

CONDUCTING LOCAL ASSESSMENTS: LOCATING THE NEEDS OF ELDERS



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WHAT IS A NEEDS ASSESSMENT?

A needs assessment is a process whereby interests or issues that are locally important are defined, the nature and extent of needs can be assessed and the basis for planning is established. Needs assessments are used to set goals, document unmet needs for funding applications and to locate both recognized and latent needs. A needs assessment can be viewed as having three phases.

Phase I: Pre-Assessment

Exploration - identifying major interests, issues, concerns and such in order to decide on the focus of your efforts. 1) Locate existing data such as census materials, local records that monitor key activities and the like. 2) Assemble focus groups or conduct key informant interviews with local people you know to be good sources of information. 3) Identify stakeholders and be sure to include them in the process. 4) Set up an advisory committee that is representative of the stakeholders.

Phase II: Assessment

Determine "what is" - this is the present state of affairs for your elders. Survey data, census data, vital statistics and such. Determine what "should be" by using benchmarks for comparison. National data and perhaps goals articulated in Healthy People 2000 serve as good benchmarks against which to compare your elders. Indications of unmet needs may be determined by contrasting your needs with the capacity to meet needs that exist locally. For example, if you have a capacity to handle 100 people in a nutrition program and have 200 that have difficulty preparing their own meals, you have a clear indication of unmet need.

Incidence and prevalence can be established using the census and survey data. For example, the prevalence of disability in you elders can be calculated by finding the proportion of them that have 1 or more Activity of Daily Living limitations (ADLs). This is the prevalence rate. Then apply this as a rate to the population of elders and you have an estimate of the total number of people with activity limitation. You can also project the number you will encounter for future years by using population projections in the same way. Apply the rate to the expected population of elders for the year 2000 and you will obtain an estimate of need for the year 2000.

It is often helpful to gather objective statistical data to locate needs and use in documenting the amount of need and then to follow this up with data collection that explores the issue with greater depth and produces a clearer picture of what is happening. Once you locate the priorities in terms of need, you may again use focus groups or informant interviews to develop a better understanding of why the need exists at such a high level. For example, if you determine that "being overweight" is a key problem, you might explore reasons for its presence and persistence looking for factors that facilitate overweight and barriers to weight control. A focus group conversation would be a good tool for this.

Phase III: Post-Assessment

Use the data to answer the following critical questions:

- * What are the highest priority needs?
- * Why haven't these needs been met?
- * Are solutions suggested in your research?

- * Can we document the need? Can we establish a disparity between our community and the nation or other groups?
- * What are the risks of doing nothing?
- * What would alternative solutions cost?

WHY AN ASSESSMENT?

Conducting an assessment should focus on three major goals:

- * IDENTIFYING IMPORTANT ISSUES FOR YOUR COMMUNITY
- * LOCATING OPTIONS FOR RESPONDING TO THE ISSUES
- * ASSESSING THE OPTIONS AND CHARTING ACTION PLANS

A thorough assessment of your community needs and the fit between those needs and the services you now offer can help you identify new issues for your communities and assist you in planning to address them as well as in seeking financial support. For example, the recent growth in life expectancy among Indian elders is now producing rapid growth in that part of our population. As this occurs, changes will be needed that respond to the needs for assistance and care for the elders that simply weren't large problems in the past. As the size of the population of elders grows, what will their needs be? How can their needs most effectively be addressed?

As one conducts a needs assessment, several sources of data may be used and when combined may provide very useful data. If one is able to determine the rate of activity limitation in the elderly population, he can also project the activity limitation for the future population by simply multiplying the projected population of elders by the rate of activity limitation. This would then suggest a level of need for assistance. As the

United States is moving in a direction of attempting to eliminate intergroup differences in health status, disability and the like, this data enables you to compare your people with the national norms. If there is a great disparity, this should serve to strengthen your request for programs that address managing and preventing geriatric problems. Eventually, as a database is developed, you should also be able to compare your tribe's health status, risk exposure and such with the nation's Native American population as well. That comparison will become available as sufficient numbers of tribes conduct assessments that can be combined as a Native American base for comparisons.

WHERE CAN I FIND THE NEEDED DATA?

Census Data

The census data is usually 2 years old when it is released. Therefore, the 1990 census data is now eight years old and we are nearing the next census. 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. This enables you to access estimate data for your tribes by accessing the Census Bureau. With new technology and the Internet, this data can be obtained by anyone in the nation by accessing the Census Bureau's home page at: <http://www.census.gov/> and using an alphabetic search tool to locate population estimates. This will lead you to locating the estimates of population for each year since the last census and you can easily print or download the results. Once you have these estimates in hand, you can calculate rates for different diseases, activity limitations and the like and are well on the way to using assessment data to understand the issues present in your own community. Many

states also have a Census Data Center. You can contact them with special requests for population data that you can't answer using the materials located at the Bureau. In addition to serving as the central location for demographic statistics for the state, the Census Data Center also receives a wide array of data from state and local sources. Consequently, they are well positioned to address questions about the demographic profile of your service area.

WHAT SHOULD I BE LOOKING FOR?

Population Growth and Decline

What is happening in your community? The 1990 census will help you with local detail regarding the patterns of growth or decline. **YOU SHOULD LOCATE THE POPULATION PROJECTIONS FROM YOUR STATE CENSUS DATA CENTER.** Most states have a series of projections for population for counties that are useful in anticipating the future. These provide a scenario for the future that you can use in the planning process and are broken down by age and sex. They are county level. County level data are common for demographic data and may require you to make inferences about how well they reflect the future of a reservation.

Another source we have used is the Indian Health Service Office of Public Health, Division of Community and Environmental Health. This office has a program statistics team that provide population statistics broken down by age and sex for each service unit and life table statistics for each service area. Using their data we were able to develop some population forecasts for each service unit and suggest that you use these. If your tribe is part of a service unit and you have an estimate of the percent of

the service unit that is in your tribe, you can then use that percent to estimate your local population by simply multiplying the service unit values by your percent.

Profiles

Census data provide not only population counts, but enable you to develop population profiles for your service area. Normally profiles entail age, sex, income, education, occupation and the like. Age and sex are the most commonly used as they effect utilization the most. In the case of your service areas, the question of how many "high use" elderly (frail elderly) will be present in the future can be a very important piece of information for planning. This can be derived from the census and projected from the population projections at 5-year intervals. It only stands to reason that with growth in the numbers of frail elderly, the demand for services will increase and there will be a pattern to that demand. With improvements in the life expectancy of Native Americans, there has been substantial growth in the population of elders and as time moves on, this will produce increased needs for services targeting them. If you look at the projected population for people over age 55 in your service unit, you will see the dramatic influence of the aging baby boom generation. The projected population for 2010 shows a dramatic increase in the 55 and over cohort as a result of the initial boomers entering their later years.

Note: Reservation profiles are possible and when combined with estimates of use such as age specific rates you can begin to forecast future demand for services)

HOW DO WE GET DATA ON OUR ELDERS' NEEDS?

A standardized, self-administered instrument* that can be read by optical scanning equipment has been developed by the National Resource Center on Native American Aging for use in community assessments. Use of this instrument will:

- * Provide local data for comparison and planning
- * Enable volunteers to aid in data collection
- * Expedite data entry, ensuring rapid feedback
- * Substantially reduce costs to your organization

A copy of this instrument can be found in Appendix A. You will be provided with enough copies to use in your local assessment at no cost. These can be requested by contacting Rick Ludtke, Russ McDonald or Kyle Muus at the UND Center for Rural Health. The Center for Rural Health serves as the research arm of the National Resource Center on Native American Aging.

COMMUNITY ASSESSMENT SURVEY DATA

- * General health status of your elders
- * Indicators of chronic disease
- * Measures of disability (Activities of Daily Living and Instrumental Activities of Daily Living)
- * Indicators of visual, hearing and dental problems
- * Tobacco and alcohol use patterns
- * Diet and exercise
- * Weight and weight control (BMI indicators)

- * Social support patterns, housing and work
- * Unmet needs

CONDUCTING NEEDS ASSESSMENTS

Community needs assessments involve identifying and assessing the needs of your community and assisting in the determination of priorities for intervention. This is a type of diagnostics that entails the application of systematic data collection and analysis in the process of examining the needs of elders in your communities and determining which of those needs can be effectively dealt with. Objective data for evaluating the status and needs of your communities elders are essential. It is the goal of this brief booklet to enhance your capacity to conduct and use a needs assessment. People often bring a perception of the communities need based on their own personal or family biography. This makes it easier to find advocates for programs that target a variety of legitimate needs such as foot care, alcoholism, Alzheimer's care and the like. But these personal notions must be substantiated by evidence from objective data. The data permit an unbiased examination and help us get beyond personal biographies. Objective data also provide us an opportunity to persuade key funding agencies of the needs that exist in our communities and facilitate our applications.

