



National Resource Center
on Native American Aging

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How to Use Your Title VI Data to Drive Your Services

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*Albuquerque Cluster Training
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Why is Data Important?

- Decisions are based on data
 - Populations with little or no data are easily overlooked (Urban Indian Health Commission, 2007)
- Provides an accurate picture of the Native elder population
 - Collecting custom fit data
- Assists in setting goals and priorities
- Identifies specific areas of health and social needs
 - Resource allocation
- Relevant actionable data
 - Assists in securing grant funding opportunities.
 - Assists policymakers, tribal leadership, directorship, and management to make decisions based on facts and numbers.





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Data Challenges

- Data not being readily available to tribes.
- Significant gaps in data.
- National data sets are skewed due to misclassification of race/ethnicity.
- Small sample size
- Unreliable

(Urban Indian Health Commission, 2007)



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Data Roadmap

- Snapshot of Native elder population
- Who, what, when, and where
- Health and social needs trends
- Insight



Image retrieved from: <http://roadmap.hftekk.com/>



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Identifying our Needs: A Survey of Elders

- Assists in understanding and identifying health and social needs among Native elders.
- Needs assessed and documented
- 3 year cycles
- Provides insight on the gap between what is and what is desired.
- Provides information on health and social need trends.
- Overall, provides a snapshot of our Native elder population.



Image retrieved from:

<http://www.wayne.k12.ms.us/News/12003#sthash.e7MrJwUP.dpbs>



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Map of DHHS Regions



U.S. Department of
Health & Human Services

Regions



U.S. Department of Health and Human Services
<https://www.hhs.gov/about/agencies/iea/regional-offices/index.html>



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New Mexico vs. Region 6





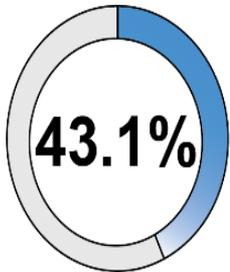
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Mental Health

Most of the Time in the Past Month, Elders Felt:

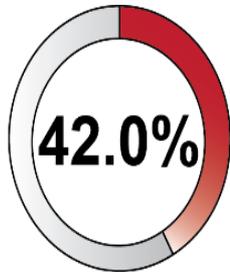
New Mexico Elders

Region 6 Elders



43.1%

Happy



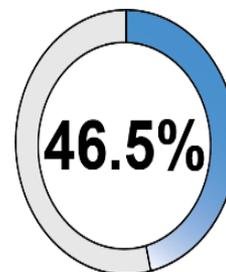
42.0%

Calm & Peaceful



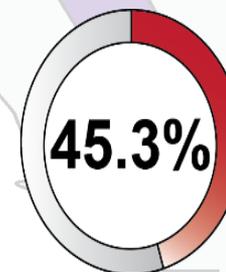
4.5%

Nervous



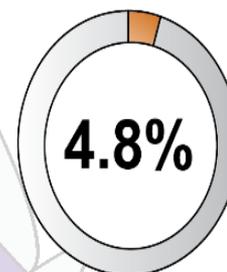
46.5%

Happy



45.3%

Calm & Peaceful



4.8%

Nervous



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Health Conditions

New Mexico Elders

Region 6 Elders

32.2%

Arthritis

40.2%

Diabetes

47.9%

High Blood Pressure

Arthritis

43.6%

Diabetes

41.6%

57.5%

High Blood Pressure



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Falls

New Mexico Elders

35.5%

reported having 1-4 falls in the past year.
An additional 2.6% reported having 5-8 falls.

Region 6 Elders

34.9%

reported having 1-4 falls in the past year.
An additional 3.7% reported having 5-8 falls.



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Long-Term Care Need

New Mexico Elders

Region 6 Elders



60.5% - Little or None



21.5% - Moderate



Moderate - 22.1%



6.9% - Moderately Severe



Moderately Severe - 6.9%



11.0% - Severe



Severe - 12.2%

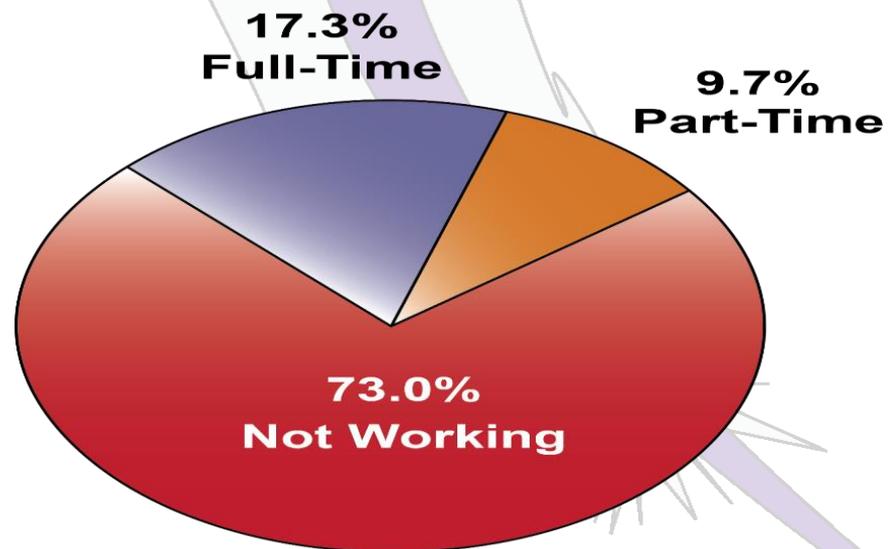
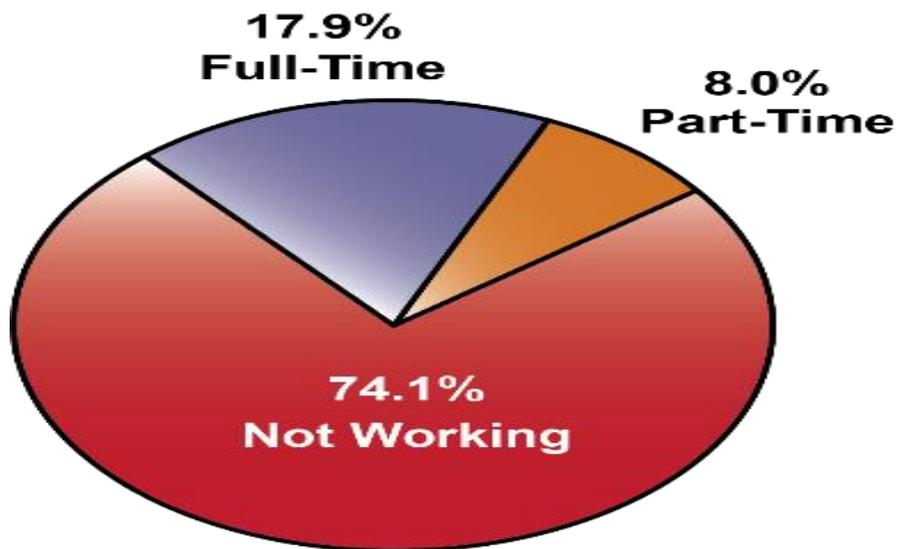


