



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

Greetings from North Dakota! We are starting to see signs of spring here in North Dakota. I always enjoy spring as a time of renewal and as a chance to get out and try some of those health promotion ideas. The one I enjoy most is walking. I noticed awhile back that if “nothing changes then nothing changes,” so I find that I must make a commitment to changes (like walking) to make me feel better and perhaps lose some inches.

We are seeing more safe places to walk these days and more people are taking advantage of them. The Phase II Needs Assessment preliminary data indicates an increase in walking programs in American Indian Communities. We are also seeing a lot more technology entering the market, which makes it easier for us to keep track of our efforts. Things like talking pedometers, pedometers with radios built in, GPS (global positioning systems) that keep track of you via satellite, and gadgets that help you pace yourself. I am one of the gadget people and enjoy using the GPS system by Garmin that keeps track of your route, distance, total distance, and calories used.

I should note that you really don't need any of the above. Walking is incredibly simple. Just go as far as you feel comfortable or until you body says, enough. Tomorrow, go just a little farther and each day after that, take a few more steps. You'll be

surprised how fast you improve and you will be on your way to walking yourself thin.

There is actually a book called “Walk Yourself Thin” by David Rives. It's a small book available in most bookstores. It is an easy read and the author gives some good ideas.

Many of you are putting the finishing touches on your needs assessments that are required by Title VI. For those of you who worked with us at the Center, thank you for your efforts.

What's in the results? You might be surprised by the wealth of information that you have about your elders. Certainly you can use the results for planning services for the elderly as the results include population estimates, information regarding the health status of the elderly, and risk behavior data.

The population estimates can be used to plan services for the future. It can help you predict how many staff and financial resources you will need to provide the same level of service in 2010 that you are providing today? One can use the results to convince policy makers that funding based on per capita needs will need to be reallocated or increased. The population estimates can also be used to drive environmental changes. For example, determining the best location for services, both new and old, based on where people live.

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The self-reported health status data can provide some clues regarding what will be needed in the future. The data can help one develop plans for the use of technology to reduce dependency on an already overtaxed and underfunded health care system at the Indian Health Service.

The risk behavior data can drive prevention plans, reducing the morbidity (illness levels) among elders and assisting them with living a healthier life. The data can also help determine who might be at risk for multiple health problems, chronic illness, and impairment as a result of those problems.

I think most of us get the picture. We are faced with “selling the invisible,” better health! Better health for the future is hard to grasp! As older adults and those serving older adults we now have some better tools to work with and peer into the future to provide a better quality of life. Let’s use them to drive our efforts. Use your needs assessment data when you visit with the tribal council, Indian Health Service, the state, and other agencies providing service to either you as an older American Indian or elders in your service area.

Megwitch

— Alan Allery

Good Luck Francine!

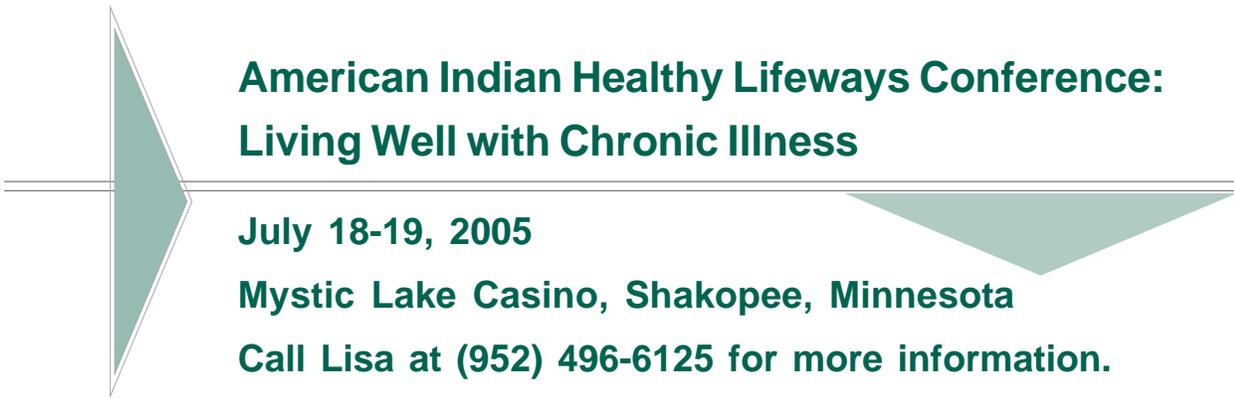
Francine McDonald, project assistant for the National Resource Center on Native American Aging (NRCNAA), has accepted a new position at the Spirit Lake Nation tribal college.

