



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 7, No. 3 Spring 2009

Director's Column

Greetings friends and relatives! As the sun rises on each new day, it brings change, hope and renewal. This is true here at the National Resource Center on Native American Aging (NRCNAA). We said a fond farewell to a great friend, previous Center director, Dr. Leander "Russ" McDonald. He accepted a position as the Vice President of Academic Affairs for Cankdeska Cikana Community College, on his home reservation in Fort Totten, ND. One of Russ's greatest wishes was to return home and serve his people, and he accepted this opportunity to follow that dream. I want to extend our humblest thanks for his hard work, mentorship, and leadership throughout his tenure at the NRCNAA. His easy laugh and kind manner will be missed in our office!

My name is Twyla Baker-Demaray and for the past few years it has been my privilege to work with Russ, Dr. Rick Ludtke, the late Dr. Alan Allery, and staff here at the NRCNAA. I have learned much in that time about the importance of our work to our American Indian, Alaska Native, and Native Hawaiian elders. I am honored to step into the role of Interim Director, and will do my best to honor the work of the elders and my mentors through my contributions.

I am an enrolled member of the Mandan, Hidatsa, and Arikara Nation of northwest



Native Aging Visions is Going Green

Future issues will only be available electronically, so please complete and send us the attached postcard, or sign up online at nrcnaa.org to continue receiving your copy!

North Dakota. I was born and raised on a rural Indian reservation, Fort Berthold, and am familiar with the health and wellness challenges our seniors face as they grow older. As a parent of young children concerned about the care of my own parents as they grow older, I empathize with family caregivers; whether they are caring for aging parents, grandparents caring for grandchildren, or perhaps caring for an adult family member with a disability. We continue to help communities document their health and social well-being through the Identifying Our Needs: A Survey of Elders needs assessment, which is now in its fourth cycle. The results inform tribal stakeholders, elder service providers, policymakers, and advocates about the needs of our elders, and their caregivers. We continue to accept new and returning

(Continued on next page)



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(Continued from cover)

participants who wish to conduct a needs assessment in their communities.

The assessment has helped to develop the WELL-Balanced (Wise Elder Living Longer) Health Promotion curriculum, which will soon be available on our website. The curriculum is focused on increasing physical activity as a means for decreasing falls. Dr. Laurie Betting (assistant vice president of wellness at the University of North Dakota) and Dr. McDonald presented a snapshot at the National Indian Council on Aging (NICOA) conference in September 2008. Training may be needed to implement the curriculum based on a community's capacity for this type of activity. We are actively seeking funds to pilot test the project and are looking for pilot sites to partner in refining this important work.

As Russ said, "partnerships and collaborations have been the foundation for many of our successful projects". In this respect, we are working closely with our sister National Resource Centers at the Universities of Alaska and Hawai'i to apply for funding to pilot test and provide training to our aging organization partners throughout the United States. Efforts will be ongoing to address the health disparities of elders. Our hope is to have funds secured to provide training in coordination with regional and/or national Native aging meetings. We continue to work with Kauffman



Twyla Baker-Demaray

and Associates, Inc to provide a forum for marketing the curriculum to the Title VI audience through the olderindians.org website.

Lastly, the HEROES project continues. A total of forty-five extraordinary people, who nourish our communities through their giving spirits, have been selected. These individuals are being recognized locally and at the Administration on Aging (AoA) National Training, April 27-30th, 2009. You can view the heroes online by visiting nrcnaa.org and clicking the HEROES box (on the right). I hope you enjoy this publication. This will be our final paper issue of Native Aging Visions. To continue receiving updated news and information in electronic format, please complete the online form on the website or fill out the attached postcard. As always, subscribing to Native Aging Visions is free.

I hope that 2009 brings happiness, prosperity, and of course, good health to you and yours. From all of us here at the NRCNAA, Happy New Year, and we look forward to seeing you in the future.