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Employment Status

New Mexico Elders

Region 6 Elders





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Activities of Daily Living

New Mexico Elders

Region 6 Elders

33.9%

had difficulty doing heavy housework

25.6%

had difficulty walking

17.2%

had difficulty doing light housework

17.8%

had difficulty preparing their own meals

34.2%

had difficulty doing heavy housework

28.9%

had difficulty walking

15.6%

had difficulty doing light housework

17.8%

had difficulty preparing their own meals



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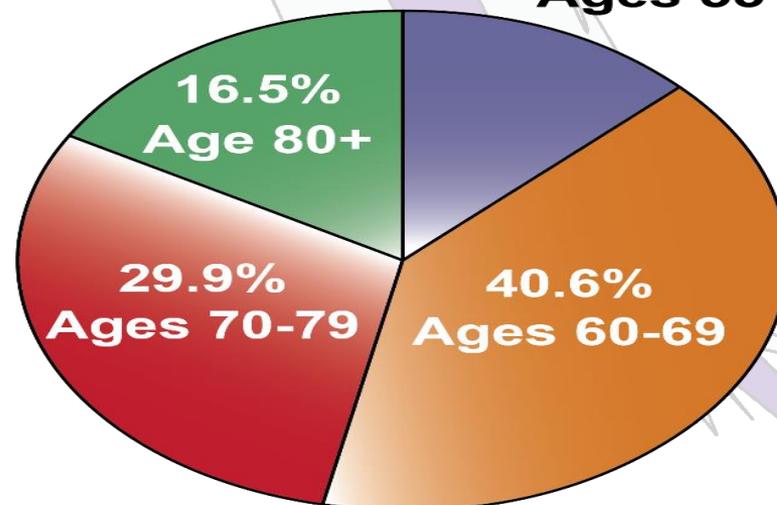
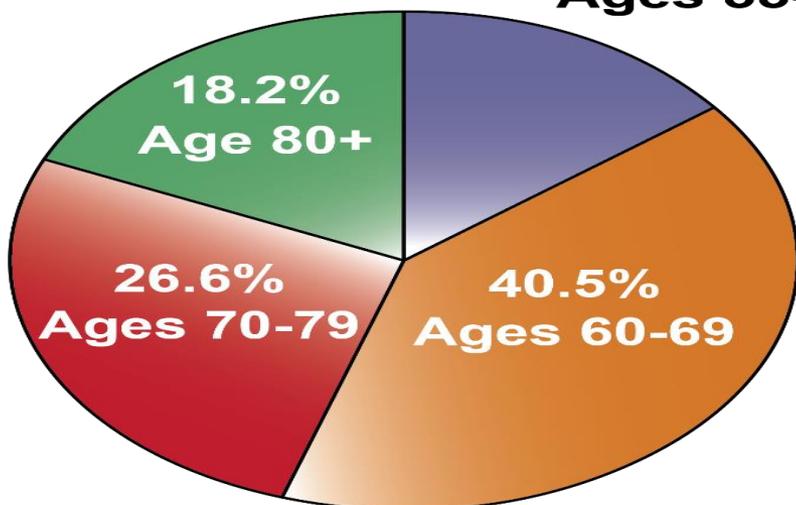
Age Groups

New Mexico Elders

Region 6 Elders

14.7%
Ages 55-59

13.0%
Ages 55-59





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Type of Healthcare Coverage

New Mexico Elders

Region 6 Elders

58.9% Medicare

Medicare 64.0%

47.5% Indian Health Service

Indian Health Service 54.2%

40.2% Medicaid

Medicaid 28.2%

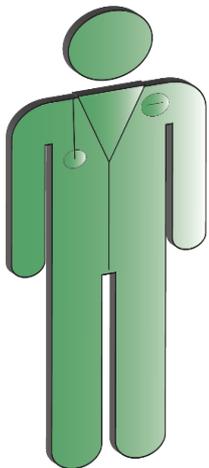


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Health Care Provider

New Mexico Elders

Region 6 Elders

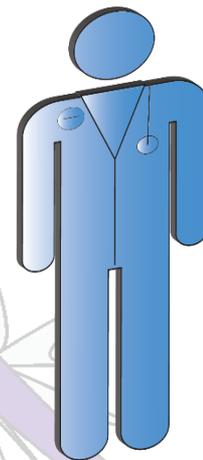


56.4%

of New Mexico Elders had one person they thought of as their personal doctor or health care provider. New Mexico Elders were most likely to go to a clinic (58.9%) or hospital outpatient department (26.5%).

51.0%

of Region 6 Elders had one person they thought of as their personal doctor or health care provider. New Mexico Elders were most likely to go to a clinic (58.9%) or doctor's office (39.0%).





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Barriers to Medical Care

New Mexico Elders

Region 6 Elders





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New Mexico vs. National Data



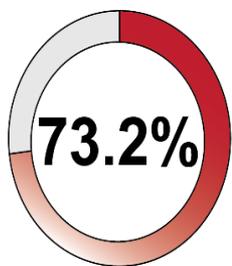
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Exercise

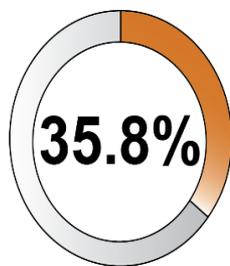
In the past month, common exercise types included:

New Mexico Elders

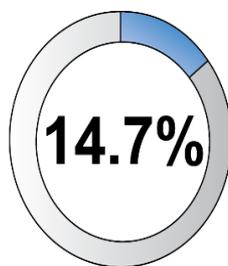
National Data



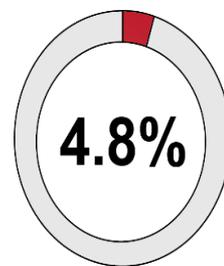
Walking



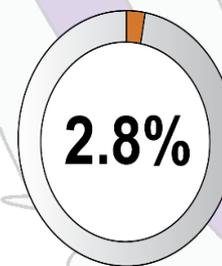
Yard Work



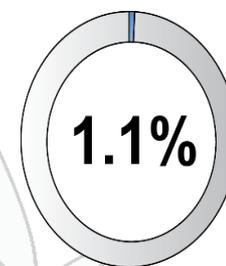
Gardening



Walking



Yard Work



Gardening



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Health Conditions

New Mexico Elders

National Data

32.2%

Arthritis

40.2%

Diabetes

47.9%

High Blood Pressure High Blood Pressure

Arthritis

47.4%

Diabetes

18.0%

55.2%



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Falls

New Mexico Elders

35.5%

reported having 1-4 falls in the past year.
An additional 2.6% reported having 5-8 falls.

