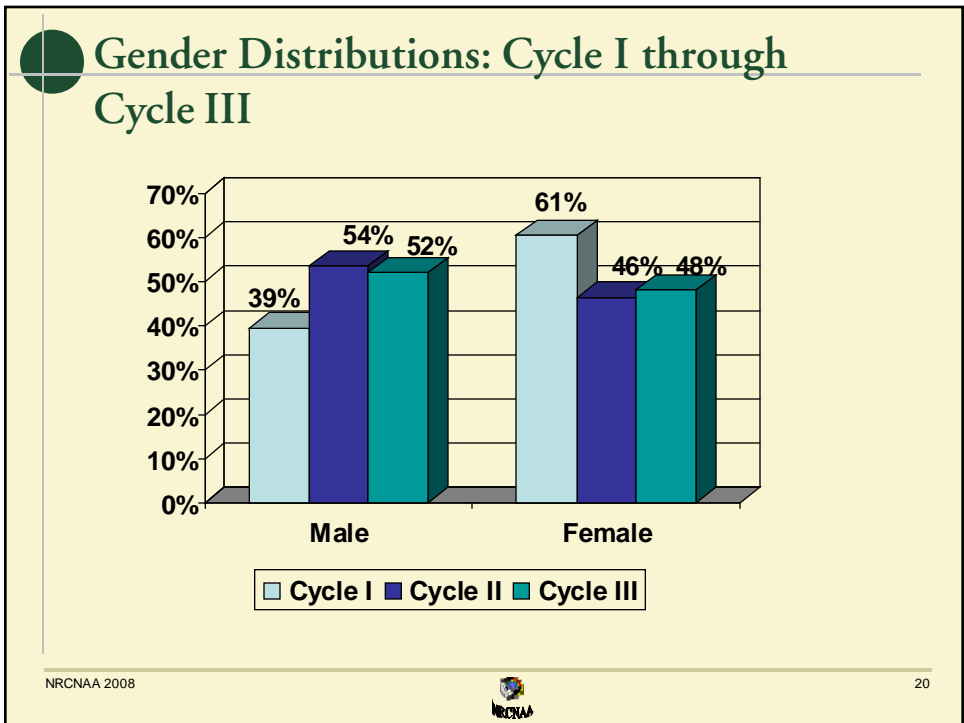
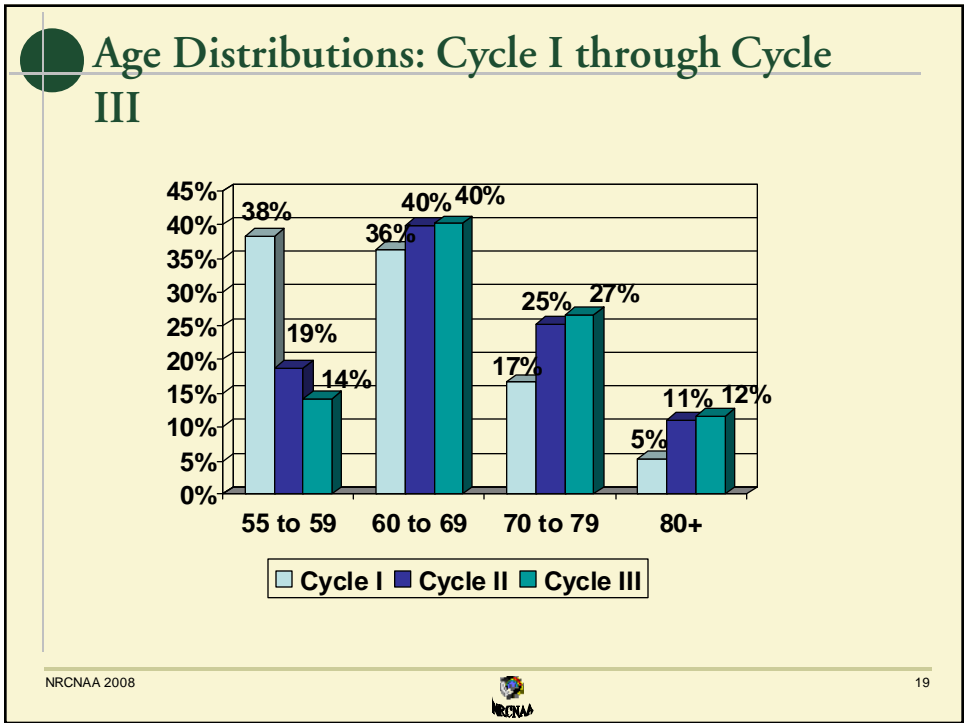
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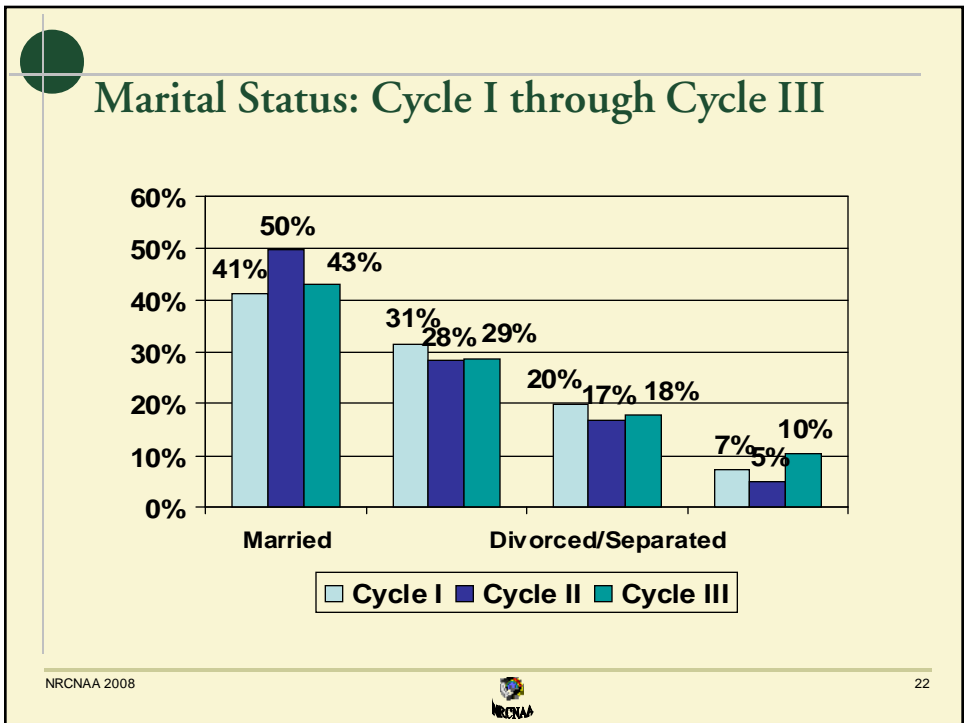
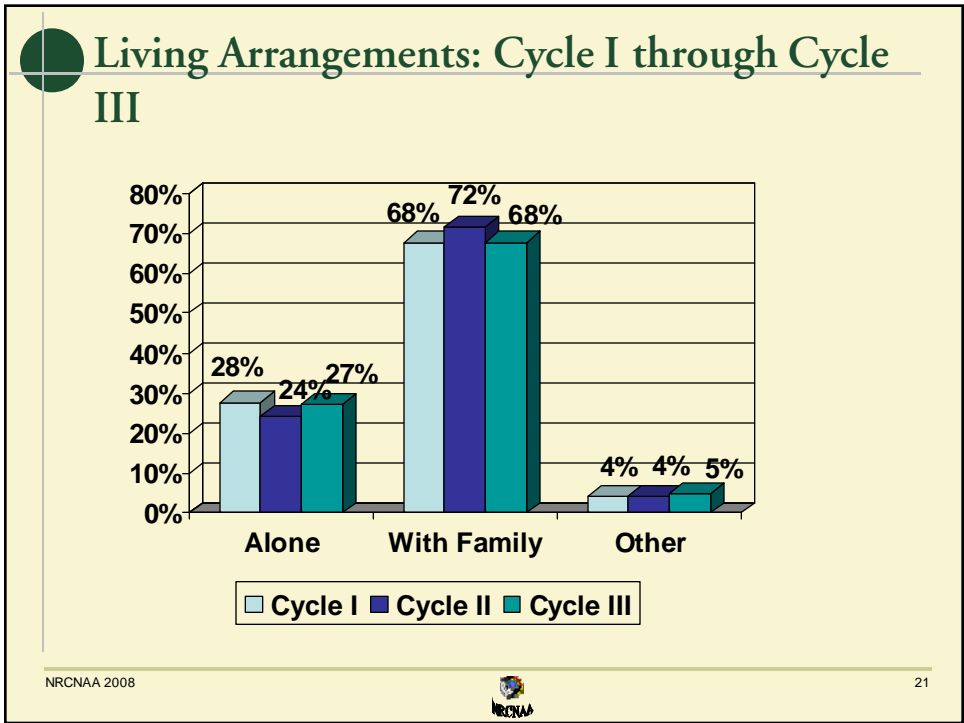
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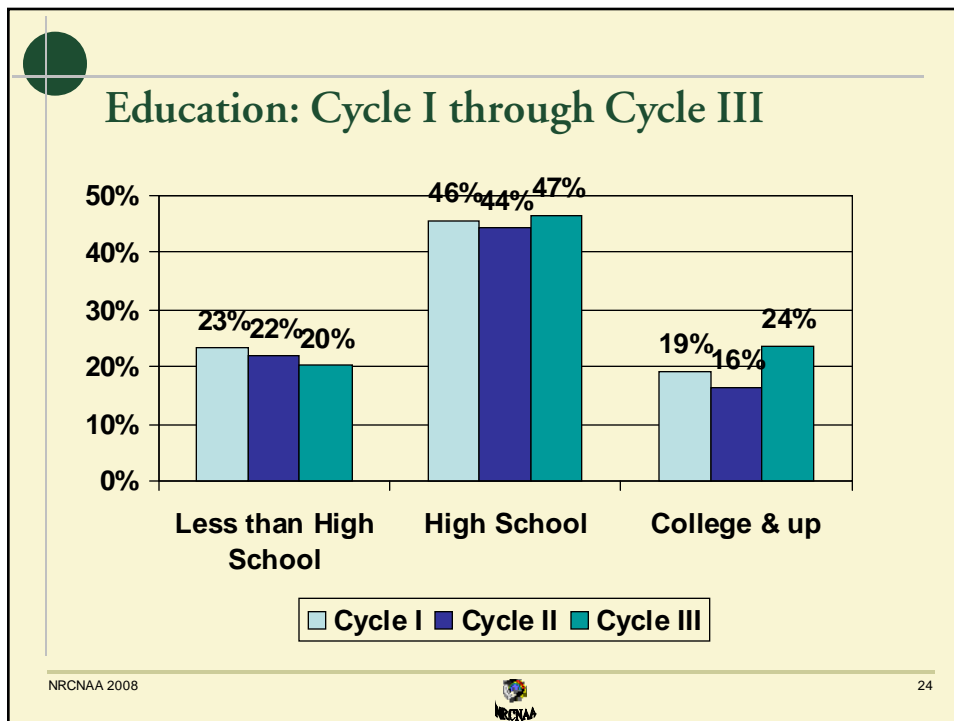
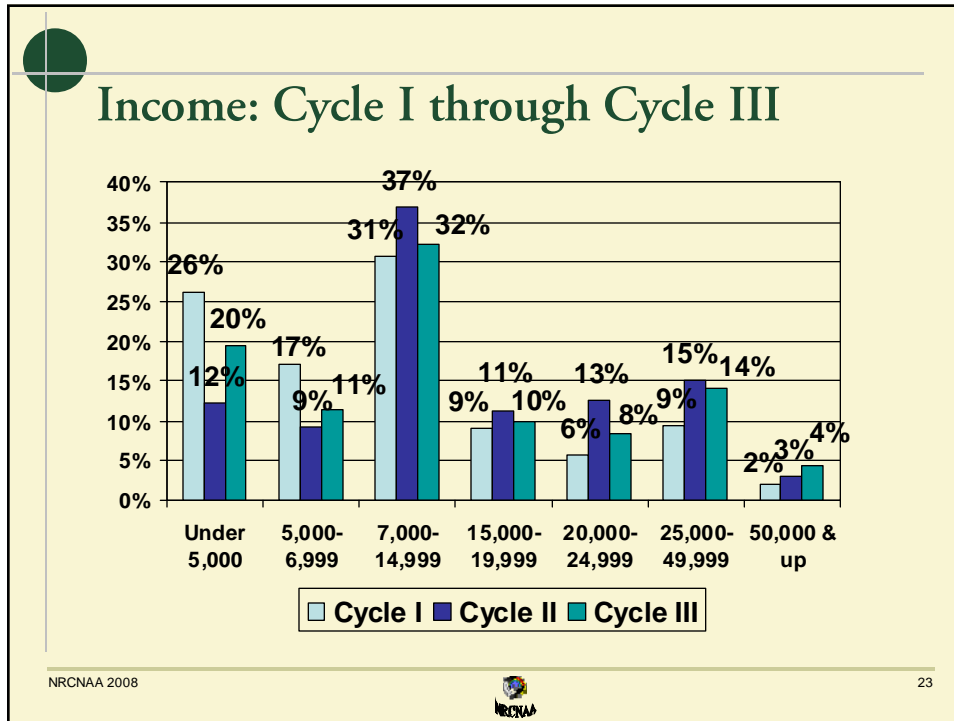
## Changing Demographics: Survey Results




