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Rural Health

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Identifying our Needs IV: Conducting and Uses for Native Elder Needs Assessments



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**Administration on Aging Title VI Training
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*Connecting resources and knowledge to strengthen
the health of people in rural communities.*

Objectives

Following this training, you will:



- **Be able to conduct a local needs assessment.**
- **Understand what a needs assessment is.**
- **Understand the reasons for conducting a needs assessment.**
- **Be able to use data collected after conducting a local needs assessment.**



Center *for* Rural Health

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Focus on:
 - Education, Training, and Resource Awareness
 - Community Development and Technical Assistance
 - Native American Health
 - Rural Health Workforce
 - Rural Health Research
 - Rural Health Policy
 - Program Evaluation
- Web site: <http://ruralhealth.und.edu>



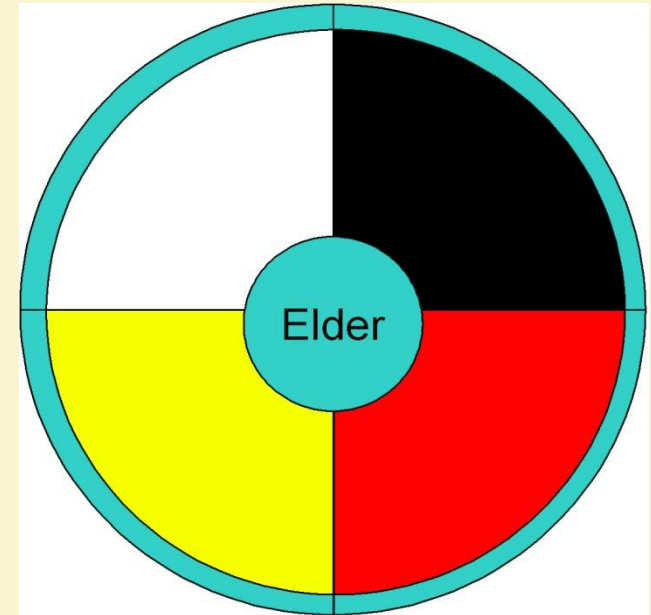
National Resource Center on Native American Aging

- 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: <http://www.nrcnaa.org>



What is a needs assessment?

- A process where local interests or issues are defined.
- A method by which the nature and extent of needs can be both assessed and documented.
- A basis for planning that is evidence based.





Why conduct a needs assessment?

It allows you to *identify and document issues* that are important for your community.

It assists you in *locating options* for addressing the needs identified by your community.

It assists you in *assessing options and developing an action plan* to address your local needs.

It *provides documentation* required for planning and grant purposes.