Identifying needs for services and obtaining public input regarding appropriate strategies for meeting the needs can be obtained through systematic research. One should also be clearly able to distinguish between need and demand. Needs may be based on an incidence rate of a problem (the number of new cases per year), a prevalence rate for a problem (the total number of cases in the population) or the acuity

of the problem. Thus, for example, you may have two new cases (incidence) of AIDs in a region for a total of seven cases (prevalence) in the population - neither of which appears large, but for a disease as serious as AIDs (acuity) you would want to respond. Similarly, you could discover that 30% of your elders have some level of disability requiring help. The latter example would suggest that a need for services exists among the elderly. If you convert this need into demand for services (demand is an economic concept), then consideration of the problems takes on a different light. Demand occurs when some of those people who are disabled indicate that they would use services such as local congregate care or nursing home services if they were available. One can estimate the percent of the need that would become demand under the right circumstances. The point is, systematic data improves the information that you have available to make decisions and as a consequence, you are likely to make better decisions.

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 are high on risk factors such as overweight, inactivity and such. We often would prefer not to be told that we need to eat better, lose weight and get more exercise. This is analogous to an audit that tells you where your problems are - it enables you to respond, but you may have to overcome the ego damage.

METHODS

The methods available for needs assessments are numerous. The following presents a brief description of alternative methods along with some brief descriptions of the advantages and disadvantages of each.

Social Indicators

Social indicators are based on data collected on a regular basis such as census documents, statistical reporting for programs such as food stamps, unemployment or vital statistics. While there is clearly an abundance of such data nationally, the availability of data for reservations and Indian communities is severely restricted because of the small populations. Census reports, for example, provide a seemingly endless array of data for metropolitan areas, but do not permit most compilations for reservations or even the rural counties they are located in. They are obligated to protect the identities of people and in small populations any such detailed breakdown of statistics are thought to place respondents at risk of disclosure. Consequently, the analysis is prohibited. You may find local data that can be used for many interests. Records maintained for programs such as nutrition programs or health care may be a good source of data on the elderly. The sources are, however, limited and you may need to explore your local community for sources of data to be used as social indicators in rural communities. As an example of a social indicator, the number and percent of the elders who are experiencing end stage diabetic complications would provide an excellent indicator of the severity of diabetes among the elderly in your community.

The Survey

Surveys, when properly conducted, provide accurate descriptions of your people based either on an enumeration or a representative sample of the people from your community. A variety of methods for collecting survey data include: 1) self administered, mailed questionnaires; 2) self administered questionnaires that are delivered and picked up or gathered at meetings; 3) face-to-face interviews; and 4) telephone interviews. The first two alternatives are clearly the least expensive and relatively easy to execute with volunteers. Interviews require more time, effort and training, but produce higher response rates, more complete responses and permit probing for greater depth in people's responses. Telephone interviews with properly trained interviewers can be very time efficient and a good source of reliable data but are dependent on everyone in the population having a telephone. Telephone interviewing is often done with a computer assisted system, the data are entered directly into a computer file for analysis, cutting a costly step in data entry that is required in other survey approaches.

Survey advantages:

- * You are assured of a representative cross section of the community. It allows 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 are widely spread out.

Survey disadvantages:

- * Care in selecting samples, designing questionnaires and analyzing the data is a must. This may require some outside help - a consultant or event contracting for all or part of the work. (Note: The National Resource Center on Native American Aging/UND Center for Rural Health provides help with this.)
- * Costs can be high - especially if face-to-face interviews are used and the instrument is lengthy. This can be cut by use of volunteers or contracting out only the technically difficult tasks.
- * Broad public cooperation is essential. Some topics may meet resistance among respondents. The elderly may have some difficulty filling out questionnaires by themselves - they are cooperative, but may find the questionnaire confusing.
- * Topic limitations exist, especially where telephone interviews are involved. Questions must be short and concise for telephone use and you are precluded from the use of lists from which respondents might choose answers.

Surveys are the method of choice in conducting assessments at the National Resource Center on Native American Aging and the Center for Rural Health. They afford a great deal of flexibility in terms of portability (you can take the data home) and re-analysis by permitting one to return to the data time and time again, in order to

explore different issues. Attached you will find a copy of a standardized survey instrument developed by the National Resource Center on Native American Aging for use in these assessments. Local items reflecting your unique interests can be appended if you wish. If you elect to use survey methods, the following are considered critical steps.

Instrument Design - You may use the instrument provided in which case we would help with the coding, data entry and analysis. If you design a new questionnaire it is important that care is exercised in framing the questions. Use simple language, keep the questions short, avoid a lot of recall from previous questions, make questions specific rather than general and offer exhaustive response alternatives - including a no opinion option. It is important that you consult a standard reference such as Backstrom and Hursch (1981) for checklists against which to evaluate your questions. You should also examine question order to ensure a logical flow to the questions and that they move from general to specific in terms of content. In the instrument attached, each question was derived from one or more national surveys. This permits comparisons with national norms and is particularly useful as we note the goals from Healthy People 2010. The new goals are expected to call not only for a reduction in differences between groups but an elimination of these differences. Being able to document these differences will be a powerful tool!

Sampling - In many cases the population of elders is small enough that we can enumerate them, asking all of them to fill out the questionnaire or be interviewed. If the population is large, a properly selected representative sample can act as a mirror of the population for purposes of estimating many characteristics of a population while using

only a small fraction of the population. In order to draw a sample with reasonable assurances of adequacy you must have a complete list of the population to be sampled and a method that will ensure a representative selection of respondents. The size of a sample depends on the level of accuracy you require, with larger samples yielding the greatest precision.

SAMPLE SIZE REQUIRED

POPULATION	SAMPLE REQUIRED
200	134
300	172
400	200
500	222
600	240
700	255
800	267
900	277
1000	286
1500	316
2000	333
2500	345
3000	353

We often use directories as the list of people in the population and drawn a systematic sample in which every nth (e.g. 10th or 15th etc.) name is drawn. If you use this approach you must have a random start and know what proportion you need to draw. This is accomplished by drawing a random number for a starting point and using every nth residence thereafter where "n" is determined by the fraction you need. Thus if you wanted to use 25% of your population, you would randomly select a number between 1 and 4 and then select every 4th name thereafter. (E.g. If you start with # 2, would take the 6th, 10th, 14th 18th and so forth.) This provides a representative sample.

If, however, there is any reason to suspect that the directory is not a current or complete listing of the population, then you must seek an alternative list. For example, using telephone directories may be a problem as there are many unlisted numbers or a segment of the population may be excluded for reasons of poverty.

Data collection - This must be both systematic and coordinated. You must carefully select the data collection method. Mail, telephone or face-to-face interviews are all good data collection strategies. Face-to-face interviews are very costly, but are likely to yield excellent response rates and more complete responses. If you conduct a mail survey, you will need a cover letter to explain the purpose of the survey, its sponsors and make an appeal for cooperation. A cover letter should always be included with the questionnaire. You will also need a systematic follow-up in order to prod people to respond and improve the rate of response. This can be either by mail or telephone and may require mailing a second questionnaire to the respondent. Follow-up should begin after the returns have tapered off - usually a couple of weeks after the initial mailing. Telephone interviews also yield high response rates and are quite cost efficient, but are dependent on current and accurate directories and nearly universal possession of telephones. If your communities have high turnover in their population, the life of a telephone directory as a list for sampling is limited. Telephone interviews should seek people at varying times of the week and day and interview times should be scheduled when necessary. Detailed records must be kept to avoid repeatedly contacting the same people and to be able to assess your response rate.

Analysis - Survey data can be computerized and analyzed using statistical programs. This task is probably best contracted to a consultant. You can, however,

analyze the data using a PC computer locally. Sending machine-readable data to a consultant for both analysis and interpretation will reduce your costs substantially while retaining critical inputs from someone who is an expert in survey analysis. A consultant can assist you in developing a system for coding the data that is compatible with his statistical software and equipment. Because of the flexibility of survey data, it is also possible to go back to it several times while exploring issues, although often a consultant will anticipate many of the questions for you. Frequency distributions and cross tabulations are normally sufficient to derive the essential findings from this type of a survey. One should also make comparisons with benchmarks such as national norms or norms that reflect the Native American population. The Native American norms will be developed upon sufficient participation in this project by tribes from around the nation.

With funding from the Administration on Aging, we will scan your instruments into the computer and develop a data file for your locality. After the data file is complete, we will develop a set of standard measures such as the Body Mass Index (BMI), change in BMI over 25 years, number of ADL limitations and IADL limitations, Chronic Diseases and number of services used. The data will then be analyzed using SPSS (Statistical Package for the Social Sciences) and a statistical profile of your elders will result. Additionally, we will prepare a comparison sheet in which your elders are compared with national norms. This helps one determine whether their elders are healthier or less healthy than the norm or whether they have more chronic disease. The comparisons allow a context for interpretation. Lastly, we will provide a set of population projections for your population over 55 years of age to help project change in the absolute volume

of people for whom services may be needed. Upon receiving the reports, it is your responsibility to interpret them and provide the meanings for the results. We can provide the statistical patterns and a basis for defining differences with the nation, but you know your people best. Consequently, we provide the profile and you will need to interpret it.

Key Informants

A key informant approach utilized people who are most likely to be knowledgeable about the community as a source for information. This usually involves a questionnaire with broad open-ended questions and involves a very limited number of interviews. Key informants are commonly found among community leaders and people in key positions such as physicians, clinic administrators, key service providers and the like. The people are selected because they are expected to know the community and its elders and to be able to represent the needs of the communities elders. They should be able to respond in terms of the community needs, current community efforts and they might suggest possible solutions. These data are analyzed in a cursory fashion by reviewing the responses and listing or comparing them. The results are more suggestive than conclusive, but can provide a good basis for resolving problems.

