



Native Aging Visions

A Resource for Native Elders

In this Issue

Director's Column 1

American Society on Aging (ASA) Conference 2

Oral Care 3-4

Wojapi - Traditional Native American (Lakota) Berry Dish 4

What Is Pancreatitis and Why Is It Important to Know About It? 5

48th Annual Time-Out Wacipi..... 6-7

Upcoming Event: Title VI National Conference.....8

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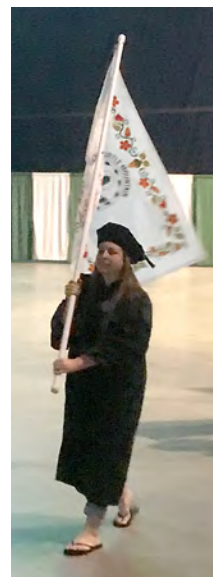
Boozhoo!

I hope you all are enjoying the new beginnings of the spring season, as well as looking forward to the beautiful summer weather heading our way soon. I always appreciate this time of year. The warm weather and spring showers bring rebirth to the trees, plants, and flowers; it is such a beautiful sight. As new things begin, other things, such as the school year, are ending. College and high school graduations are a time for families to get together to celebrate their loved ones' accomplishments.

This month I was fortunate enough to be one of those graduates. I earned my doctoral degree in Educational Foundations and Research from the University of North Dakota (UND). At the commencement ceremony, I was honored to represent my community by carrying the Turtle Mountain Band of Chippewa flag. As I walked through the auditorium carrying the tribal flag, I could not help but think of my ancestors and the Native elders in my tribal community. Throughout my life, Native elders encouraged the youth to further their education. Our elders encouraged us to receive degrees so we could serve our tribal communities in a positive way through what we learned. While carrying the flag at graduation, all I could think of were my grandparents, especially my grandmother, who was my family's biggest supporter in furthering our education. As I held my tribal flag high in the air, I felt an overwhelming sense of pride, for my ancestors, our Native elders, my grandparents, and my parents. Their strength and resilience was passed down to me through the generations. It has led me to where I am at today. I am thankful for the sacrifices they made to help me accomplish my goals. Thank you to all of my Native elders.

In addition to my personal graduation story, I'm also excited to share a few NRCNAA updates. First, we would like to welcome Erica Gunville as our new project coordinator.

Erica jumped right into her role of coordinating the Native Aging Visions summer edition newsletter. The newsletter includes health information on pancreatitis and tooth extraction. In addition, two of our staff members attended the American Society on Aging conference in April, and they share their experiences in this issue. In this edition we also have a sweet ending that includes a traditional Native American (Lakota) berry dish to try during the spring and summer seasons.



Lastly, I am thrilled to announce that the original curriculum developer, Dr. Laurie Betting, has worked with NRCNAA staff to complete an updated version of our WELL Balanced curriculum, as well as a revised version of the Home Based manual. The Home Based manual is gifted to our Native elders at the completion of the WELL Balanced program. The new WELL Balanced curriculum and the Home Based manual will be available later this summer. Please do not hesitate to contact us if you are interested in implementing the WELL Balanced program for Native elders in your tribal community.

The NRCNAA is always working hard, striving to serve our Native elders and Native elders programs to the best of our ability. We honor and cherish our Native elders. They are our wisdom keepers, and we continue to learn from their knowledge.

I hope you all have a wonderful summer and enjoy the beautiful weather with your elders and families.

Miigwech. Collette Adamsen

American Society on Aging (ASA) Conference

Staff from the National Resource Center on Native American Aging (NRCNAA), attended the American Society on Aging (ASA) Conference in San Francisco in March. The conference provides resources and information to educate the public and professionals on issues that affect older adults.

