

Assessing Elder Needs How to Measure Benefits and Develop Links to Long-term Care

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National Resource Center on Native American Aging at the UNDSMHS Center for Rural Health

- Supported by the AoA
- Started in 1993
- Technical Assistance
- Training
- Research

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Current Projects

- Elder Needs Assessments
- NASIE Project
- Elder Care Locator
- Professional Journal
- Title VI Training
- Title VI Resource Development



Purpose of the Elder Needs Assessment Project

- The purpose of this project was to assist tribes in collecting data they could use to build infrastructure in their communities.
- Multiple methods are used throughout the study, but the main method of data collection is the survey instrument (administered face-to-face with elders).



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



Sampling Design

- Get everyone in small populations
- Sample in large populations
- Systematic or simple random sampling



Data is collected on

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

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&
MIEME***

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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

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Local Communities Provide:

- Obtaining a resolution from their tribal councils
- Locating a list and selecting names for the sample
- Data collection
- Receiving the findings and getting them to the right people
- Local implementation and coordination

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Current Status of Cycles I & II

- **Cycle I**
 - 171 tribes from 89 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 is represented in the national file
- **Cycle II**
 - 241 tribes from 69 sites representing 9,941 Native elders have completed Cycle II
 - 41 of these sites are previous participants
 - An additional 106 tribes from 36 sites have received the surveys and are interviewing their elders
 - All 12 I.H.S. Regional Areas are represented in the national file

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Cycle I Chronic Disease Patterns Compared with National Data

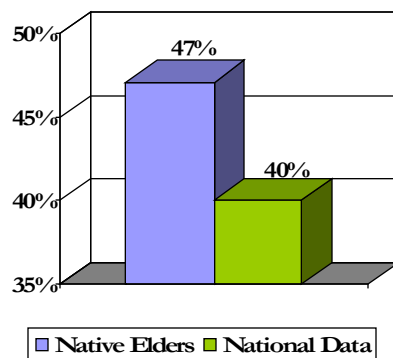


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Chronic Diseases – Arthritis (N=9,403)

Arthritis



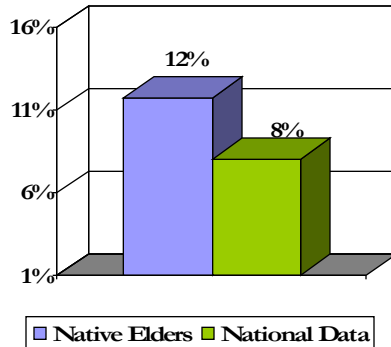
- Native elders were 18% more likely to experience arthritis than the U.S. general population.

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Chronic Diseases – Congestive Heart Failure (N=9,403)

Congestive Heart Failure



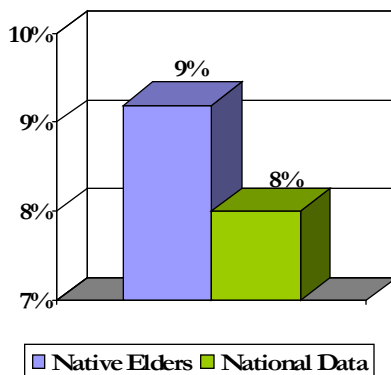
- Native elders were 46% more likely to experience congestive heart failure than the general U.S. population.

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Chronic Diseases – Stroke (N=9,403)

Stroke

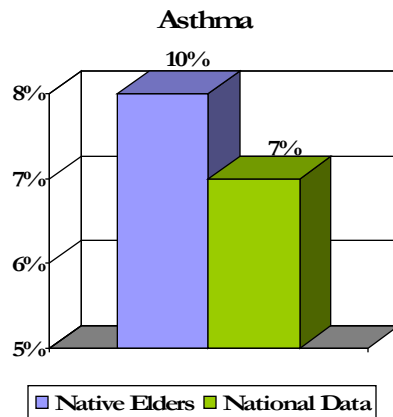


- Native elders were 15% more likely to experience a stroke than the general population.

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Chronic Diseases – Asthma (N=9,403)

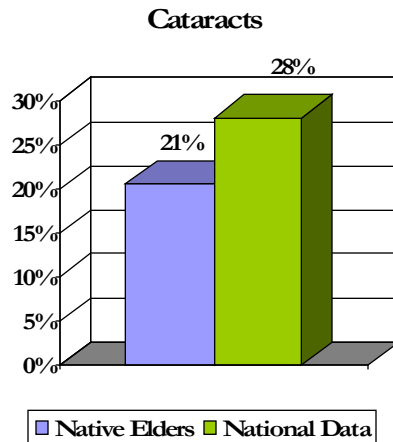


- Native elders were 43% more likely to experience asthma than the U.S. general population.

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Chronic Diseases – Cataracts (N=9,403)



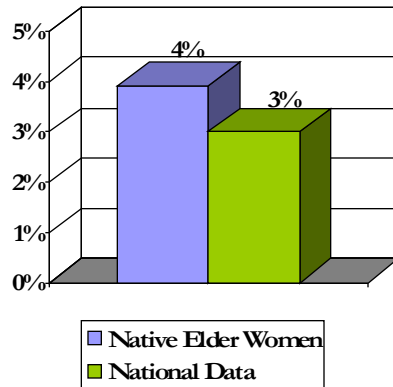
- Native elders were 27% less likely to experience cataracts than the general population.

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Chronic Diseases – Breast Cancer (N=5,525)

Breast Cancer



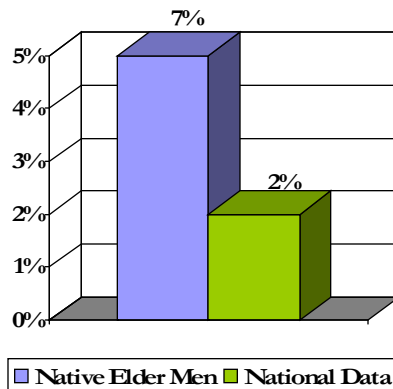
- Native elder women were 30% more likely to experience breast cancer than the U.S. general population.