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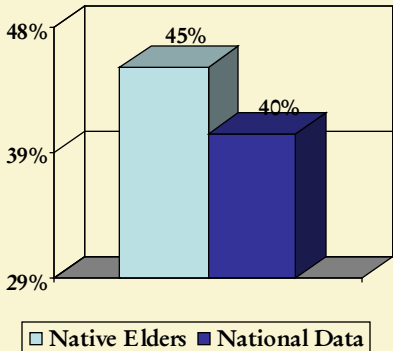
## The Health of America's Indian Elders: Chronic Diseases



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### Chronic Diseases – Arthritis (N=14,751)

**Arthritis**

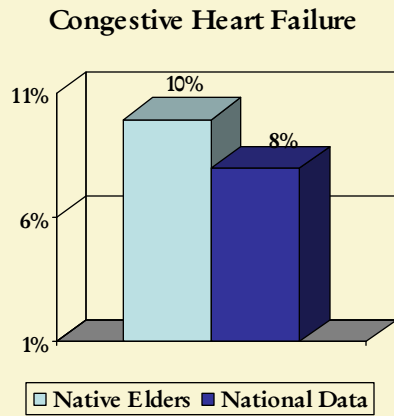


Group	Prevalence
Native Elders	45%
National Data	40%

- Native elders were 13% more likely to experience arthritis than the U.S. general population.

