

# 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. 1 Spring 2004

# **Director's Column**

A h! Another spring is upon us and we continue to travel along life's road! It reminds me of a story called *The Journey* from our Arapaho friends. . .

"As we travel, we shall come to four buttes. We must be ready when we come to each of them in turn, for their sides are steep and rocky. If our steps are not careful, we may slip and fall and go no farther. When we reach the top, which is flat and wide, we may stand there and look far in all directions, both behind us and ahead. But, sooner or later, if we continue, we must climb down the other side. As we pass through the valley between that butte and the next, we are met by White Owl Man. He tests us to see if we remember what we learned from our climb. from what we saw while we were on the top, from our experience of leaving that former high place. If we remember all that our past experience taught us, then we are allowed to continue on until we come to the side of the second steep slope. Then we begin the hard climb again.

So it goes for each of those four buttes in turn. We must make the difficult climb, stand for a time on the top seeing far vistas, but then, at last, descend and prepare for yet another ascent.

Each of these four hills has a name. The first is Childhood. The second is Youth. The third is Middle Age. The last is Old Age. That journey which leads us up and down is called the Road of Life.

Where are you on your journey? How healthy is your journey? Spring is a good

time to develop a healthier you. Now is a good time to start a walking program or a weekly exercise program. Set high, yet achievable, goals. Consult a physician if you need to, especially if you have high blood pressure, diabetes, or some other chronic illness.

If you choose to start a walking program, start slow, do some stretching, then walk at a pace that allows you to have a conversation. Since "our elders are our teachers," take a young person with you to teach them about your language customs, family history, nature, or just to get to know each other. If you are young, ask you elders to join you and ask them to share their wisdom with you as you walk.

It's also a good idea to wear bright reflective clothing and to walk in areas that you know are safe. Be sure to wear a good pair of shoes.

The national goal is to get everyone to walk 10,000 steps a day, which is about 4-5 miles a day. However, don't worry about the distance. Start out with a few hundred steps and work up to 10,000 a day. You can use a pedometer to keep track of your steps. They are available from most sporting goods stores. Many fitness groups are giving them away, so look around your community for resources to help you in your program.

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You will find an offer to receive a pedometer for your walking program if you tell us your story or the story of an elder who can share how they have stayed healthy over the years (details are below).

Some other ideas that can help us on our journey and others on theirs include self-help groups and learning more about our own health care (health literacy).

As the cost of health care continues to rise and we experience the shortage of health care professionals in our communities, we need to find ways to provide care for ourselves and others by working together, using our supportive cultures to take care of each other. Self-help groups that focus on chronic diseases, like arthritis and diabetes, have been especially helpful. Contact your local or regional Arthritis Foundation chapter or contact the National Resource Center for more information on where to get help in establishing and maintaining such groups.

Health literacy and simply knowing more about your illness, will help. Asking three basic questions to gain a clearer understanding of your health may improve your health outcome. The questions are: 1) What is my main problem? 2) What do I need to do? and 3) Why is it important for me to do this?

Other tips for improving relations with your doctor include:

- Being on time for office visits with a list of questions.
- Advising your doctor of any new medications or treatments prescribed by others such as a medicine person.
- Discussing any social, religious, or cultural barriers to the medical treatment that is prescribed.
- ☑ Keeping copies of medical records and tests.
- Telling your doctor about your medical history and treatments that you are using.

I hope you all enjoy your journey this Spring as you travel to ceremonies, pow wows, and celebrations.

Megwitch!

- Alan Allery



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### Assessing the Needs of Elders: Cycle II by Richard Ludtke, PhD, and Leander "Russ" McDonald, PhD

The National Resource Center on Native American Aging (NRCNAA) announces a new version of elder needs assessment that expands the elder information on chronic disease, nutrition, exercise, access to health care, and use of home and community-based services.

The revised cycle II survey includes items from the original survey that will allow for the measuring of changes that have occurred since the first survey. It is designed to coincide with the task of conducting new needs assessments for the upcoming Title VI Native Elder Nutrition Grant applications.

A copy of the survey can be found in Appendix "A" of the updated training manual found on our web site at the following address: <u>http://medicine.nodak.edu/</u> <u>crh/nrcnaa/research/</u>

#### Who should participate?

Previous participants and new participants alike are encouraged to use the new survey instrument. The needs assessment satisfies the requirement for Title VI applicants and at a very low cost. The NRCNAA is allowed to use the individual tribal information collected in a national file for the purpose of developing a clearer picture of the national needs of Native elders, but the information belongs to the tribe. Tribes who participated in cyle I have already used the information they collected for documenting Native elder health and living conditions and for advocating for additional resources to address identified needs.

Needs assessments provide an excellent foundation for long-term care planning, grant writing, and decision making. The evidence has persuaded decision makers with clear and convincing documentation of the growth in numbers of elders and the service needs they exhibit. While these needs assessments provide a process for meeting the Title VI requirement, the information is valuable for programs seeking to improve services for elders.