— Twyla Baker-Demaray

Learn from other Tribal Programs

Contact the Office of the *Journal of Native Aging and Health* at: 701-777-2673 or yearbook@und.nodak.edu for articles such as the following:

- "Healthcare Facility Development: An Overview of Medicine Wheel Village, Eagle Butte, South Dakota" (2008). Author: Joan Bachman
- "Long Term Care Services: Coordination and Collaboration in Zuni Pueblo" (2008). Authors: Theresa Bowannie & Karen Leekity.

These two articles are in the *Journal of Native Aging and Health* (2008), Volume 3, Number 1.

Many Heroes Among Us

by Ann Miller

Thank you to everyone who has nominated a hero. We appreciate you taking the time to share their stories with us. It is such a pleasure to hear about the wonderful, giving people who bring joy and hope to our world. The best part of my work day has been finding a new nomination in my mailbox or e-mail.

I have just begun sending out the award plaques for those who have been selected. Presenting these awards individually will help friends and relatives honor and celebrate the achievements of these extraordinary people at home where they are most comfortable. There will also be a recognition ceremony at the Administration on Aging, Title VI meeting in Washington, DC, in late April 2009. I hope to see many of you there.

Here are two heroes who are no longer with us, but will be remembered for many years to come.



Gregorita Chavarria is a Hero. Member of the Kha' p'oo Owinge (Santa Clara Pueblo), her dream was to prevent institutionalization of community members who wished to remain at home in the care of loving family members. She was actively

involved in obtaining funding for a Regional Adult Day Care Facility on her reservation at Santa Clara Pueblo, N.M. According to

Geraldine Mascarenas-Cain, Director of Senior Programs at Santa Clara, Gregorita was on-site for the ground-breaking ceremony. Sadly, Gregorita did not live to see "Gregorita's Dream" completed, but the dream will become reality soon, as the facility is scheduled to open in August 2009. The memory of her strong will and loving heart will live on in all those whose lives she touched.



Emma G. Widmarck is a Hero. Emma was a respected member of the Tlingit tribe and was "promoted to glory" July 7, 2008. She dedicated her life to the promotion of higher education and the well being of Alaska

Native people throughout the state of Alaska. She spent her last year advocating for the betterment of the Elderly Services Program to all who would listen. Only an angel could find strength to have carried so many friends; she must have had wings.

Thank you again for taking the time to nominate wonderful people who are cherished for their hard work on behalf of Native elders. You can view heroes and their stories on our website at: nrcnaa.org and click the link in the hero box on the right. If you have questions, please contact Ann Miller at: (800) 896-7628.

SAVE THE DATE

National Title VI Training and Technical Assistance Forum
Hilton Washington DC/Rockville Hotel and Executive Meeting Center
1750 Rockville Pike, Rockville, MD 20852
April 27 – 30, 2009

Stay tuned to olderindians.org for more information.

Special Exercise Precautions for Individuals with Chronic Diseases

by Laurie Betting, PT, DPT

Do you have diabetes?

Exercise is an important part of staying healthy and controlling your blood glucose. The following are some special precautions that people with diabetes need to remember.

- Don't exercise when you feel ill.
- If you are taking insulin, or have any diabetes complications, it is absolutely necessary for you to discuss your exercise plan with your doctor before you start.
- It is a good idea not to begin exercise for at least an hour after an insulin injection. If you are taking insulin, you must adjust insulin to your activity level. Exercise lowers the need for insulin. Work out the needed changes with your doctor.
- If you have been sedentary, begin slowly (5 minutes to 10 minutes a day – then 15, 20, and more).
- Avoid injecting insulin into the area to be exercised.
- If you experience low blood glucose with exercise, you may need to snack and/or decrease your dose of diabetes medication. Discuss this with your doctor.
- Try to exercise each day at about the same time, preferably one hour to two hours after meals.
- If possible, avoid exercising when insulin is peaking.
- Test your blood glucose before and after

exercising. Do not exercise if your fasting blood glucose level is above 300. Eat a small snack if your blood glucose is below 100.