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## Chronic Diseases – Congestive Heart Failure (N=14,751)



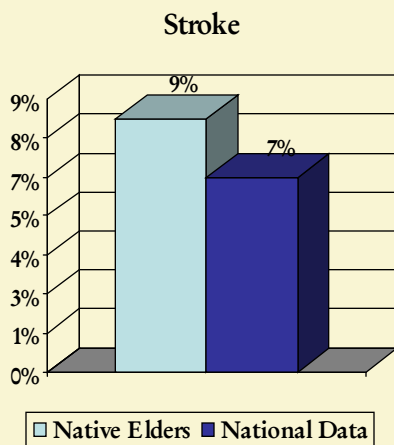
- Native elders were 25% more likely to experience congestive heart failure than the general U.S. population.

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## Chronic Diseases – Stroke (N=14,751)



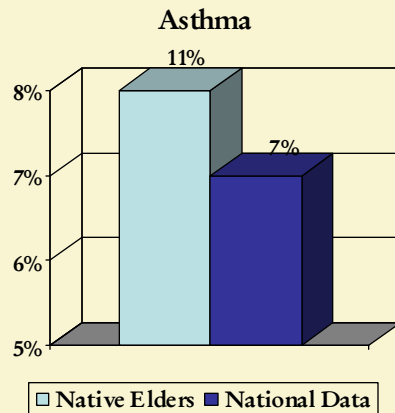
- Native elders were 29% more likely to experience a stroke than the general population.

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## Chronic Diseases – Asthma (N=14,751)



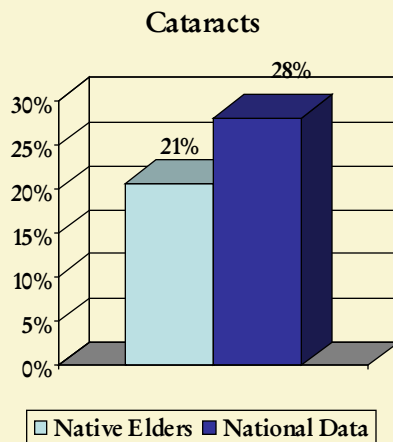
- Native elders were 57% more likely to experience asthma than the U.S. general population.

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## Chronic Diseases – Cataracts (N=14,751)

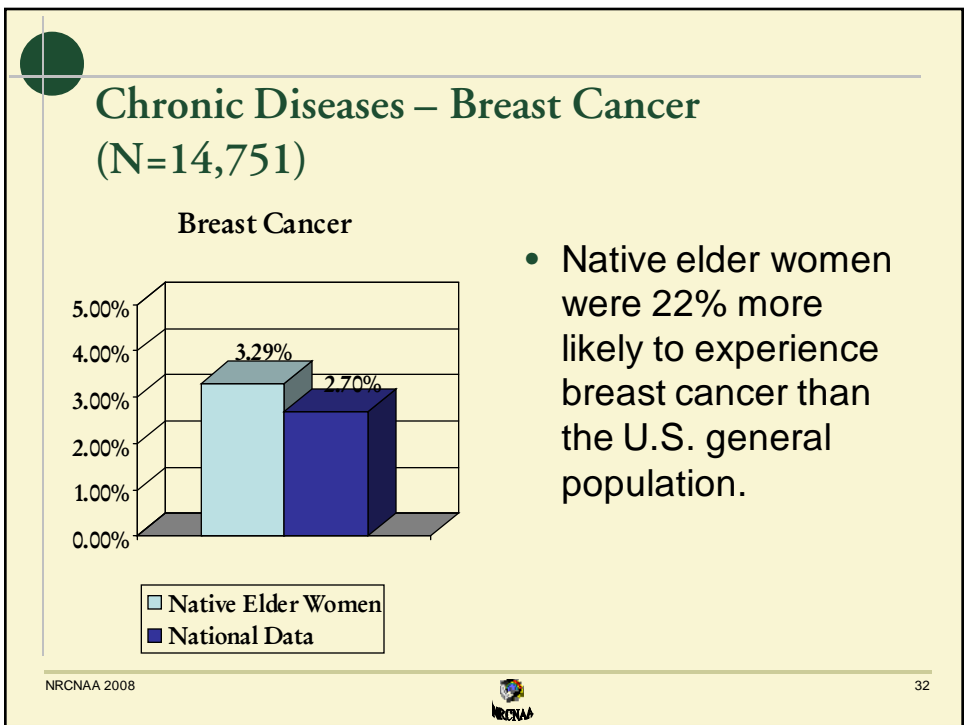
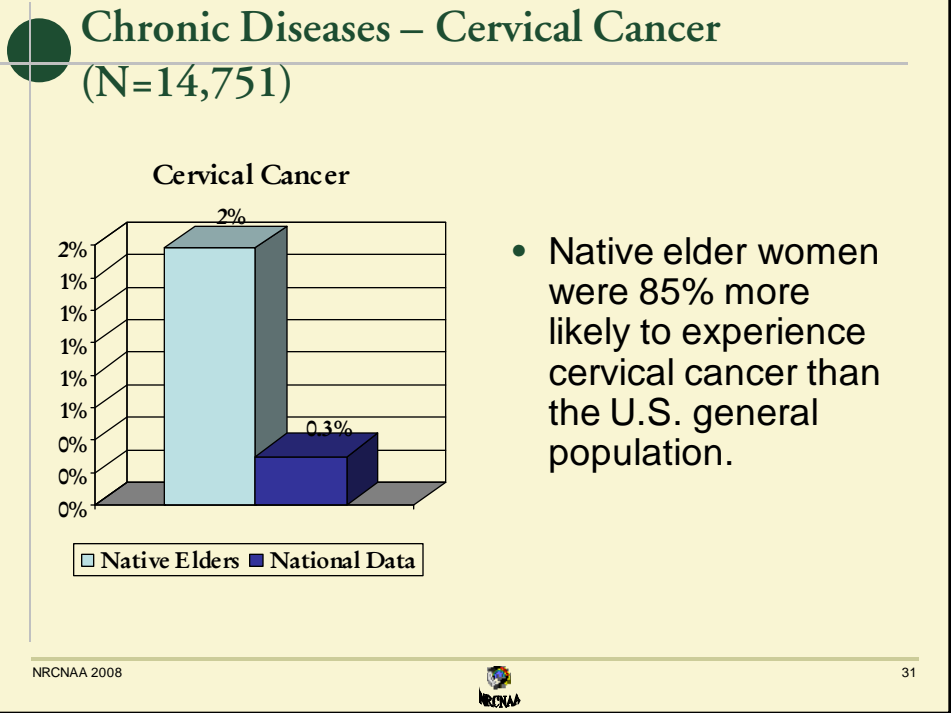


- Native elders were 25% less likely to experience cataracts than the general population.

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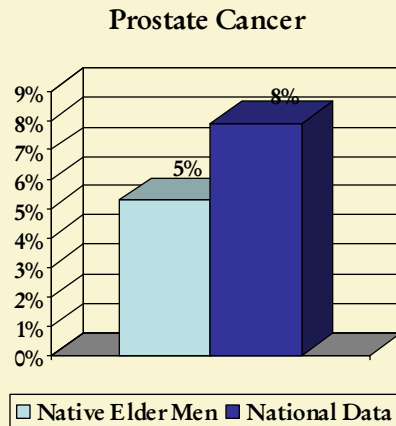


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## Chronic Diseases – Prostate Cancer (N=14,751)



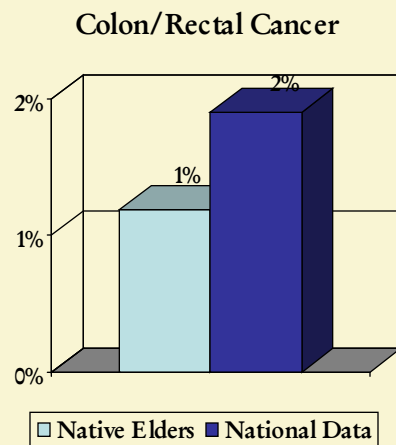
- Native elder men were 40% less likely to experience prostate cancer than the U.S. general population.