Key informant advantages:

- * Key informant interviews are inexpensive.
- * Depth can be obtained that is often precluded in surveys given to the general public.
- * Clarification of issues can be sought because of the face-to-face communication.

- * Volunteers can be used for data collection and analysis.

Key informant disadvantages:

- * Key informants may not represent the community, but rather present the bias of their own agencies.
- * Sensitivities over "who is asked" may emerge. People may be offended if not included.
- * Interviewers need to be trained and to present a unified approach. It may be awkward to use local interviewers if topics are sensitive or if the interviewers serve as opinion leaders.

Focus Groups

The use of focus groups involves assembling small (up to ten persons) groups in order to engage in a free and open conversation. This technique, while commonly used in marketing, has considerable potential for exploring new topics and delving into people's feelings. It is best to use homogeneous groups and to assemble several focus groups representing different groups or perspectives. (For example, one group may be elders, another providers, etc.) The focus is provided to the group by presenting them with a limited number of well thought out and well-sequenced questions. These questions represent the plan for the process and must be presented by a good moderator. The groups are free to explore the questions and suggest ideas, with the moderator recording their ideas. Observing and recording the content of this discussion is difficult. Designating a second staff person as a recorder is a good idea. A tape recorder may also be helpful to capture the full discussion for later review, but should only be used with permission.

While focus groups may generate a great deal of information and new ideas, they do not produce accurate descriptions of such matters as incidence levels or prevalence rates. Consequently, they serve well to generate ideas, but are somewhat lacking in terms of documenting the importance of any particular need or idea. Used in combination with another technique that yields more standardized data such as a survey, focus groups can make an excellent contribution.

Nominal group technique is recommended for use with focus groups to facilitate discussion and to provide some structure to the results or when you are seeking to forge a consensus. In a nominal group process, each person is asked to present an idea or suggestion to be placed before the group. No discussion occurs while ideas are being submitted, but they are written on a flip chart or black board. After going through the group, one idea from a person at a time, you repeat the process until suggestions are exhausted. This results in a lengthy list of possibilities. Then the group discusses each idea, seeking clarification. Lastly, individual balloting prioritizes the ideas or suggestions. This leads each person to make suggestions rather than relying on just the outgoing personalities and forges a consensus based on a relatively complete array of possibilities and discussion. The technique is recommended for identifying issues. The technique does require a strong leader to avoid dominance by assertive people and is limited to small groups. Several concurrent focus groups are occasionally used in order to include all people who should participate.

Community Forum

A more inclusive approximation to the focus group is a community forum or town meeting. The forum permits broad participation at a single meeting and is normally

open to the public. If a forum is used, it is imperative that a good facilitator be present and even with a highly skilled facilitator, the dominance of vocal members of the audience is likely to be a problem. This method is inexpensive and may be more open to interested parties or groups that might be overlooked when focus groups or key informants are used. It is also less easy to structure for decision making or priority setting and has the potential of creating expectations that exceed one's intent. A community forum may be used early in organizing to promote the new activity and to solicit information from all interested parties. This information can be used for future reference in other diagnostic procedures.

Provider Profiles

As an integral part of the community assessment, information about the key community providers organizations should also be gathered. This information should be gathered from service provider organizations in the community, including hospitals, nursing homes, elder care facilities (e.g., senior centers, senior housing, etc.), public health agencies, and emergency services. Services to the elderly should be fully accounted for in these provider profiles.

The provider profiles should gather information pertaining to seven different dimensions of health care services provided by these organizations. The dimensions are: 1) type of ownership - private or public; 2) services provided; 3) service utilization - profile of users and frequency of use; 4) personnel resources (human capital); 5) financial status of the organization; 6) facility; and 7) organizational linkages - ties to other organizations.

In conducting the data for provider profiles consider:

- * Professionalism - Be professional in your conduct.
- * Make appointments and be prompt.
- * Introduce yourself, the project and the sponsors.
- * You may prompt respondents, but do not lead them.

Summary

The assessment of the community's elders' needs is an important task that should precede establishing any course of action. A temptation is nearly always present to skip the rigors of systematic data collection and review and to move immediately into action. The preceding material suggests a variety of ways to systematically assess one's local community and to establish well founded priorities for its elders. Each method has its own peculiar strengths and weaknesses, but each offers a significant improvement over making such decisions on the basis of personal agendas.

CONDUCTING FOCUS GROUPS

A focus group involves participation of 5 to 15 people led by a group leader or facilitator who acts as the manager for a group conversation. In this case, focus groups should be considered as the principle method that entails the use of a group process to reach a consensus. Focus groups are commonly used in marketing and political research in order to find out how people are responding to innovative new products or political ads. In our case we might need to use focus groups to explore particular problem areas to develop a better understanding of the attitudes and behavior of elders.

What Kinds of Questions Might be Appropriate for Focus Groups?

In instances where you are totally lacking in information. If, for example, you were interested in studying people's personal goals for the future, but had no idea about what categories should be included in your questions, you could then use a focus group. This allows a broad question about future goals and from this you can develop more refined questions reflecting the categories people suggested. Their discussion would be the focus group.

In cases where you have good data describing what people need, but want greater depth in their responses. For example, if you know that 15% of the people over 65 need some form of assisted living, but want to know how different types of assisted living might be received, a focus group of these people would help you define the specifics.

How Do I Select Participants?

Look for some reason to expect people will be good sources of information.

- * Clients of programs - people who receive services and know from the clients perspective what the experience is like, the barriers, etc. These might include the elders, people with chronic disease or disabilities.
- * Representatives of areas or interests - organizations of elders, church groups, business leaders, or senior citizen groups.
- * People with expertise - CHRs, service providers, academic people and others with positions that are likely to render them somewhat expert.
- * Key people who you know to be well-informed and good source of ideas.

When inviting people to participate in focus groups it is imperative that you make the experience pleasant and something to look forward to. Normally you provide refreshments and a meal is often a good enticement. You might consider offering transportation, using a reminder just before the date of the meeting and if attendance becomes a problem, you could resort to overbooking. That is, you could be sure to invite the upper limit of 15 to ensure that 5 or more would be present. People often forget appointments and may agree to attend just to get you off their back. You have to work hard at ensuring attendance and it helps if there is something in it for the participant.

Invitations should be personal and the best results are likely to come from face-to-face invitations or telephone contacts. You should follow these with a mailing thanking people for their willingness and reaffirming the date, time and place. The number of focus groups you use depends on your need for information and the diversity of the groups you want to include. Two or three are common.

Who Should Lead the Group?

Either you should lead the group or you should recruit someone for whom this task would be easy. (Teachers and others who are regularly in front of groups.) If you choose the latter, the new leader will need some direction, but it is not hard! Co-facilitation is normally desirable with one person talking and leading the discussion while the other attends to clerical tasks, writing down responses and keeping a record of the conversation. If you have a partner, it makes the job easier. The leaders task can be reasonably scripted in advance and is not complicated. An example of this is provided below.

Conducting the Focus Group Meetings

The following represents a common flow for the meetings and the tasks for the facilitator and recorder will be evident.

First: Introduce yourself and the interest at hand. "Hello, my name is _____ from the aging resource center (or your groups name). We have asked you all to come here today to discuss , but before we get started I would like to be sure we all know one another. To do this I would like you to pair off and visit for just a few minutes. Prepare to introduce your partner and tell the group something unique about him/her."

Note: These introductions enable members of the group to get to know each other in a superficial way and serve as an icebreaker. It is appropriate to introduce other icebreakers at this point, but be cautious about time.

Second: Provide a more complete introduction of yourself and your role. You will be serving as the facilitator and ask each of the participants to abide by a couple of very simple rules. 1) We want to hear from each person. As a result, you will go around the room asking for input. Please let each person speak. 2) In a focus group we are looking for ideas and want any and all ideas on the table. There is no such thing as a bad idea and we ask you not to judge what other people say. Some refer to this as a "no put down" rule. We just don't put anyone else down!

As a facilitator, you are not part of the discussion and this should be made clear to the group. Your job is to moderate the conversation and to record the comments. Your job requires you to be neutral and even when you have strong opinions, you must keep them to yourself. It is often helpful to let the group know that you are not allowed

to contribute to the substance of the discussion. We want to find out what the group thinks.

Third: Place the first question before the group and search for ideas. Use a flip chart and have each question you would like to have addressed written at the top of a sheet. These questions should be broad and conducive to thought and creativity. For example, "If your community was able to develop optimal housing alternatives for the elderly, what would you like to see developed?"

Then give the members a few minutes to think and some scratch paper and pencils to write down their ideas on. Tell them you won't collect the paper, but will go around the room asking each person to contribute their suggestions until we are tapped out as a group. After a few short minutes (when pencils are not moving) ask each member of the group to give you one item from their notes. As these are given, write them on the flip chart! (This can be done by either the facilitator or the recorder and can serve as the outline of the minutes or notes.) It is very important that you write down each persons contribution whether you think it is good or not. This validates them and their participation and builds the group. As you put the items up, you may indulge in "active listening." This means you say to the participant, "What I heard you saying is ... and then use your own recollection and words." This is particularly important if someone uses negative wording. You simply make it positive. For example, if someone says "nobody should have to put up with people digging through their stuff" you can say, "OK, I hear you saying that we need to protect people's private things." Follow this, going around the room with each person contributing until the ideas stop. At this point you have an exhaustive list of the ideas from the group.