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Chronic Diseases – Prostate Cancer (N=3,595)

Prostate Cancer

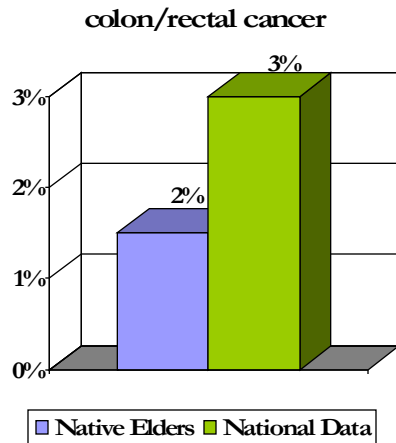


- Native elder men were 245% more likely to experience prostate cancer than the U.S. general population.

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Chronic Diseases – Colon/Rectal Cancer (N=9,403)

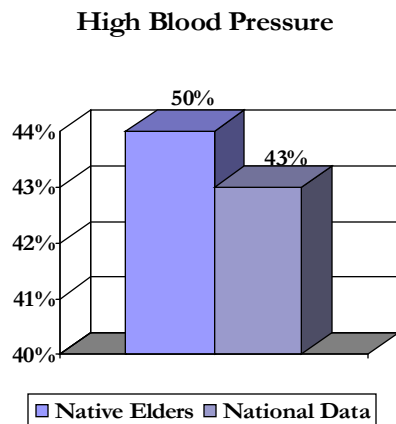


- Native elders were 50% less likely to experience colon/rectal cancer than the U.S. general population.

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Chronic Diseases – High Blood Pressure (N=9,403)

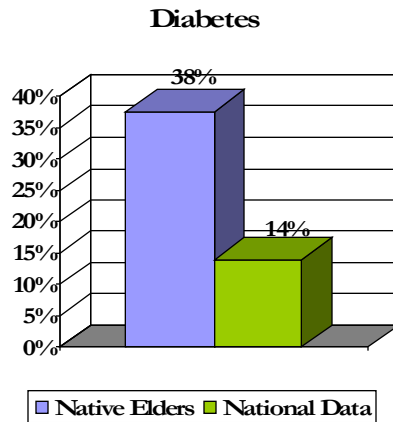


- Native elders were 17% more likely to experience high blood pressure than the U.S. general population.

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Chronic Diseases – Diabetes (N=9,403)



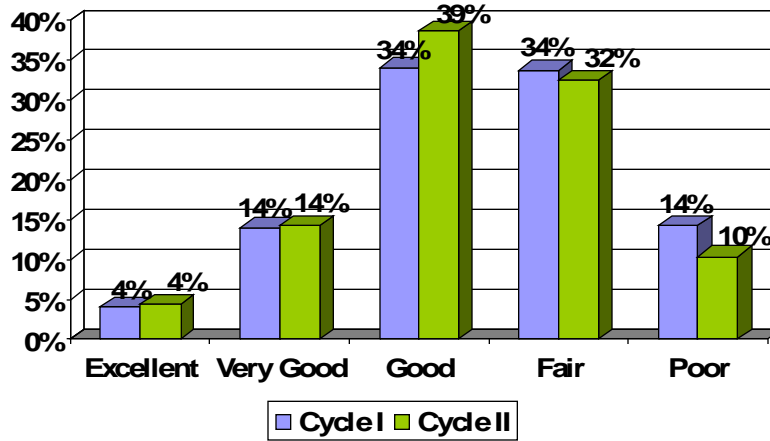
- Native elders were 169% more likely to experience diabetes than the U.S. general population.



Patterns of Change Observed Between Cycle I and Cycle II



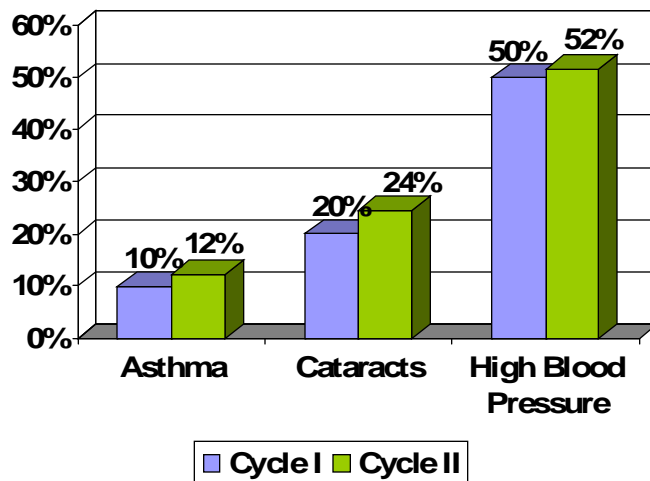
General Health Status



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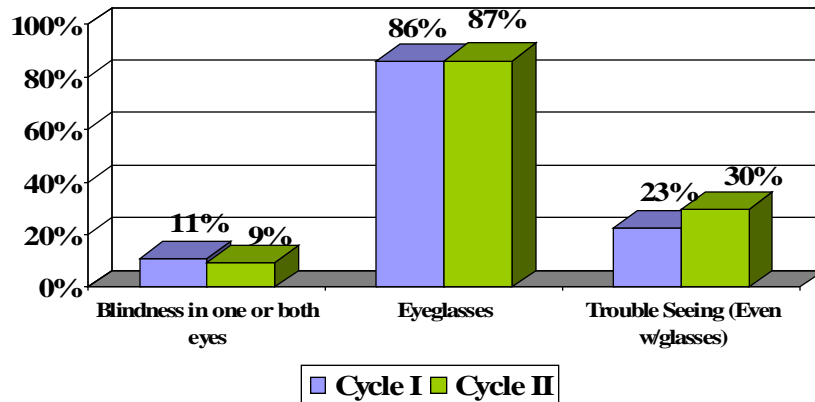
Specific Chronic Diseases



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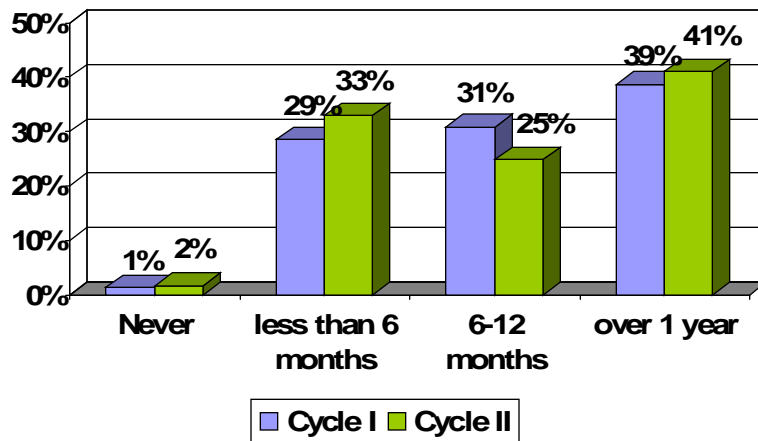
Vision