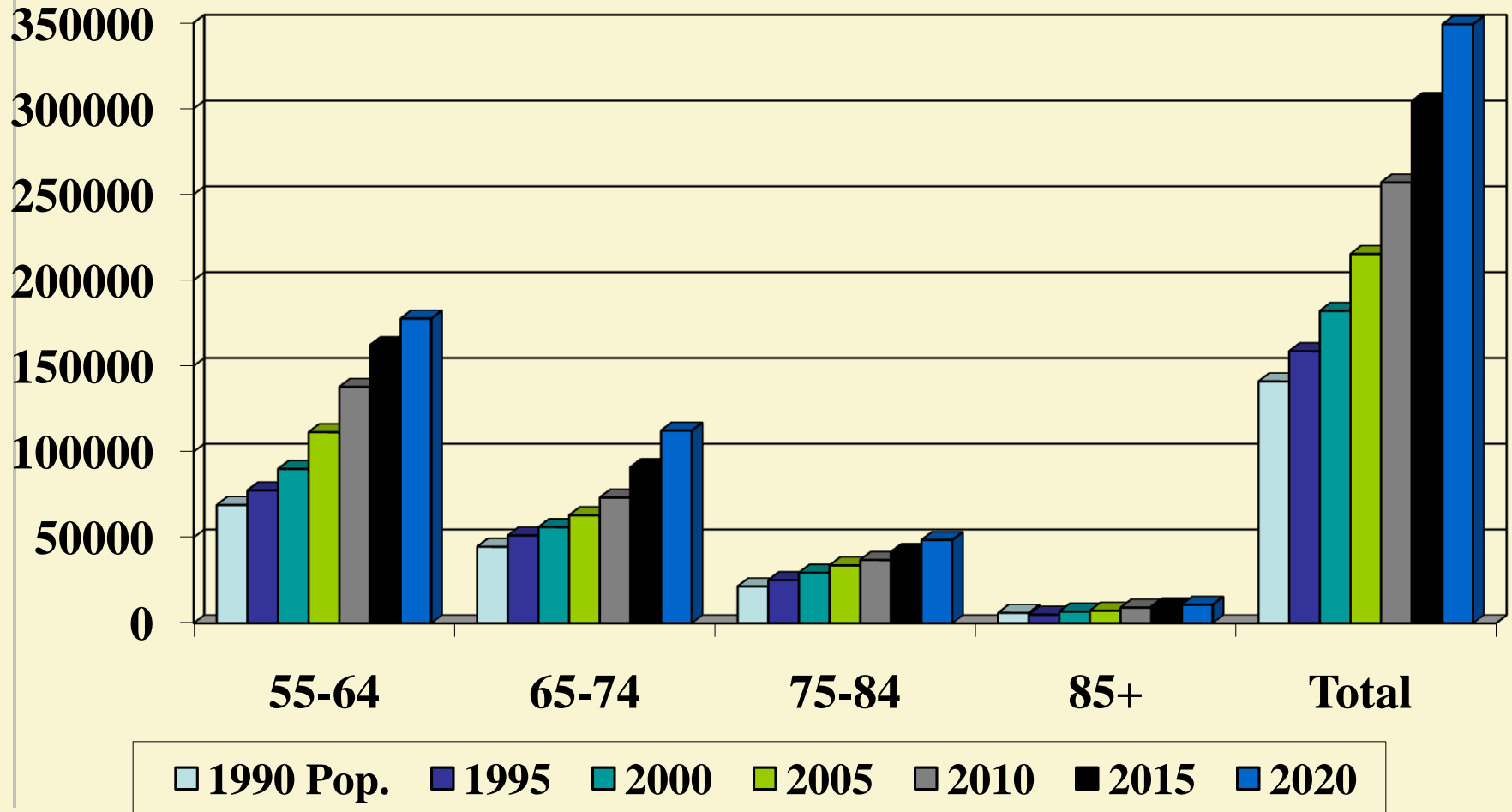


Native Elder Issues

- Growing elder population with Baby Boomer generation reaching retirement and beyond.
- 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



Native Elder Population Projections 1990-2020





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 at 77.3 years slightly exceeds the national average (76.9); however, Aberdeen Area is 66.8, a difference of 10.1 years.
 - Ex. Alaska Area has a diabetes death rate 19% lower than the U.S. general population; whereas, Tucson Area has a rate 526% higher than the nation's.
- Once you seen one tribe - *you've only seen one tribe.*

