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

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Director's Column

Sharing food with others is a custom that is held by all Native American tribes. It is welcoming, shows respect, invites conversation and nurtures the mind, body and soul. Sharing a meal is a good way to give to others and to share our customs and traditions with our own families, friends and visitors.

Food is needed for survival, for good health, for ceremonies and for long life, but we are seeing new suffering. It is the physical suffering of being overweight and the rise of devastating related disabilities and chronic diseases, like hypertension and diabetes.

We all can think of barriers in society, in our own tribal communities, in our family or in ourselves that may lead us to gain unhealthy amounts of weight. It is important to visit the cause(s) of our weight gain. What triggers you? Do you eat when you are stressed or bored? If you are low on money, do you avoid buying vegetables and fruits? Do you avoid exercising? Do you have injuries that prevent you from doing things? Does a medication affect your weight gain/loss? Do you eat more than you are hungry for? Does stress play a role in your appetite? It is important to explore the causes so that you have somewhere to start if you choose to address weight issues. The truth is that weight management is a daily task and it requires planning, moderation of behavior and balancing our traditions with our quality of health and life.

You will notice this newsletter has a theme, weight managment. We hope the newsletter will be informational and inspire you to better manage your weight.

Megwitch.

— Alan Allery

Identifying Our Needs: A Survey of Elders II Update

by Crystal Evans-Kipp, MA

Just a quick update on the Identifying Our Needs: A Survey of Elders II. Currently, there are 336 tribes participating from 96 sites throughout the nation. Of these participating sites, 20 are still collecting data and 76 have completed their needs assessments and have received their information. There are also more calls coming in everyday requesting information and wanting to participate in the assessment. We want to thank you all for your participation and we look forward to continuing to work with you.

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

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Prevalence of Chronic Disease in Native Elders

by M. Yvonne Jackson, PhD, RD, Director
Office for American Indian, Alaskan Native and Native Hawaiian Programs
Administration on Aging, U.S. Department of Health and Human Services

You've been told you are overweight or obese. Many questions now go though your mind: What is a healthy weight for me? Do I have to stop eating? Do I have to join a health club? Is there a pill that can make me lose weight overnight? What's in it for me if I lose weight? What are some ways to help me stay the weight I am and not gain any more weight? What are some ways to help me lose weight?

The answers to these questions are not easy for anyone, and they're even more difficult for people over age 60. There are limited studies on the effects overweight and obesity in older adults, and even fewer studies on ways to maintain or lose weight. Few would argue that weight status is important to life expectancy in young people, but researchers question its importance in older adults, especially those over age 75. However, studies have found that obesity is related to disability and quality of life in older adults. This is particularly true as it relates to feelings of being tired all the time, heartburn and indigestion, more feelings of sadness, and reduced every day physical functioning, such as being less able to climb stairs or perform other moderate activities. So, what is a healthy weight for you? This is something to discuss with your health care provider. Ideally, the goal is to achieve and maintain a body weight that optimizes your health. If you are moderately overweight, you may need to focus on maintaining your weight and not gaining any more weight rather than losing weight. If you are obese, you may need to focus on losing 10-15 pounds rather than trying to lose 50 or more pounds.

Most studies indicate that we eat about the same amount of food as we get older, but we do a lot less physical activity. To maintain our weight we must balance our food and beverage intake with our energy output. To lose weight, our energy output must be more than our food intake. There is no magic pill, special diet, or exercise plan that will do this for us overnight.

The *Dietary Guidelines for Americans*, published by the U.S. Departments of Health and Human Services and the Department of Agriculture recommends preventing gradual weight gain over time by making small decreases in food and beverage calories and increasing physical activity. Preventing weight gain is critical because while the behaviors needed to maintain or lose weight are the same, it's harder to lose weight. Since many adults gain weight slowly over time, even small decreases in calorie intake can help avoid weight gain, especially if accompanied by increased physical activity. For example, for most adults a reduction of 50 to 100 calories per day may prevent gradual weight gain, whereas a reduction of 500 calories or more per day is a common first goal in weight-loss programs.