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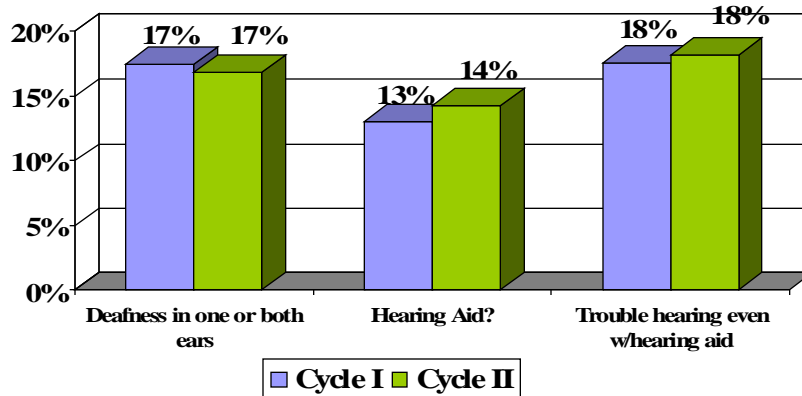
Last visit to eye doctor?



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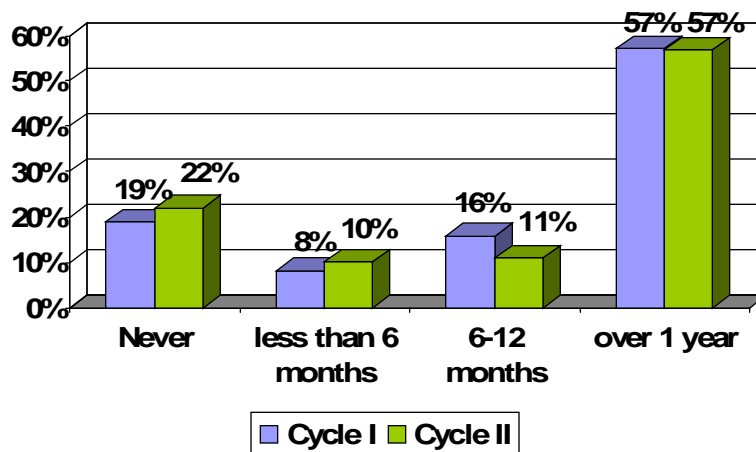
Hearing



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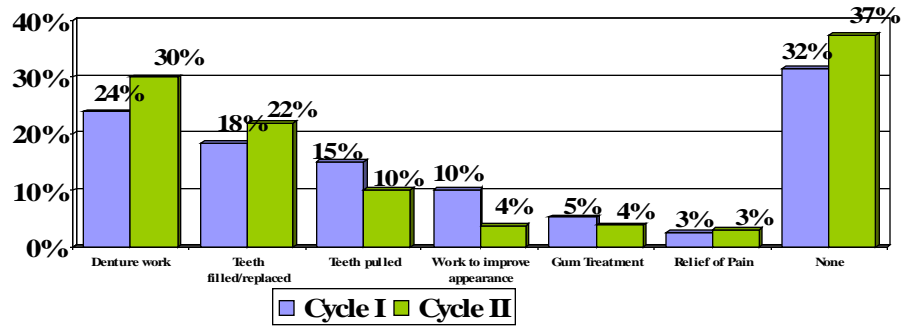
Last hearing test?



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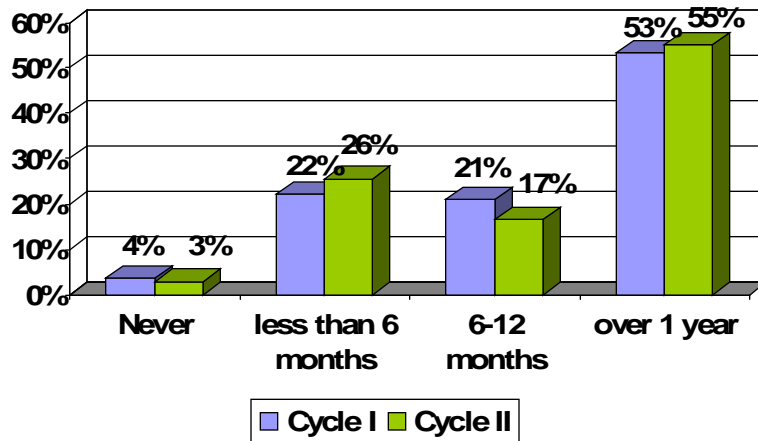
Dental Services Needed



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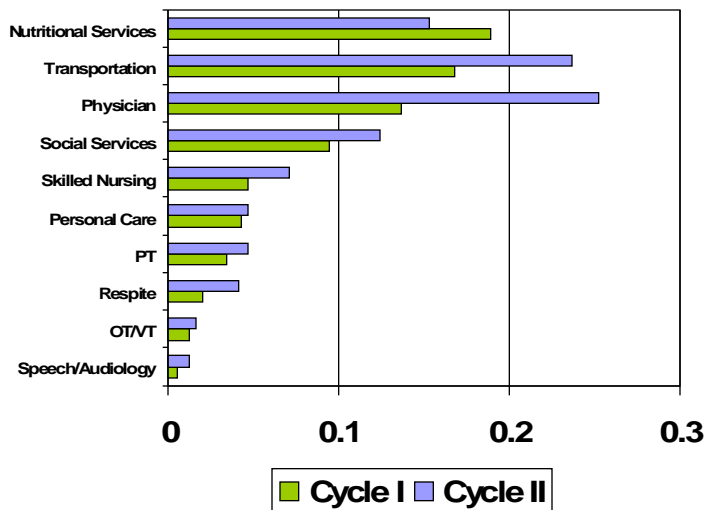
Last dental visit?



