Balancing Culture, Health, and Data

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Turtle Mountain Band of Chippewa

History of the NRCNAA

The NRCNAA is one of three centers that are funded through the Administration for Community Living (ACL). The other two centers are:

- The National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders (Alaska)
- National Resource Center for Native Hawaiian Elders (Hawaii)

The NRCNAA was established in 1994

- Center for Rural Health, University of North Dakota, School of Medicine & Heath Sciences.
Mission and Vision

**Mission**
Identify and increase awareness of evolving Native elder health and social issues.

**Vision**
To empower Native people to develop community based solution.

Honoring and helping to maintain cultural values.

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Identifying Our Needs: A Survey of Elders

- ACL funded project
  - Assesses the health and social needs of Native Elders in Tribal Communities
- 3 year cycles
- Opportunity to collect information for their communities
- Technical assistance and training
Data Roadmap

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

Tribal Diversity

- NRCNAA research model addresses diversity between and within tribes.
  - Measurement of local needs
    - Unique fit to tribal community
  - Custom-fitting measure
    - ONE SIZE DOES NOT FIT ALL
Population

• Native elders residing primarily on reservations, Alaskan villages, and Hawaiian homesteads.
• Age 55 years and older
• Important to note:
  • Age 55 years and over for Native elders is considered comparable to non-Native elders 65 years and older in the general population.

Survey Needs Data

• General Health Status
• Diagnosis of Chronic Disease
• Falls
• Activities of Daily Living (ADL’s)
• Instrumental Activities of Daily Living (IADL’s)
• Screening
• Vision, Hearing, & Dental
• Memory and Disability
• Health Care Access
• Tobacco and Alcohol Use
• BMI, Nutrition, and Exercise
• Social Support/Housing
• Social Functioning
• Now Use and Would Use
• Demographics
NRCNAA Research Model and Process

Tribal Resolution

Elder Count
Send Surveys Guides

Administer the Surveys
Trained Staff or Volunteer

Data Processing

Results
Tribe Owns Data

Comparison Sheet

<table>
<thead>
<tr>
<th>Question</th>
<th>Response(s)</th>
<th>Tribal Data (55 and over)</th>
<th>Aggregate Tribal Data (55 and over)</th>
<th>National Data* (55 and over)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would you say your health in general is excellent, very good, good, fair, or poor?</td>
<td>Excellent</td>
<td>13.8%</td>
<td>13.8%</td>
<td>13.8%</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>29.2%</td>
<td>29.2%</td>
<td>29.2%</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>32%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>16.8%</td>
<td>16.8%</td>
<td>16.8%</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>7.8%</td>
<td>7.8%</td>
<td>7.8%</td>
</tr>
</tbody>
</table>
Cycle VI Tribal Aggregate Unmet Needs

Trending Data for Top 5 Chronic Diseases among AI/AN elders
### Trending Data for Activities of Daily Living for AI/AN elders

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cycle I</th>
<th>Cycle II</th>
<th>Cycle III</th>
<th>Cycle IV</th>
<th>Cycle V</th>
<th>Cycle VI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing or Showering</td>
<td>16.7%</td>
<td>14.3%</td>
<td>16.1%</td>
<td>15.8%</td>
<td>15.4%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Dressing</td>
<td>11.7%</td>
<td>10.2%</td>
<td>11.5%</td>
<td>11.4%</td>
<td>11.2%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Eating</td>
<td>7.3%</td>
<td>5.4%</td>
<td>6.2%</td>
<td>5.9%</td>
<td>6.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Getting in or out of bed</td>
<td>13.0%</td>
<td>11.6%</td>
<td>13.7%</td>
<td>13.3%</td>
<td>13.6%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Walking</td>
<td>28.1%</td>
<td>23.9%</td>
<td>31.2%</td>
<td>30.7%</td>
<td>29.8%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Using toilet</td>
<td>8.9%</td>
<td>8.1%</td>
<td>8.3%</td>
<td>8.5%</td>
<td>8.4%</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