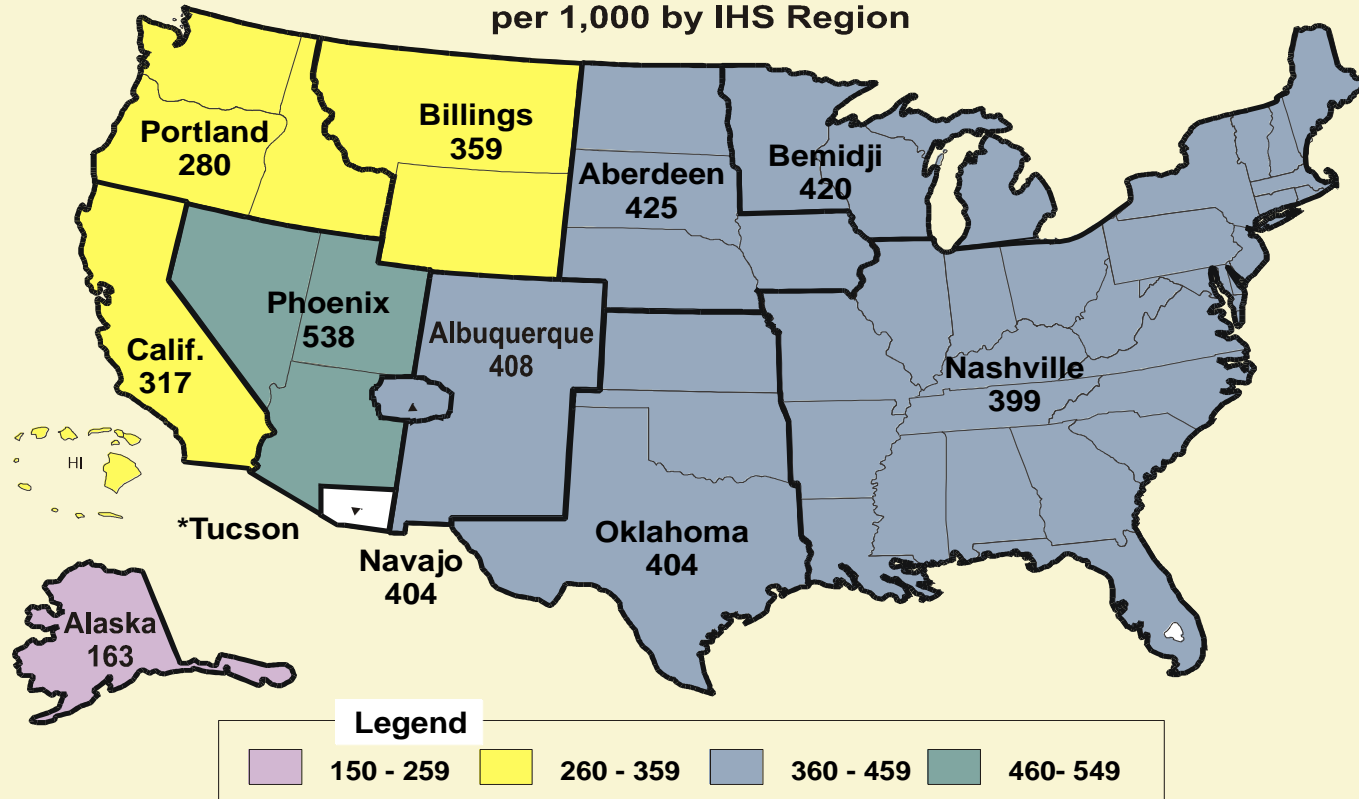


Life Expectancy at Birth, ages 55, 65 and 75 by IHS Area

Area	Birth	Males	Females
Aberdeen	66.8	63.0	70.6
Billings	67.5	63.8	70.8
Bemidji	68.2	65.6	71.4
Tucson	69.3	66.0	72.5
Alaska	70.0	67.1	73.8
Phoenix	71.9	68.4	74.6
Oklahoma	72.2	69.5	74.7
Portland	72.9	69.9	75.4
Navajo	73.8	71.2	77.7
Albuquerque	75.6	72.4	78.7
Nashville	76.5	73.9	78.9
California	77.3	74.7	79.8

Diabetes Rates by Region

Native Elders 55 and Over
Age Adjusted Diabetes Rates
per 1,000 by IHS Region



Source: NRCNAA Needs Assessment Data, UND Center for Rural Health.

* No data are available.



The Framework

- The Premise For The *Identifying Our Needs: A Survey of Elders Social and Health Needs Assessment IV* is to *provide tribal nations with the opportunity to collect information for their communities.*
- The AoA funded project provides technical assistance and training opportunities to conduct a needs assessment using an established model.
- The NRCNAA model uses:
 - Academically accepted design and methodology
 - Random sampling to ensure fair subject selection
 - Results independent from political influence
 - Informed consent, tribal approval, and tribal ownership ensuring tribal sovereignty is protected
 - A model developed with input from Native elders and Native elder providers ensuring respect for Native elders.



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 IHS Regional Areas is represented in the national file

- **Cycle II**

- 254 tribes from 75 sites representing 10,521 Native elders completed Cycle II
- All 12 IHS Regional Areas are represented in the national file



Current Status of Project

- **Cycle III**

- 298 tribes from 127 different sites represented in the national file
- 15,565 Native elder participants
- All 12 IHS Regional Areas represented in the national file
- Multiple publications and presentations based on this data.

- **Cycle IV – CURRENT CYCLE**

- 13 tribes from 10 sites representing 1,563 Native elders have completed Cycle IV
- 15 sites have resolutions on file and are now collecting data
- NRCNAA offices are currently accepting requests for assistance in conducting YOUR NEEDS ASSESSMENT!¹⁴



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Additional Resources



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the health of people in rural communities.*

Where can I find the needed data?

Census Data

Data from the 2000 census can be located at

- http://factfinder.census.gov/home/aian/sf_aian.html - this site locates data for 539 federally recognized tribes online. It is a source for getting a demographic profile of your tribe.
- For larger groupings containing numerous tribes in a single organization data can be obtained from http://factfinder.census.gov/home/aian/sf2_sf4.html where findings are based on 39 tribal groupings.
- The 2000 census data is now several years old and to represent the current year you may want to use current estimates. In order to estimate the population of each state and county, the Census Bureau conducts annual estimates of our population by age and race for each county. Estimates for years between censuses can be found at <http://www.census.gov/popest/estimates.php> , but you might be restricted to obtaining data for counties and not for boundaries that reflect your service areas or reservations.
- **2010 Census data should be available in early 2011!**



Where can I find the needed data?