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## Chronic Diseases – Colon/Rectal Cancer (N=14,751)

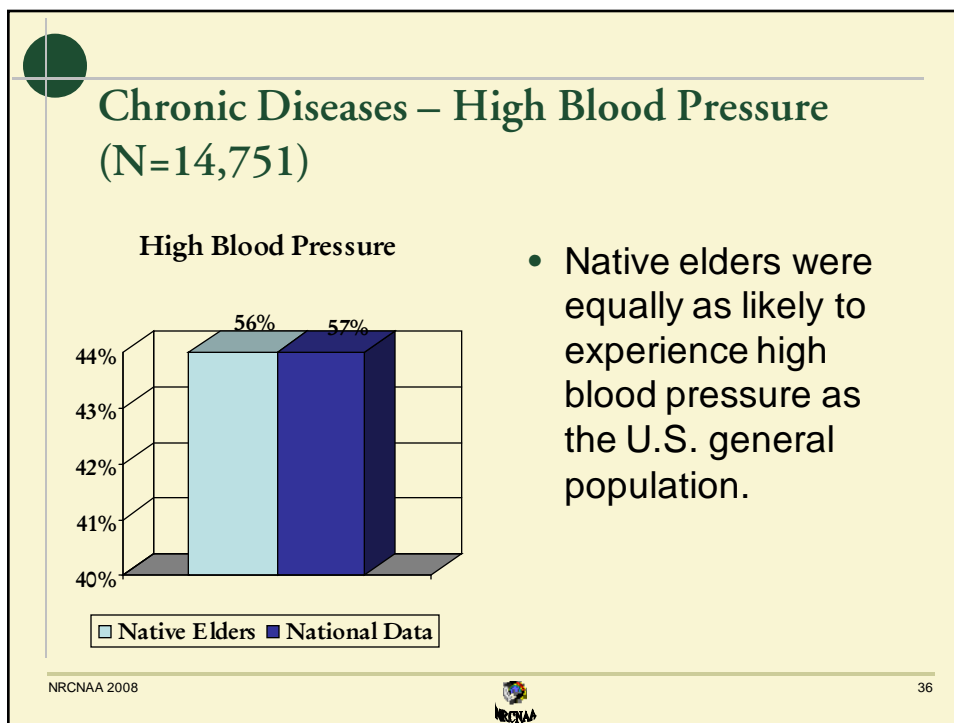
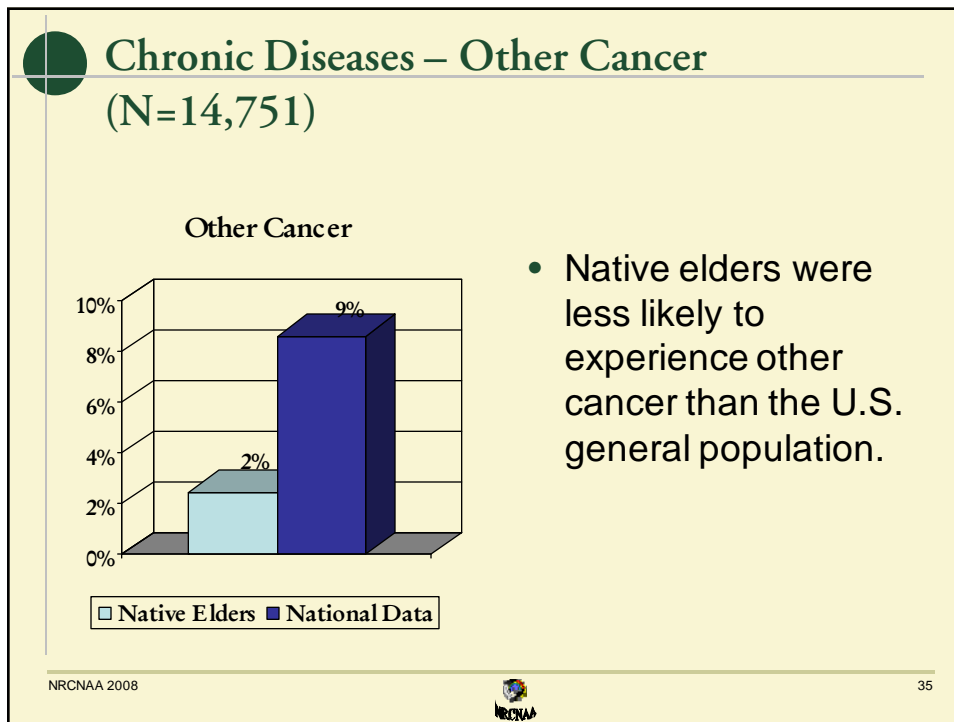


- Native elders were 50% less likely to experience colon/rectal cancer than the U.S. general population.

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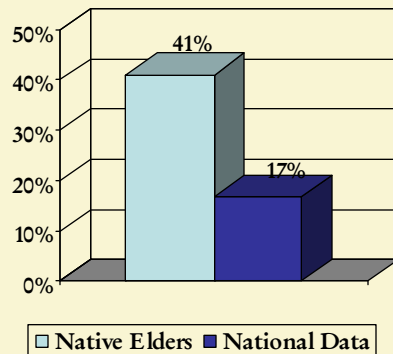


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## Chronic Diseases – Diabetes (N=14,751)

Diabetes



- Native elders were 141% more likely to experience diabetes than the U.S. general population.

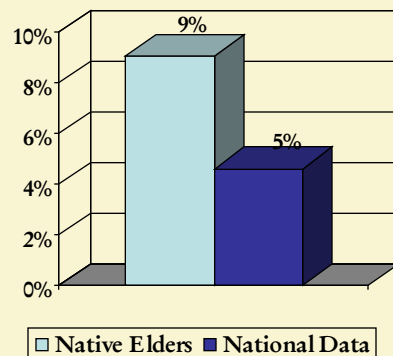
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## Chronic Diseases – Osteoporosis (N=14,751)

