



RURAL HEALTH FACTS

Spring 2005



Nutritional Risks Among Native American Elders

Nutritional risk examines warning signs regarding nutrition deficiencies. While these results do not represent a diagnosis of malnutrition, they indicate that conditions are ripe for producing poor nutrition.

How is Your Nutritional Risk?

In the second cycle of the Identifying Our Needs: A Survey of Elders II, we included the nutritional screening questionnaire found below. We invite you to test yourself with the questions in Table 1 and then to compare your nutritional health score with those from the nation's elders. Simply circle the number in the yes column for each yes that applies to you and total the numbers circled.

Table 1. Nutritional Screening Questionnaire

Question	YES
I have an illness that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits and vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Add for Total Score	<input type="text"/>

0-2 = Good, 3-5 = Moderate
6 or greater = High

What Does the Nutritional Health Checklist Mean?

The likelihood of nutritional risk increases as the score increases. A high score indicates a need to have a more detailed investigation of

your diet by an appropriate professional. This tool alerts us to the need for greater attention to nutrition as our diets are affected by numerous factors that aren't immediately obvious.

- ❖ Inadequate diets make chronic diseases worse, while at the same time, making it increasingly difficult to maintain a good diet.
- ❖ Elder's ability to buy foods required for good nutrition is limited if they have lower incomes.
- ❖ Elders who are socially isolated may experience depression that also decreases the will to cook and eat properly.
- ❖ Medications alter people's appetites and may affect how the elder eats.
- ❖ Poor dental health can interfere with one's ability to eat certain foods.

Nation's Native American Elders

Nutritional scores for the nation are taken from a national Native elder needs assessment project entitled *Identifying Our Needs: A Survey of Elders II*. The following analysis presents preliminary results based on the surveys completed by January 31, 2005 and includes 9,416 respondents from 61 sites and 244 tribes. A score of 0-2 is considered good, 3-5 is moderate nutritional risk and 6 or greater represents high nutritional risk. Table 2 contains the national scores for all elders.

Table 2. Nutritional Health Scores: Native Elders

Good	45.9
Moderate Risk	31.8
High Risk	22.3

Social Factors that Relate to Nutritional Risk

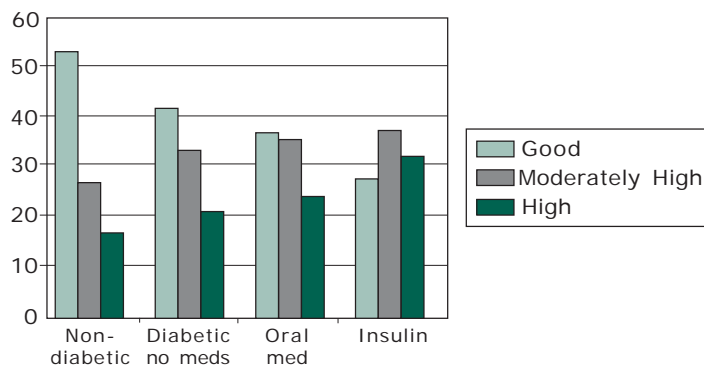
In order to explore nutritional risk, we examined the responses to determine whether age, marital status, or gender affected people's levels of risk.

- ❖ **Age** did not appear to be a factor as all of the Native elder age groups scored with distributions that were very close to those in Figure 1; however, one should recognize that moderate and high risks surface earlier in life for the Native population, and need to be examined at younger ages in order to prevent long term problems based on nutrition.
- ❖ **Marital status** made a large difference in nutritional risk with married tribal elders having the best nutritional risk scores. People without a spouse collectively need special attention when it comes to nutrition. This may be through education, access to quality foods and encouraging these groups to participate in the social programs such as congregate meals.
- ❖ **Gender** also has a relationship with nutritional risk. Women reported higher risk scores than men. The differences in risk scores are connected with marital status as older women are substantially more likely to be single as the result of widowhood. (15.6% of men were widowed compared to 38% of women). One cannot assume that women's competence in the kitchen is sufficient to protect nutritional adequacy.

Chronic Diseases also Impact on Nutritional Risk

Diabetic elders automatically fall into the threshold for being at moderate risk at 2 points as they have an illness that requires them to change their eating habits. As we examined people with different responses to the diabetes question, nutritional risk increased with the severity of diabetes. People who were insulin dependent were nearly twice as likely to report high nutritional risk scores as were non-diabetic respondents.

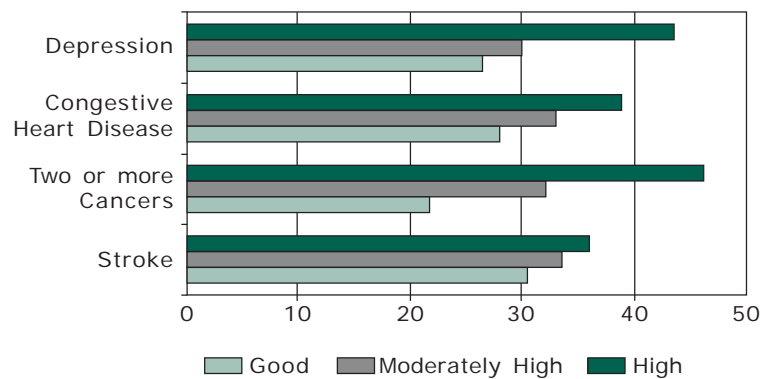
Figure 2. Diabetes Levels and Nutritional Risk



In addition to diabetes, other chronic diseases also make a significant contribution to nutritional risk. Respondents with chronic diseases reporting the highest levels of nutritional risk are presented in Figure 3.

Finally, when we analyzed the data to determine what other chronic diseases might have the greatest impact on nutritional risk, the following four appeared to be important indicators to the possibility of nutritional risk.

Figure 3. Other Top Chronic Diseases Related to Nutritional Risks



- ❖ **Depression** - People who reported a diagnosis of depression were substantially more likely to have high nutritional risk scores.
- ❖ **Congestive heart disease** – perhaps through physical weakness, contributes to nutritional risk.
- ❖ **Two or more Cancers** – People with multiple sites of cancer are likely to be in advanced stages and likely to experience substantial nutritional risks.
- ❖ **Stroke** – Surviving also places limits on people's capacities and increases their levels of nutritional risk.

Each of the arrays of chronic diseases relate to nutritional risk, suggesting that they may function both as cause and effect. That is, chronic diseases might lead to poorer nutritional practices which in turn may aggravate the chronic disease. Program administrators should be especially vigilant in looking out for those elders in the community that are single, female and have chronic diseases; especially for those with multiple diseases as they appear to have the highest nutritional risks.

References

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