Fourth: Clarify and rate the ideas. Now, using the list of ideas you will ask people to rate them. Before they rate them, you should go through the list item by item and ask if any clarification is needed. Many will be clear and some clarification may have been given when items were put up. Occasionally when someone brings up an idea like "respite care" it may need some clarification for all the members of the group to have an equal understanding. Once the items have been clarified, the members of your group should be given stickers (stars or dots) to use in balloting. The number of votes is a function of the number of alternatives. A guide of 1/4 is helpful. Each participant should be able to vote for 1 item for every 4 on the list, so if you had 20 items, each person should be given 5 stickers. Then they should be told to look over the list and decide which items are the most important, go to the paper and place their stickers next to the items they prefer. The result of this will give you a measure of consensus and an indication of where the highest priorities are.

Please note: This process is often called a nominal group process and is very effective.

Fifth: Move to the next question and repeat the process. This process will be repeated for the other questions. Normally one limits a focus group to three or four major questions. This means you will have three or four sets of items that have been ranked by the participants.

Sixth: Use the consensus items for discussion and form a group report. The items with the highest number of stickers are the winners. With each of the lists, you now return to these and ask people to tell you what they think about them. Why did they rate this high? What about them is valued. You will notice how the conversation is now focused on a few of the items and many have just faded into the background - still

there, but with little support. The recorder should record the discussion - this part of the meeting is not put on the flip chart, but a free conversation about the most important contributions. The recorder should not seek to take verbatim notes, but rather to capture the spirit of the meeting. What you hear people saying in general.

Seventh: Group reports. Often the group report is written after the meeting is over. It helps if the group can reach closure and give guidance to the team who will assemble the report. As the group, "What do we agree on here?" and look for them to provide the consensus. Occasionally an accordion process is used where a larger group is formed after the small focus groups and each small focus group makes a report of its "decisions" or consensus. In this case they must decide what to report out. Keep in mind that if a group report is required, the group should elect a delegate to report the results - not you!

This concludes the process and you have results. When the results of all the groups are finished, you have a pretty decent impression of what's going on in the minds of your people.

POPULATION PROJECTIONS

The method for projecting populations entails first estimating the population by age using the 1990 census totals for each service unit and the population distributions by age and sex prepared by the Indian Health Service (IHS). For five-year age cohorts 25 and over the service unit population was estimated by applying the combined male and female proportions to the total population as reported in population projections prepared by the Indian Health Service in 1998. It is important to note that the

projections prepared by IHS provide for population totals only. Our objective is to project the 55 and over cohorts and to assess future growth patterns among the elderly. To accomplish this goal we used the base population of 1990 as calculated for those 35 and above in five year cohorts. Survival rates were computed from the Life Tables for American Indians and Alaskan Natives prepared for each service area. Again, we applied the survival rates for each five-year cohort 25 and above in order to project the 55 and over population through the year 2020. This permits us to project the population by age with five-year age groups. In doing this, we assume the 1998 life table values will remain constant and that migration will not be a factor. The former assumption is likely to yield somewhat conservative projections as the life expectancy continues to rise. The migration assumption is reasonable as people's propensity to move declines with age.

The results from the projections are summarized in the four rows indicating the change in population from 1990 through 2020 in five-year increments. The four rows that show patterns of growth and are important for future needs are the total over 55, total over 65, total over 75, and total 85 and over. As we recognize the growth of the elderly in Indian populations, it is also important to recognize that the growth of population at advanced ages brings with it increased needs for services, both health care and social. As one computes the rates for ADL limitations, for example, we can apply those rates to the over 55 cohort and derive the number of people who will need some form of assistance in the future. In this case, the proportion having 1 or more ADL limitation multiplied by the population over 55 will yield the number of elders who will need help 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.

Note: Since the projections are for service units, you can estimate the tribes numbers by using the proportion your tribe is of the service unit to which you belong.

Some are the same and other units consist of many tribes. Thus if you are 15% of a service unit, you can lay claim to 15% of the population in each age group for each time period.

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Appendix A:
Survey Instrument

TOBACCO & ALCOHOL USAGE

(Mark the answer that best fits you for each question.)

16. Do you smoke cigarettes now? Yes No (Skip to question 18)

17. How many cigarettes do you smoke a day? (Please enter the number of cigarettes.)

NUMBER OF CIGARETTES

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

18. Do you use chewing tobacco or snuff now? Yes No (If no, skip to question #20)

19. How many containers of snuff or chewing tobacco per week do you use? (Please enter the number of containers)

Number of Containers

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
----------------------	---	---	---	---	---	---	---	---	---	---

20. The next few questions are about drinks of alcoholic beverages. By a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. How long has it been since you last drank an alcoholic beverage?

- Within the past 30 days
 More than 30 days ago but within the past 12 months
 More than 12 months ago but within the past 3 years
 More than 3 years ago
 I have never had an alcoholic drink in my life (skip to question #22)

21. During the past 30 days, on how many days did you have five or more drinks on the same occasion? (By "occasion," we mean at the same time or within a couple of hours of each other).

- None 3 to 5 days
 1 or 2 days 6 or more

DIET AND EXERCISE

22. How often do you eat breakfast - every day, on some days, rarely, never, or on weekends only?

- Every day Never
 Some days Weekends only
 Rarely

23. How tall are you without shoes?

FEET

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
----------------------	---	---	---	---	---	---	---	---	---	---

INCHES

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
----------------------	---	---	---	---	---	---	---	---	---	---

24. How much do you weigh today?

POUNDS

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

25. How much did you weigh when you were 25 years old?

POUNDS

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

26. Do you consider yourself now to be overweight, underweight, or about the right weight?

- Overweight About the right weight
 Underweight

27. During the past 12 months, have you tried to lose weight? Yes No

28. During the past 12 months, have you changed what you eat because of any medical reason or health condition?

- Yes No (If no, skip to question #30)

29. What were the medical reason(s) or health condition(s) that caused you to change what you eat? (Please mark all that apply)

- Overweight/obesity Heart Disease
 High blood pressure Allergy
 High blood cholesterol Ulcer
 Diabetes Other

30. In the past month, how often did you walk a mile or more at a time without stopping?

Times per week

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

31. Jog or run?

Times per week

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

32. Ride a bicycle or an exercise bicycle?

Times per week

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

33. Swim?

Times per week

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

34. Do aerobics or aerobic dancing?

Times per week

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

35. Do other dancing such as traditional (pow-wow) dancing?

Times per week

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

36. Do calisthenics or exercise?

Times per week

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

37. Garden or do yard work?

Times per week

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

38. Lift weights?

Times per week

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

SOCIAL SUPPORT/HOUSING/OCCUPATION

39. How often do you attend church, sweats, ceremonies, or religious services?

TIMES PER WEEK

<input type="checkbox"/>									
0	1	2	3	4	5	6	7	8	9

40. How many clubs or organizations such as church groups, community boards, or school groups, do you belong to?

NUMBER OF GROUPS

<input type="checkbox"/>									
0	1	2	3	4	5	6	7	8	9

41. Altogether, how often do you attend meetings of the clubs or organizations that you belong to?

TIMES PER WEEK

<input type="checkbox"/>									
0	1	2	3	4	5	6	7	8	9

42. How long have you lived at your present address?

- Whole life 3 - 4 years
 21 years & over 1 - 2 years
 11 - 20 years Less than 1 year
 5 - 10 years

43. What type of housing do you presently have?

- Private residence (house or apartment)
 Sleeping room, boarding house
 *Retirement home
 *A health facility (available medical personnel)
 Other
 specify _____

* If retirement home/health facility is checked skip to question #48.

44. Are you living with family members, nonfamily members, or alone?

- With family members
 With nonfamily members
 With both family and nonfamily members
 Alone

45. How many live in your household?

NUMBER IN HOUSEHOLD

<input type="checkbox"/>									
0	1	2	3	4	5	6	7	8	9

46. Are any type of services provided to you? (Please mark all that apply)

- Dietary and nutritional services
 Occupational/vocational therapy
 Speech/audiology therapy
 Meals on wheels
 Transportation
 Respite care (temporary)
 Personal care (e.g. bathing)
 Skilled nursing services
 Physician services
 Social services
 Physical therapy
 Other services - please specify _____

47. If at some point in your life you became unable to meet your own needs, would you be willing to use? (Mark all that apply)

- Nursing home
 Assisted living (an apartment where help with personal needs is provided, such as bathing, grooming, medicine)

48. Have you been employed full or part-time during the past 12 months?

- Yes No (If no, skip to #50)

49. If Yes: Please list the job in which you received the most earnings in the past 12 months.

Job _____

50. If No: What were the main reasons you did not work in the past 12 months? (Mark all that apply)

- Retired
 Taking care of home or family
 Ill, disabled
 Unable to find work
 Doing something else
 specify _____

51. What has been your primary employment throughout your life? (Please print primary occupation below)

occupation _____

52. In your primary occupation, have you ever been exposed to chemicals such as insecticides, pesticides, etc.?

- Yes No (If no, skip to question #53)

- 52a. If yes, to what extent?