Osteoporosis

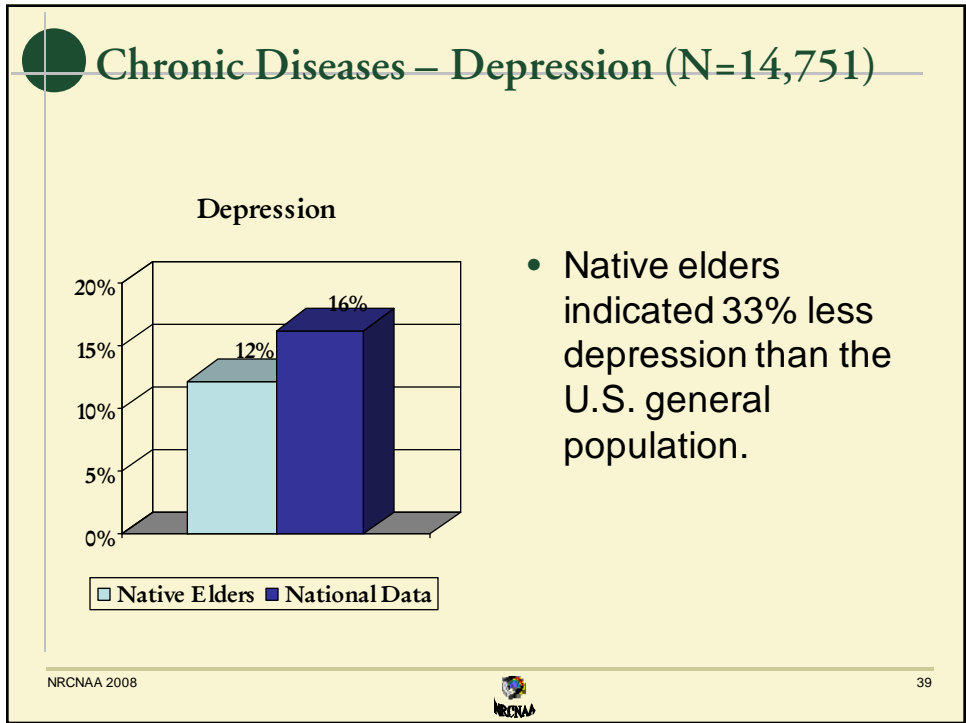



- Native elders were 44% more likely to experience osteoporosis than the U.S. general population.

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## Functional Limitations



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## Functional Limitations

- The majority of definitions concerning functional limitations or disability refer to activities of daily living (ADL's) and instrumental activities of daily living (IADL's) as indicators of functionality.




## Activities of Daily Living (ADL's)

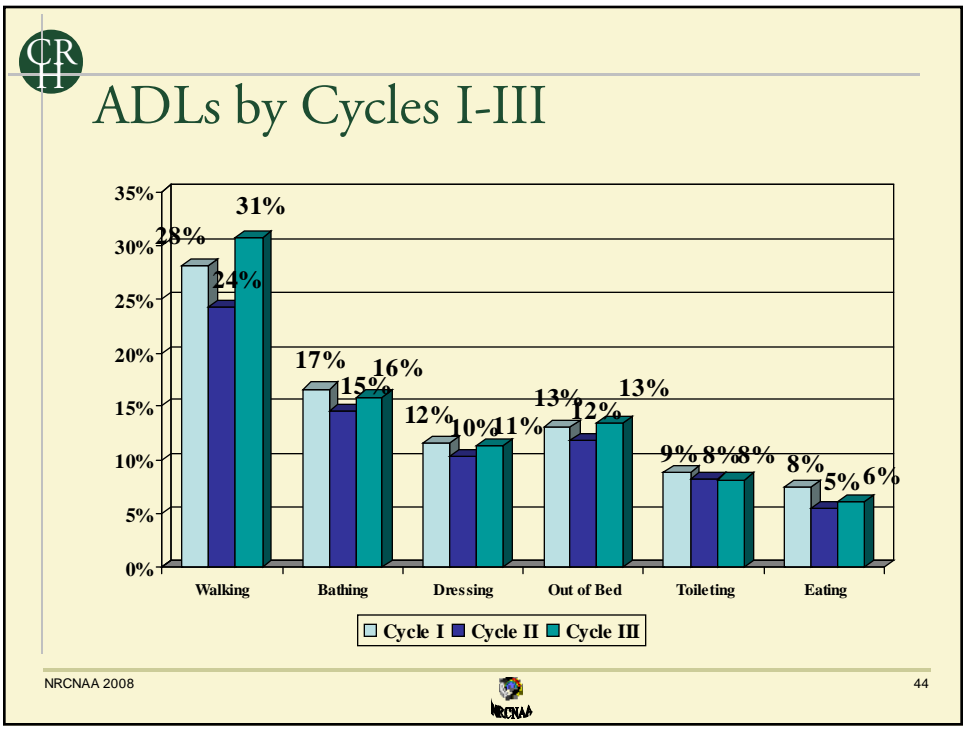
- Eating
- Walking
- Using the toilet
- Dressing
- Bathing
- Getting in/out of bed

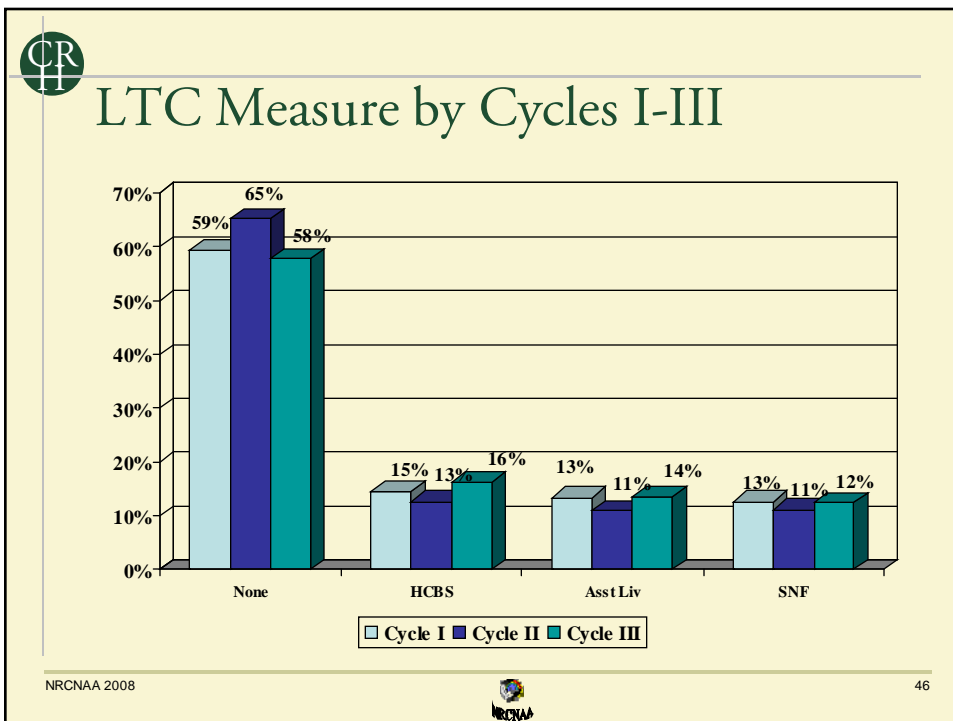
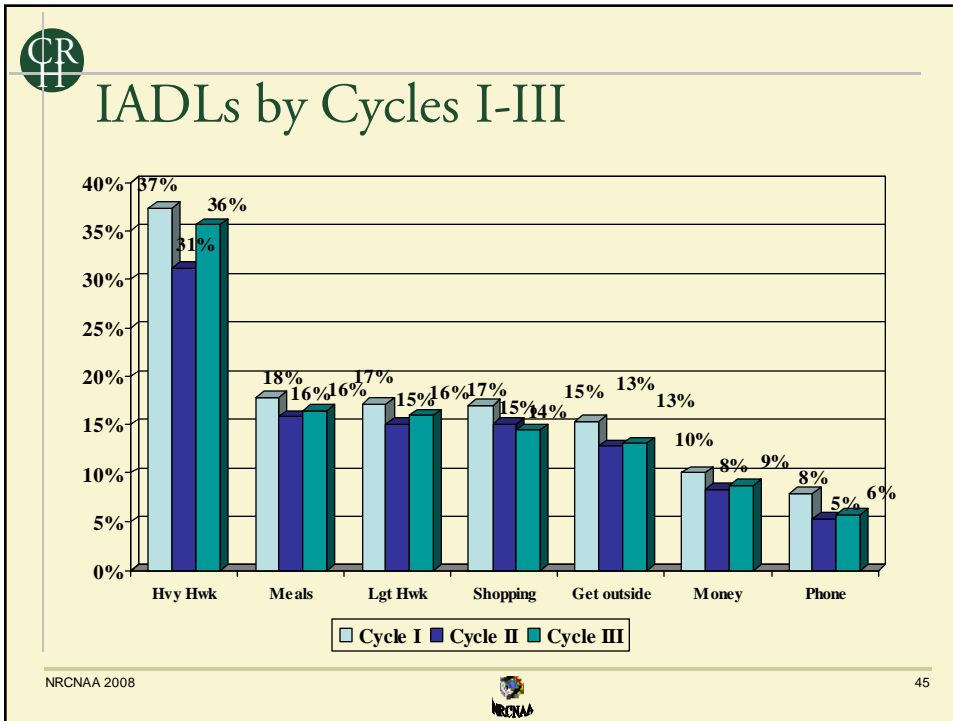



