



Native Aging Visions

A Resource for Native Elders

*A Publication of the National Resource Center on Native American Aging
located at the University of North Dakota Center for Rural Health
School of Medicine & Health Sciences*

Volume 4, No. 2 Fall 2004

Director's Column

Congratulations to American Indian Elders and the National Indian Council on Aging (NICOA)! It was nice to see everyone this past month!

I've just returned from the National Indian Council on Aging bi-annual conference in Milwaukee, Wis. and want to extend my congratulations to the organizing committee for their efforts to make the conference an opportunity to learn and share.

I am awestruck by the hunger of American Indian elders for information and ideas to improve their lives and to share their "wisdom/successes" with others. If only our young people could have been there to see our elders up at 7 a.m. sharing their stories and eager to get the latest information to bring home to share with their friends.

It's been said that "our biology loads the gun" but it's "risky behavior that pulls the trigger." Our elders listened to a variety of presentations on risky behavior and other issues that are important to the wellbeing of American Indians throughout the country. What urges habits, environmental, social, or other circumstances cause us to adopt an unhealthy behavior that results in a poor outcome? We need to take a close look at our behaviors and see what precedes the

behavior. What is it that triggers the behavior? Is it that we always do something at the same time of day, or when we socialize at a certain place or time? One example is do we smoke at a certain time of day or only when we are with certain people? One common thought that emerged from the weekend of presentations and

discussions is that we need to do a better job of engaging all elders to see what health improvement/promotion ideas they will accept and adopt. Then, we need to support each other as we adopt new healthy behaviors.

I also noticed a slight cooling of the air this

week, which means fall, is upon us! The powwow season is coming to an end and the holiday season will be upon us before we know it. For most of us winter is a season to share many stories and maybe even start some new ones. It's a wonderful season; let's enjoy it even more this year by adopting some healthy habits. It is never too late! The more healthy behaviors you adopt, the more we will see of you at future NICOA meetings.

Megwitch!

— Alan Allery



We Walk Many Together

by Leonard Wells, White Earth Band of Ojibwe

In 2002, the White Earth Band of Ojibwe decided to promote a voluntary walking and exercising program called “We Walk Many Together” which is under the heading Healthy Living Activities. Under this program the Elder is encouraged to set a yearly goal of steps for themselves and work to meet that goal. It was decided to establish an incentive program featuring a five tier system. The beginning tier would require 46,000 steps, second tier 185,000 steps, third tier 500,000, fourth tier is 1 million steps and the fifth and final tier would top out at 1.5 million steps and over.

Incentive awards are given for each tier the Elder reached. This seemed to spark a

lot of interest in the program. Elders started asking about other things they were involved in, activities where a pedometer wouldn't work, such as water aerobics, swimming and bike riding, etc. So we came up with a conversion chart. A conversion from other exercises to steps was derived from personal experience and opinions of physical trainers and elders who were involved in an exercise program.

If your activity isn't listed, compare it to one on the chart that you feel it related to and use its step total. Keep a weekly record of your steps and add it up monthly.

Wisdom Steps Elders Estimated Conversion Chart

This chart should help those who don't have a pedometer to count their steps. It also gives step counts for activities where a pedometer doesn't work.

30 Minutes Activity Equals	Steps
Gardening/Yard Work	1,000
Chair Exercises	1,000
Canon/Boat Rowing	1,500
Strength Exercises, Mechanical Equipment	2,000
Strength Exercises, Weights	2,000
Bowling	2,000
Dance, Ballroom/Pow Wow	2,500
Station to Station Exercises	2,500
Biking	3,000
Walking	3,000
Water Aerobics	3,000
Regular Aerobics	3,000
Golfing	3,000
Jogging	4,000
Swimming/Lap	4,000



Analysis of Elders Survey Expanded

by Richard Ludtke, PhD, and Leander "Russ" McDonald, PhD

Funding was received from the Office of Rural Health Policy to conduct additional analysis on the national Native elder data file. This additional analysis is sought to examine patterns of health status and the need for services by comparing the different regions and health care availability. Frontier communities were of particular interest as they fall in counties with fewer than six people per square mile. As a consequence of this sparse population, the community is less likely to have access to a complete array of medical or long term care services.