National Data

10.6%

reported having 1-4 falls in the past year.
An additional 3.4% reported having 5-8 falls.



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Long-Term Care Need

New Mexico Elders

National Data



60.5% - Little or None

Little or None - 44.9%



21.5% - Moderate

Moderate - 21.5%



6.9% - Moderately Severe

Moderately Severe - 9.2%



11.0% - Severe

Severe - 24.5%





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Employment Status

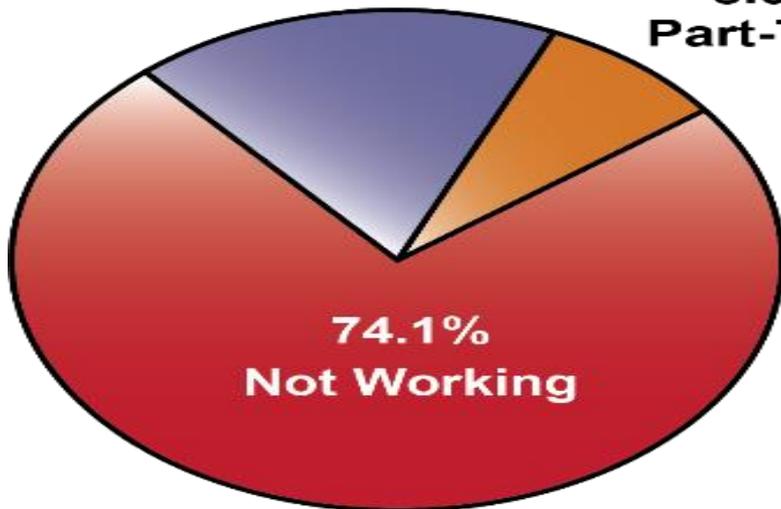
New Mexico Elders

National Data

**17.9%
Full-Time**

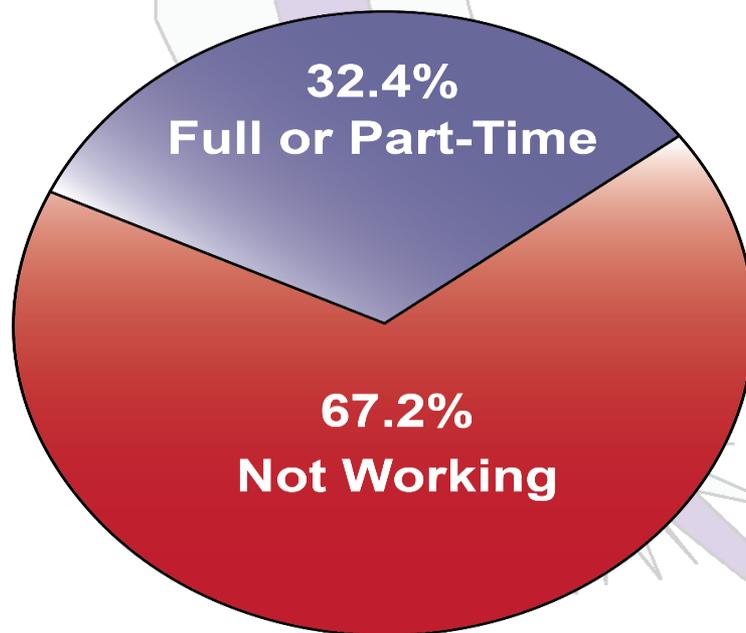
**8.0%
Part-Time**

**74.1%
Not Working**



**32.4%
Full or Part-Time**

**67.2%
Not Working**





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Activities of Daily Living

New Mexico Elders

National Data

33.9%

had difficulty doing heavy housework

25.6%

had difficulty walking

17.2%

had difficulty doing light housework

17.8%

had difficulty preparing their own meals

51.6%

had difficulty doing heavy housework

33.7%

had difficulty walking

17.0%

had difficulty doing light housework

19.7%

had difficulty preparing their own meals



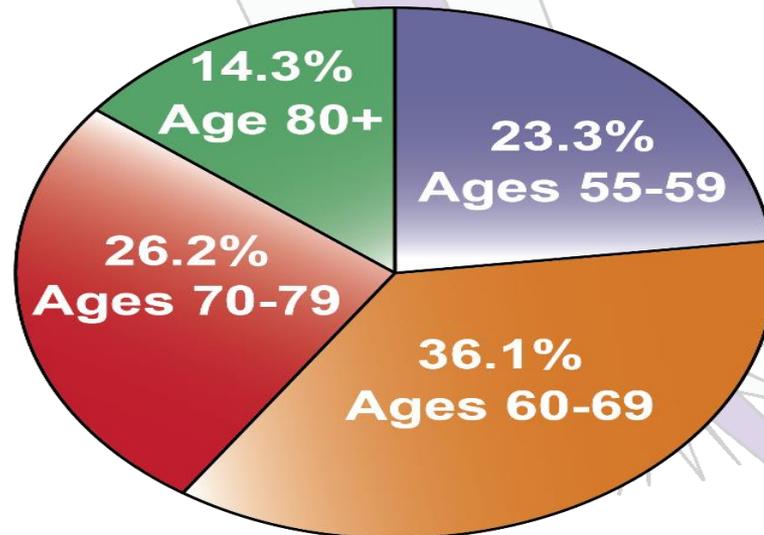
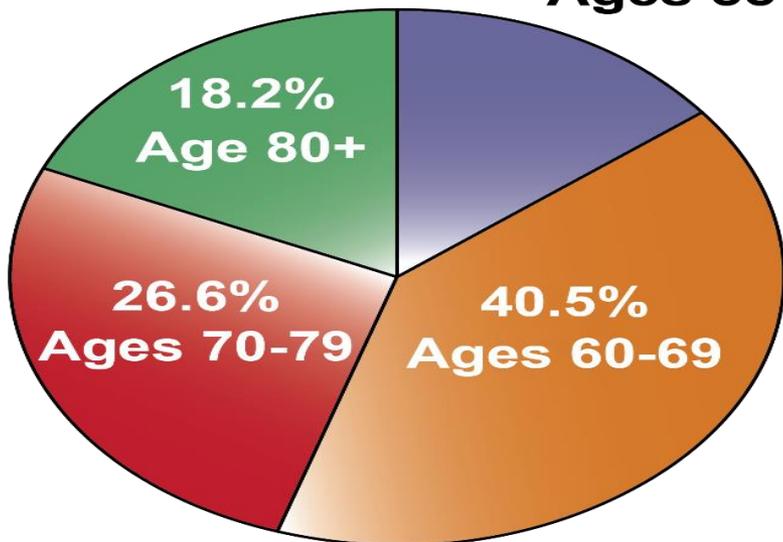
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Age Groups