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Use of Services



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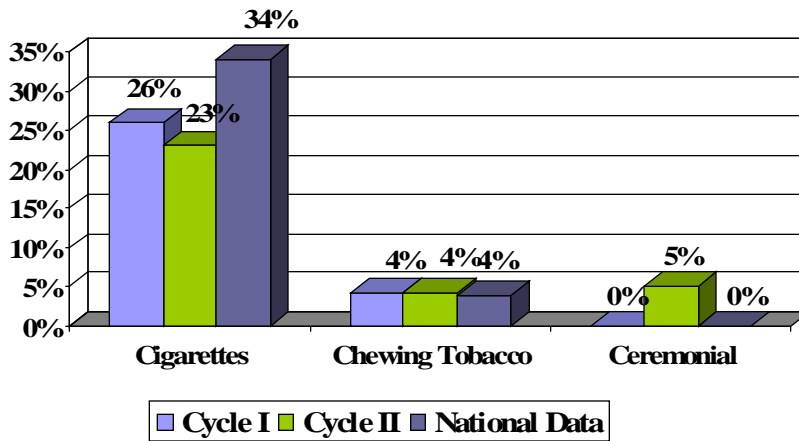
Behavioral Risk Factors Cycles I & II



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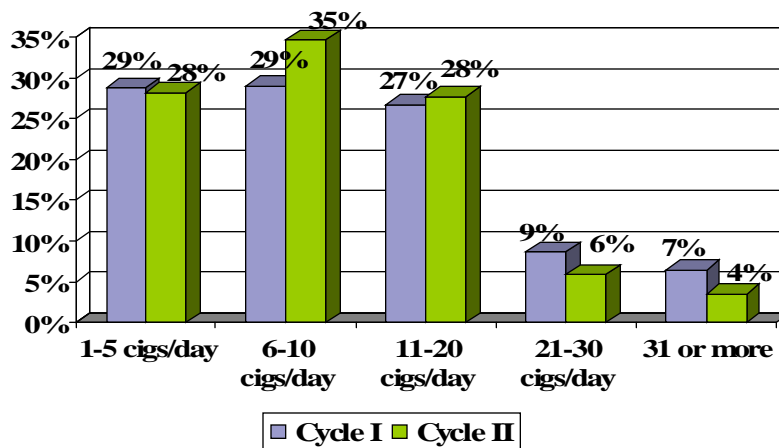
Tobacco Usage



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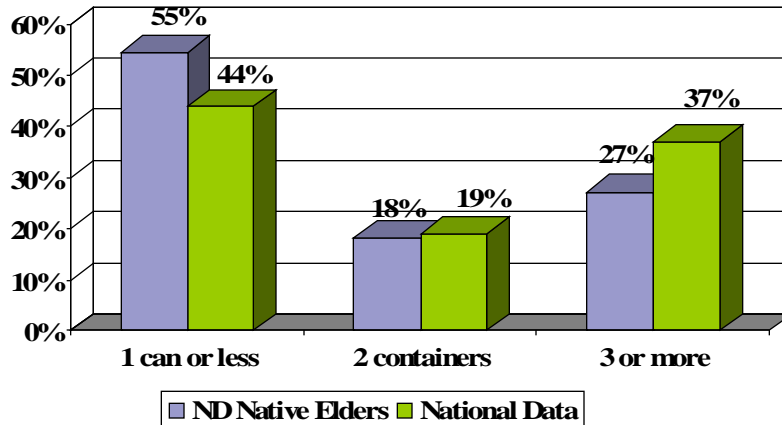
Cigarettes Smoked a Day



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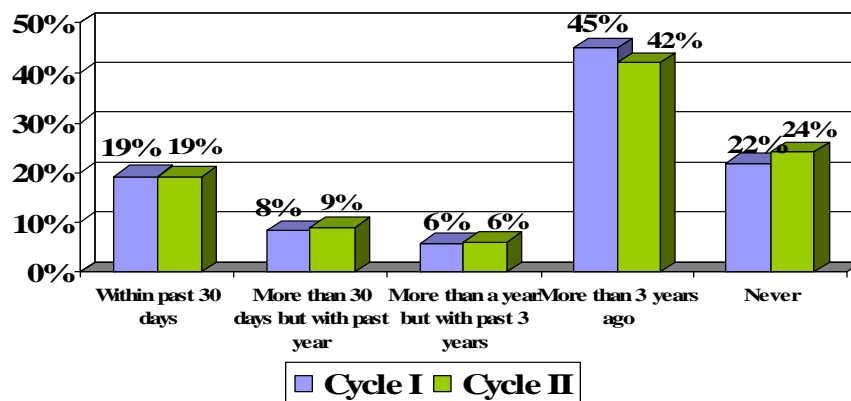
Chewing Tobacco



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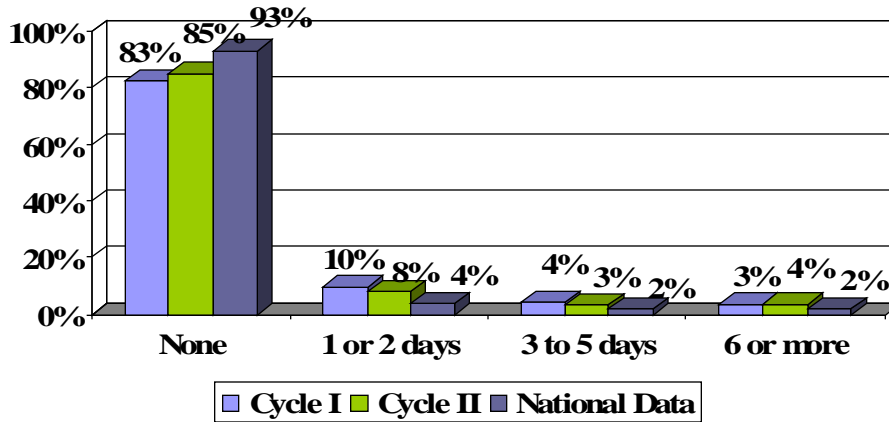
How long since last drink of alcoholic beverage?