Laurie Betting

- When exercising, always keep food containing sugar handy, such as hard candy or glucose tablets, in case your blood glucose drops too low.
- Drink about two cups of water before you exercise, about every 20 minutes during exercise, and after you finish, even if you don't feel thirsty.
- Always wear diabetic identification.
- Stop exercising if you have chest or leg pain.
- Take care of your feet. Check your feet for blisters, cuts, or red areas before and after you exercise. Wear comfortable, supportive shoes.
- If you have Type I diabetes, check your urine for ketones when your blood glucose is greater than 240 before exercising. If your urine is positive for ketones, do not exercise until the levels are under control.

Do you have arthritis?

The main goal of any exercise program designed for elders with arthritis is to limit the progression of the existing damage in the affected joint(s). Exercise can have a significant impact on controlling the symptoms of arthritis. The proper types of regular exercise can help maintain a level of function in the joints that will allow those with arthritis to remain independent.

Exercise Modifications

- STOP PERFORMING ANY EXERCISE THAT CAUSES INCREASED PAIN! "Where there is pain there is NO gain!"
- If a person has exercise-induced pain in the joints that lasts 2 hours or more after exercise, he or she has done too much.
- Exercisers must learn to recognize their own levels of ability and stop before signs of fatigue appear.
- Pain in the joint is a warning that the exerciser may be causing further damage to the joints.

Do you have hypertension (high blood pressure)?

Hypertension is the most prevalent disease in adults aged 65 and over. It afflicts close to 1/3 of Americans over the age of 65 and is a primary risk factor in heart disease, coronary artery disease, and affliction by a stroke.

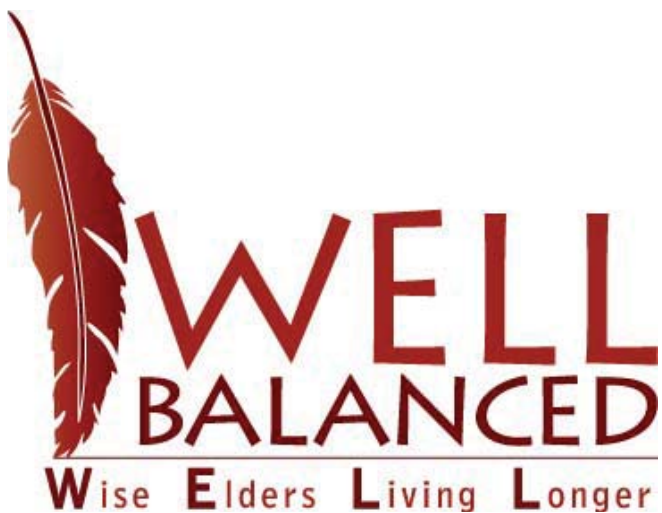
Benefits of Exercise

A gradual rise in blood pressure associated with aging appears to be largely connected to an increasingly inactive lifestyle. Studies demonstrate that endurance exercise produces a significant decrease in both diastolic and systolic blood pressure. The additional benefit of exercise is its positive effect on the reduction of other risk factors associated with cardiovascular disease.

Exercise Modifications

The cardiac response to exercise in a hypertensive population varies according to the level of hypertension, medication, and individual differences.

- High intensity exercise should be discouraged. A low to moderate level (40%-65% of maximum heart rate) at least 4 times a week appears to be very beneficial.
- Exercises such as weight lifting which provide significant benefits in other areas can be approached with caution by utilizing low resistance with high repetitions. In weight lifting, proper breathing should also be stressed in order to prevent the increase in blood pressure that occurs if a person holds their breath while exercising against resistance.



WELL-Balanced is the first health promotion curriculum in the nation developed by and for Native Americans focused on fall prevention and management of the three most prevalent chronic diseases: arthritis, diabetes and hypertension among Native American population. This project offers a holistic approach to build flexibility and balance through group movement, setting goals, low expenses of easy-to-use equipment, a home safety checklist, peer support,



a home strength-training program, and a marketing plan to be taught by volunteer community coaches.