#### What do you get out of the assessment?

The assessment will result in a profile of the tribe's elders, provide comparisons with the U.S. population norms for all races, and provide national Native elder comparisons. Tribes who completed the assessment during the first cycle will also receive an additional comparison between the last cycle and this cycle. This comparison will allow the tribe to look at patterns of change and determine how well Indian elders are echoing the national trends regarding reduction of activity limitation, chronic disease and other situations and circumstances.

# What do you have to do to start an assessment?

If your agency is interested in participating, please find a list below outlining what the NRCNAA provides and what is expected from the tribal entities. We provide the technical expertise. You gather the data and get the results out to those who will make good use of them.

#### We Provide:

- Survey instruments
  a standardized tool
- Assistance with local supplemental questions
- Assistance with sampling
- Training on data collection
- Data entry and analysis
- Statistical profiles
- Comparison with national norms
- Technical support
- A tribal resolution granting permission to participate in the needs assessment project

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- Locating a list and selecting names for the sample
- Data collection
- Receiving the findings and getting them to the right people
- Local implementation and coordination

Training is being provided at each of the Administration on Aging Regional Training Conferences and Listening Sessions on how to conduct a needs assessment. The material used in this training is available on the Internet in the training manual. We also anticipate making a video taped copy of the training presented at these sessions for those who were unable to attend.

To initiate a request for training or survey materials and/or to inquire about the process, contact the National Resource Center at (800) 896-7628.



- Domestic Violence
- Online clearinghouse
- Funding opportunities
- Calendar of events
- The Rural Monitor quarterly newsletter

- Information Specialists:
- Personalized searches on rural health and human services topics and funding sources;
- Referrals to organizations or individuals best able to address the user's information needs.

# Phone: (800) 270-1898 E-mail: info@raconline.org Website: http://www.raconline.org

The Rural Assistance Center is a collaboration of the University of North Dakota Center for Rural Health, the Rural Policy Research Institute (RUPRI), and the Welfare Information Network (WIN); and is funded through HRSA's Office of Rural Health Policy.

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# **Self-Management Programs For Chronic Diseases**

by Francine McDonald, MPA

The Center for Disease Control (CDC) states on its web site that chronic diseases—such as cardiovascular disease (primarily heart disease and stroke), cancer, arthritis, and diabetes—are among the most prevalent, costly, and preventable of all health problems. CDC also gives the following statistics about chronic diseases:

- Seven of every 10 Americans who die each year, (more than 1.7 million people) die of a chronic disease.
- More than 90 million Americans live with chronic illnesses.
- Chronic diseases account for 70 percent of all deaths in the United States.
- The medical care costs of people with chronic diseases account for more than 75 percent of the nation's \$1.4 trillion medical care costs.
- Chronic diseases account for onethird of the years of potential life lost before age 65.
- According to one Northern California study, for every \$1 spent on the Ar-thritis Self-Help Program, \$3.42 was saved in physician visits and hospital costs.

People living with chronic diseases selfmanage their illness. They decide what to eat, whether they will exercise, what medications they will take, and how they will work with their doctor. Self-management programs can assist people living with chronic diseases in self-managing their illness. Self-management programs can teach people problem solving methods, pain management techniques, how to manage fatigue and stress more effectively, effective use of medications, nutrition and exercise benefits, and how to partner and communicate with health providers.

The Stanford University Patient Education Research Center, headed up by Dr. Kate Lorig, has developed a Chronic Disease Self-Management Program. The program is a 17-hour course that is taught by trained lay people who have experience with or are living with chronic disease. The Chronic Disease Self-Management Program encompasses instructions on self-management for several different chronic diseases. The Arthritis Foundation, working with Stanford University, tailored the Chronic Disease Self-Management program to provide instruction specifically for those people living with arthritis or fibromyalgia.

To learn more about these self-management programs, please use the contact information listed below.

Chronic Disease Self-Management Program Stanford University Patient Education Research Center 1000 Welch Road, Suite 204 Palo Alto, CA 94304 Phone: (650) 723-7935 Web Page: <u>http://www.stanford.edu/group/perc/cdsmp.html</u>

Arthritis Self-Help Program Arthritis Foundation PO Box 7669 Atlanta, GA 30357-0669 Phone: (800) 283-7800 Web Page: <u>http://www.arthritis.org/</u> <u>events/default.asp</u>

The National Resource Center on Native American Aging is also available as a resource in providing information about selfmanagement programs. Please do not hesitate to contact us at (800) 896-7628.

# Long Term Tool Kit Update

by Francine McDonald, MPA

In September 2002, the National Resource Center on Native American Aging (NRCNAA) received a grant from the Office of Rural Health Policy at the Health Resources and Services Administration (HRSA) to develop a tool kit for use by tribes in the planning and development of their longterm care services.

NRCNAA held a focus group meeting in November, 2002 using tribal representatives that have a working relationship with American Indian elderly to determine the focus and content of the long-term care tool kit. In February 2004, seven of the original



Listed from left to right. Back row: Leander McDonald, George Charles, Cynthia LaCounte, Richard Ludtke, Steve Wilson, Norma Merriman, Connie Bremner. Front row: Holly Kibble, Mary Snobl, Kay Branch, and Francine McDonald.