New Mexico Elders

National Data

14.7%
Ages 55-59





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Type of Healthcare Coverage

New Mexico Elders

National Data

58.9% Medicare

47.5% Indian Health Service

40.2% Medicaid

Medicare - 70.5%

Indian Health Service - 8.5%

Medicaid - 8.4%

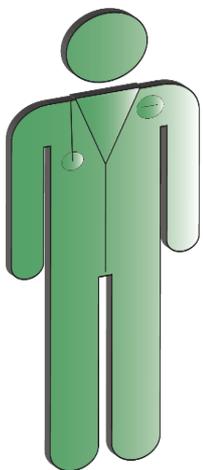


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Health Care Provider

New Mexico Elders

National Data

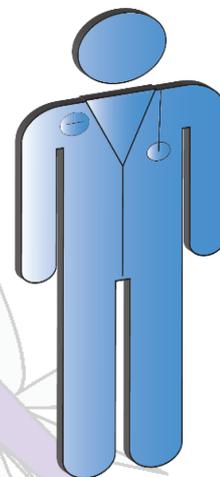


56.4%

of New Mexico Elders had one person they thought of as their personal doctor or health care provider. New Mexico Elders were most likely to go to a clinic (58.9%) or hospital outpatient department (26.5%).

81.8%

had one person they thought of as their personal doctor or health care provider. Most were likely to go to a doctor's office (75.0%) or clinic (18.9%).





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Barriers to Medical

New Mexico Elders

National Data



Long wait in
waiting room



Long wait for
appointment



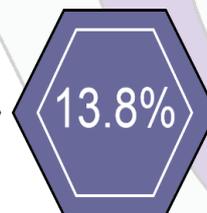
No
transportation



Cost



Long wait in
waiting room



Long wait for
appointment



No
transportation



Cost

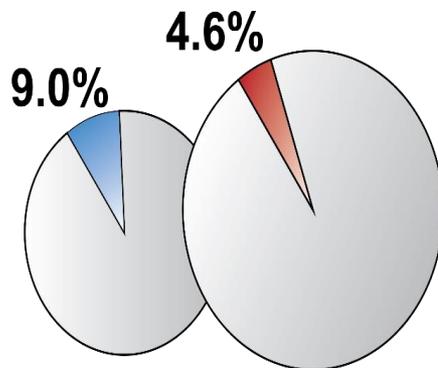


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Tobacco Usage

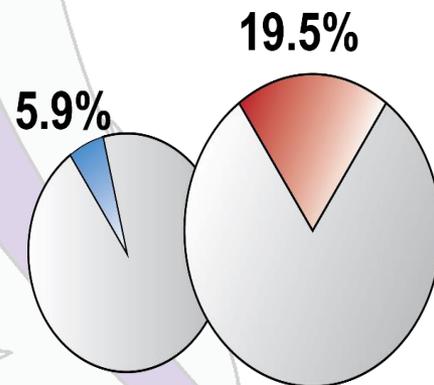
New Mexico Elders

4.6% of Elders reported smoking tobacco everyday, and 9.0% smoked some days (ceremonially/socially)



National Data

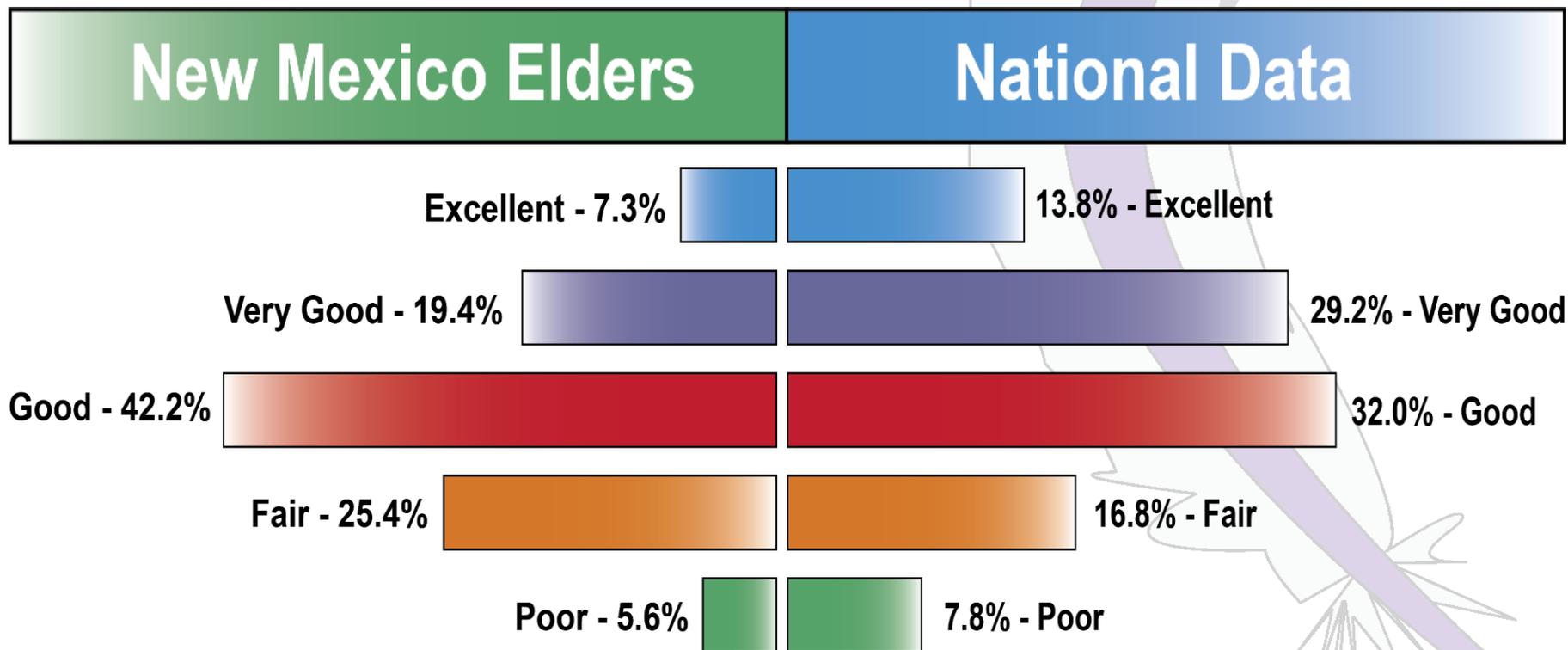
19.5% of Elders reported smoking tobacco everyday, and 5.9% smoked some days (ceremonially/socially)