Francine now serves as the Student Support Services (SSS) director at Cankdeska Cikana Community College. Francine administers the grant by directing a staff of three advisors and one administrative assistant to provide educational services to 100 tribal college students to assist them in achieving their academic goals.

While Francine has only been in her new position for a few months, she is enjoying the work immensely. Prior to working at the NRCNAA, she worked with high schools students as an Upward Bound advisor. Her current duties build on this experience.

The new position helped Francine to achieve her goal of moving home to help out in the community. She is looking forward to being able to help raise her grandkids and watch them grow up.

We wish Francine well and will miss her!



American Indian Healthy Lifeways Conference: Living Well with Chronic Illness

July 18-19, 2005

Mystic Lake Casino, Shakopee, Minnesota

Call Lisa at (952) 496-6125 for more information.

Identifying Our Needs: A Survey of Elders II Update

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

Our staff has been very busy over the past six months providing training to elder providers throughout the nation. One of our primary goals of the project is to train people on how to conduct needs assessments and how to utilize the information derived from their efforts. The training focused on the use of the Identifying Our Needs: A Survey of Elders II survey instrument that we provide to tribes with funding from the Administration on Aging (AoA).

We also provide technical assistance on sampling procedures, data collection, data entry, data analysis, and provide each tribe with statistical profiles of the elders, and national comparisons. Each tribe is responsible for obtaining a tribal council resolution granting permission to participate, creating a list and selecting names of people to survey, interviewing their elders, receiving the results and sharing them with the community. Each tribal council also receives a copy of the results upon completion and the data becomes the property of the tribes.

For Cycle II, there are presently 244 tribes represented, from 61 sites resulting in 9,416 Native elders who have completed the survey. An additional 92 tribes have resolutions on file and are now surveying their elders. Forty-one of the sites that completed are previous Cycle I participants. Those tribes who have participated in both cycles will be able to see if changes in chronic disease, activity limitations, or exercise rates have changed over the three year period. Also, those who participated in Cycle II will have important information on access to health care, cancer screening, and the availability of home and community based services in their communities.

The primary use of this data has been to fulfill the AoA requirement for the Title VI

Native Elder Nutrition and Title III Caregiving grants; however, a number of tribes have used this information to strengthen grant proposals intended to develop long-term care services and facilities in their communities. As the tribes compete for funding, this documentation of needs and conditions takes on increased importance. We believe this information will become invaluable to Native communities as they seek funding to provide needed services for their elderly.

Many grant writers will use the funnel effect when writing the need section for their grants. The writer will start out with a national perspective; bring it down to the regional or state level, then write about their community need. In some instances, community level information is unavailable, thus their grant proposal is not as strong as it could have been. Our goal is to strengthen the capacity of each participating tribe in order to advance the quality of life for Native American elders across the nation.

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



Prevalence of Chronic Disease in Native Elders

by Patricia Moulton, PhD

There is a lack of information about the rate of chronic disease among Native American populations with even less information available about rural/urban differences for American Indian and Alaska Native elders. Literature indicates links between chronic disease and functional limitation in relation to demographics, geography, health behaviors and access to health services exist among non-Native rural populations; however, what is not known is if these links are also present among Native American elder populations.

To address this gap in research, the Center for Rural Health applied for and received funding from the Office of Rural Health Policy, Health Resources and Services Administration. The funding was used to conduct a secondary data analysis on Native elder data from the "Identifying Our Needs: A Survey of Elders" needs assessment project funded through the Administration on Aging (AoA). The self-reported data represents 9,403 American Indian and Alaska Native elders from 171 tribal nations, 11 of 12 Indian Health Service regions and 31 states. The Native elder data file was linked to the Area Resource File (2003) and frontier county codes (Frontier Education Center, 2003) to create a file that contained county level medical resources information and a urban-rural-frontier variable. The file was analyzed to determine if differences in prevalence of chronic disease and functional limitation in American Indians elders were related to age (55-64, 65-74, 75-84, and 85+), gender or geographical location (urban vs. rural vs. frontier counties). Additional analyses explored differences in relation to demographics, health behaviors, access to health care services, health care providers and degree of functional limitation.

Highlights of Overall Findings

- Native elders had a higher rate of arthritis, congestive heart failure, stroke, asthma, prostate cancer, high

blood pressure and diabetes than the general population over age 55 (National Health and Nutrition Examination Survey III, 1988-1994) and a lower rate of severe functional limitation as compared with the general population age 65 and over (National Long Term Care Survey, 1994).