NRCNAA Director Collette Adamsen and Research Specialist Cole Ward along with Dr. Kathryn Braun, professor at the University of Hawaii at Manoa; Randella Bluehouse, executive director of the National Indian Council on Aging (NICOA); and Rebecca Owl Morgan, NICOA project coordinator, presented on the topic “Tailoring Programs to New Populations: Techniques to Increase Program Attractiveness, Access, and Impact.” The workshop

provided examples of tailoring evidence-based programs for AI/AN (American Indian/Alaska Native) elder populations. The presentation was well received, with many in attendance inquiring about our programs after the presentation.

Besides our presentation, the conference offered many informative sessions, such as “The New Wave of Population Health Management: Community Based Organization (CBO) in the Forefront” and “Ending Senior Poverty: Why We Can’t Wait,” which featured the president of the AARP Foundation as the keynote speaker. Also included in the four-day conference were workshop sessions specific to elder AI/AN populations, such as “Lifelong Disparities Among Older American Indians and Alaska Natives.”

The ASA conference is a chance for us to reconnect with colleagues, presenters, and attendees from around the U.S. to share and discuss the issues that affect our elderly. Overall, the conference was informative and generated ideas for NRCNAA future work in providing resources and serving our Native elders. Next year, the American Society on Aging Conference takes place in New Orleans.

Oral Care

As an adult, you may not want to hear your dentist say you need to have a permanent tooth extracted, but sometimes it’s necessary. There are several reasons why tooth extraction is necessary, including tooth decay, infection, or simply having a “crowded mouth,” where the dentist extracts a tooth in order to correctly or properly align teeth for orthodontia.

Tooth extraction can be viewed as a surgery. Dentists are required to have special training in order to perform tooth extractions. Prior to the extraction, you will receive an anesthetic injection in your mouth that numbs the area around the tooth. With anesthetic, you will feel little or no pain as the dentist extracts the tooth. If you are having multiple teeth extracted, your dentist may give you a stronger anesthetic to put you to sleep through the procedure and to help reduce the pain. Depending on the tooth and where it is in the mouth, the dentist may have to cut away gum tissue or use forceps to grasp the tooth in order to extract it. If the tooth is decayed, it may be brittle and crack during the extraction, and it will be removed in pieces. Shortly after the tooth has been extracted, a blood clot usually forms in the socket. The dentist will insert a gauze pad into the socket and tell you to bite down on it to help stop the bleeding. Depending on the type of extraction or if gum tissue is cut, the dentist may use a few self-dissolving stitches.

If the blood clot in the socket breaks lose, you may get a “dry socket.” This happens when the bone of the jaw is exposed in the socket. It is very painful and will require dental attention as soon as possible. The dentist will likely place a sedative dressing over the socket for a few days to protect it as a new clot forms.

Before having a tooth extracted, you should inform your dentist if you have a history of one of the following:

- ☛ Damaged or man-made heart valves;
- ☛ A congenital heart defect;
- ☛ An impaired immune system;
- ☛ Liver disease (cirrhosis);
- ☛ An artificial joint, such as a hip replacement; or
- ☛ Bacterial endocarditis.

Due to the possibility of harmful bacteria and gum infection, it is important that you keep in mind the risk of developing a severe infection. You may need to take antibiotics before and after the extraction. The dentist may prescribe pain medication throughout recovery, which may be from one to two weeks. A cold washcloth or an ice bag placed gently on the affected area after the procedure can help to reduce swelling. Some other helpful tips include:

- ☛ Avoid rinsing or spitting forcefully for 24 hours after the extraction to avoid dislodging the clot that forms in the socket.



- Do not drink from a straw for the first 24 hours.
- Do not smoke, which can inhibit healing.
- Eat soft foods until the extraction site heals.

Continue to brush and floss your teeth, and brush your tongue, but be sure to avoid the extraction site. This will help to prevent infection.

If a few days after the extraction you experience any of the following symptoms, contact your dentist immediately or seek emergency help:

- Fever and chills;
- Nausea or vomiting;
- Redness;

- Swelling;
- Excessive discharge from the extraction area;
- Coughing;
- Shortness of breath; and/or
- Chest pain.