We are actively writing grants to provide training and to pilot test the health promotion curriculum at regional or national meetings. Please stay tuned to nrcnaa.org or e-mail us (nrcnaa@medicine.nodak.edu) if you are interested in being a site for the training.

Hā Kūpuna: National Resource Center for Native Hawaiian Elders

by Noreen Mokuau, Colette Browne & Kathryn Braun

Hā Kūpuna: National Resource Center for Native Hawaiian Elders was established in 2006 at the University of Hawai'i School of Social Work with funding from the U.S. Administration on Aging. In traditional Native Hawaiian culture, our ancestors believed that spiritual energy and knowledge could be transmitted through the sharing of breath (hā) from an elder (kupuna) to another person. Hā Kūpuna seeks to assure the transmission of hā from older to younger generations by achieving parity in life expectancy and good health among older Native Hawaiians comparable with other older Americans. Specifically, we do this through research and technical assistance that will contribute to improved services on the health and long-term care of older Native Hawaiians and their caregivers.

The social and health risk profile of older Native Hawaiians predisposes their susceptibility to needing long-term care. Native Hawaiians, the indigenous people of Hawai'i, have shorter life expectancies, poorer health, lower socio-economic status, and greater disability than elders in other ethnic groups (ALU LIKE, Inc., 2005; Braun, Yang, Onaka & Horiuchi, 1996). In addition, they are more likely to underutilize some services, such as in-home supportive services for personal care, respite and adult day care (Mokuau, Browne & Braun, 1998). There is a need to expand the limited knowledge on the approximately 63,000 older Native Hawaiians, aged 55 years and older, residing in Hawai'i, and an even greater need to understand the needs of the nearly 40,000 older Native Hawaiians who reside outside of Hawai'i and for whom there is no data.

In 2007, key informant interviews were conducted to further understand the health and long-term care needs of older Native Hawaiians and their caregivers in Hawai'i (Browne, Mokuau, Braun & Choy, 2008). Interviews with 13 leaders in organizations serving Native Hawaiians on all the major islands of Hawai'i were conducted. Major findings are:

- Older Native Hawaiians have multiple economic, social and health care needs that can be exacerbated by the needs of their families (e.g., financial assistance, need for caregiving education) and the inadequacies in the human services delivery system,
- Older Native Hawaiians prefer services that reflect their cultural values,
- Older Native Hawaiians hope to age-in-place and live independently or with their families,
- Native Hawaiian families are changing, and roles and responsibilities related to caregiving sometimes conflict or compete with other responsibilities in living, and
- Programs serving older Native Hawaiians face many barriers, such as inadequate funding, lack of coordination of services and geographical challenges related to an island community.



In the future, we hope to increase the knowledge on older Native Hawaiians and support community programs/organizations with technical assistance and training that will lead to improved services for this population. Keep in touch with us by visiting our website manoa.hawaii.edu/hakupuna or by calling us at 1-808-956-7009.

ALU LIKE, Inc. (2005). *Ke Ola Pono No Nā Kūpuna: Native Hawaiian elderly needs assessment update*. Honolulu: SMS, Inc.

Braun, K.L., Yang, H., Onaka, A.T., & Horiuchi, B.Y. (1996). Life and death in Hawai'i: ethnic variations in life expectancy and mortality, 1980 and 1990. *Hawai'i Medical Journal*, 55, 278-83, 302.

Browne, C.V., Mokuau, N., Braun, K.L., & Choy, L. (2008). *Assessing the health and long-term care needs of Native Hawaiian elders and their caregivers: Results from key informant interviews in Hawai'i*. Honolulu: Hā Kūpuna – National Resource Center for Native Hawaiian Elders.