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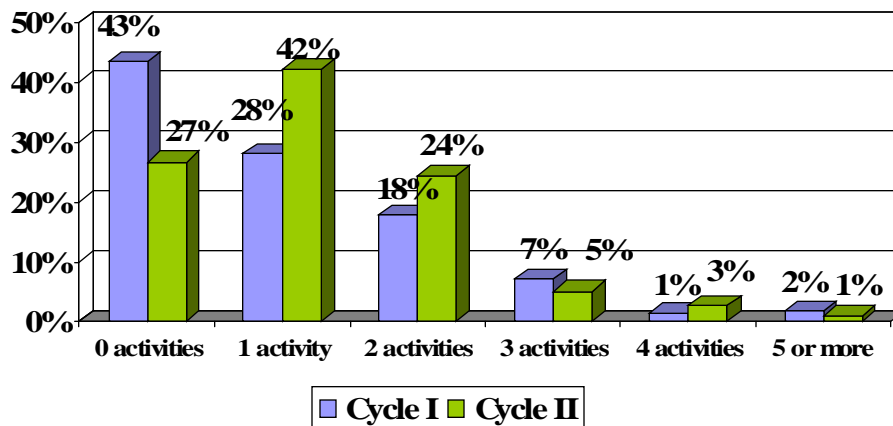
Binge Drinking (5 or more drinks on one occasion)



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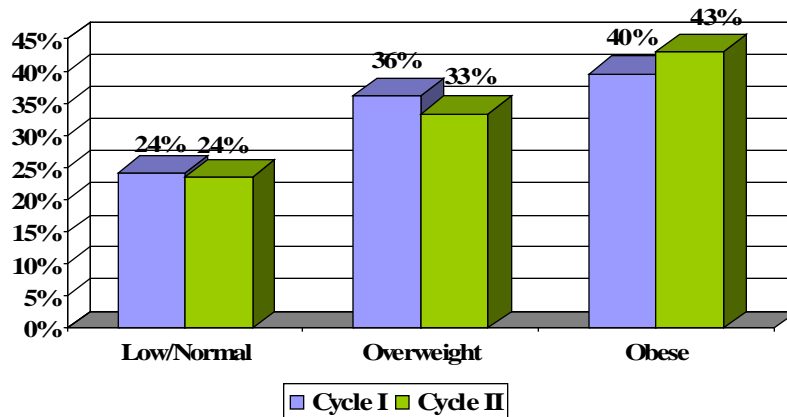
Exercise



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Body Mass Index



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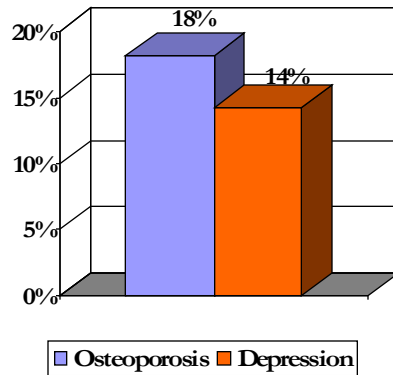
New Items in Cycle II



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Chronic Diseases – Osteoporosis & Depression – Cycle II

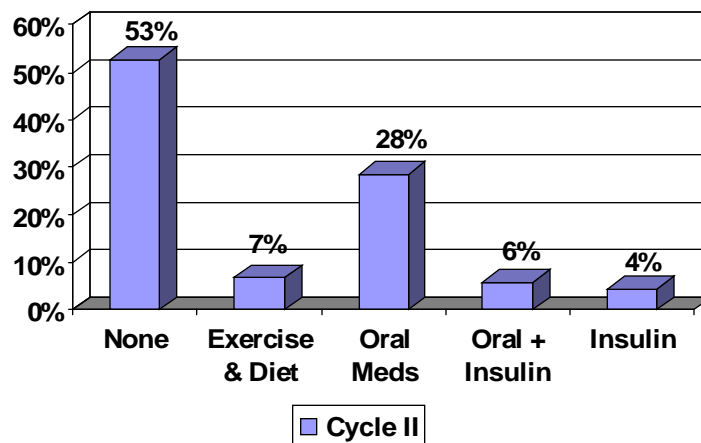


- Native elders reported significant rates for both Osteoporosis and Depression.
- Among the Cycle II chronic diseases, these rank in the top six.

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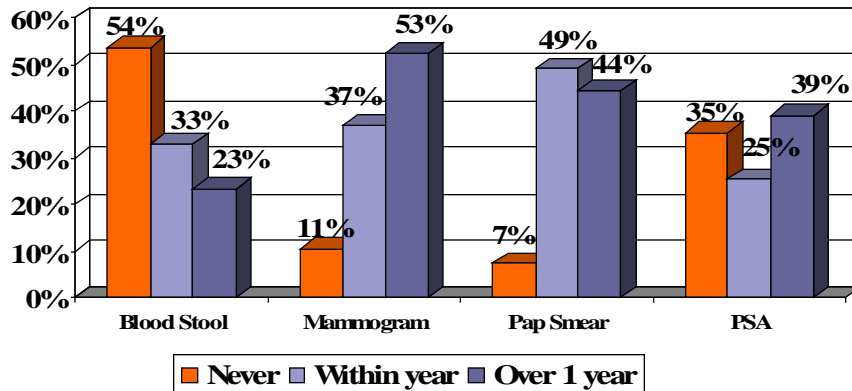
Levels of Diabetes Among Native Elders



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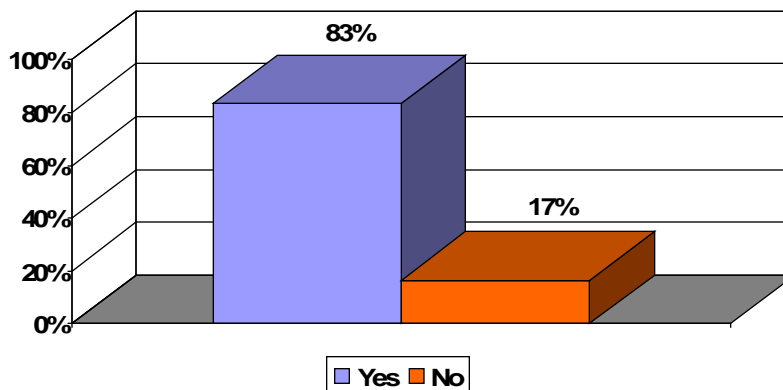
Cancer Screening Tests – Cycle II