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General Health Status



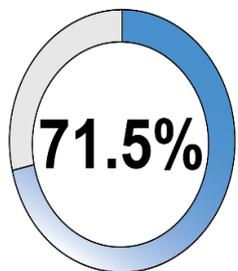


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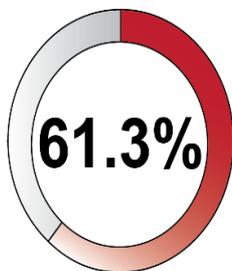
Percent Screened in Past Year

New Mexico Elders

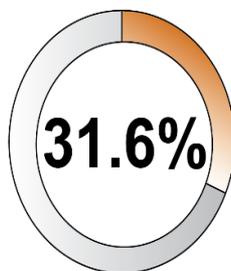
National Data



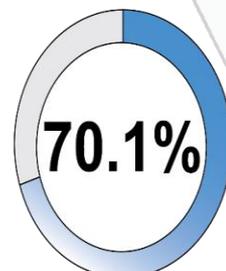
Optometrist



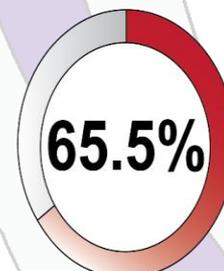
Dental
Hygienist



Hearing



Optometrist



Dental
Hygienist



Hearing



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Data Output Frequency Tables

Health Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	1079	6.0	6.0	6.0
	Very Good	3581	19.7	19.9	25.8
	Good	7157	39.5	39.7	65.5
	Fair	4841	26.7	26.8	92.4
	Poor	1377	7.6	7.6	100.0
	Total	18035	99.5	100.0	
Missing	System	99	.5		
Total		18134	100.0		



Comparison Sheet Data

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

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



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Template for Using Needs Assessment Data

The following pages contain a template that is designed to help people with using data from the National Resource Center on Native American Aging survey; however, the template can still be used with other sources should you choose to conduct your needs assessment using a different survey.

In using the template, each place where **our tribe** is used, should be replaced with the name of your tribe or consortium and then replace the percentages with your own numbers from the comparison sheet. In other places there is **either a blank space, underlined that directs you to fill in the blank with your data or to replace the numbers with the numbers from your tribe**. Each of the tables is an example, using questions you will most likely want to consider and include in your applications. After you do this, look at them to see if there are differences in the pattern from the examples and adjust the text to fit your own observations.

You can follow this example to expand the number of tables or items you include in your discussion of the needs assessment. Please look at the comparison sheets to see what else might be important for your community and add those to the report using the same **format**. The example is not intended to include everything you might find important, but it is meant as a starting point for using the data for grant and reporting purposes.



Using Needs Assessment Data

Our Tribe's Elder Needs Assessment Findings

The following can be used for question 1 in the Management Assessment section of the Title VI application.

The elders of **our tribe** are highly valued as members of their families and their communities. We must recognize them, hold them in high esteem and look to their experience and wisdom for guidance. We must seek optimal wellness for them and seek to help them retain the highest quality of life possible through independence in living.

Leading chronic diseases:

The top chronic diseases found among our elders were high blood pressure, arthritis, diabetes, depression and osteoporosis. **(Replace the disease names and percentages with the top five from item 3 in the comparison sheet.)** Each of these lead to limitations on peoples' ability to take care of themselves and each are diseases for which treatments that make a difference are available. Nutritional care is particularly important for high blood pressure, diabetes and osteoporosis.

Five most common chronic diseases in our tribe for persons 55 and over	
High blood pressure	52.9%
Arthritis	45.9%
Diabetes	36.1%
Depression	17.1%
Osteoporosis	8.4%

Disparities between our tribe and the nation provide us information on specific diseases where our people appear to be at greater risk than others in the nation. This information assists in identifying diseases where others have had greater success with health promotion efforts and where we should be able to make significant improvements in health status for our elders. The following table presents these diseases. **(Again, examine item 3 in the comparison sheet and use those diseases where the percent for your tribe is higher than the national comparison.)**



Using Needs Assessment Data

Chronic diseases with higher rates than the nation		
	Our tribe	Nation
Arthritis	45.9%	48.2%
Congestive heart failure	9.2%	8.2%
Stroke	7.9%	6.6%
Asthma	14.2%	12.1%
Diabetes	36.1%	16.8%
Colon/rectal cancer	1.9%	1.9%
Osteoporosis	8.4%	4.6%

Functional Limitations

(The data for this come from items 5 and 6 in the comparison sheet along with the Measure of Long Term Care Need.)

Functional limitations serve as the basis for establishing informal or formal need for care. Functional limitations are defined in terms of Activities of Daily Living that include bathing, dressing, getting in or out of bed, walking and using the toilet. One's ability to manage each of these is essential for self care. The following table shows our people are significantly less likely to report such needs for assistance.