The research team presented findings in a panel discussion at the National Indian Council on Aging meetings that were held in Milwaukee in August 2004. The presentation was entitled "The Prevalence of Chronic Disease and the Degree of Rurality of American Indian Elders" and can be found on the web at <http://medicine.nodak.edu/crh/nrcnaa/pubs/>. The research examined patterns of variation in chronic disease, functional limitations and peoples' expressed interest in improving services, concluding that differences did exist and that no single solution is likely to work for all Native American communities.

In order to complete this analysis, the researchers linked the Native elder data with a medical resources database that provided information on people's access to care and the degree of their isolation in their home counties. When the urban, rural, and frontier were compared, there was clearly a difference among chronic diseases, functional limitation, and services with the smaller isolated populations expressing the greatest need for additional services. The key results from the analysis are found below.

- Native elders in rural and frontier areas had a higher prevalence of functional limitation as compared to urban elders.

- The prevalence rates for arthritis, heart disease, stroke and cancer may lead to increased functional limitation in the future as the population ages.
- Many chronic diseases are co-morbid rather than occurring as a single illness. Screening to catch these diseases before they become severe and early treatment are both essential for maintaining vigor in Native elders.
- Elders also indicated a need for creating a healthy home environment with home modifications, equipment, access to services and resources.
- Elders with lower levels of functional limitation can be expected to grow in the future and Native elders with limitations would benefit from chronic disease management programs to improve quality of life.
- All adults, pre and post retirement, would benefit from wellness programs that promote health and vitality.

A number of policy recommendations were also presented based on the findings of these analyses. The following is a partial list of the recommendations the panel presented.

- The Agency for Healthcare Research and Quality should fund research to evaluate wellness interventions such as Minnesota's Wisdom Steps, among Native elders.
- Federal agencies should develop a collaborative model for health promotion reaching American Indians through rural health clinics, tribal health and tribal colleges.
- Indian Health Service (IHS) and Centers for Medicare and Medicaid Services (CMS) should provide health

(continued on page 4)

screening for early detection of chronic disease especially arthritis, diabetes, heart disease and cancer.

- A joint CMS and IHS disease management demonstration program should target the most prevalent chronic diseases in Native elders including arthritis, diabetes and high blood pressure.
- Home safety audits should be provided by Housing and Urban Development in order to ensure that the home environment fits the needs of the Native elder and includes necessary equipment.

The role of this type of project is to provide the basis for health policy formation through analyses of the data. The recommendations are derived directly from the data and accurately describe where and among whom the needs are most acute. Ultimately, one hopes the evidence documented with these types of results will lead to increased funding for the provision of health services, innovative ideas for meeting people's needs, and collaborative efforts for delivery of services.

For additional information, contact the National Resource Center at (800) 896-7628.

ARTHRITIS: DID YOU KNOW..?

- There are over 100 different types of arthritis which involve inflammation of joints, tendons, ligaments and muscles
- Arthritis is the leading cause of disability in the U.S., affecting 70 million Americans (1 in 3 adults)
- Arthritis costs the nation nearly \$125 billion a year (e.g., hospitalizations, lost productivity)

Among Native American elders (age 55+)

- Affects 47 percent of Native elders (compared to 40% of U.S. elders—all races)
- Among Native American elders with arthritis, 81 percent had *at least one other* chronic disease
- Females are 62 percent more likely than males to have arthritis
- Elders living in the Alaska and Portland Indian Health Service Regions were more likely to have arthritis
- Having other chronic diseases was associated with increased likelihood of having arthritis:
 - Asthma (91 percent greater likelihood of having arthritis)
 - Cataracts (49 percent greater likelihood of having arthritis)
 - High Blood Pressure (27 percent greater likelihood of having arthritis)

Treatment

- There is no cure for arthritis, but you don't have to passively accept arthritic pain.
- Visit your doctor on a regular basis (once or twice a year) to make sure your treatment regimen is the best it can be.
- Physical activity has been found to reduce pain and disability, and improve function among many arthritis sufferers.
- Maintaining an appropriate body weight and avoiding joint injuries reduces the risk of developing arthritis and may decrease disease progression.
- Early diagnosis and appropriate disease management, including self-management activities such as self-help courses, weight control, and physical activity can assist elders with arthritis to maintain/increase function, lower health care costs and improve quality of life.