- A great deal
 Moderate exposure
 Slight exposure

Please continue on the next page



DEMOGRAPHICS

53. Sex Male Female

54. Age

- 55 to 64 years
- 65 to 74 years
- 75 to 84 years
- 85 and over

55. Current marital status

- Now married
- Widowed
- Divorced
- Separated
- Never married

56. What is your personal annual income?

- Under \$5,000
- \$5,000 - \$6,999
- \$7,000 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 or more

57. What is the highest grade or year of regular school you have completed?

- Never attended or kindergarten only
- Elementary 1 2 3 4 5 6 7 8
- High 9 10 11 12
- College 1 2 3 4 5
- Refused

58. What county and state do you currently reside?

County _____

State _____

59. Are you Alaskan Native, Native American, Native Hawaiian, or other?

- Alaskan Native
- Native American
- Native Hawaiian
- Other

60. Were you raised on a reservation, trust land, or in an Indian Community?

- Yes No

61. If yes, how long have you lived on a reservation, trust land, or in an Indian Community?

- All my life
- 50 years or more
- 30 to 49 years
- 10 to 29 years
- Less than 10 years

62. Are you an enrolled member of a federally recognized tribe?

- Yes No

63. Do you have any unmet health needs that haven't been addressed? (e.g. Wheel chair ramps)

64. What advice would you pass on to young people to best prepare them for a long life?

Thank you for your cooperation!!!

PLEASE DO NOT WRITE IN THIS AREA



32600

Appendix B:
Interviewing Guide

Interviewing the Elders: A Brief Guide

National Resource Center on Native American Aging
University of North Dakota
PO Box 9037
Grand Forks, ND 58202-9037
Phone: 1-800-896-7628 or 701-777-3720
Fax: 701-777-2389
E-mail: rmcdonal@medicine.nodak.edu

YOUR RESPONSIBILITIES

As an interviewer you represent your agency or the agency who is undertaking this survey. At the onset of the interview you should introduce yourself and the nature of this project. The data are being collected in order to enable us to plan for the elderly and advocate for the elders with systematic information. The questions you will be asking are not sensitive in nature and are designed to be very similar to questions asked on a variety of national surveys. This will permit comparisons with national data and enables us to determine whether disparities exist between the elders of your community and the nation.

During the introductions, you should chat with the respondent and establish a friendly relationship. This is the time to put them at ease with both your presence and the questions to be asked. Explain to each respondent:

Who is doing this project?

You are being asked by a local organization to assist with this data collection. Explain to them that this is a local effort being conducted with the University of North Dakota. **The data is for local use** in identifying the needs of the elders, for planning and for documenting the needs with statistical data. You may explain that the questionnaires are sent to UND for processing and that the tribe will get a statistical profile of the elders along with national comparisons. Eventually we will also be able to provide a comparison with other Indian elders around the nation from a file that aggregates all elders from throughout the nation.

Why them?

You either are talking to all the elders if your tribe is small or are talking to a randomly drawn sample. If it is a sample, then explain to them that their name was drawn as one of the elders who would represent the tribe. As a result, it is very important that they give complete and accurate answers.

How do I know this is legitimate?

You should have a back up telephone number they could call if they want to check you out. This could be the director of Community Health Representatives (CHR) and it is highly unlikely that it will be needed. Just being able to give the number tends to authenticate you as an interviewer.

Confidentiality?

Responses will definitely be confidential. Their name is not to be placed on the survey instrument and they should be assured that they will not be identified. The results will be entered into a computer and used for statistical purposes only. No individual responses will be identified.

Can I get a copy of the results?

When the results are back, anyone can look at them. Each locality is encouraged to use highlights from the results as press release material for the local newspapers. This will be good public service information and should be interesting to the community.

PLACE

To the extent possible, you should negotiate a place where you can talk without interruption. You might ask if there is a place you can talk where you won't bother others and that would be sort of private. The place should be neutral, private, and comfortable if at all possible.

POSSIBLE ANSWERS TO REASONS FOR REFUSAL

Too busy...This should only take a few minutes of your time, but if this is a bad time perhaps we could arrange a time that would be more convenient.

Bad health...I'm sorry to hear you aren't feeling well. Information about the needs of people who have health problems is what this study is all about and we really need to hear from you. It will be short, but if there might be a better time I could come back later.

I don't know enough to answer - inadequate feelings...These questions aren't difficult and its not a test. There are no right or wrong answers. We just need to find out something about you. Why don't we try a few questions to see how they sound to you.

What I think is no one else's business...I can certainly understand. This is why we keep all replies confidential. Your privacy will be strictly protected and your opinion will still count.

Objects to surveys...We think this survey is important because we need to know more about the elders in our community. Unlike many surveys, this one is local and will provide us the information we need.

ASKING THE QUESTIONS

Ask the questions as they are worded. Rewording the questions or rephrasing them should be avoided. A change of wording can alter the meaning of the questions and it is important that each respondent get the same questions. It may help to practice asking the questions before you begin actual interviewing in order to make them feel comfortable. You can do this by asking a friend to serve as a "pretend elder" and role play where they are the respondent and you try out the questionnaire. After a few practice sessions, the questions should begin to feel more natural.

Misunderstood questions. It is easy for a respondent to miss a word or two as the question is read. If you think a question was misunderstood, it should be repeated precisely as it was worded. For some respondents, it may help to give them a copy of the questions to follow as you ask them. You should fill out the form.

If you need to repeat a question, you might use a lead in as follows:

"Could I read the question and answer I just recorded to be sure I have everything right?"

Or: "I think I may not have read the question correctly. May I read it again, just to be sure?"

I don't know the answers. It is not always wise to accept the I don't know answer. An answer saying "I don't know," may mean:

- 1) The respondent didn't understand the question - try repeating it.
- 2) It may be used as a stall to buy time to think - allow the respondent some time and try again.
- 3) It may indicate that the item is embarrassing - give them reassurance.

Recording the responses. Each response should be recorded by darkening the circle(s) fitting the response. Please note that some items allow for "all that apply" and others allow only one response. Use pencil and darken the circle. Do not fold the surveys as they must be fed into a scanner for data entry and folded forms tend not to work.

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number 90-AM-2380, from the Administration on Aging,
Department of Health and Human Services*

Appendix C:
Statistical Output

Frequency Tables for Aggregate Data File N=2,475

Would you say your health in general is excellent, very good, etc.?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	excellent	95	3.8	3.9	3.9
	very good	328	13.3	13.5	17.4
	good	818	33.1	33.6	51.0
	fair	843	34.1	34.7	85.7
	poor	348	14.1	14.3	100.0
	Total	2432	98.3	100.0	
Missing	missing	43	1.7		
Total		2475	100.0		

How many times did you stay in the hospital overnight?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	1567	63.3	66.7	66.7
	1 night	327	13.2	13.9	80.6
	2 nights	171	6.9	7.3	87.9
	3 or more nights	285	11.5	12.1	100.0
	Total	2350	94.9	100.0	
Missing	missing	125	5.1		
Total		2475	100.0		

arthritis?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	1172	47.4	100.0	100.0
Missing	missing	1303	52.6		
Total		2475	100.0		

congestive heart failure?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	318	12.8	100.0	100.0
Missing	missing	2157	87.2		
Total		2475	100.0		

stroke?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	218	8.8	100.0	100.0
Missing	missing	2257	91.2		
Total		2475	100.0		

Appendix D:
Comparison with
National Forums

Native Elder Aggregate Tribal Data (N=9,296) Comparison to National Data Sources

Question	Response(s)	Aggregate Tribal Data (55 and Over)	NHANES III (55 and over)
1. Would you say your health in general is excellent, very good, good, fair, or poor?	Excellent	4.1%	11.0%
	Very Good	14.0%	20.0%
	Good	34.1%	34.0%
	Fair	33.7%	25.0%
	Poor	14.2%	9.0%
2. During the past 12 months, how many times did you stay in the hospital overnight or longer?	None	69.1%	82.0%
	1	13.1%	12.0%
	2	7.2%	4.0%
	3 or more	10.6%	2.0%
3. Has a doctor ever told you that you had – *Cancer rates derived from the 1997 National Cancer Institute prevalence estimates * 1997 U.S. Census population projections.	a. Arthritis?	47.0%	40.0%
	b. Congestive Heart Failure?	11.5%	8.0%
	c. Stroke?	9.1%	8.0%
	d. Asthma?	9.9%	7.0%
	e. Cataracts?	20.1%	28.0%
	f. *Breast Cancer?	2.3%	3.0%
	g. *Prostrate Cancer?	2.8%	2.0%
	h. *Colon/Rectal Cancer?	1.5%	3.0%
	i. *Lung & Bronchus Cancer?	.8%	Less than 1%
	j. Other Cancer?	3.4%	N/A
	j. High Blood Pressure	49.8%	43.0%
	k. Diabetes?	37.4%	14.0%
	Question	Response(s)	Aggregate Tribal Data (55 and over)
4. Because of a health or physical problem, do you have difficulty --	a. Bathing or showering?	16.7%	36.8%
	b. Dressing?	11.6%	15.8%
	c. Eating?	7.5%	8.1%
	d. Getting in or out of bed?	13.1%	22.1%
	e. Walking?	28.1%	33.7%
	f. Using the toilet, including getting to the toilet?	8.9%	22.8%
We have inserted this column to give a count of the number of activities of daily living (adl's) , and their percentages.	0 adl's	64.3%	53.1%
	1 adl's	16.1%	13.3%
	2 adl's	6.9%	9.2%
	3 adl's	4.2%	7.9%
	4 adl's	2.5%	5.0%
	5 adl's	2.5%	5.4%
	6 adl's	3.5%	6.2%
5. Because of a health or physical problem, do you have any difficulty--	a. Preparing your own meals?	18.1%	19.7%
	b. Shopping for personal items (such as toilet items or medicines)?	17.0%	34.8%
	c. Managing your money (such as keeping track of expenses or paying your bills)?	10.3%	17.9%
	d. Using the telephone?	8.0%	9.6%
	e. Doing heavy housework (like scrubbing floors, or washing windows)?	37.3%	51.6%
	f. Doing light housework, (like doing dishes, straightening up, or light cleaning)?	17.1%	17.0%
	g. Getting outside?	15.4%	44.2%