Census Data Centers

Each state also has a Census Data Center. You can contact them using the following web site, <http://www.census.gov/sdc> with special requests for population data for your state and locality.

- Serves as the central location for demographic statistics for the state.**
- Receives a wide array of data from state and local sources.**
- Can address questions about the demographic profile of your service area.**



Where can I find the needed data?

Future Populations

To Locate the population projections for your service area:

Many states have a series of projections for population for counties that are useful in anticipating the future.

- Provide a scenario for the future that you can use in the planning process
- Broken down by age and sex.
- They are normally at county level!



Where can I find the needed data?

Future Populations

- As we recognize the growth of the Native elderly populations, we must also recognize that the population growth at advanced ages brings increased needs for services, both health care and social.
- For example, after one computes the rates for ADL limitations, we can apply those rates to the over 55 cohort and derive the number of people who will need some form of assistance today and in the future.
- Similar computations can be done with specific chronic diseases, obesity or any prevalence rate. This tool assists you in seeing what the future is likely to bring.



Combining Data with Population Projections

- Approximately 40.7% of Native Elders in the nation currently have diabetes
- 2000 Native Elders = 182,057
 $.407 \times 182,057 = \mathbf{74,097}$
- 2020 Native Elders = 349,109
 $.407 \times 349,109 = \mathbf{142,087}$



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Identifying Our Needs: A Survey of Elders IV



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CR How do we obtain local data on Elder needs?

A standardized, self-administered instrument that can be read by optical scanning equipment is provided by the NRCNAA, for use in community assessments. A copy of the survey can be viewed at http://ruralhealth.und.edu/projects/nrcnaa/pdf/CycleIII_SurveyInstrument.pdf (it is listed as cycle III by accident!).

Use of this instrument will:

- *Enable you to develop local data for planning and grant applications*
- *Enable you to train volunteers to help with data collection*
- *Expedite data entry, ensuring that you get results quickly*
- *Allow you to gain data at substantially reduced costs.*



Community Assessment Survey Data

- General health status of your elders
- Indicators of chronic disease
- Measures of disability - Activities of Daily Living (ADLs)
- Instrumental Activities of Daily Living (IADLs)
- Indicators of visual, hearing and dental problems
- Tobacco and alcohol use patterns
- Diet, nutrition and exercise
- Weight and weight control (BMI indicators)
- Social support patterns, housing and work
- Health care access
- Unmet needs
- Use and acceptance of services



Why Local Survey Data?

- Community needs assessments:
 - Identify and assess local community needs
 - Provide objective data for evaluating the status and needs of your communities elders
 - Obtain information that permits an unbiased examination of the needs
 - Provides an opportunity to document these needs for key funding agencies.
- You should be aware, however, that this type of systematic community diagnosis might yield results that are upsetting.
 - While people may talk willingly about their health, an assessment may tell them that they have high risk factors for obesity, inactivity, etc.
- We often would prefer not to be told that we need to eat better, lose weight and get more exercise.



Why local survey data?

Survey Advantages

- You are assured of a cross section of the community. allowing for broad participation.
- The responses of people from the community are often best solicited through an anonymous survey response.
- Detailed information about behavior, attitudes, beliefs, attributes and opinions can be recorded.
- Cross tabulation can help profile problems and assist in targeting programs.
- Surveys are lower in cost and consume less time than many alternatives.
- They permit you to reach people who live in more isolated parts of the community.



The Survey

Properly conducted Surveys will provide accurate descriptions of your people based either on surveying all or a representative sample of the people from your community.

NRCNAA recommends:

- Face-to-face surveying
- Staff or community volunteers trained to ask the questions and fill out the survey for their elders
- Sampling may be used - In many cases the population of elders is small enough that you can interview all of them. If the population is large, a properly selected representative sample can act as a mirror of the population for purposes of estimating characteristics of a population while using only a small fraction of the people.
 - *In order to draw a sample with reasonable assurances of adequacy **you must have a population number.***



The Survey - Sampling

APPROXIMATE SAMPLE SIZE REQUIRED

<i>POPULATION</i>	<i>SAMPLE 20%</i>	<i>OVER SAMPLE</i>
200	134	160
300	172	206
400	200	240
500	222	266
600	240	288
700	255	306
800	267	320
900	277	332
1000	286	343
2000	333	399
3000	353	423



How to draw a sample from your list.