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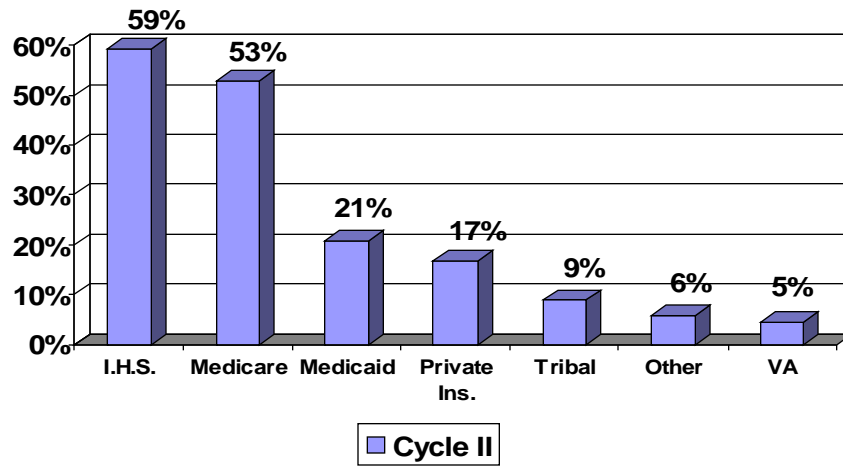
Health care coverage



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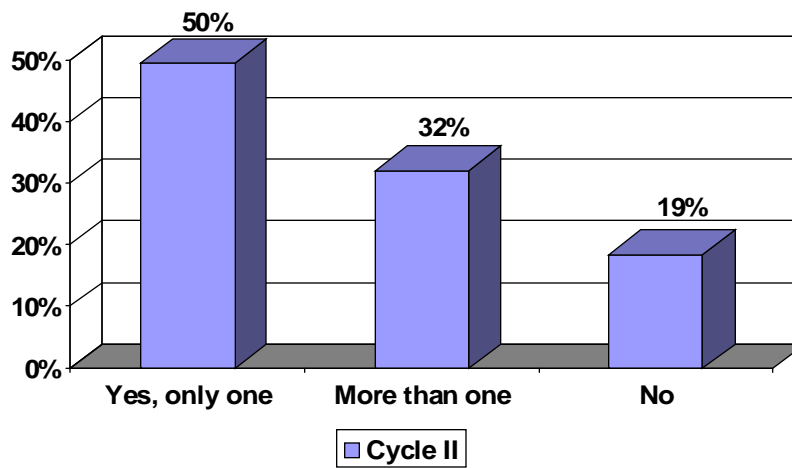
Type of healthcare coverage



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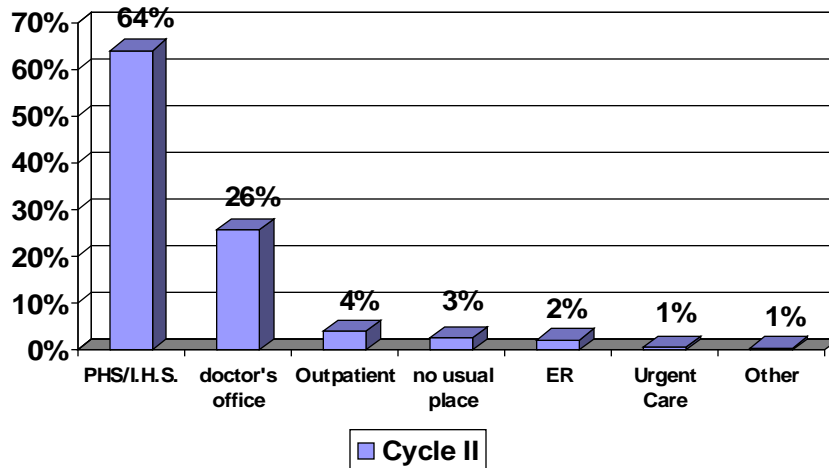
Personal doctor or care provider?



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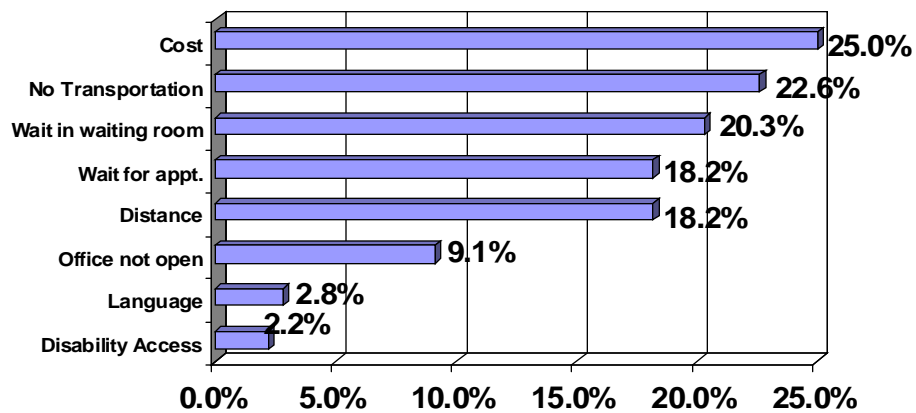
Where do you go for healthcare?



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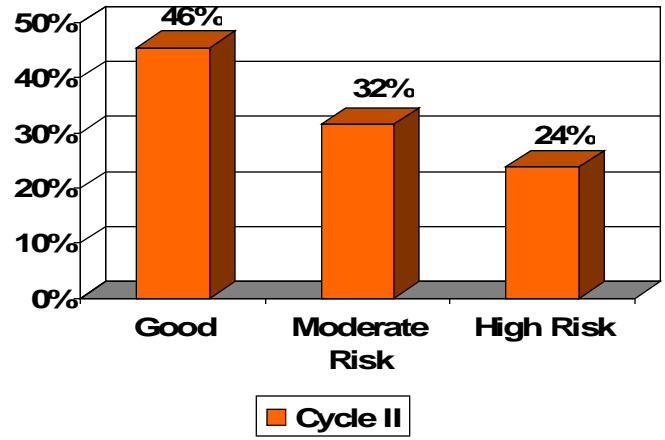
Main reasons for not getting medical care