Activities of Daily Living: Our Tribe and the Nation		
	Our Tribe	Nation
Bathing	17.6%	36.8%
Dressing	12.0%	15.8%
Eating	7.7%	8.1%
Getting in or out of bed	11.7%	22.1%
Walking	23.2%	33.7%
Using the Toilet	9.3%	22.8%

Similarly, IADLs or Instrumental Activities of Daily Living serve as indicators of a need for assistance with task required for living safely in one's home. This includes meal preparation, shopping, telephone use, heavy and light housework and getting outside of the home. With the exception of meal preparation, our tribe's elders reported fewer IADL limitations than the nation. This may be due to the relatively young age of our elders compared to the nation.

Instrumental Activities of Daily Living: Our Tribe and the Nation		
	Our Tribe	Nation
Meal preparation	20.3%	19.7%
Shopping	17.7%	34.8%
Use of telephone	8.4%	9.6%
Heavy housework	33.3%	51.6%
Light housework	16.8%	17.0%
Getting outside	13.5%	44.2%

The measure of need for long term care contains four levels of limitation; little or none, moderate, moderately severe and severe each reflecting differing levels of need and eligibility for care. Although our elders are relatively independent, they are also relatively young. The following table contains the percentages at each level for our tribe and the nation.



Using Needs Assessment Data

Levels of Functional Limitation: A Measure of Need for Long Term Care		
	Our Tribe	Nation
Little or none	61.7%	44.9%
Moderate	20.0%	21.5%
Moderately Severe	5.8%	9.2%
Severe	12.4%	24.5%

The NRCNAA survey asked a series of questions on whether people were using services now and whether they would use them in the future if the circumstances arose that they would be unable to meet their own needs. The following table shows which services are now available and which additional services would be most in demand for future development. **(Replace the percentages from item 60 in your comparison sheet.)** The survey suggests that people would use a larger array of services if they were available. In some instances, the expression of interest is very high when the services are rarely available. For example, respite care is almost non-existent, but over 40% indicate they would use it when the time was appropriate. These results assist our tribe in prioritizing and to continue expanding available services for elders living in their homes.



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Using Needs Assessment Data

Extent of Use and Projected Use If One Could Not Meet Own Needs		
	Use Now	Would use
Adult Day Care	2.7%	30.0%
Caregiver Program	8.0%	38.6%
Case Management	3.8%	18.2%
Elder Abuse Prevention	1.3%	19.2%
Emergency Response Systems	2.7%	30.0%
Employment Services	1.3%	14.2%
Financial Assistance	2.7%	33.4%
Home Health	4.1%	36.8%
Home Repair	4.3%	49.2%
Home Modification	2.5%	37.1%
Information and Referral Services	5.9%	26.0%
Legal Assistance	1.0%	28.1%
Home Delivered Meals	15.7%	40.6%
Congregate Meals	26.9%	21.6%
Personal Care	6.2%	26.3%
Respite Care	2.1%	23.6%
Assisted Living	1.8%	18.5%
Retirement Communities	2.5%	18.5%
Nursing Facilities	.9%	19.2%
Government Assisted Housing	3.7%	18.9%
Shared Housing	1.8%	11.5%
Senior Center Programs	30.4%	29.7%
Telephone Reassurance	8.4%	24.1%
Transportation	16.7%	38.7%
Volunteer Services	4.7%	29.0%



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Using Needs Assessment Data

Specifically related to nutrition are the findings about weight, diet and exercise. Using the people's weight and height, a Body Mass Index was calculated to determine how many people are overweight (BMI 25 to 29) or obese (BMI 30 and over). Weight issues have become a focus of concern because of the relationship between weight and diabetes, arthritis, hypertension and functional limitations requiring care. Our results for the Body Mass Index are below. **(Replace the percents with results from item 40 and 41 in your comparison sheet.)**

Proportions in each Weight Category for Our Tribe	
Low/normal weight	21.4%
Overweight	30.4%
Obese	33.5%

Dietary concerns are reflected in an item that asked about eating habits and conditions that are important to consider when designing nutrition programs for our elders. A large proportion of the elders report too few fruits and vegetables in their diet and many have an insufficient number of meals per day to adequately nourish them. **(Replace the percents with results from item 43 in your comparison sheet.)**



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Using Needs Assessment Data

Responses to nutritional items.	
I have an illness or condition that made me change the kind and or amount of food I eat.	28.0%
I eat fewer than 2 meals per day.	19.0%
I eat few fruits and vegetables or milk products.	38.9%
I have 3 or more drinks of beer, liquor or wine almost every day.	2.3%
I have tooth or mouth problems that make it hard for me to eat.	14.6%
I don't always have enough money to buy the food I need.	13.3%
I eat alone most of the time.	28.1%
I take 3 or more prescription or OTC drugs a day.	40.4%
Without wanting to, I have lost or gained 10 lbs in the past 6 months.	12.2%
I am not always physically able to shop, cook and/or feed myself.	13.1%



Using Needs Assessment Data

Social and Housing Characteristics

One third (Replace with percent from item 49 on comparison sheet.) of the elders in our community live alone. This means that $1/3$ of our elders would be at risk for requiring help from outside the household – formal services or informal care from relatives who do not live with them. This proportion is large and suggests a strong need for building home and community based services that can support both the elder and his or her informal care provider.



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Using Needs Assessment Data

Responses from the elders of (**Insert Name of Tribe or Consortium**) reported % had received care from family members. The total population of elders includes (**YOUR POPULATION**) persons. This yields a total of persons who are recipients of family care. Again, this supports the need for family caregiver support services as well as formal services for the elders.

% of the elders reported providing care to grandchildren. This yields grandparent caregivers providing child care on our reservation. This responsibility is high and must be considered when designing programs for the elders. They have responsibilities and tasks that in many other contexts would not be present. This responsibility for child care limits their options for using some services.

Additionally, % reported both providing grandparent care and being a receiver of family care. Thus persons had a dual involvement in family caregiving.



