Activity Limitations Among Native American Elders

National Resource Center on Native American Aging
at the University of North Dakota

Introduction

In this analysis we examine the extent of activity limitations among Native American elders using data collected across the nation in the program for conducting local needs assessments entitled "Identifying Our Needs: A Survey of Elders", conducted by the National Resource Center on Native American Aging (NRCNAA) with funding provided by a cooperative agreement with the Administration on Aging (AoA). The aggregate data file containing the results from participating tribes now contains data from 24 tribal needs assessments with a total of 2,748 respondents. Although many more tribes are now collecting data for their needs assessments, the size of the aggregate file is large enough to merit analysis. We believe at this point it provides an accurate picture of the status of the nation's Native American elders.

In this project, tribes from the nation have been invited to use a standardized survey instrument and data collection procedures to conduct local needs assessments that provide each tribe with an accurate picture of the status of their local elders with respect to health status and their needs for services. As each tribe completes this process, they are provided statistical results for their local area and are added to the total "aggregate" file that will represent the overview of Native American elders. This analysis examines this combined file.

ADLs

Activities of Daily Living (ADLs) represent the extent to which people have needs for assistance in the most basic activities of living. These include bathing, dressing, eating, getting in or out of bed, walking and using the toilet. These activities are fundamental and when people express difficulties with them, they are considered to be in need of help. This help may be found from informal family caregiving, formally offered home and community based service programs or in institutional care such as assisted living or nursing home care. As the number of activity limitations increases, the nature and amount of care required is likely to change with people in skilled nursing homes receiving the greatest amount of care and possessing the greatest number of ADL limitations.

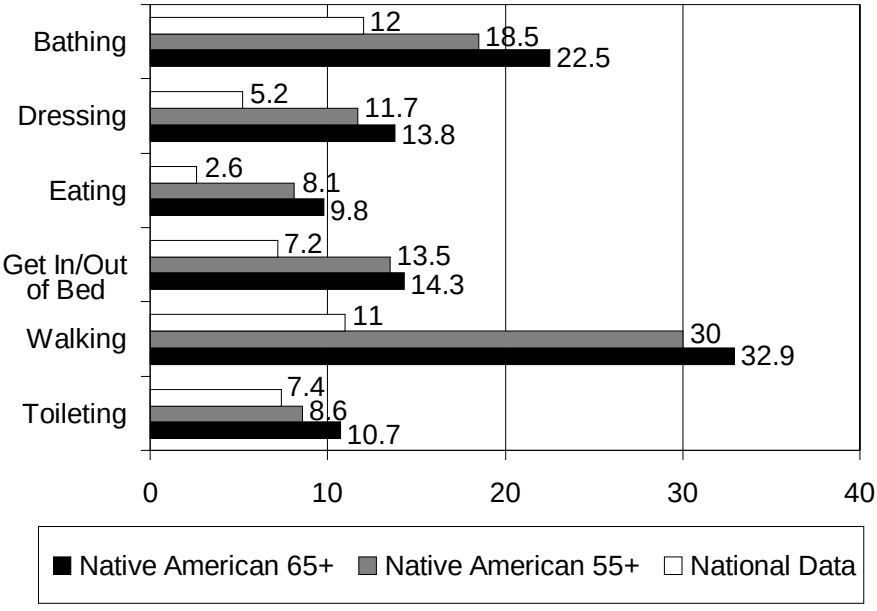
How do ADLs connect to long term care?

In a recent publication, Sahyoun, Pratt, Lentzner, Dey, and Robinson (2001) suggested that a need for assistance in bathing serves as the entry point and is the first ADL for which people need help. As such, it denotes a beginning to the process in which care is needed beyond what one can provide for him/herself. Figure 1 displays the results of our data reflecting ADL limitations for Native American elders using both age 55 and over, as the most common definition of elder among the tribes, and age 65 and over, which permits direct comparison with the national statistics. Nationally, 12% of the population 65 years of age and over report a need for assistance with bathing, while 22.5% of the Native American elders of the same ages report a need for help bathing. This a substantial difference, with the Native Ameri-

cans displaying greater activity limitations. Even as one uses age 55 and over to compare with the national data for ages 65 and over, there is a disparity that is substantial. The Native Americans age 55 and over report a need for assistance in bathing at a rate of 18.5%. While it is often argued that the Native American population has a younger age distribution than the rest of the population, this is offset by an earlier onset of activity limitations and the need for personal assistance is clearly substantial. Indeed, each of the ADL comparisons would appear to substantiate a greater level of need for personal assistance among the Native American elders than in the general population. It is noteworthy that only 6.5% of the Native American elders over 55 receive such services.