11 focus group members reconvened to preview the tool kit in both its written and electronic format and to offer their recommendations for the NRCNAA staff to consider.

Based on the outcome of the preview meeting, it is anticipated that the written format of the long-term care tool kit will be sent, in the very near future, to the more than 100 tribes who have conducted the Elder Needs Assessment during Cycle I. The electronic format of the tool kit can be viewed at <u>http://medicine.nodak.edu/crh/nrcnaa</u>. The tool kit is located under the National Resource Center on Native American Aging page. Please keep in mind that because the tool kit is a work-in-progress project, changes may be made to the content provided on the web site.

To learn more, contact Francine McDonald at (800) 896-7628 or by email at: <u>fmcdonald@medicine.nodak.edu</u>



# **National Indian Council on Aging**

Calling All Clans Conference August 28-30, 2004 Midwest Airlines Center Milwaukee, Wisconsin

For more information, call (505) 292-2001 http://www.nicoa.org

# The National Recourse Center on Native American Aging (NRCNAA) Welcomes New Staff and Graduate Research Assistants

#### **Kim Ruliffson**

My name is Kim Ruliffson and I am the new Administrative Secretary for the NRCNAA. This is a wonderful organization and I am so glad to be a part of it!!! I am originally from western New York and recently moved to Grand Forks, North Dakota at the beginning of 2004. This has been my first introduction to the west, the frontier, the Native American population as well as the cold winters in North Dakota, but I am enjoying my new home.

I graduated from Ithaca College in New York with a B.A. in Psychology. Since college, my interest in assisting rural populations has grown. For the past five years, I ran a mentoring program for disadvantaged youth in a rural county in New York. Currently, I have joined the staff at the NRCNAA and look



forward to organizing and assisting the resource center while learning about the Native population and their needs.



#### Twyla Baker-Demaray

My name is Twyla Baker-Demaray, and I'm Mandan-Hidatsa from the Mandan-Hidatsa-Arikara Nations of Fort Berthold, North Dakota. I grew up in New Town, North Dakota, and went to school in Bismarck, and then at the University of Idaho in Moscow, Idaho (Go Vandals!). I have a B.S. in Environmental Geology and Technology, and am working on an M.S. in Education General Studies with an Earth Science cognate here at the University of North Dakota.

I'm currently one of the Graduate Research Assistants working at the National Resource Center on Native American Aging, helping with the data processing and communications with the tribes. I just came on board this winter, and am really enjoying my job! I feel like I'm finally doing something to help Native people, which was my goal when I first started college.

At home, Allan (my husband) and I stay busy raising our three kids, a boy age 4, and two girls, ages 3 and 1. Allan is an elementary school teacher at one of the local schools, Twining Elementary.

#### **Crystal Kipp**

Hello, my name is Crystal Evans-Kipp. I was born and raised on the Blackfeet Reservation in Northwestern Montana. I am married to Timothy Kipp, and we have two sons, Brett (5) and Ryan (2).

In 2002, I graduated from the University of North Dakota (UND) with a B.S. in Psychology and a B.A. in Indian Studies. I anticipate graduating from the Clinical Psychology Doctoral program at UND in 2006, but will be receiving my Masters degree this August.

When we have completed our education, my husband and I plan to return home to the Blackfeet Reservation to live, work, and raise our children.

I work as a Graduate Research Assistant for the National Resource Center on Native American Aging. My primary responsibilities are to assist needs assessment participants. I will be providing technical assistance on sampling, processing surveys, and returning the results in a timely manner. I also will be responsible for the data management of the national file, once we began receiving the needs assessment surveys back from the tribes.



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# "Kindling the Fires of Wisdom"

## 4<sup>th</sup> Annual Elder-Community Health Representative Talking Circle Conference by Christine Burd, PhD

The Aberdeen Area Community Health Representatives (CHRs) are once again collaborating with the National Resource Center on Native American Aging and the University of North Dakota Nursing Center to offer an interactive conference addressing concerns of Native elders. On May 11-13, 2004 the fourth "Elder-CHR Talking Circle" conference will be held in Bismarck, North Dakota at the Ramkota Inn.

This year, the conference will continue the dialogue related to the unique concerns of elders living on the Plains and the potential range of programming available through the Older Americans Act.

In previous years, the *Talking Circle* format has successfully engaged the elders in giving voice to the issues they identify as having importance to themselves, their families, and their communities. Honored guest speakers will again join us from the Administration on Aging, as well as health professionals from the region.

This year, recommendations from the conference will be developed on-site during the conference sessions, and the "wisdom" of the elders will be presented to Tribal leaders at identified forums.

Conference rates are available, and lodging for elders is available at no cost, on a "first-come, first-serve" basis.

For more information, contact John Eagle Shield or Elaine Keeps Eagle at the Standing Rock Sioux Tribe CHR Program, (701) 854-3856. The Rosebud Sioux Tribe CHR Program can also offer additional information through Sid Kills in Water at (605) 747-2316.

*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.

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