National Breast Cancer Awareness Month

by Francine McDonald, MPA

October has been designated as National Breast Cancer Awareness Month. This month is dedicated to increasing awareness of breast cancer issues, especially the importance of early detection. Breast cancer is one of the most common cancers affecting American women, and is second only to lung cancer as a leading cause of cancer death in women.

The exact cause of breast cancer has not been established, but there are risk factors that may play a role. A risk factor is a trait or behavior that increases a person's chance of developing a disease or makes a person susceptible to a certain condition.

Risk factors for breast cancer include:

- Being female (breast cancer can occur in men, but it is rare).
- Getting older.
- Having a family history of breast cancer.
- Having a personal history of cancer in one breast.
- Having your first child after age 30 or never having children.
- Getting your period early in life (before age 12).
- Reaching menopause after age 55.
- Being overweight (especially in the upper body).
- Eating a diet high in calories and fat. (taken from <http://my.webmd.com>)

However, you should be aware that having none of these risk factors does not make you exempt from getting breast cancer.

All women should be aware of their risk for breast cancer; it can affect women of every age, race and ethnic group. Fortunately breast cancer is highly treatable if

detected early. There are three methods for early detection:

- Breast self-exam – this is an exam you do to check your own breasts for lumps or anything else that seems unusual. Some changes to look for include a change in color of the breast, a change in shape or size of either breast, a presence of a lump or thickening in the breast, underarm area, or above or below the collarbone, persistent discomfort or pain in the breast, discharge from the nipple, and changes in skin around the nipple.
- Clinical breast exam – an exam is similar to the self-exam but performed by a doctor or other health professional. The doctor will carefully feel the breasts and under the arms for lumps or anything else that seems unusual.
- Mammogram – this is an x-ray that creates an image of the breast. The ability of this test to find breast cancer may depend on the size of the tumor, the density of the breast tissue, and the skill of the radiologist.

The American Cancer Society recommends that women of all ages conduct monthly breast self-exams, have an annual clinical breast exam for women 40 years of age and older; and an annual mammography for women 50 years of age and older.

During the month of October, and every month after that, the National Resource Center on Native American Aging encourages you to talk to your loved ones about breast cancer and the importance of early detection. Tell them we want to keep them around for a long time.



McDonald Named 2004 National Trio Achiever

by Amanda Scurry, MS

Dr. Leander (Russ) McDonald, assistant professor and research analyst at the National Resource Center on Native American Aging, at the Center for Rural Health, University of North Dakota (UND) School of Medicine and Health Sciences, was named a 2004 National TRIO Achiever in a ceremony Sept. 13.

McDonald, a Dakota/Arikara who participated in two TRIO programs at UND, was nominated as a successful TRIO alumnus.

"Russ exemplifies the type of student who gains most from participation in TRIO Programs," said Neil Reuter, UND TRIO project director. "He took full advantage of opportunities offered to him, overcame daunting obstacles to success, and shows great appreciation through his activities as a TRIO alumnus and continues to be a vital part of our current UND TRIO students' growth."

The National TRIO Achievers are selected from hundreds of nominations annually. Among other things, a National TRIO Achiever must have successfully completed a TRIO program and a postsecondary program of study, must be a person of high stature within his/her profession and must have made significant civic, community, or professional contributions. Past Achievers have included journalists, television personalities, elected officials and corporate executives.


McDonald was one of five people named National TRIO Achiever this year during a

ceremony at the Council for Opportunity in Education annual conference in San Antonio, Texas.

"Russ's accomplishments are characterized by academic excellence and contributions to humanity," said UND Chester Fritz Distinguished Professor of Sociology and Rural Health Dr. Richard Ludtke. "He is largely responsible for the development of the largest and best database on Native American elders in the nation. Using this data, Russ has presented numerous papers on the health status of Native American elders and has testified before the Senate Select Committee on Indian Affairs on the needs of Native American elders. His professional accomplishments have exceeded all of our expectations and we are very proud of him."