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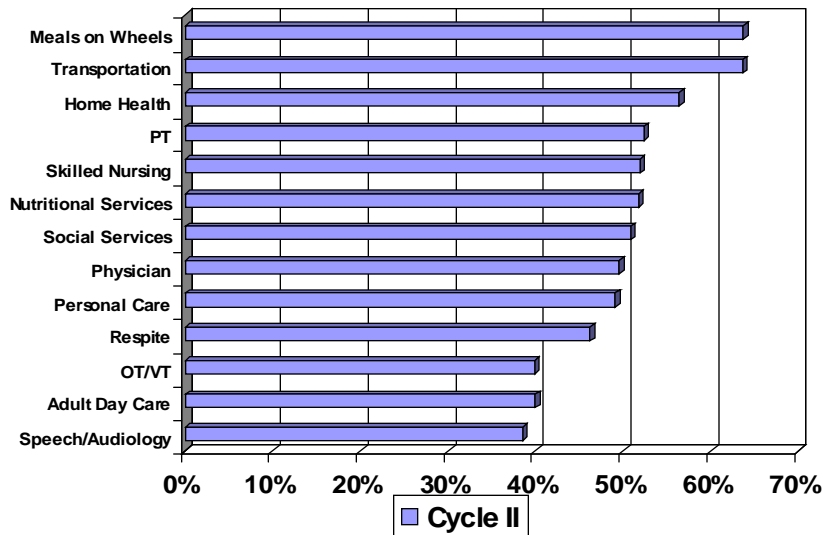
Nutritional Risk Scores



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Willingness to Use Services: Cycle II



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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.

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Activities of Daily Living (ADL's)

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

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Instrumental Activities of Daily Living (IADL's)

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

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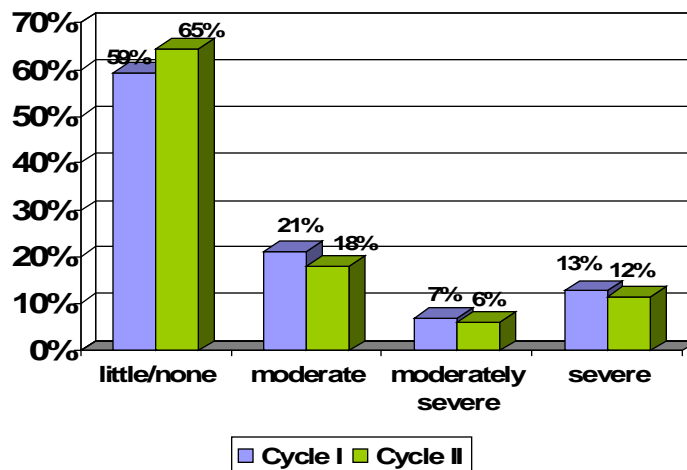
Functional Limitation Categories

Categories	Limitations	Recommended Services
Little or none	No ADL limitations, up to one IADL limitation	No Services Required
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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Rates of Functional Limitation



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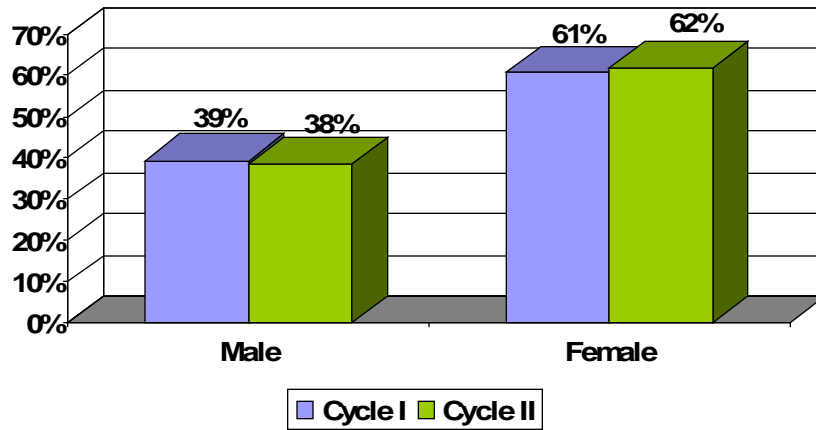
Demographics



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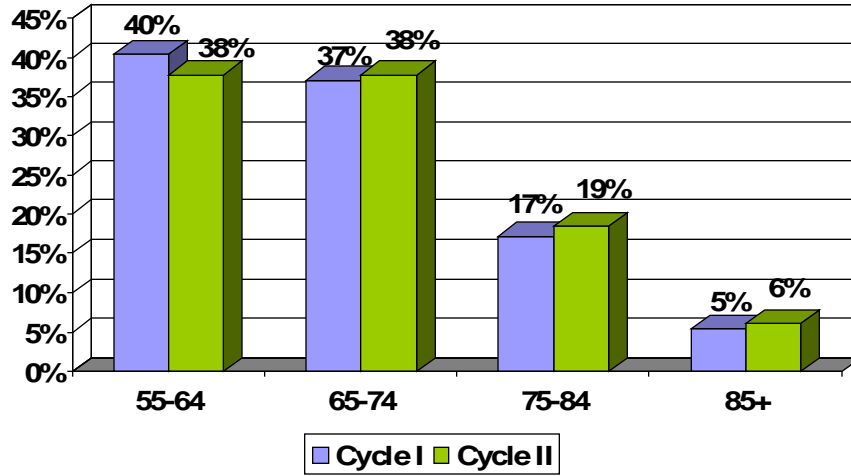
Gender



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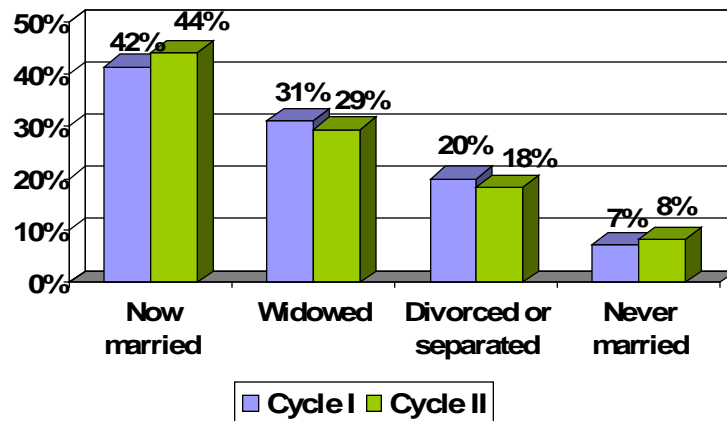
Age