## Instrumental Activities of Daily Living (IADL's)

- Cooking
- Shopping
- Managing money
- Using a telephone
- Light housework
- Heavy housework
- Getting outside

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## Functional Limitation Categories


Categories	Limitations	Recommended Services
Little or none	No ADL limitations, up to one IADL limitation	Health Promotion
Moderate	One ADL limitation with fewer than 2 IADLs	Home and Community Based Services
Moderately Severe	2 ADL limitations	Assisted Living
Severe	3 or more ADL limitations	Skilled Nursing Facility

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## Functional Limitation Levels Applied to Services and Personnel

Level Functional Limitation	Service Goals	Services with best fit	Personnel required
Little or none (59%)	Health promotion, preventive care, maintaining vitality	No caregiver services required Health Promotion/Prevention	Health educators, physical trainers, therapists
Moderate (21%) This category represents entry level functional limitations and requires assistance usually consistent with remaining in one's home.	Supportive services to aid persons in remaining in own domicile. Train and support informal providers and buffer them with respite and contact services for a range of possible tasks.	Informal care – w/supports Chronic Disease Management Home & community based •Day/night care* •Durable medical* equipment •Home health care* •Homemaker services* •Physical therapy •Occupational therapy •Medication assistance* •Speech therapy •Mental health services •Transportation services* •Nutritional services* •Personal care* •Respite care* * Require local providers	Family and friends Trainer for skills Facility staff – LPN/CNA Rental source RN, LPN, CNA, PT, OT ... Cleaning and chore assts. PT, PT aides, tele-health OT, OT aids, tele-health Medication aide Speech therapist Psychologist, Psychiatrist, Psych. Social Worker, Van driver Dietician, aide Trained attendants Trained respite providers or institutional site

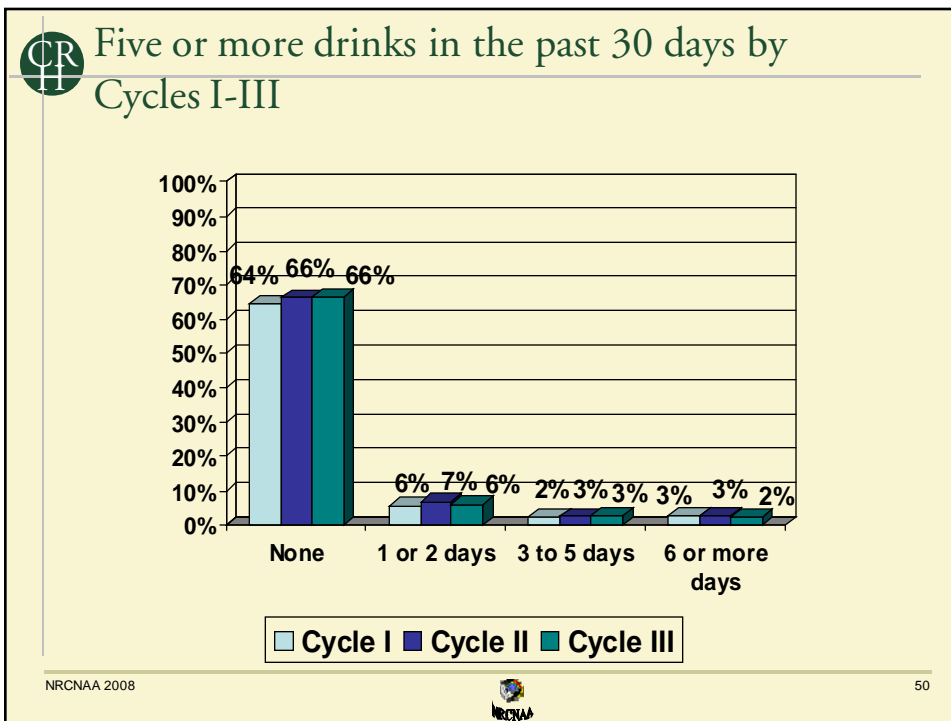
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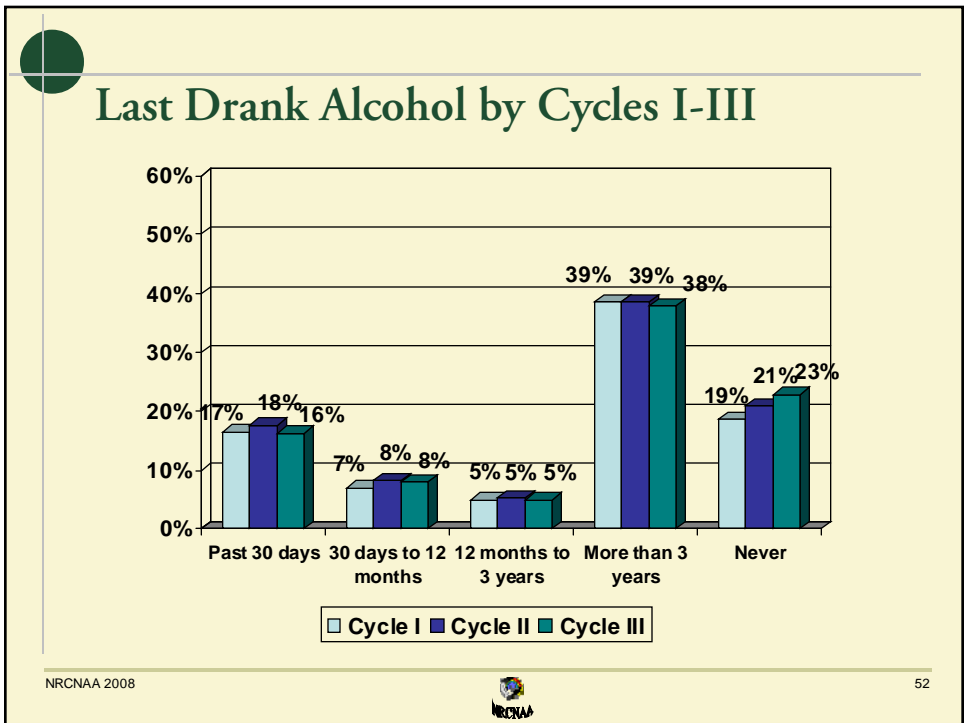
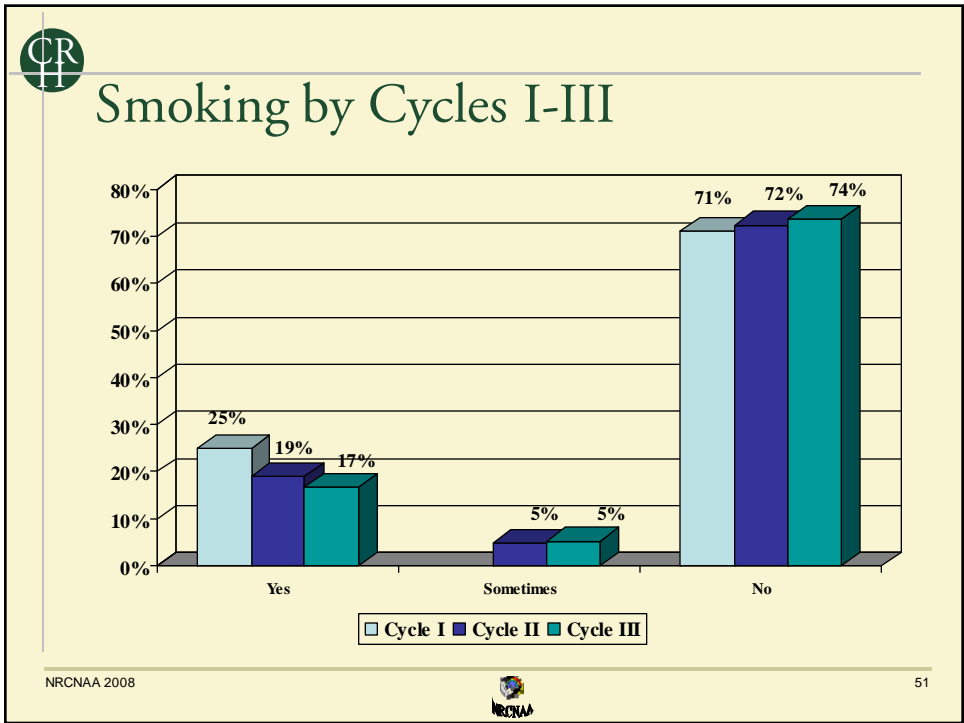