### Trending Data for Instrumental Activities of Daily Living for AI/AN elders

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cycle I</th>
<th>Cycle II</th>
<th>Cycle III</th>
<th>Cycle IV</th>
<th>Cycle V</th>
<th>Cycle VI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare Meals</td>
<td>17.9%</td>
<td>15.7%</td>
<td>16.8%</td>
<td>16.3%</td>
<td>15.8%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Shop Pers. Items</td>
<td>17.0%</td>
<td>15.2%</td>
<td>14.6%</td>
<td>15.1%</td>
<td>14.3%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Managing Money</td>
<td>10.0%</td>
<td>8.3%</td>
<td>8.8%</td>
<td>8.7%</td>
<td>8.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Using telephone</td>
<td>8.0%</td>
<td>5.2%</td>
<td>5.8%</td>
<td>5.5%</td>
<td>4.1%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Doing Heavy Housework</td>
<td>37.5%</td>
<td>31.0%</td>
<td>36.1%</td>
<td>35.1%</td>
<td>34.5%</td>
<td>34.9%</td>
</tr>
<tr>
<td>Doing Light Housework</td>
<td>15.4%</td>
<td>12.6%</td>
<td>13.2%</td>
<td>13.0%</td>
<td>12.3%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Getting Outside</td>
<td>15.4%</td>
<td>12.6%</td>
<td>13.2%</td>
<td>13.0%</td>
<td>12.3%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>
Nutritional Health among AI/AN elders

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
Utilization of Data for Tribal Communities

• Community Level
  • Renewal of Title VI Grants
  • Strengthen Grant Proposals
  • Document health and social disparities
  • Tribal planning and infrastructure
  • Empowers the tribe with information to identify and address health needs

• National Level
  • Training for Native elder service providers
  • Advocating for resources and funding at the state, regional, and national level
  • Filling the research gap for Native elder information
  • Training Native researchers in aging field
  • Decision-making and policy

Needs Assessment Participation

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Elders</th>
<th>Tribes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle I</td>
<td>9,403</td>
<td>190</td>
</tr>
<tr>
<td>Cycle II</td>
<td>10,743</td>
<td>342</td>
</tr>
<tr>
<td>Cycle III</td>
<td>15,565</td>
<td>268</td>
</tr>
<tr>
<td>Cycle IV</td>
<td>18,089</td>
<td>234</td>
</tr>
<tr>
<td>Cycle V</td>
<td>17,049</td>
<td>262</td>
</tr>
<tr>
<td>Cycle VI</td>
<td>18,134</td>
<td>267</td>
</tr>
</tbody>
</table>

Total N = 89,436 surveys
Participation by DHHS Regions for Cycle VI

Region 1, 426, 1%
Region 2, 407, 2%
Region 3, 2889, 1%
Region 4, 697, 1%
Region 5, 2725, 13%
Region 6, 4956, 27%
Region 7, 546, 1%
Region 8, 2114, 12%
Region 9, 2889, 16%
Region 10, 3476, 19%

Map of DHHS Regions

U.S. Department of Health & Human Services

Regions

1. Boston
2. New York
3. Philadelphia
4. Atlanta
5. Chicago
6. Dallas
7. Kansas City
8. Denver
9. San Francisco
10. Seattle

U.S. Virgin Islands
Puerto Rico
Hawaii
Cycle VI Summary

- Data collected in the time span of April 1, 2014 to March 31, 2017
- 18,134 AI/AN elders
- 164 sites
- 267 tribes
- Representation from:
  - 11 out of 12 Indian Health Service (IHS) Regions
  - 9 out of 10 Department of Health and Human Services (DHHS) regions
  - 28 out of 50 states

*Cycle VII began April 1, 2017 and will end March 31, 2020*

The NRCNAA Team

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