Due to the extraction or extractions, missing teeth can cause the remaining teeth to shift, which may affect your bite and make it difficult to chew.

Your dentist may advise replacing the missing tooth or teeth with an implant, a fixed bridge, or a denture depending on each individual situation.

Pulling a Tooth (Tooth Extraction).

2018 WebMD. Retrieved from: [j wr u-1ly y y 0 y gdo f 0eqo lqtcn/j gcnj li vkf glr wnkpi /c/vqqj /vqqj /gzvtcevqpp%](http://www.webmd.com/oral-health/guide/pulling-a-tooth-tooth-extraction)

What Is Pancreatitis and Why Is It Important to Know About It?

The pancreas is a pear-shaped gland located behind the stomach next to the small intestine. The pancreas produces enzymes that help digest food in the stomach. It also releases insulin in the bloodstream. If the pancreas becomes inflamed, it can cause pancreatitis, which damages the pancreas.

Pancreatitis can be diagnosed as acute or chronic. Acute pancreatitis comes on suddenly with mild pain or discomfort, and it usually lasts a short period of time. Some symptoms of acute pancreatitis are abdominal pain, nausea/vomiting, fever, and increased heart rate. After getting the proper treatment, which may include IV fluids and medications, acute pancreatitis can be managed. If untreated, pancreatitis can cause damage to the vital organs, such as the heart, lungs, and kidneys. Chronic pancreatitis is a long-lasting inflammation of the pancreas and is extremely painful. The symptoms of chronic pancreatitis are similar to acute pancreatitis, but other or additional symptoms can include diarrhea and weight loss.

Some of the causes of pancreatitis are:

- Heavy alcohol use;
- Gallstones;
- Medications;
- Infections; and
- Surgery.

See your doctor if you have symptoms of pancreatitis. Your provider can run a series of tests, including ultrasounds and or biopsies, to determine whether you have acute or chronic pancreatitis. You may also be asked to give blood, urine, or a stool sample for testing. Chronic pancreatitis can be difficult to treat. In some cases, surgery may be required to help ease abdominal pain or frequent pancreatic attacks, and dietary changes will be required.

Diets for people with pancreatitis are high protein and include fruits, vegetables, whole grains, and low-fat dairy. Avoiding greasy or fried foods, refined sugars, and carbohydrates will be important, along with refraining from smoking cigarettes and drinking alcoholic beverages, which are two factors that significantly impact the pancreas and ultimately affect a person's digestive and insulin function. You can prevent pancreatitis by avoiding alcohol or by drinking responsibly. According to National Institute of Health, most chronic pancreatitis cases are due to long-term alcohol use. Other causes include gallstones, hereditary disorders of the pancreas, cystic fibrosis, high triglycerides, and certain medicines.

What Is Pancreatitis? (2017) WebMD. Retrieved from: [j wr u-1ly y y 0y gdo f 0 eqo lf ki gukxg/f kqtf gtulf ki gukxg/ f kugcugu/r cpetgcvkku%](http://www.webmd.com/digestive-disorders/pancreatitis)

Wojapi - Traditional Native American (Lakota) Berry Dish

WOJAPI / Pudding/ woh - zjah - pee

Wojapi is a thick berry sauce. If your berries are ripe and tasty, there is no need to add sweeteners.

Traditionally, Wojapi is not made with cornstarch, flour, or sugar.

Minutes to Prepare: 10
Minutes to Cook: 120
Number of Servings: 12

Ingredients

6 cups fresh berries (blueberries, raspberries, or strawberries)
1 cup water
honey, sugar, or a sugar substitute, such as Splenda for desired sweetness
1tbsp cornstarch for thickness

Directions

- Clean your berries.
- Place them in a mixing bowl, and mash them with a potato masher.
- Add fruit and water to a large saucepan and bring to boil. Stir, being careful not to burn the berries.
- Reduce the heat, and simmer on low heat for one hour.