Many people who diet fail to lose weight, or if they do lose weight, they gain it all back. This is why it is important to make a lifestyle change in the way you usually eat rather than try a diet that excludes whole categories of food, such as low carbohydrate diets or high protein diets. Lifestyle changes in diet and physical activity are the healthiest choices for weight loss and provides more lasting results.

A healthy diet is one that provides all the required nutrients within your calorie needs. The healthiest way to reduce calories is to eat fewer foods with added sugars and fats and to eat more foods that are naturally low in calories, like fruits and vegetables. It is also important to pay attention to portion size. Portion sizes have increased significantly over the past few years. The muffin you bought 20 years ago

may have had 300 calories but today's muffins are typically larger and may contain up to 500 calories. And those French fries you bought 20 years ago had about 210 calories. The ones you buy today contain about 610 calories, and if you get them "super sized" they may have as many as 1000 calories!

As well as eating fewer calories, you need to be more physically active both to maintain your weight and to lose weight. In addition to weight control, physical exercise can help you feel better and enjoy life more. No one is too old or too out of shape to be more active. Different intensities and types of activity provide different benefits. Generally, if you are able to talk while performing the physical activity, it's moderately intense. But if you're breathing hard and it's hard to hold a conversation, the activity is vigorously intense. Vigorously intense activity burns more calories than less vigorous activity in the same amount of time.

You should consult with your healthcare provider if you have chronic diseases or are taking medications that could affect your participation in physical activities. Also, your health care provider can help determine the best level of physical activity for you, and whether you should participate in supervised or unsupervised programs. Then explore physical activity programs for older adults in your area. These may be offered by the senior center, recreation department, hospital, fitness center, community center, or school.

Remember, even small changes in diet and physical activity can make a difference at any age.

The Impact of Modern Society on Increased Inactivity

Location or Type of Activity	Effect of Modernization	Impact on Obesity
Transportation	• Rise in car ownership. • Increase in driving shorter distances.	• Decrease in walking or cycling.
At Home	• Increase in the use of modern appliances (e.g. microwaves, dishwashers, washing machines, vacuum cleaners). • Increase in ready-made foods and ingredients for cooking. • Increase in television viewing, and computer and video game use.	• Decrease in manual labor. • Increase in consumption of convenience foods that contribute to obesity. • Decrease in time spent on more active recreational pursuits.
In the Work Place	• Increase in sedentary occupational lifestyles due to technology – increase in computerization.	• Decrease in physically demanding manual labor.
Public Places	• Increase in the use of elevators, escalators and automatic doors.	• Decrease in daily physical activity patterns such as climbing stairs.
Urban Residency	• Increase in crime in urban areas.	• Prevents women, children and elderly from going out alone for exercise and leisure activities.

Source: American Obesity Association, *http://www.obesity.org/subs/fastfacts/obesity_global_epidemic.shtml*

"Corn is not simply food to the Indians. To many groups it is the basis of religion and the symbol of fertility and beneficence. 'Seeds of Seeds', 'Sacred Mother', 'Blessed Daughter' and 'Giver of Life' are all appellations by which the sacred corn food is addressed. Long tales of how corn came to the Indians and stories of times when the corn maidens visited the ancients were told when the people sat around the fires at night."