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Data Tells a Story

- Quantitative Data
- Unmet needs increases risk of developing health issues
- Chronic conditions can increase
- Disruption of independent living
- Difficulties performing ADLs and IADLs
- Nutritional health is important in reducing health risks



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Utilization of Data for Tribes

- **Local Tribal/State/National Level**
 - Assist in program planning, grant writing, and advocacy
 - Tribal planning (budget, infrastructure)
 - Renewal of Title VI grants
 - Strengthen grant proposals
 - Advocating for resources at the state and national levels
 - Document health and social disparities
 - Identify strength based programs and interventions
 - Empowers the tribes with information to identify and address health needs
 - Training for Native elder service providers
 - Filling the research gap for Native elder information
 - Training Native researchers in aging field
 - Decision-making and policy



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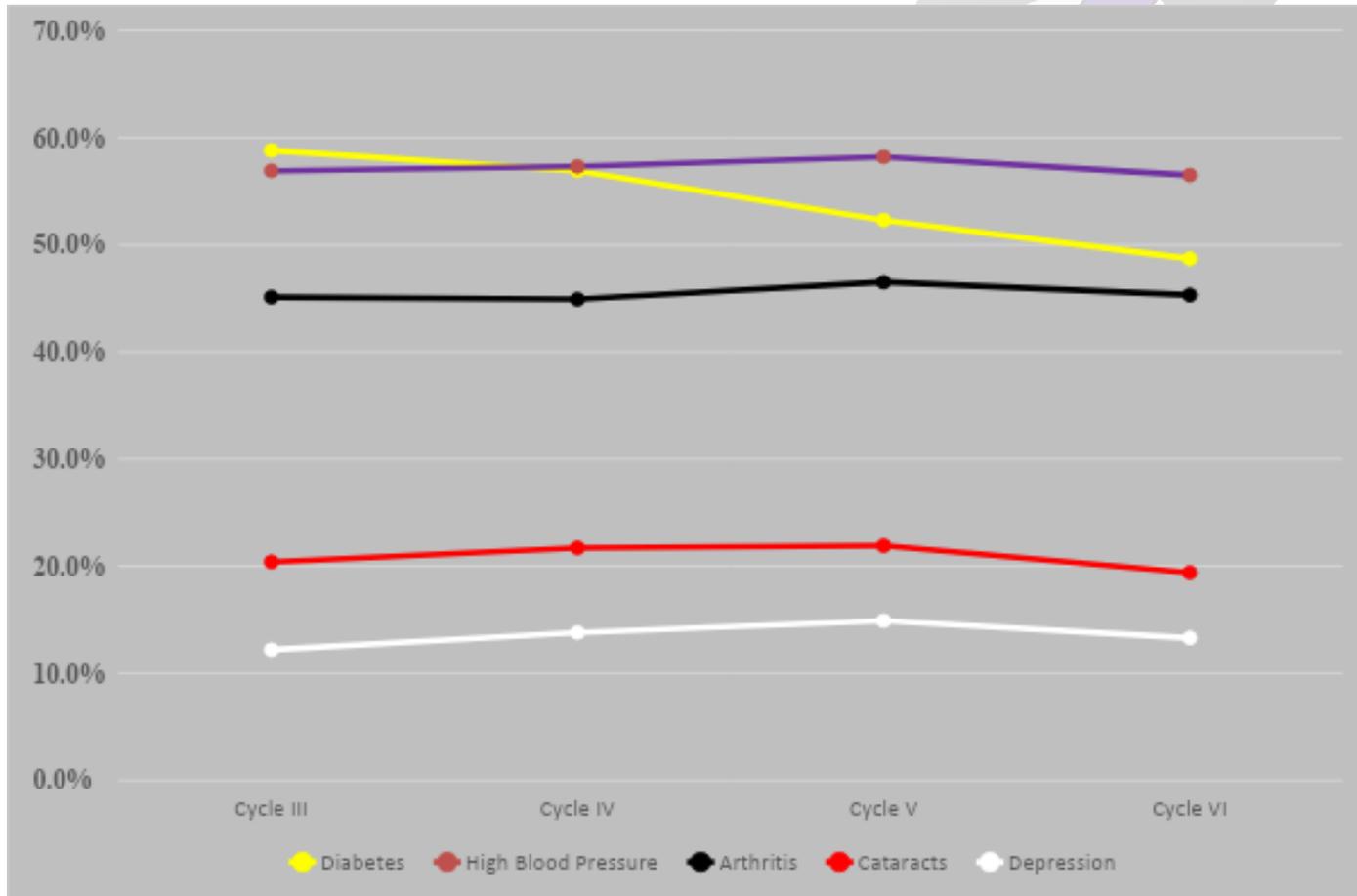
WELL Balanced Program





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Top Five Chronic Diseases Among Native Elders: 12 year time period





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Top Chronic Diseases for Native Elders by Region and Tribal Aggregate