Native Elder Aggregate Tribal Data (N=9,296) Comparison to National Data Sources

Question	Response(s)	Aggregate Tribal Data (55 and over)	94' NLTCS (65 and Over)
We have inserted this column to give a count of the number of instrumental activities of daily living, (iadl's) and their percentages.	0 iadl's	55.6%	38.6%
	1 iadl's	17.1%	15.0%
	2 iadl's	8.4%	13.0%
	3 iadl's	5.5%	10.4%
	4 iadl's	3.9%	6.6%
	5 iadl's	3.7%	6.6%
	6 iadl's	2.5%	4.7%
	7 iadl's	3.4%	4.9%
The adls and iadls were combined to create a measure for long-term care need for your community. Please see cover letter on how this might be used for planning purposes.	Little or none	59.3%	44.9%
	Moderate	21.1%	21.5%
	Moderately severe	6.9%	9.2%
	Severe	12.7%	24.5%
Question	Response(s)	Aggregate Tribal Data (55 and over)	NHANES III (55 and over)
6. Do you have total blindness in one or both eyes?	Yes	10.9%	3.0%
	Yes, one eye	8.2%	2.7%
	Yes, both eyes	2.7%	0.3%
	No	89.1%	97.0%
7. Do you use eyeglasses or contact lenses?	Yes	86.1%	89.0%
	No	13.9%	11.0%
8. Do you have trouble seeing with one or both eyes (even when wearing glasses or contact lenses)?	Yes	22.5%	19.0%
	No	67.5%	81.0%
9. How long ago was your last visit to the optometrist or eye doctor? – months	Never	1.8%	N/A
	Less than 6 months	28.6%	
	6 months to a year	30.8%	
	Over 1 year	38.7%	
10. Do you now have total deafness in one or both ears?	Yes	17.4%	4.0%
	Yes, one ear	12.9%	4.0%
	Yes, both ears	4.5%	Less than 1%
	No	82.6%	96.0%
11. Do you use a hearing aid?	Yes	13.0%	7.0%
	No	87.0%	93.0%
12. Do you have trouble hearing (even when wearing your hearing aid)?	Yes	17.5%	23.0%
	No	82.5%	77.0%
13. How long ago since your hearing was tested?	Never	18.8%	N/A
	Less than a month	8.2%	
	6 months to a year	15.9%	
	Over a year	57.1%	
14. What type of dental care do you need now? (Please check all that apply.)	Teeth filled or replaced (for example, fillings, crowns, and/or bridges)	18.4%	20.0%
	Teeth pulled	15.1%	11.0%
	Gum treatment	4.8%	4.0%
	Denture work	23.9%	16.0%
	Relief of pain	3.0%	1.0%
	Work to improve appearance (example, braces or bonding)	10.3%	3.0%
	Other	7.0%	Less than 1%
	None	31.0%	59.0%

Native Elder Aggregate Tribal Data (N=9,296) Comparison to National Data Sources

Question	Response(s)	Aggregate Tribal Data (55 and over)	NHANES III (55 and over)
15. How long ago was your last visit to a dentist or dental hygienist?	Never	3.5%	N/A
	Less than 6 months	22.2%	
	6 months to a year	20.9%	
	Over 1 year	53.4%	
16. Do you smoke cigarettes now?	Yes	25.9%	34.0%
	No	74.1%	66.0%
17. How many cigarettes do you smoke a day? Enter the number of cigarettes.	1-5 cigarettes/day	28.2%	14.0%
	6-10 cigarettes/day	34.7%	25.0%
	11-20 cigarettes/day	27.7%	42.0%
	21-30 cigarettes/day	5.9%	10.0%
	31 or more per day	3.5%	10.0%
18. Do you use chewing tobacco or snuff now?	Yes	4.3%	4.0%
	No	95.7%	96.0%
19. How many containers of snuff or chewing tobacco per week do you use? (Please enter the number of containers.)	1 container or less	52.7%	44.0%
	2 containers	26.0%	19.0%
	3 or more containers	21.3%	37.0%
Question	Response(s)	Aggregate Tribal Data (55 and over)	NHSDA (55 and over)
20. The next few questions are about drinks of alcoholic beverages. By a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. How long has it been since you last drank an alcoholic beverage?	Within the past 30 days.	19.2%	38.2%
	More than 30 days ago but within the past 12 months.	8.2%	11.3%
	More than 12 months ago But within the past 3 years.	5.7%	4.5%
	More than 3 years ago.	44.8%	23.0%
	I have never had an alcoholic drink in my life. (Skip to Question #22)	22.1%	23.1%
21. During the past 30 days, on how many days did you have five or more drinks on the same occasion?	None	85.8%	92.5%
	1 or 2 days	7.4%	3.7%
	3 to 5 days	3.2%	1.9%
	6 or more	3.6%	1.9%
Question	Response(s)	Aggregate Tribal Data (55 and over)	NHANES III (55 and over)
22. How often do you eat breakfast – everyday, on some days, rarely, never, or on weekends only?	Everyday	60.9%	77.0%
	Some days	23.7%	12.0%
	Rarely	9.0%	6.0%
	Never	3.3%	3.0%
	Weekends Only	3.1%	2.0%
23. How tall are you without shoes?	The height & weight questions were used in a formula to determine the Body Mass Index (BMI) of individuals interviewed.		
24. How much do you weigh today? Enter weight in pounds.			
We have inserted this column to give the present Body Mass Index (BMI) of your tribal elders. The formula is currently being used by NHANES to show the relationship between height and weight.	Low/normal weight	24.2%	47.0%
	Overweight	36.2%	35.0%
	Obese	39.6%	18.0%
25. How much did you weigh when you were 25 years old? Enter weight in pounds.	The weight at age 25 question was used in a formula to determine Body Mass Index (BMI) at age 25.		
We have inserted this column to give the Body Mass Index (BMI) at age 25 . The formula is currently being used by NHANES to show the relationship between height & weight.	Low/normal weight	62.3%	82.0%
	Overweight	24.8%	14.0%
	Obese	12.9%	4.0%

Native Elder Aggregate Tribal Data (N=9,296) Comparison to National Data Sources

Question	Response(s)	Aggregate Tribal Data (55 and over)	NHANES III (55 and over)
26. Do you consider yourself now to be overweight, underweight, or just about the right weight?	Overweight	49.1%	44.0%
	Underweight	6.7%	7.0%
	About the right weight	44.2%	49.0%
27. During the past 12 months, have you tried to lose weight?	Yes	32.9%	30.0%
	No	67.1%	70.0%
28. During the past 12 months, have you changed what you eat because of any medical reason or health condition?	Yes	40.2%	19.0%
	No	59.8%	81.0%
29. What were the medical reason(s) or health conditions that caused you to change what you eat? (Check all that apply)	Overweight/obesity	11.8%	18.0%
	High blood pressure	19.7%	32.0%
	High blood cholesterol	11.7%	43.0%
	Diabetes	23.1%	20.0%
	Heart Disease	7.9%	10.0%
	Allergy	1.9%	1.0%
	Ulcer	2.0%	3.0%
Other	11.1%	2.0%	
For the exercise questions, we recoded the answers to yes or no, rather than times per week.			
30. In the past month, how often did you walk a mile or more at a time without stopping?	Yes	35.2%	37.2%
	No	64.8%	62.8%
31. Jog or run?	Yes	4.0%	3.9%
	No	96.0%	96.2%
32. Ride a bicycle or exercise bike?	Yes	7.4%	11.7%
	No	92.6%	88.3%
33. Swim?	Yes	2.6%	4.1%
	No	97.4%	95.9%
34. Do aerobics or aerobic dancing?	Yes	2.8%	2.8%
	No	97.2%	92.2%
35. Do other dancing such as traditional (pow-wow) dancing?	Yes	6.2%	8.1%
	No	93.8%	91.9%
36. Do calisthenics or exercise?	Yes	14.7%	14.8%
	No	85.3%	85.2%
37. Garden or do yard work?	Yes	36.2%	46.0%
	No	63.8%	54.0%
38. Lift weights?	Yes	6.9%	4.0%
	No	93.1%	96.1%
We have inserted this column to give a count of the number of exercise activities and their percentages.	0 activities	41.2%	58.9%
	1 activity	26.6%	37.0%
	2 activities	17.3%	3.7%
	3 activities	8.2%	0.3%
	4 activities	4.2%	0.0%
	5 or more activities	2.4%	0.0%
39. How often do you attend church, sweats, ceremonies, or religious services? Enter times per year.	None	47.6%	53.0%
	Once per week	36.5%	36.0%
	2 or more times a week	16.0%	11.0%
40. How many clubs, organizations, such as church groups, community boards, or school groups, do you belong? Enter number of groups.	None	60.5%	65.0%
	1	56.9%	21.0%
	2	21.1%	9.0%
	3	11.0%	27.0%
	4	5.3%	17.0%
	5 or more	5.8%	26.0%