- Watch the pot carefully, and stir constantly.
- Taste, and see if you need to add honey or sugar substitute to sweeten to your taste.

Thickening options:

Wojapi is sometimes the consistency of pudding. For a thicker berry mix, you can use cornstarch.

- Continue to simmer to reduce the berry mix to the thickness you want. Keep stirring constantly until you have the desired consistency.

Or place one tablespoon of cornstarch into a cup, and add cold water. Slowly add to the hot pot of berries, and stir to the thickness you want.

Enjoy with Native American frybread.

Make enough to can for gifts or for winter.

Retrieved from: [yellowhand.tripod.com/lakota.html](http://www.yellowhand.tripod.com/lakota.html)



48th Annual Time-Out Wacipi

The 48th Annual Time-Out Wacipi (WAH CHEE PEE) was held April 20 – 22, 2018, at the Hyslop Sports Center at the University of North Dakota (UND) campus. It was a free event and was open to the public. A community feast was held on Saturday for all those who attended the powwow. People often travel long distances to celebrate and participate in the Wacipi, so a meal is provided to thank everyone for coming. The grand entries began at 7:00 pm on Friday and at 1:00 pm on Saturday. The powwow celebration is a long-standing tradition at UND. The first Wacipi was held in November 1968 and the first Time-Out celebration took place in 1969.

During the week of Time-Out Wacipi, UND hosts many American Indian events and activities, such as workshops, arts and crafts exhibitions and displays, sporting activities, and entertainment.

A powwow is considered a celebration of life. The Lakota name for a powwow is Wacipi. In the Anishinabe (Chippewa/Ojibwa) language, it is called “Ni-mi-win.”

A Wacipi is a time for people to celebrate and embrace American Indian culture. The Wacipi signifies a time when we come together to unite and share in the joys of our cultural traditions. We celebrate our traditions through interactions made with mothers, daughters, grandfathers, sons, uncles, aunts, cousins, and friends. Culturally, these are important interactions for teaching and learning. The celebration begins with a prayer given by an elder. He or she prays that everyone enjoys the celebration, that everything goes well, and that everyone travels home safely. To show respect and honor to our elders for sharing their words of wisdom, everyone is expected to stand

when the elder shares a prayer.

The UND Wacipi is a contest powwow that incorporates tradition into the competition of dancing and singing, bringing together as many as 25 drum groups and 400 dancers from throughout the U.S. and Canada. There are six basic categories of contest dances that are further divided into age categories. Categories for men include Traditional Dancing, Grass Dancing, and Fancy Dancing. Categories for woman include Traditional Dancing, Jingle Dress Dancing, and Fancy Shawl Dancing. The music and beat of the drum highlights the steps the dancers take while dancing the Wacipi circle. The circle represents the pattern of our life cycle; it has no beginning and no end. It is believed that the circle brings people together.

The Wacipi is a celebration that brings and bonds people and unites organizations and tribal nations. UND promotes American Indian cultural awareness by hosting this yearly event.

Every year the UND Time-Out Wacipi brings people of all ages together to sing, dance, feast, renew old friendships, make new friendships, and share in the beauty of life.



www1.und.edu/orgs/indian-association/about.cfm
www1.und.edu/orgs/indian-association/what-is-a-powwow.cf
www.crazycrow.com/site/event/undia-time-wacipi/
www1.und.edu/orgs/indian-association/



Photos taken by Dan Gooden.



Center for Rural Health

National Resource Center on Native American Aging
University of North Dakota
School of Medicine & Health Sciences, Suite E231
1301 N. Columbia Road, Stop 9037
Grand Forks, ND 58202-9037

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Upcoming Event

2018 Title VI National Training and Technical Assistance Conference

August 13-16

location

Marriott Marquis, Washington D.C.
901 Massachusetts Ave NW
Washington, D.C. 20001

olderindians.acl.gov/