- Female Native elders had a significantly higher rate of diabetes, high blood pressure, other cancer (not including breast, colon/rectal and lung cancer), cataracts, asthma, arthritis and moderately severe to severe functional limitations as compared to male elders.
- The rate of arthritis, congestive heart failure, stroke, cataracts, colon/rectal cancer, prostate cancer and functional limitation increased significantly with age; whereas the rate of asthma and diabetes decreased with age.
- Low income was associated with an increased rate of a functional limitation, arthritis, diabetes and stroke.
- Native elders who engaged in exercise were less likely to have functional limitations, diabetes and high blood pressure.
- Native elders who reported staying at least one night in a hospital in the past year were more likely to have a functional limitation, asthma, colon/rectal cancer, congestive heart failure, diabetes, high blood pressure, lung cancer, other cancer, prostate cancer, and stroke.
- Native elders who live in a county with more physicians were less likely to have arthritis, diabetes or lung cancer. This relationship may be indicative of the types of health care providers available to Native elders living in urban or larger rural areas.

- Native elders who live in a county with more physician assistants were more likely to have congestive heart failure and less likely to have colon/rectal cancer, high blood pressure or a stroke. Native elders who live in a county with more nurse practitioners were more likely to have other cancer. These relationships may be indicative of the types of health care providers available to Native elders living in smaller rural or frontier areas.
- Native elders reported a number of co-morbidities; in addition the greater the number of chronic diseases reported, the greater the number of functional limitations experienced.

of interventions would be most beneficial to improve the health of Native American elders. Five primary conclusions have been drawn from the results of this study and are presented with policy recommendations in this report.

1. Increase prevention efforts including health promotion, screening and wellness programs.
2. Increase disease management programs to prevent co-morbidity and increase access to services.
3. Increase availability of home- and community-based long-term care services in rural areas.
4. Increase availability of health care and other services in frontier areas.
5. Increase Native elders' income and access to health insurance and Medicare.

For more information, contact Dr. Patricia Moulton at pmoulton@medicine.nodak.edu or by calling (701) 777-6781.

Overall Conclusions and Policy Recommendations

Given limited federal and tribal resources, targeted interventions need to be developed and implemented to improve the health of Native American elders based on quantitative data. Findings from this project assist in determining where and what type

AoA National Title VI Training & Technical Assistance Forum

The Administration on Aging, Office for American Indian, Alaskan Native and Native Hawaiian Programs, is sponsoring a National Title VI Training & Technical Assistance Forum to be held in Washington, D.C. at the Marriott Crystal Gateway. This forum is scheduled to begin on Sunday, April 24 and end Thursday, April 28, 2005 and will include plenary sessions, workshops, guest speakers, exhibits, a banquet and entertainment.

The goals of the conference are:

- to share insights and concerns with Federal officials administering aging programs during a Listening Session;
- to help participants improve the health and well being of Older American Indians, Alaskan Natives and Native Hawaiians; and
- to help the Smithsonian Institute's National Museum of the American Indian by asking Indian Elders attending the conference to assist in categorizing, by tribe and region, previously unidentifiable Indian artifacts.

For more information, visit <http://www.olderindians.org> or call (509) 747-4994.

Assessing Community Food Security

by Jan Goodwin

The U.S. Department of Agriculture's *1999 Action Plan on Food Security* defines food security as:

“When people have access to sufficient food for an active and healthy life at all times.”

Hunger may go along with food insecurity but is not always present. With the onset of reservations, food insecurity and malnutrition among Native Americans became too common. By the 1960s, most Native American diets were similar to that of non-Natives. Food insecurity continues into the twenty-first century. Some research suggests that almost one-fourth of Native Americans are food insecure, that is, they do not have sufficient access to food. In addition, many Native Americans have limited access to culturally appropriate foods. Activities such as gardening, food collecting, and consumption of traditional foods have been reduced, at least partially, due to the availability of commodity foods.

Access to high quality, fresh food is complicated by isolation of many Native tribes. Many traditional foods are often unavailable or too expensive to eat regularly. More recent research links food choices as a part of life style to development of many illnesses plaguing Native Americans, including obesity, diabetes and heart diseases. Thus, food insecurity, hunger and diet-related diseases are interrelated. A community food assessment is one approach to developing food environments that support healthy food choices.

First Nations Development Institute has developed the *Food Sovereignty Assessment Tool* to enable Native communities to profile their communities and their available food-related resources. The instrument helps leaders to obtain a picture of current food

patterns of community members, local food and agricultural assets, and how local food resources are managed. The intent of the tool is to assist diverse groups of community stakeholders in regaining control of their foods system assets and improving the health of their communities.