Helen Walker, Arikara

Wolf Participants Lead the Way to Better Health

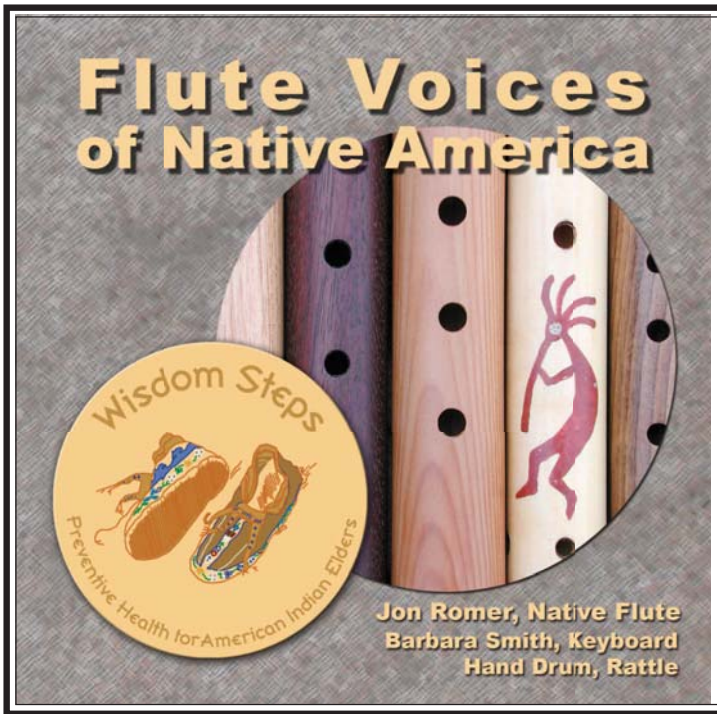
by Debra Krueger, RD

Perhaps you have seen their T-shirts and pedometers around town or heard about the program already. Our Indian elders are making changes in their lifestyles and in their health. It is happening through a program called WOLF, which stands for "work-out, low-fat." The program is funded by a grant from the State of Wisconsin Division of Public Health and the Gerald L. Ignace Indian Health Center (GLIIHC). It was developed by partners from the Indian Council of the Elderly (ICE), GLIIHC, and the Milwaukee County Department on Aging Programs for Community Health. All elders, 45 years or older, were invited to attend. The purpose of the program is to promote healthy lifestyle changes, especially through nutrition and physical activity, for Milwaukee County intertribal elders.

Participants have been meeting at the health center weekly since the middle of September 2004 to learn ways of enhancing their health. They first spend an hour in the fitness center with Jim Wittlieff, fitness consultant, doing cardiovascular exercise, strength training, and increasing their range of motion. Then, they move into the kitchen where they learn a new nutritional topic each week, ranging from "Moving Back to Traditional Foods" to "Eating for Better Bone Health," from Debra Krueger, registered dietitian. All of the elders work together to make a hot, healthy lunch, using as many traditional foods as possible. Program funding has also paid for the use of a van and driver to bring participants from their homes to the clinic, eliminating the transportation barrier.

Participants challenge themselves to increase their exercise each week by increasing the number of steps they walk each day. Many have also made diet changes including cutting down on salt, cooking with oil rather than butter, and eating more whole grains, fruits, and vegetables. The result? WOLF participants stated that they had more energy to do daily activities and some said they have lost weight.

As the elders continue to strive towards better health through the WOLF program, perhaps we can all learn from their example and their wisdom to make changes to better our own health as well.



For only $15 you can get 24 beautiful musical tracks performed by Jon Romer on the Native Flute and Barbara Smith on the keyboard, rattle and hand drum.

Just a few of the tracks include: Waving Blanket, Huron Carol, Red Blanket Song, Spiritual, Flute Song, Farewell to the Warrior.

Through our actions, including funds raised from the production of this CD, we will promote healthy lifestyles. It is our purpose, our wish, our hope that you will take time to relax and enjoy your journey to many beautiful places as you travel the musical path of these traditional flutes.

To learn more, visit Wisdom Steps' web site at http://wisdomsteps.org/promotions_flute.htm
To order your copy, send a check payable to Southwest Minnesota State University, c/o Eileen Bitker, 1501 State St., Office of Distance Learning BA 268, Marshall, MN 56258.

Low-Calorie, Lower-Fat Alternative Foods

These low-calorie alternatives provide new ideas for old favorites. When making a food choice, remember to consider vitamins and minerals. Some foods provide most of their calories from sugar and fat but give you few, if any, vitamins and minerals.

This guide is not meant to be an exhaustive list. We stress reading labels to find out just how many calories are in the specific products you decide to buy.