- Obtain a list of the elders in your community.
 - This may require combining lists from more than one source
 - Usually readily available from tribal offices.
 - Once you have a list and have determined the size of the sample you will need, sampling using a systematic random sample in which every n th (e.g. 10th or 15th etc.) name is drawn, is recommended.

CR How to draw a sample from your list

To use this approach:

- Know what proportion you need to draw.
- Over sample
- You must have a random start
- **If you use the National Resource Center on Native American Aging, we will assist you with determining sample size and how to draw your sample.**
- **Call us toll free! (800) 896-7628.**

CR How to collect survey data.

- Face-to-face interviews are recommended because they are likely to yield higher response rates and more complete responses.
- Train the interviewers – practice interviewing each other to become familiar with the questions.
- Contact each person on the list. Try different times of the day and days of the week for those not at home or call to arrange a time for a visit. Try each person at least 3 times.
- Keep records for each attempt and for each completed interview to avoid duplication.
- *Always thank people for talking with you and let them know where to look for the results.*



Getting the results.

- Survey data can be computerized and analyzed using statistical programs. The NRCNAA will do this for you; however, you may analyze the data locally.
- Sending machine-readable data to the NRCNAA for both analysis and interpretation will reduce your costs substantially while retaining critical inputs from someone who is an expert in survey analysis.
- NRCNAA will.....
 - Code the data for statistical analysis.
 - Create a data file for your tribe.
 - Create standard measures (such as Body Mass Index, ADL and IADL limitations, chronic diseases and service uses).



Getting the results (continued).

- The NRCNAA prepares tabulations for the responses using SPSS (Statistical Package for the Social Sciences).
- Compare your tribe with national data and with all Native American elders in the combined data for all participating tribes.
- You will receive a comparison sheet including your tribe's data, national data and data for all Native American elders. An example can be viewed here:
<http://ruralhealth.und.edu/projects/nrcnaa/pdf/comparison.pdf>
- Previous participants will also be provided information on changing patterns that may affect their future elders for planning and grant purposes.
- *Participants are highly encouraged to share and explore their results! Your data can be used for multiple purposes*
 - *Project feasibility*
 - *Grant applications*
 - *Community reports*



Community Level Data Uses

- Renewal of Title VI Native Elder Nutrition and Caregiving Grants
- Strengthening of grant proposals
- Documentation of health disparities
- Documentation of need for health promotion, home and community based services, and assisted living



Regional and National Data Use

The applications for data at these levels are numerous and focus on:

- **Training for increasing skills for Native elder service providers**
- **Advocating for resources at the state, regional, and national level**
- **Developing policy for informing national Native elder organizations**
- **Filling the research gap for Native elder related publication**
- **Training Native researchers in the aging field**



State & National Advocacy & Policy Examples

- South Dakota State Legislative Research Committee
- National Indian Council on Aging
- National Congress of American Indians
- White House Conference on Aging



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NRCNAA Data Use General Templates



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Chronic Disease

The top chronic diseases found among our elders were high blood pressure, arthritis, diabetes, depression and osteoporosis. Each of these lead to limitations on peoples' ability to take care of themselves and each are diseases where treatments are available to manage the disease. 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%



Data Comparison

Comparisons between our tribe and the nation provide documentation of disparities on specific diseases where American Indian people appeared to be at greater risk than others in the nation. This information assists in identifying diseases where health promotion efforts will assist in making significant improvements in health status for our elders. The table on the next slide presents these diseases.



NRCNAA Data Use Template

Chronic diseases with higher rates than the nation

	<u>Our tribe</u>	Nation
Arthritis	45.9%	28.0%
Congestive heart failure	9.2%	7.3%
Stroke	7.9%	6.5%
Asthma	14.2%	10.8%
Diabetes	36.1%	14.6%
Colon/rectal cancer	1.9%	.4%
Osteoporosis	8.4%	4.6%

Final Overview



The assessment survey determines the rates for specific types of needs for your local community.



When these rates are applied to population data, you get an estimate of the total numbers of older persons who present each type of need.



After determining the higher levels of need, you can determine the extent of unmet need by examining the service locator data. Needs, without available services, can then be clearly identified.



Needs assessment summary

A needs assessment should be conducted every three years to document changes.

A needs assessment is required by the Administration on Aging for Title VI projects.

AoA, the NRCNAA, and others can assist you with conducting a good needs assessment

A needs assessment is a method to document local needs.

Data from a needs assessment can be used for planning and other purposes.



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For more information contact:
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American Aging*

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The University of North Dakota

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