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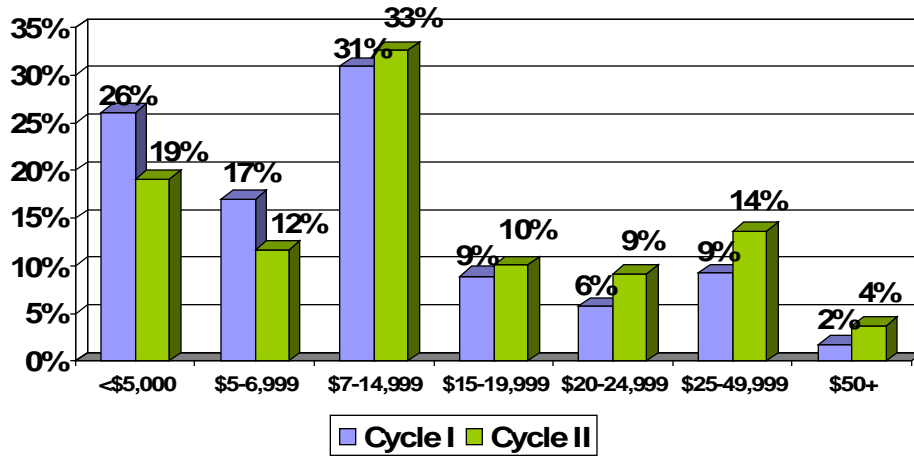
Marital Status



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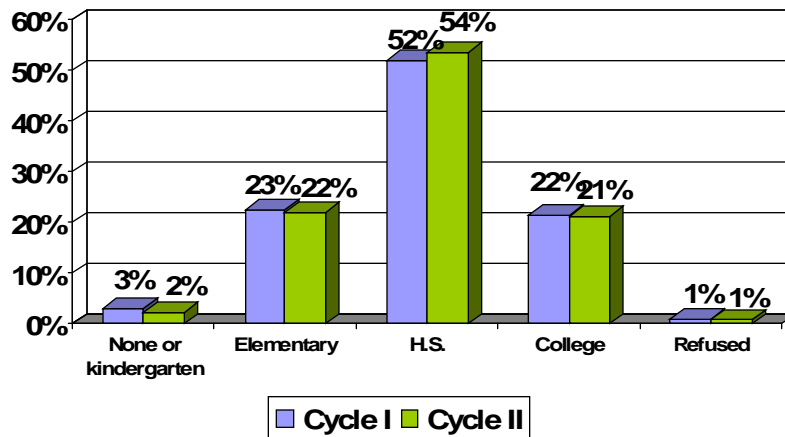
Personal Annual Income



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Education Level



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Native American Map for Elder Services (NAMES)



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Grant Background

- NRCNAA received grant in September, 2002
- Funded by Office of Rural Health Policy, Health Resources and Services Administration in Rockville, MD
- Result of testimony given by NRCNAA to Senate Committee on Indian Affairs in July 2002.

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Purpose of the Project

- To assist tribes in interpreting and using their needs assessment data to develop long-term care infrastructure that respond to local needs and culture.



Planned Deliverables

- Develop a spectrum of long term care services/options for tribes to consider when planning, developing, and implementing their long term care efforts.
- Develop a web based and paper tool kit.



The Toolkit will:

- Be specifically geared towards American Indian and Alaska Native elderly.
- Topics covered in the toolkit are community development, needs assessment, health promotion, home and community based services, assisted living, skilled nursing homes, and hospice care.



Focus Group Meeting

- Held in November 2002 in Denver, CO
- Invited participants for the focus group represented a wide range of geographic areas and expertise.
- Participants work with American Indian elderly through tribal elder programs, state elder programs, tribal elder care homes, or nursing homes near the reservation.



Focus Group Meeting (Cont.)

- 12 participants
- 2 ½ day meeting
 - 1 day for agency information
 - 1 day for open discussion on LTC
 - ½ day for prioritizing



Focus Group Results

Priority list:

- Define the continuum of long term care service options
- How to conduct a needs assessment
- How to develop community interest and support
- Provide examples of programs
- Discuss the differing land and jurisdiction issues



Focus Group Results (Cont.)

What should be the initial focus of the toolkit?

1. Prevention
2. Community based
3. In-home services



Deliverable #1: Spectrum of long term care services/options



Functional Limitation Levels Applied to Services and Personnel

Level Functional Limitation	Service Goals	Services with best fit	Personnel required
Little or none (65%)	Health promotion, preventive care, maintaining vitality	No caregiver services required Health Promotion/Prevention	Health educators, physical trainers, therapists
Moderate (18%) 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 (6%)	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 (12%) 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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Deliverable #2: Web based and paper tool kit

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Development of Product

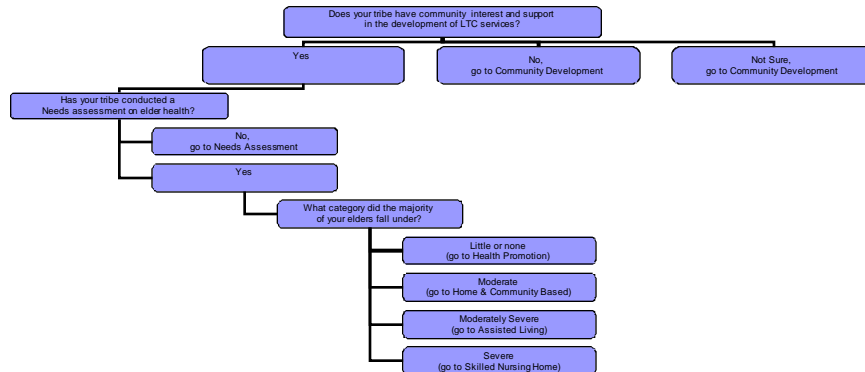
Resource Book and Website

1. Introduction
2. Community Development
3. Needs Assessment
4. Health Promotion & Preventive Care
5. Home & Community Based Services
6. Assisted Living
7. Skilled Nursing Home
8. Hospice Care
9. Differing Land and Jurisdiction Issues
10. Definitions

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Decision Tree



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Availability of Products

- Website can be accessed through the UND Center for Rural Health website:
- <http://www.medicine.nodak.edu/crh/names/>
- The resource book will be sent to the 100+ tribes that have conducted the NRCNAA needs assessment

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