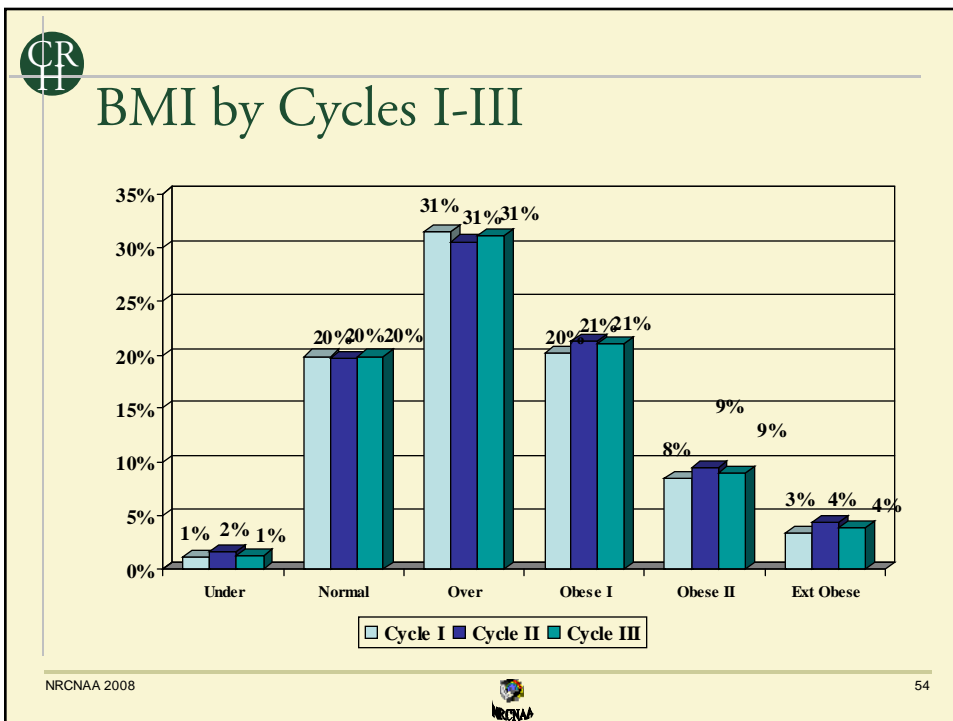
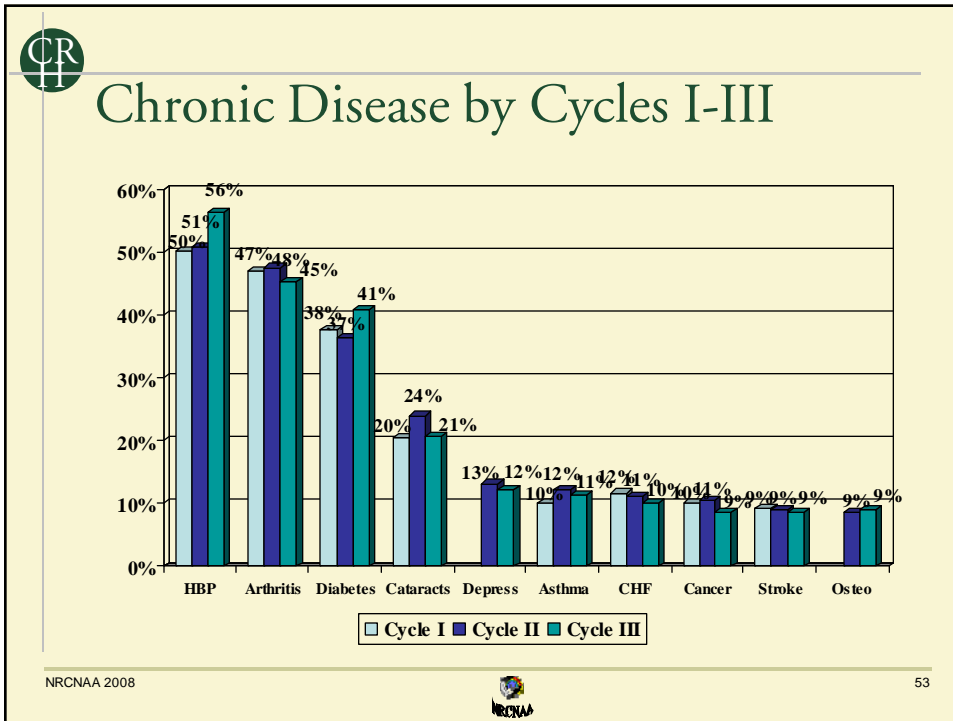
### Functional Limitation Levels Applied to Services and Personnel Cont...