Higher-Fat Foods	Lower-Fat Foods
Dairy Products	
Evaporated whole milk	Evaporated fat-free (skim) or reduced-fat (2%) milk
Whole milk	Low-fat (1%), reduced-fat (2%), or fat-free (skim) milk
Ice cream	Sorbet, sherbet, low fat or fat-free frozen yogurt
Whipping cream	Imitation whipped cream (made with fat-free [skim] milk)
Sour cream	Plain low-fat yogurt
Cream cheese	Neufchatel or "light" cream cheese or fat-free cream cheese
Cheese (cheddar, Swiss, jack)	Reduced-calorie cheese, low-calorie processed cheeses, etc.
	Fat-free cheese
American cheese	Fat-free American cheese or other types of fat-free cheeses
Regular (4%) cottage cheese	Low-fat (1%) or reduced-fat (2%) cottage cheese
Whole milk mozzarella cheese	Part-skim milk, low-moisture mozzarella cheese
Whole milk ricotta cheese	Part-skim milk ricotta cheese
Coffee cream (1/2 and 1/2) or nondairy creamer (liquid, powder)	Low-fat (1%) or reduced-fat (2%) milk or non-fat dry milk powder
Meat, Fish and Poultry	
Coldcuts or lunch meats (bologna, salami, liverwurst, etc.)	Low-fat coldcuts (95 to 97% fat-free lunch meats, low-fat pressed meats)
Hot dogs (regular)	Lower-fat hot dogs
Bacon or sausage	Canadian bacon or lean ham
Regular ground beef	Extra lean ground beef such as ground round or ground turkey (read labels)
Chicken or turkey with skin, duck, or goose	Chicken or turkey without skin (white meat)
Oil-packed tuna	Water-packed tuna (rinse to reduce sodium content)
Beef (chuck, rib, brisket)	Beef (round, loin) (trimmed of external fat)
Pork (spareribs, untrimmed loin)	Pork tenderloin or trimmed, lean smoked ham
Frozen breaded fish or fried fish (homemade or commercial)	Fish or shellfish, unbreaded (fresh, frozen, canned in water)
Whole eggs	Egg whites or egg substitutes
Frozen TV dinners (containing more than 13 grams of fat per serving)	Frozen TV dinners (containing less than 13 grams of fat per serving and lower in sodium)
Chorizo sausage	Turkey sausage, drained well (read label)
	Vegetarian sausage (made with tofu)

Higher-Fat Foods	Lower-Fat Foods
Cereals, Grains, and Pastas	
Ramen noodles	Rice or noodles (spaghetti, macaroni, etc.)
Pasta with white sauce (alfredo)	Pasta with red sauce (marinara)
Pasta with cheese sauce	Pasta with vegetables (primavera)
Granola	Bran flakes, crispy rice, etc.
	Cooked grits or oatmeal
	Reduced-fat granola
Baked Goods	
Croissants, brioches, etc.	Hard french rolls or soft brown 'n serve rolls
Donuts, sweet rolls, muffins, scones, or pastries	English muffins, bagels, reduced-fat or fat-free muffins or scones
Party crackers	Low-fat crackers (choose lower in sodium)
	Saltine or soda crackers (choose lower in sodium)
Cake (pound, chocolate, yellow)	Cake (angel food, white, gingerbread)
Cookies	Reduced-fat or fat-free cookies (graham crackers, ginger snaps, fig bars)
	(compare calorie level)
Snacks and Sweets	
Nuts	Popcorn (air-popped or light microwave), fruits, vegetables
Ice cream, e.g., cones or bars	Frozen yogurt, frozen fruit or chocolate pudding bars
Custards or puddings (made with whole milk)	Puddings (made with skim milk)
Fats, Oils, and Salad Dressings	
Regular margarine or butter	Light spread margarines, diet margarine, or whipped butter, tub or squeeze bottle
Regular mayonnaise	Light or diet mayonnaise or mustard
Regular salad dressings	Reduced-calorie or fat-free salad dressings, lemon juice, or plain, herb flavored, or wine vinegar
Butter or margarine on toast or bread	Jelly, jam, or honey on bread or toast
Oils, shortening, or lard	Nonstick cooking spray for stir-frying or sautéing
	As a substitute for oil or butter, use applesauce or prune puree in baked goods
Miscellaneous	
Canned cream soups	Canned broth-based soups
Canned beans and franks	Canned baked beans in tomato sauce
Gravy (homemade with fat and/or milk)	Gravy mixes made with water or homemade with the fat skimmed off and fat-free milk
Fudge sauce	Chocolate syrup
Avocado on sandwiches	Cucumber slices or lettuce leaves
Guacamole dip or refried beans with lard	Salsa

Source: Department of Health and Human Services, National Institute of Health, *http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/lcal_fat.htm*

Making Sense of the New Medicare Prescription Drug Coverage

by Traci L. McClellan, Executive Director, National Indian Council on Aging

For many American Indian and Alaska Native Elders, the new Medicare prescription drug coverage (Part D) can be a confusing program to understand. How does it work within the Indian health system where you receive medications for free? What actions, if any, should you take to see if the new coverage offers you a benefit to enroll?