Native Elder Aggregate Tribal Data (N=9,296) Comparison to National Data Sources

Question	Response(s)	Aggregate Tribal Data (55 and over)	NHANES III (55 and over)
41. Altogether, how often do you attend meetings of the clubs or organizations that you belong to? Enter times per week.	None	65.9%	17.0%
	Once per week	22.7%	26.0%
	2 or more times per week	11.4%	90.9%
42. How long have you lived at your present address?	21 Years & Over	69.1%	42.9%
	11-20 years	12.7%	21.8%
	5-10 years	7.2%	15.5%
	3-4 years	6.7%	7.0%
	1-2 years	4.3%	7.2%
	Less than 1 year	0.0%	5.6%
Question	Response(s)	Aggregate Tribal Data (55 and over)	NHCS (55 and over)
43. What type of housing do you presently have?	Private residence (house or apt)	95.1%	90.1%
	Sleeping room, boarding house	.6%	0.6%
	Retirement home	1.2%	1.9%
	Health facility	.5%	2.1%
	Other. Specify	2.7%	5.3%
Question	Response(s)	Aggregate Tribal Data (55 and over)	No Data Available
44. Are you living with family members, nonfamily members, or alone?	With family members	68.0%	N/A
	With nonfamily members	2.9%	
	With both family and nonfamily members	1.6%	
	Alone	27.5%	
45. How many live in your household?	Enter number in household.	Aggregate (55 and over) Avg=2.78	NHIS (55 and over) Avg=2.11
46. Are any type of services provided to you? (Check all that apply)	Dietary and nutritional services	18.9%	N/A
	Occupational/vocational therapy	1.2%	
	Speech/audiology therapy	.6%	
	Meals on wheels	25.5%	
	Transportation	16.8%	
	Respite care (temporary)	2.0%	
	Personal care (e.g. bathing)	4.3%	
	Skilled nursing services	4.7%	
	Physician services	13.7%	
	Social services	9.5%	
	Physical therapy	3.4%	
	Other services	7.8%	
Question	Response(s)	Aggregate Tribal Data (55 and over)	No Data Available
We have inserted this column to give a count of the number of services provided and their percentages.	0 services	45.1%	N/A
	1 services	27.6%	
	2 services	13.9%	
	3 services	6.9%	
	4 services	3.3%	
	5 services	1.6%	
	6 services	.8%	
	7 services	.4%	
	8 services	.1%	
9 or more services	.3%		

Native Elder Aggregate Tribal Data (N=9,296) Comparison to National Data Sources

Question	Response(s)	Aggregate Tribal Data (55 and over)	No Data Available
47. If at some point in your life you became unable to meet your own needs, would you be willing to use? (Check all that apply)	Nursing home	18.2%	N/A
	Assisted Living (an apartment where help with personal needs is provided)	64.8%	
48. Have you been employed full or part-time during the past 12 months?	Yes	28.9%	
	No	71.1%	
49. If yes: Please list the job in which you received the most earnings in the past 12 months.	Enter occupation.	See frequency tables	
Question	Response(s)	Aggregate Tribal Data (55 and over)	No Data Available
50. If no: What was the main reason you did not work in the past 12 months?	Retired	42.0%	N/A
	Taking care of home or family	7.0%	
	Ill, disabled	23.8%	
	Unable to find work	2.8%	
	Doing something else – Specify	2.5%	
51. What has been your primary employment throughout your life?	Enter primary employment.	See frequency tables	
52. In your primary occupation, have you ever been exposed to chemicals such as insecticides, pesticides, etc.?	Yes	15.6%	
	No	84.4%	
52a. If yes, to what extent?	A great deal	18.7%	
	Moderate exposure	35.2%	
	Slight exposure	46.1%	
Question	Responses	Aggregate Tribal Data (55 and Over)	NHIS (55 and over)
53. Sex	Male	39.4%	52.4%
	Female	60.6%	47.6%
54. Age	55 to 64 years	40.3%	34.1%
	65 to 74 years	37.1%	33.6%
	75 to 84 years	17.2%	25.0%
	85 and over	5.4%	7.3%
55. Current Marital Status	Now married	41.5%	63.9%
	Widowed	31.0%	23.3%
	Divorced	17.0%	7.5%
	Separated	3.1%	1.3%
	Never married	7.3%	4.0%
56. What is your personal annual income?	Under \$5,000	26.1%	15.2%
	\$5,000-\$6,999	17.0%	12.8%
	\$7,000-\$14,999	30.9%	35.6%
	\$15,000-\$19,999	9.0%	11.6%
	\$20,000-\$24,999	5.8%	8.6%
	\$25,000-\$49,999	9.3%	12.9%
	\$50,000 or more	1.8%	3.4%
57. What is the highest grade or year of regular school you have completed?	Never attended or kindergarten only	3.1%	1.1%
	Elementary 12345678	22.6%	12.1%
	High 9 10 11 12	51.9%	48.5%
	College 1 2 3 4 5 +	21.5%	38.3%
	Refused	.9%	0.0%
58. What county and state do you currently reside?	Enter county and state.	See frequency tables	N/A

Native Elder Aggregate Tribal Data (N=9,296) Comparison to National Data Sources

Question	Response(s)	Aggregate Tribal Data (55 and over)	No Data Available
59. Are you Alaskan Native, Native American, Native Hawaiian, or other?	Alaskan Native	4.5%	N/A
	Native American	90.8%	
	Native Hawaiian	.6%	
	Other	4.2%	
60. Were you raised on a reservation, trust land, or in an Indian community?	Yes	76.6%	
	No	23.4%	
61. If yes, how long have you lived on a reservation, trust land, or in an Indian community?	All my life	62.2%	
	50 years or more	9.6%	
	30-49 years	10.4%	
	10-29 years	13.4%	
	Less than 10 years	4.5%	
62. Are you an enrolled member of a federally recognized tribe?	Yes	93.3%	
	No	6.7%	
63. Do you have any unmet health needs that haven't been addressed? (e.g. wheel chair ramps)	Enter response.	See frequency tables	
64. What advice would you pass on to young people to best prepare them for a long life?	Enter advice.	See frequency tables	

NATIONAL COMPARISON SOURCES

1988-94 National Health and Nutrition Examination Survey III (NHANES III), U.S. Department of Health and Human Services, Data Dissemination Branch, National Center for Health Statistics, Centers for Disease Control and Prevention, 6525 Belcrest Road, Room 1064, Hyattsville, Maryland 20782-2003

1994 National Home and Hospice Care Survey (NHHCS), U.S. Department of Health and Human Services, Data Dissemination Branch, National Center for Health Statistics, Centers for Disease Control and Prevention, 6525 Belcrest Road, Room 1064, Hyattsville, Maryland 20782-2003

1982, 84, 89, 94 National Long-Term Care Survey (NLTCs), Duke University Center for Demographic Studies, 2117 Campus Drive, Durham, NC 27708-0408

1991-1996 National Household Survey on Drug Abuse, Substance Abuse and Mental Health Data Archive. ICPSR/ISR, P.O. Box 1248, Ann Arbor, MI 48106-1248.

1994 National Health Interview Survey (NHIS), U.S. Department of Health and Human Services, Data Dissemination Branch, National Center for Health Statistics, Centers for Disease Control and Prevention, 6525 Belcrest Road, Room 1064, Hyattsville, Maryland 20782-2003

The Prevalence of Cancer: Estimated Number of Persons Diagnosed with Cancer (1997), National Cancer Institute, <http://www.nci.nih.gov/public/factbk97/prevalen.htm>

Historical National Population Estimates (1998), U.S. Bureau of the Census, <http://www.census.gov/population/estimates/nation/popclockest.txt>

Appendix E:

Example -- Tribal Resolution



Sisseton - Wahpeton Sioux Tribe

LAKE TRAVERSE RESERVATION

OLD AGENCY BOX 509 • AGENCY VILLAGE, SOUTH DAKOTA 57262-0509
PHONE: (605) 698-3911

August 11, 1999

Leander "Russ" McDonald
UND Center for Rural Health
P.O. Box #9037
Grand Forks, North Dakota 58203-9037

Dear Russ:

Thank you for sending the elder surveys last month. As I mentioned during our telephone conversation, Bev Thompson resigned from her position as Director of Elderly and Disable Affairs in June. Yesterday, I attended a meeting of the Elderly Advisory Board, where it was agreed that the new employee in the Elderly Affairs office, Bonnie Thompson, will work on the survey. Several of the Elderly Advisory Board members, as well as myself and Dedria Keeble, who has experience working with the U.S. Census Bureau, volunteered to help her. The Elderly Advisory Board decided to go with drawing slips of paper out of a box or bag, which is one of the random sampling techniques you suggested in your letter of July 20. November 1st was set as the target date for completing the surveying. The Elderly Advisory Board also went on record to use the list of names from the Indian Health Service Patient Registration System as the source list for the random sample, rather than Tribal or District enrollment or the Title VI List.