It is also worthy of note that issues related to toileting, especially incontinence, often serve as a precipitant for moving an older person to an institution for care. Using this as an index of need for options that provide for institutional or professional care, once again the Native American elders rank high in terms of need and low in terms of access to services.

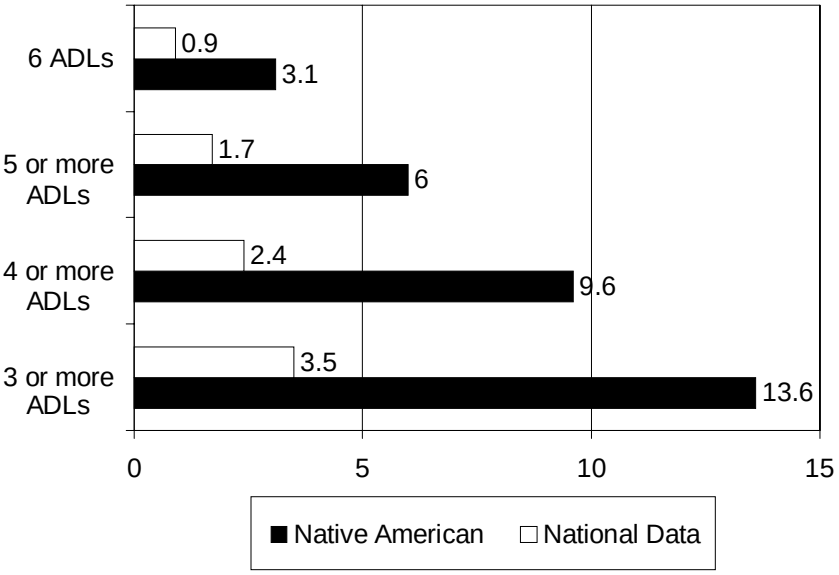
Figure 1



A second way of looking at ADLs is to examine the severity of activity limitation as measured by the number of activity limitations one reports. Thus if a person reports one ADL limitation, he or she may need some level of care and could be cared for by family caregivers or home and community based service providers. If the number of ADL limitations increases, it is taken to indicate a more severe problem and the likelihood of more professional assistance or institutional care rises. Two benchmarks to compare with for this approach are the average number of ADLs present among residents of Assisted Living facilities and among residents of Skilled Nursing Homes. The average number of ADLs among residents of Assisted Living facilities according to a recent report from the AARP Research Center is 3 while the most recent report on ADL limitations for Skilled Nursing Homes had risen to 4.4 limitations. Using our data, Figure 2 (shown on the following page) presents the comparisons.

Two points should be made regarding this presentation. First, the relative need for care is greater among the Native American population, especially when one acknowledges that the national data is for those 65 and over while the Native American data is for those 55 and over. Secondly, while there is great and appropriate interest in home and community based care in order to allow people to remain in their own homes, there is also a need for some institutional care to accomodate people for whom the burden of care becomes too difficult for family or home and community based caregivers. Institutional care is increasingly restricted to those with very high levels of disability at the point of admission and may reflect new patterns of survival among very frail people surviving with substantial medical intervention. In any event,

Figure 2



some care may become technically too difficult for home based care leading to institutional alternatives or caregivers may find the burden too great and seek institutions. Options, such as assisted living facilities, at a local level for those with 3 or more ADLs would appear to make good sense.

A concluding observation may place this in context. According to a survey conducted by the National Alliance for Caregiving, the nation has been experiencing a decrease in family caregivers providing assistance for ADL limitations. The proportion reporting that they did not provide assistance with any ADLs rose by 17% between 1987 and 1997. This could have been due to either the availability of better options or a diminished ability on the part of caregivers to provide such care. In any event, these data provides clear evidence that a system of support is essential and the data suggest that the levels of need make it even more important in Indian country.

References:

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