First, the new Medicare Part D program is a voluntary program and no one can force you to sign up; but, some elders will be automatically enrolled in the program. For those elders currently receiving Medicaid and who are Medicare eligible (i.e. age 65 and older), they will automatically be enrolled in Medicare Part D before December 31, 2005 because there will no longer be drug coverage under Medicaid for this dual eligible group. All premiums, co-pays and deductibles for those with dual eligibility will be paid by the Centers for Medicare and Medicaid Services, so there will not be any cost to the elders. All reimbursements for prescription drugs dispensed to these elders will have to be billed to Medicare instead of Medicaid as of January 1, 2006. Since the elders will be auto-enrolled randomly in a plan within their state or region, it is important to go to the clinic as soon as possible to make sure that the plan is right for you.

Second, this program is designed to offer Medicare prescription drug coverage to those seniors across the country who have never had access to any before. **Within the Indian health care system, elders have always had access to prescription drug coverage through the free health care provided and that will not change**. As a result, the program does not benefit all elders. But the Indian health care system is not funded entirely by direct money from Congress any longer and relies on reimbursements from Medicare, Medicaid and private employer insurance in order to continue providing care to those who need it. So it is important to determine if enrolling in the program could assist your clinic and pharmacy in obtaining additional revenue to allow them to increase the amount of care they are able to offer you and other members in your community.

There is a program through the Social Security Administration that provides "extra help" to pay the premiums, co-pays and deductibles to low-income elders that are not on Medicaid. For those elders who do not qualify to receive "extra help," they do not have to enroll in the program because they would be responsible for paying those costs.

Some elders have private insurance, which already offers prescription drug coverage. They do not need to enroll since their private insurance gives them a benefit as good as or better than the new Medicare prescription drug coverage. This is called "credible coverage." Credible coverage means that you will not pay a penalty for not signing up for Medicare Part D during the enrollment period from November 15, 2005 through May 15, 2006. If you are eligible to receive services within the Indian health care system, you also have credible coverage. If you should decide to enroll after May 15, 2006 at some point in the future, you will need a letter from your private insurance or the Indian Health Service stating that you have had coverage since January 1, 2006. Elders should be receiving a letter from the Indian Health Service within the next month that explains they have credible coverage and will not be assessed a penalty if they do not sign up for Medicare Part D before May 15, 2006.

Finally, the main message for all American Indian and Alaska Native elders is to go to your nearest clinic, whether it is operated by the Indian Health Service, your tribe, or an urban Indian organization, and meet with the benefits coordinator as soon

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New Medicare Prescription Drug Coverage *(continued from page 7)*

as possible. The benefits coordinator, and other persons designated by the clinic to handle enrollment for Medicare Part D, are there to assist you in determining whether this new prescription drug coverage is helpful for you and your community and if you should enroll. Since enrollment begins on November 15, 2006 and continues until May 15, 2006, it is important to contact your benefits coordinator for an appointment at your earliest convenience. When you go to the clinic, it is important to take all the paperwork you have received in the mail from the Social Security Administration, Centers for Medicare and Medicaid Services and any prescription drug plans that have contacted you. The benefits coordinator can assist you in applying for "extra help" if you qualify for that program as well as determine which prescription drug plan is right for you. With the exception of the elders who are dually eligible for Medicaid and Medicare and will be auto-enrolled, remember that no one can force you to sign up for Part D and you will still receive your medications through the Indian health care system as you do now.

The National Indian Council on Aging, in partnership with AARP, has produced a number of educational materials for American Indian and Alaska Native elders as well as Title VI directors, community health representatives, caregivers and AARP state staff to help them understand the new Medicare prescription drug coverage. These materials are available to download from both organizations' web sites at *http://www.nicoa.org* and *http://www.aarp.org* or by calling the National Indian Council on Aging at 505-292-2001.

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.