On August 4th, the Tribal Council passed a Resolution, authorizing the Sisseton-Wahpeton Sioux Tribe's participation in this survey. I am enclosing an original copy of that Resolution for UND's records.

Again, thank you for your assistance.

Sincerely,

Sara DeCoteau, Health Coordinator

CC: Bonnie Thompson, Acting Director of Elderly Affairs



Sisseton - Wahpeton Sioux Tribe

LAKE TRAVERSE RESERVATION

OLD AGENCY BOX 509 • AGENCY VILLAGE, SOUTH DAKOTA 57262-0509
PHONE: (605) 698-3911

TRIBAL COUNCIL RESOLUTION NO. SWST-99-096

Authorizes Sisseton-Wahpeton Tribal Participation in Nation-wide Elder Survey

WHEREAS, The Sisseton-Wahpeton Sioux Tribe of the Lake Traverse Reservation is organized under a Constitution and By-laws adopted by the members of the Tribe on August 1-2, 1966 and approved by the Commissioner of Indian Affairs on August 25, 1966; and,

WHEREAS, The said Constitution and By-laws mandates at ARTICLE II, Section 1, that the Tribal Council shall have the power: (1) to present the Tribe in all negotiations with Federal, State and local governments; (d) to make rules governing the relationship of the members of the Tribe, to Tribal property, and to one another as members of the Tribe; (f) to deposit Tribal funds to the credit of the Tribe; (g) to take actions by ordinance, resolution or otherwise which are reasonably necessary to carry into effect the foregoing purposes; (h) to promote public health, education, charity, and such other services as may contribute to the social advancement of the members of the Tribe; and (i) to adopt resolutions regulating the procedures of the Tribal Council, its officials and committees in the conduct of Tribal Affairs; and,

WHEREAS, The Tribal Council has established the Human Service Board as advisory and policy-recommending for issues of health pursuant to Council Resolution No. 76-3, dated July 1, 1975; and

WHEREAS, At the recommendation of the Human Services Board, the **Sisseton-Wahpeton Sioux Tribal Health Plan** was approved by the Tribal Council on May 8, 1996, and provides the following ranking of issues:

HEALTH STATUS PROBLEM PRIORITY #2: CHRONIC DISEASES: Heart Disease, Cancer, Diabetes, Lung Disease, Cerebrovascular Disease, End Stage Renal Disease

PRIORITY OBJECTIVES:

#1: *"Push, lobby, and advocate for the replacement health facility." (The new facility will provide eleven (11) Community Health Nursing staff, compared to the three (3) that are currently authorized under the existing operating budget.)*

#2: *"Assess and redesign the health care delivery system"*

TRIBAL COUNCIL RESOLUTION NO. SWST-99-096

Authorizes Participation in Nation-wide Elder Survey

Page 2 of 4

Task 4: *"Prepare for transition to an ambulatory care prevention approach to health service delivery by realigning resources to outpatient and home based/community based services (i.e., downsize or eliminate some components and re-deploy to others)."*

WHEREAS, Long-term care, a category that includes home health services, personal care, housekeeping assistance, meals-on-wheels, skilled nursing care, assisted living, and other inhome services, is an **emerging unmet need in Indian Country**; and,

WHEREAS, The University of North Dakota National Resource Center on Native American Aging has been awarded a grant through the Administration on Aging, Department of Health and Human Services, to **study the health needs of the Indian elderly**; and,

WHEREAS, The survey project is designed to yield data on the following elder health care needs:

- * General Health Status
- * Activities of Daily Living
- * Visual, Hearing, and Dental
- * Tobacco and Alcohol Use
- * Diet, Exercise, and Excess Weight
- * Social Support, Housing, and Work
- * Unmet Needs

WHEREAS, The University of North Dakota National Resource Center on Native American Aging is asking **Tribes** throughout the nation to **volunteer to participate** in their study in a partnership arrangement in which the University and the Tribe will each assume responsibilities:

What the University of North Dakota will provide:

- > Survey instruments
- > Assistance in Constructing Local Survey Questions
- > Assistance in Sampling
- > Training of Interviewers
- > Consultation with Interviewers via Phone
- > Data Entry and Analysis
- > Production of Tables & Graphs

TRIBAL COUNCIL RESOLUTION NO. SWST-99-096

Authorizes Participation in Nation-wide Elder Survey

Page 3 of 4

What each Tribe will Provide:

- > Interviewers or volunteers to conduct the survey
- > Compensation for interviewers
- > Analysis of other data sets
- > Extensive reports
- > Travel to each location to present results
- > Interpret the results without local input
- > Develop recommendations for actions

WHEREAS, The Work Group on Long-Term Care in Indian Country convened by Governor William Janklow met several times during the last year and developed a list of five additional questions, known as "*South Dakota Geriatric Care Survey Supplemental Questions*", which are designed to further document the need for long-term care on Indian Reservations in this State; and,

WHEREAS, Governor Janklow has pledged to assist Tribes in advocating for direct Federal funding to pay for long-term care in Indian Country, once the unmet needs have been analyzed and documented; and,

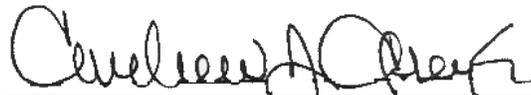
WHEREAS, The proposed survey through the University of North Dakota is one method by which to document the need for long-term care in Indian Country.

NOW, THEREFORE, BE IT RESOLVED, That the Tribal Council of the Sisseton-Wahpeton Sioux Tribe, at the recommendation of the Human Services Board **herby authorizes participation in the "Identifying Our Needs: A Survey of Elders" conducted by the University of North Dakota National Resource Center on Native American Aging**, pursuant to their grant No. 90AM-0756 from the Administration on Aging, Department of Health and Human Services, **plus the "South Dakota Geriatric Care Survey - Supplemental Questions"** developed by the Work Group on Long-Term Care in Indian Country.

C E R T I F I C A T I O N

We, the undersigned, duly elected Chairman and duly elected Secretary of the Sisseton-Wahpeton Sioux Tribal Council, do hereby certify that the above Resolution was duly adopted by the Sisseton-Wahpeton Sioux Tribal Council, which is composed of 10 members (representing a total of 15 Tribal Council weighted votes), of whom 6 members, constituting a quorum, were present at a Tribal Council meeting, duly noticed, called, convened and held at TiWakan Tio Tipi, Agency Village, South Dakota on August 4, 1999, by a vote of 8 for, 0 opposed, 0 abstained, 0 absent from vote, 2 not voting, and that said Resolution has not been rescinded or amended in any way.

Dated this 4th day of August, 1999.



ANDREW J. GREY, SR., Tribal Chairman
Sisseton-Wahpeton Sioux Tribe

ATTEST:



DARRELL QUIN, SR., Tribal Secretary
Sisseton-Wahpeton Sioux Tribe

Original Copies To:

Sara DeCoteau, Health Coordinator, Sisseton-Wahpeton Sioux Tribe

Alan Allery, Director, National Resource Center on Native American Aging, University of North Dakota

Bonnie Thompson, Acting Director of Elderly & Disabled Affairs, Sisseton-Wahpeton Sioux Tribe

SOUTH DAKOTA GERIATRIC CARE SURVEY
Supplemental Questions

Survey # _____

1. Are you eligible for any health benefits other than Indian Health Service?
_____ YES _____ NO _____ DON'T KNOW

If yes, what are you eligible for? (Check all that apply)

- _____ Veterans Administration
- _____ Medic aid
- _____ Medicare
- _____ Private Insurance
- _____ Health Maintenance Organization
- _____ Private Resources
- _____ Other

2. Do you take medications today that have been prescribed by a doctor?
_____ YES _____ NO

If yes, do you take these medications? _____ YES _____ NO

Also, if yes, do you need help or assistance to take your medications?
_____ YES _____ NO

3. Who is your primary caregiver? (Check One)

- _____ Self
- _____ Spouse
- _____ Family
- _____ Neighbor
- _____ Friend
- _____ Other

4. If at some point in your life you become unable to meet your needs, would you be willing to use?
(Mark all that apply)

- _____ Dietary and nutritional services
- _____ Occupational/Vocational therapy
- _____ Speech/Audiology therapy
- _____ Meals on Wheels
- _____ Transportation
- _____ Respite Care
- _____ Personal Care (e.g. bathing) - assistance at home
- _____ Skilled nursing services in the home
- _____ Physician services
- _____ Social services
- _____ Physical therapy
- _____ Homemaker (housekeeping services in the home)
- _____ Nursing home
- _____ Assisted living (An apartment where help with personal needs i.e. bathing, laundry, housekeeping, medicine)

5. Do you think the Federal Government should provide resources to address long-term care needs in Indian Country
_____ YES _____ NO