First Nations Development Institute (<http://www.firstnations.org>) was founded in 1980 to assist Indigenous people to control and develop their assets and, through that control, build the capacity to direct their economic futures in ways that fit their cultures. Activities include assistance in economic development, technical assistance, grants/loans, workshops and conferences to assist local leaders in developing their communities. The Institute's research and policy center is dedicated to promoting Indigenous knowledge and assisting tribal communities to build sound, sustainable reservation economies. The Institute's Native Agriculture and Foods Systems Initiative (NAFSI), begun in 2001, focuses on strengthening Native agriculture and food systems and impacting policy change surrounding traditional agriculture.

Copies of the *Food Sovereignty Assessment Tool* can be purchased from NAFSI, Native Assets Research Center, First Nations Development Institute, 2300 Fall Hill Ave., Suite 412, Fredericksburg, VA 22401 for \$5.00 per copy.



Reducing Pharmacy Errors

by Nicole Madsen, Pharm. D., Fond Du Lac Human Services Division, Pharmacies

We are all in a hurry most of the time – so many things to get done each day. Perhaps you have experienced frustration waiting in line at the grocery store, at the post office, yes, even at the pharmacy. Is it really necessary for a pharmacist to talk to the patient with each medication pick-up? It is more important than most people realize...

One of the most important factors in reducing pharmacy errors is patient counseling. A study at an Arizona Indian Health Service Facility found that patient counseling reduced errors by 90 percent. This reduction of errors during patient counseling is most likely due to the pharmacist's focused attention on the patient and a break from the "habit", or routine, of other pharmacy tasks. It is important for pharmacists to adopt a "show and tell" technique when providing medications to patients. When the pharmacist shows the medication to the patient while asking the patient pertinent questions, it helps alert the pharmacist to detect an error before it leaves the pharmacy. In addition to reducing the rate of dispensing misfills, counseling and clinical services by pharmacists reduces the overall rate of medication errors.

For new prescriptions, there are three main questions we ask patients:

- ✓ What did the doctor tell you this was for?
- ✓ How did the doctor tell you to take it?
- ✓ What did the doctor tell you to expect from the medication?

We ask these questions to ensure your knowledge as a patient. It is important for you to know what condition each medication is used for, how it is taken and what to watch for. We also need to make sure that the medication is being used for a condition it is meant to treat. For instance, if you were seen for back pain but are getting asthma medications, we may need to get clarification or an explanation from your provider.

For refills, we may ask a variety of questions:

- ✓ What kind of side effects have you had?
- ✓ How many tablets are you taking a day?
- ✓ How many times each day do you take your medication?

We ask these questions to ensure that we are still on "the same page," so to speak. Often, patients may get a phone call from their doctor telling them to change the way they are taking a medication. The pharmacy may have no idea of the change and subsequently continue to fill the medication with the old directions or old dosage.

Patient counseling and question asking are the perfect ways to correct an error before the medication is taken home. Although it may take a bit longer, it is well worth the added wait time to ensure you are getting the right medications and the best care available.





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NRCNAA Welcomes a New Graduate Research Assistant

My name is Ellen Wilson and I am Mandan-Hidatsa-Lakota. I grew up in New Town, North Dakota which is on the Fort Berthold Reservation. I first attended University of Mary, transferred to Fort Berthold Community College and finished my Associates degree in Business/Accounting as I was working at the Four Bears Casino & Lodge. My husband, Richard and I transferred to the University of North Dakota, where I received my B.A. in Psychology and am currently working on an M.A. in Counseling. We have two sons, Sonny (4) and Eyren (2), they keep us pretty busy but with our families support and continued perseverance I will be graduating this August.

I am one of the Graduate Research Assistants (GRA) working at the National Resource Center on Native American Aging. We are assisting in data processing and communicating the information with the participating tribes. I started in December, but officially became a GRA in January. I am enjoying the research so far. It is great to get insight to other tribal communities from all over the United States and to work with such distinguished researchers in the field of Native American Aging as Dr. Richard Ludtke and Dr. Leander McDonald.

White House Conference on Aging October 23-26,2005 Washington, DC

The White House Conference on Aging occurs once a decade to make aging policy recommendations to the President and Congress, and to assist the public and private sectors in promoting dignity, health, independence and economic security of current and future generations of older persons.

The 2005 White House Conference on Aging provides an important opportunity to creatively assess aging in America and improve the lives of older Americans. To learn more, visit <http://www.whcoa.gov> or call (301) 443-9462.

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.