The federal government established the TRIO Programs in 1964 to ensure equal educational opportunity for all Americans, regardless of race, ethnic background, or economic circumstances. TRIO Programs are in all fifty states and territories such as Puerto Rico, Guam and Micronesia.

TRIO Programs, which have been at UND since 1966, are designed to identify and serve promising students, prepare them to do college work, provide information on academic and financial aid opportunities, provide tutoring and support services once they reach campus, and to encourage and prepare students for doctoral studies.



**2005 Annual Dakota Conference
on Rural and Public Health
March 8-10, 2005
Ramkota Hotel
Bismarck, North Dakota**

Alaska Native Elder Training Conference

by Francine McDonald, MPA and Leander "Russ" McDonald, PhD

The National Resource Center on Native American Aging (NRCNAA) and the National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders of Anchorage, Alaska joined in a partnership to conduct the "Identifying Our Needs: A Survey of Elders II" Native elder needs assessment training in Alaska. The training was held on July 21, 2004 at the University of Alaska-Anchorage campus with 15 Title VI Nutrition providers from the region in attendance.

The day long session was designed to provide participants with information on how to conduct the Native Elder needs assessment and how to apply the needs assessment data to develop long term care services in their communities. Results from the Native elder needs assessment project for the Alaska tribes were presented along

with results from an additional analysis of the national data file. Ideas for developing health promotion activities on a low budget were given with participants receiving a pedometer.

Thank you to the University of Alaska's National Resource Center for hosting the event and providing us with an excellent home cooked meal! A bear was sighted earlier in the morning of the training and it wasn't around in the afternoon, so we're wondering if the Alaska folks gave us a taste of the local cuisine and didn't tell us. All joking aside, we were glad to be able to place some faces to the voices on the telephone and to experience the good people of the North. Additional thanks to the Alaska Native Medical Center for the tour of the facility and the insights into the many cultures of the area.



Wisdom Steps: Preventive Health for American Indian Elders

WHAT: We are planning a conference to share information about our Wisdom Steps Preventive Health for American Indian Elders.

WHEN: Spring or Summer 2005

WHERE: Mystic Lake Conference Hotel – Minneapolis, MN

WHO: Community Elders, Health and Human Services Staff, Elder Program Staff and Anyone Interested in Learning about this Preventive Health Program.

If you are interested in receiving information about this conference, call Wisdom Steps at (800) 882-6262.



Center for
Rural Health

National Resource Center on Native American Aging
P.O. Box 9037
Grand Forks, ND 58202-9037

NON PROFIT
ORG.
U.S. POSTAGE
PAID
Grand Forks, ND
58201
Permit No. 10

Address Service Requested

NRCNAA Welcomes a New Steering Committee Member

We are pleased to announce the addition of Margaret Dosedo to the National Resource Center on Native American Aging's steering committee. The committee, which meets annually, serves as a sounding board for the center's activities. Our members are key informants for what is happening in Indian Country.



Margaret Dosedo

A Bear Clan and full-blooded Zuni Pueblo, Ms. Dosedo is an Elder Advocate and was the director of the Pueblo of Zuni Senior Citizens Center for 18 years. She was the finance director for the New Mexico Indian Title VI Coalition for 16 years as well as the chair for several years. She continues to serve on many committees.

The steering committee is made up of five members. They are:

- Cynthia LaCounte, Chippewa Nation;
- Art McDonald, Lakota Sioux Tribe;
- Wendell McLester, Onieda Nation;
- Sophie Two Hawk, Cheyenne River Sioux Tribe; and
- Margaret Dosedo, Bear Clan, Zuni Pueblo.

Congratulations

Congratulations to Alan Allery on the receipt of his Ph.D. in Teaching and Learning - Research Methodologies. His research centered around behavioral health among college students at the University of North Dakota. He says one of the things he learned about himself, "is that the only thing that stands between him and his goals, is him." It's important for us all to consider that thought as we try to change our behavior to a more healthy lifestyle.

Native Aging Visions wants to hear about outstanding people and programs that provide health care and other services to Native American elders. If you know of any that deserve recognition, please let us know so we can share the information. We hope to highlight some of these people and programs in the upcoming issues.

If you receive duplicate copies of *Native Aging Visions*, please route to others who do not receive addressed copies or call us at (800) 896-7628.