Mokuau, N., Browne, C.V., & Braun, K.L. (1998). Nā Kūpuna in Hawai'i: a review of social and health status, service use and the importance of value-based interventions. *Pacific Health Dialog*, 5, 282-289.

Research Corner

Researchers at the National Resource Center have been studying patterns in the data from *Identifying Our Needs: A Survey of Elders II* conducted between 2004-2007. Here are some upcoming publications:

- **“Native American Elders' Health Congruence: The Role of Gender and Corresponding Functional Well-Being, Hospital Admissions, and Social Engagement”** in the *Journal of Health Psychology, Volume 13, Number 8 (2008), pages 1072-1081*. Authors: Joelle Ruthig and Alan Allery.

Results: Elders who have multiple or severe chronic diseases benefit from optimistic health appraisals in terms of greater functional ability, greater social engagement, and fewer hospitalizations.

- **“Body Mass Index and Cancer Screening Among Older American Indian and Alaska Native Men”** in the *Journal of Rural Health, Volume 25, Number 1 (2009), pages 104-108*. Authors: Kyle Muus, Twyla Baker-Demaray, Leander Russell McDonald, Richard Ludtke, Alan Allery, Andy Bogart, Jack Goldberg, Scott Ramsey, and Dedra Buchwald.

Results: Colon and prostate cancer screening rates were very low for American Indian and Alaska Native males. Younger (ages 55-64) men were less likely than older (ages 65+) men to have recently received these cancer tests.

The American Cancer Society recommends that men get a fecal occult blood test (FOBT) to screen for colon cancer yearly starting at age 50 and a colonoscopy if doctor recommended. The American Cancer Society recommends that both the PSA (prostate-specific antigen) testing and DRE (digital rectal exam) should be completed annually, beginning at age 50 to screen for prostate cancer.

For more detailed information about how cancer affects American Indians and Alaska Natives, you can access the "Annual Report to the Nation on the Status of Cancer 1975-2004, Featuring Cancer in American Indians and Alaska Natives," published in the Nov. 15, 2007 issue of the American Cancer Society journal: *Cancer*.

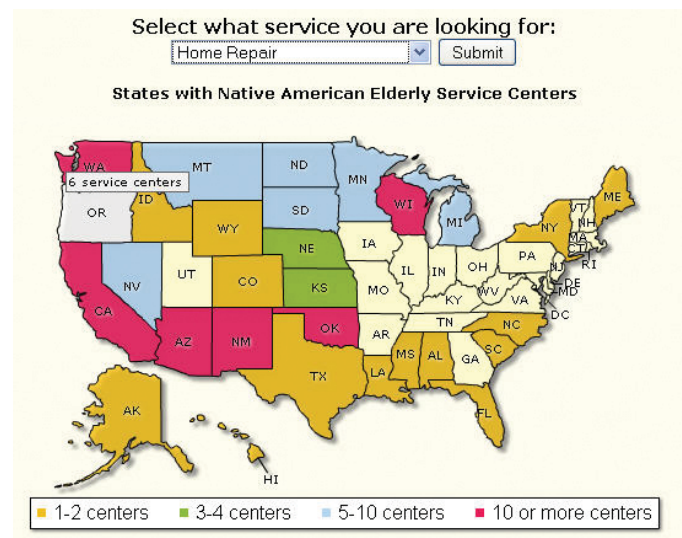
Native Elder Services in Your Area

Have you visited the Elder Service Locator?

Go to nrcnaa.org and click the Service Locator tab on the left to learn about services in your area.

You can learn about any of our projects or help update a specific program at your Title VI site.

- Website: nrcnaa.org
- E-mail: nrcnaa@medicine.nodak.edu
- Phone: (800) 896-6728





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Need Information?

View the Resources page of our website: nrcnaa.org (click on the last menu on the left). Here are a few examples of new additions to our pages:

- Resources and Tips for Working with American Indians and Alaskan Natives
- American Indian and Alaska Native Diabetes Resource Guide for Health Professionals from the Association of American Indian Physicians.



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