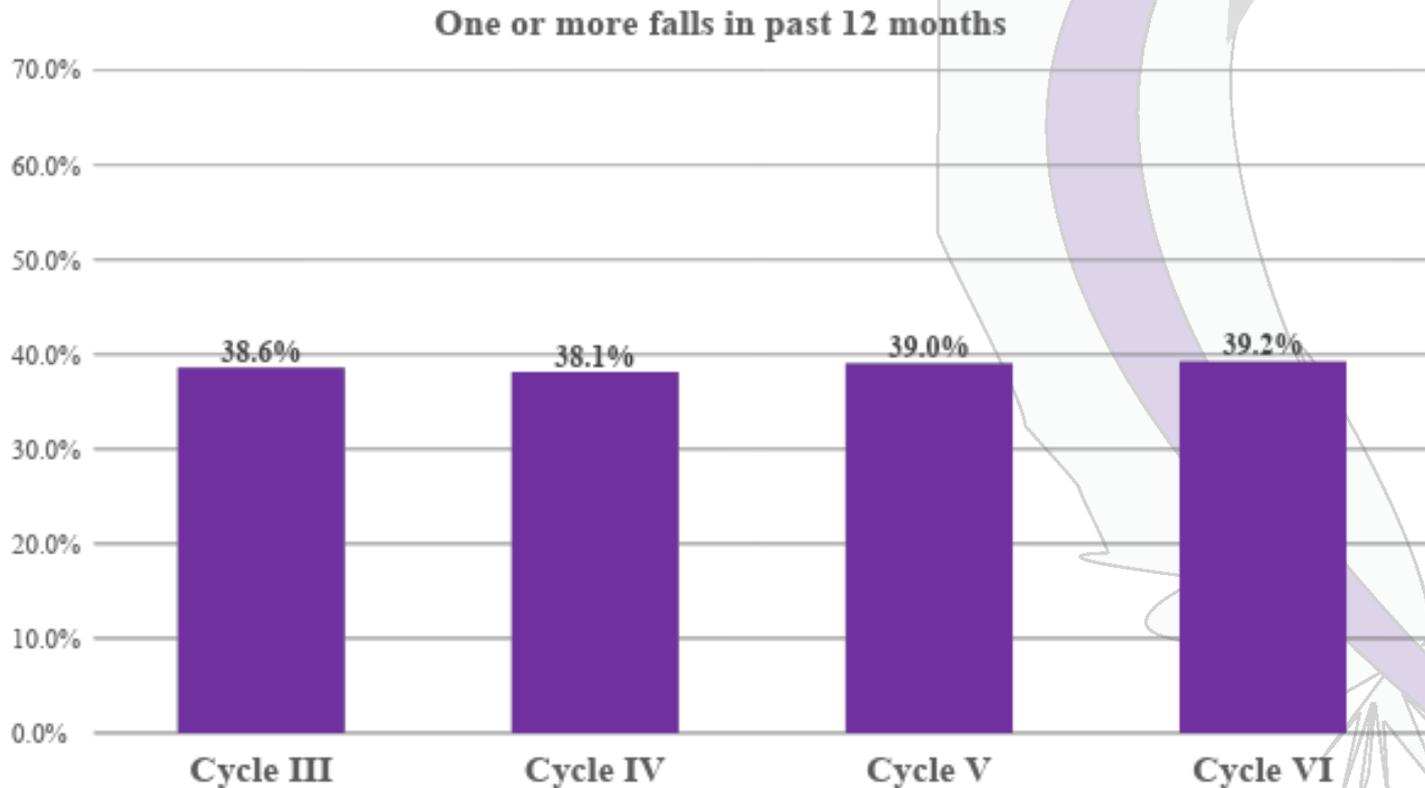
	Diabetes	High Blood Pressure	Arthritis	Cataracts	Depression	Asthma
National	18%	55.2%	47.4%	40.2%	17.2%	12%
Tribal Aggregate	**48.7%	*56.5%	***45.3%	19.4%	13.3%	12.6%
Region 1	***47.9%	*55.2%	**49.3%	12.7%	15%	13.8%
Region 2	***45.7%	*56%	**51.4%	18.4%	14.7%	16%
Region 4	**57.8%	*64.3%	***41.7%	23.5%	12.2%	12.1%
Region 5	**52.4%	*57.2%	***48.7%	21.6%	17.6%	14.6%
Region 6	*52.5%	**43.1%	***43%	17.8%	12.5%	10.3%
Region 7	*61.7%	**60.6%	***58.2%	20.9%	12.6%	12.3%
Region 8	**48.3%	*55.1%	*45.4%	15.8%	10%	12.8%
Region 9	***53%	*57.1%	**56.7%	19.6%	10.7%	12.6%
Region 10	***33.8%	*54%	**47.2%	22.2%	15.1%	13.9%



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Falls Trending Data: 12 year time period





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WELL Balanced Benefits

- An exercise wellness program for Native elders which promotes:
 - Falls prevention
 - Strengthening and Balance
 - Engaging in social activity
 - Managing diabetes, arthritis, and high blood pressure
 - Developing strategies for independent living while having FUN!

<https://www.nrcnaa.org/well-balanced>



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Native Elder Caregiver Curriculum (NECC)



NATIVE ELDER CAREGIVER CURRICULUM 2ND EDITION



Caring for Our Elders

**A training resource
for families and
caregivers serving
rural American Indian
Elders**

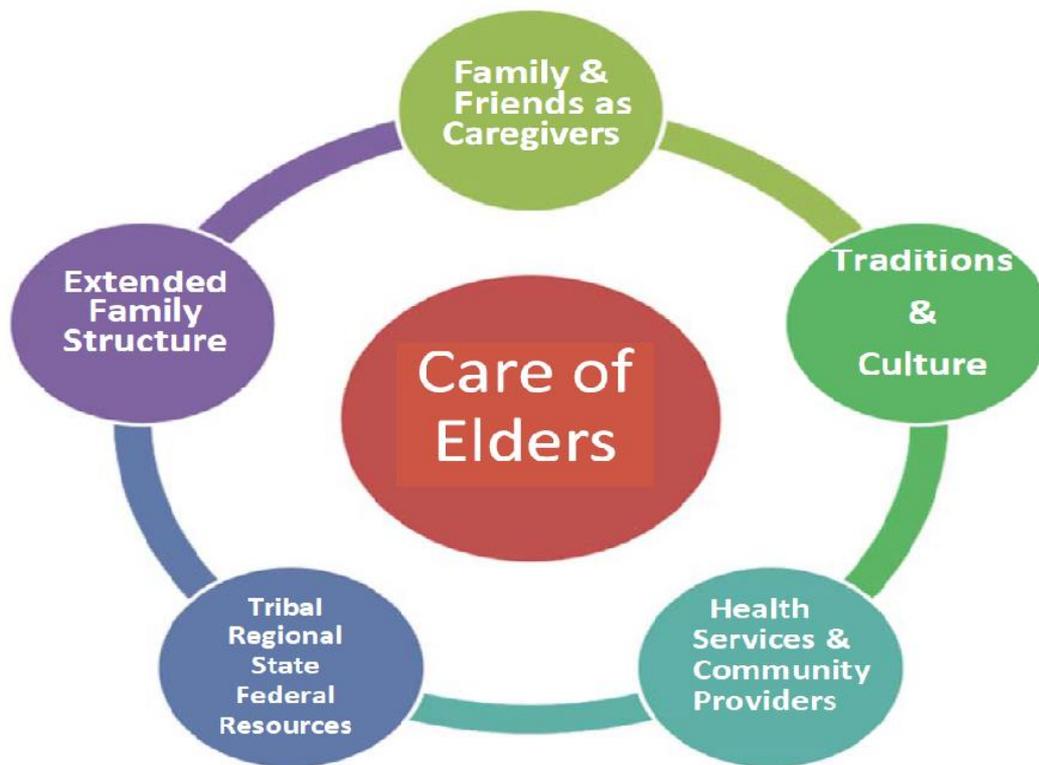
*National Resource Center on Native American Aging,
Center for Rural Health, University of North Dakota*



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NECC Model

FIGURE I: Model of Network for Delivery of Elder Care and Community- Based Long-Term Services & Supports (LTSS) in American Indian Communities





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NECC Objectives

- Age in Place
 - Home and tribal community
- Tool to assist Native elder caregivers
 - Community Health Workers (CHWs) or Community Health Representatives (CHRs)
- NECC development guided by awareness of the modern context of rural Tribal communities and the historically rich traditions and strengths of American Indian Nations.
 - This is embedded in the framework of the NECC curriculum

Caring for our Native elders



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Questions?





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