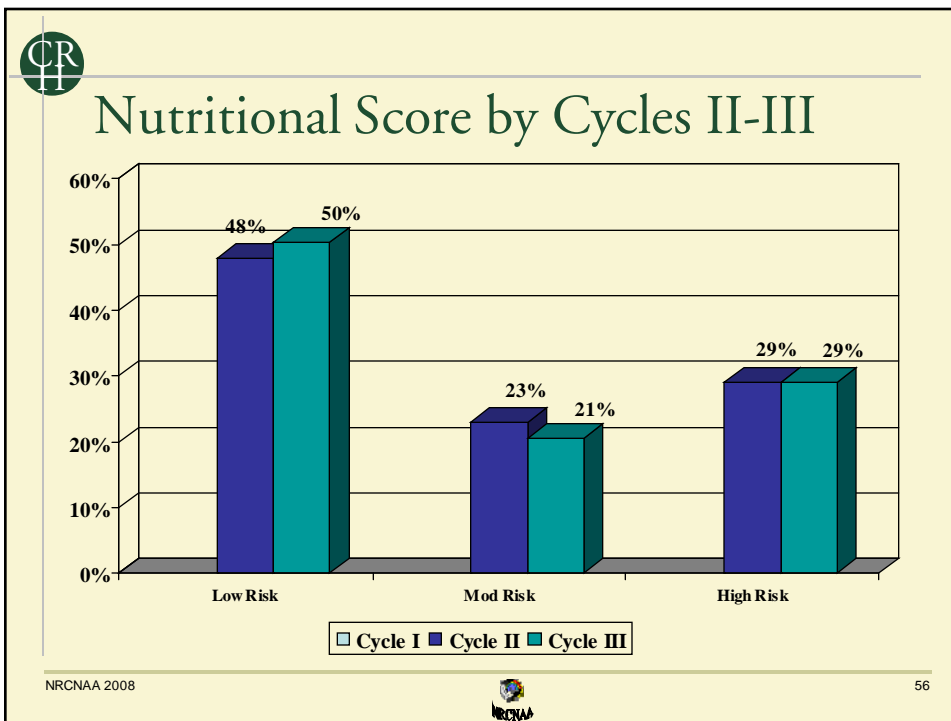
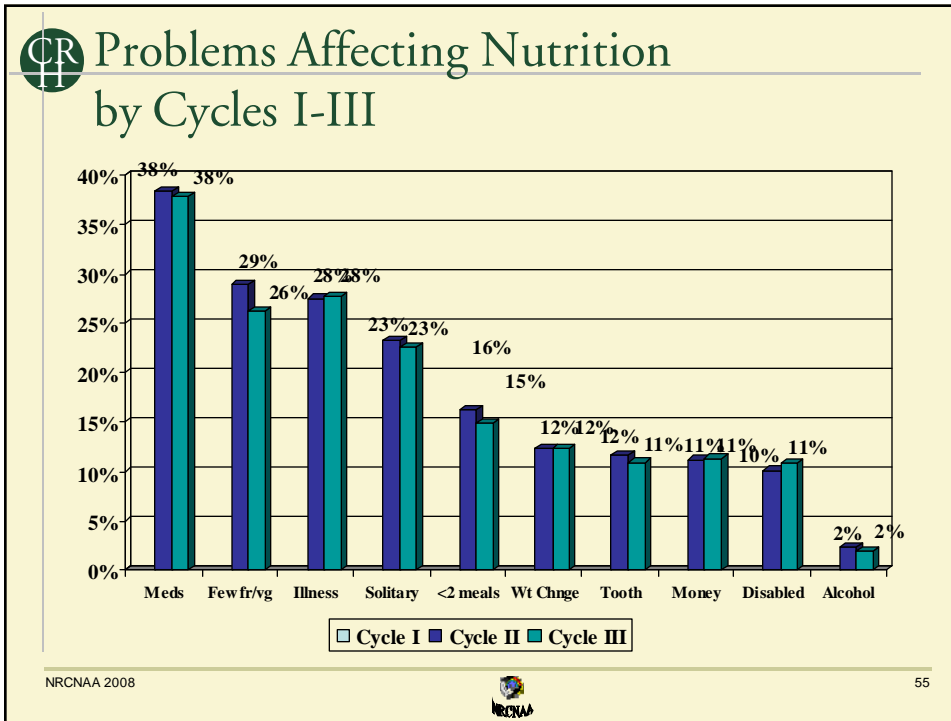
Level Functional Limitation	Service Goals	Services with best fit	Personnel required
Moderately Severe (7%)	The goal for this level of care is to provide housekeeping and meals along with a modest level of oversight. People may contact for services from the home and community based services in addition to the basic services found in these settings. Assisted living establishes the goal for this cluster in that it seeks to maintain resident control over services.	Congregate care Basic care facilities Assisted Living	Institutional staff as required by state regulations
Severe (13%) With 3 or more ADLs, this level tends to become prime candidates for skilled nursing care. They represent care needs with relatively high levels of acuity.	Skilled nursing care is the most fully institutional and is reserved for those with medical needs necessitating this level of care.	Skilled Nursing Care	Institutional staff as required by state regulations
Terminal as special category	End of life care occurs at all points on the above continuum, but is concentrated at the higher levels of limitation. The goal is physical and emotional comfort.	Hospice Care	*Hospice volunteers and coordinator

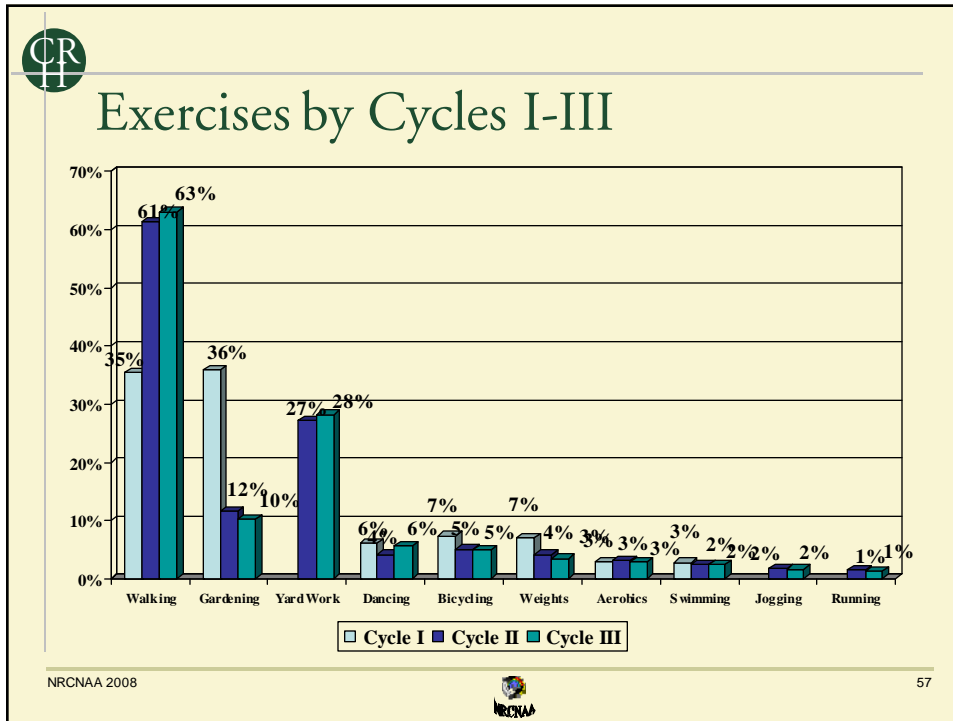
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- ## Conclusions
- Native elder populations are dramatically growing.
  - Tribal recognition of age 55 for elder status includes those elders from the baby boom generation.
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## Conclusions cont.

- Chronic diseases prevalence is mixed with several increasing and others steady.
- Increases may well relate to risk factors.
  - Exercise – Walking increased dramatically in Cycles I to II, but nearly all other exercises decreased. The same trend is hinted at in Cycle III preliminary study.
  - Weight issues increased – young old are heaviest.



## Recommendations

- Lifestyle modification continues to merit attention. Positive results for walking provide a major source of encouragement.
- Chronic disease self management will be essential to avoiding future functional limitations as this population grows older.



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