



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

Doctor-patient relationships and communications are the key to getting good care for chronic diseases such as arthritis, which is the focus of this issue. There is an increasing need for the elders' voices to be heard regarding the level of pain and stiffness associated with arthritis. Family physicians should invite, listen to, and talk seriously about the concerns of elderly with chronic disease, especially arthritis.

When comparing data from tribes that completed both Cycle I and Cycle II of the "Identifying Our Needs, A Survey of Elders," we found that American Indians were much more likely to suffer from arthritis than the general population. On a positive note we learned that more elders reported walking as a form of exercise in Cycle II compared to Cycle I. This is a great way to ease joint pain and it provides various benefits to your body and mind, especially for those with arthritis.

As family physicians of the baby boomers' generation leave their practices, it is important that their replacements become knowledgeable in the care of older people, including care of arthritis. American Indian elders can act as ambassadors to the new

generation of doctors, helping them to understand older people's health problems and concerns. Elders should reveal some of their life experiences, customs and cultural practices to help new doctors better understand their social and living conditions. This can be done one-on-one or in meetings of elders, with the same chronic conditions, and their doctors. It is also up to the doctor to take the time to truly listen to what elders have to share.

Through partnerships between elders who are willing to educate, and doctors who are willing to listen, we can advance our healthcare system to better treat chronic health conditions like arthritis. This will allow all of us to live healthier, more productive, and longer lives.

Update since last issue - Long-term care planning toolkits are available at our office to help communities determine an action plan to care for their Native elders.

If you would like to receive the material, please give us a call at: (800) 896-7628 or e-mail: kruliffson@medicine.nodak.edu, or download the materials from our web site at: <http://medicine.nodak.edu/crh/names>.

Megwitch.

— Alan Allery



Caregiving for Native Elders

by Leander R. McDonald, PhD and Richard L. Ludtke, PhD

We are now experiencing the *Baby Boom* generation becoming elders, and many of our communities will have more elders eligible for services and fewer resources for those elders. To address the early and anticipated impact of the elderly increase, elder programs should look at their needs and develop plans to maintain or expand long-term care services that assist elders in remaining independent and having a higher quality of life.

When compared to their general American counterparts, Native elders age 65 and over, are more likely to have high blood pressure, arthritis, and diabetes. They are also likely to have two or more of these and other chronic conditions, which can cause difficulties in living life on their own.

Many of our cultures focus on providing options to elders so they may remain in the home with support from their family. To enhance care-giving services, we suggest the following ideas:

- Providing case managers for each elder, so when they become eligible for services, they will have a one stop resource to guide them through the maze of forms and agencies needed to access benefits.
- Assessment, and periodic reassessment, of physical and mental health status to determine current or future caregiver services are needed.
- Offer supportive services to train family on how to provide quality care to the elder.
- Obtain certification to caregivers for application to third party

reimbursement from Medicaid and Medicare to assist in funding community services.

- Develop initiatives to increase the number of service professionals to address the future demand for aging services for our growing elder populations.
- Provide education incentives to future workforce that they might consider going into service careers related to aging.

In our Indian ways, we respect and care for our elders in recognition of their contributions to our communities. These contributions may have been service to the tribe through tribal government, or keeping our culture alive through language and songs, or just being examples in how we should live.

The overall goal is to coordinate services to assess, plan, provide, and evaluate the care for each elder. When we have provided care to all of the elders in our community, then we have a caregiver model that truly encompasses our Native value of caring for our elders.

References

Moulton, P., McDonald, L., Muus, K., Knudson, A., Wakefield, M., Ludtke, R., (2005). Prevalence of chronic disease among American Indian and Alaska Native elders, *Final Report to Office of Rural Health Policy*, Center for Rural Health, October, 2005. Last accessed January 6, 2006: http://medicine.nodak.edu/crh/nrcnaa/pdf/chronic_disease1005.pdf

Arthritis Leadership Training

by Twyla Baker-Demary, MS

Arthritis is commonly defined as diseases of the joints, however, there are also some rheumatic conditions, such as fibromyalgia, that affects the muscles and are still considered a form of arthritis. Because there are no known cures for most forms of arthritis, self-management of the symptoms is important. Research shows that those who choose to assertively manage their conditions have less pain, are more physically active, and are better able to do more of the things they want to do (Lorig, et.al, 1985).

The Arthritis Foundation Self-Help program is designed to teach the latest pain management techniques, develop personalized exercise programs, provide fatigue and stress management techniques, give people a forum to discuss the purposes and effective use of medications, and find solutions to problems caused by arthritis. The program also assists in identifying ways to deal with anger, fear, frustration, depression, and discusses the role of nutrition in arthritis management. In regard to personal support, the program teaches new ways to communicate with family and friends and teaches people how to form a partnership with their health-care providers.

The National Resource Center on Native American Aging (NRCNAA) together with the North Central Chapter of the Arthritis Foundation sponsored a training course last fall for tribal health care workers and community members entitled the Arthritis Self-Help Leader training. The training instructed participants in conducting self-help programs in their communities for

individuals living with arthritis, or for those caring for someone with arthritis. The two-day program, developed at Stanford University, was led by Karen Ochu and Jo Tollefson, volunteers with the Arthritis Foundation, and attracted tribal members from across North and South Dakota and Minnesota. Trainees were instructed in self-management concepts, pain management, exercise techniques, and action planning. To complete the training, attendees are asked to administer the six-week long training in their respective communities within six months of completing the leader training. Currently, the NRCNAA is exploring options for implementing the courses in Native American communities in North Dakota, South Dakota, and Minnesota.

One out of three adults in the United States has some kind of arthritis. You may have it yourself and not even know it. The aches and pains in your hands or knees, the stiff neck in the morning, not having as much energy as you used to, may be signs or symptoms of arthritis.

For many people, arthritis may not go away. But remember, many people with arthritis live long and healthy lives even with arthritis.

Source: Arthritis Foundation

Arthritis Information

*The following information was taken directly from the Arthritis Foundations web site:
<http://www.arthritis.org> and Arthritis Today Just Diagnosed (2005).*

Number of Americans with arthritis or chronic joint symptoms:

- 1985 - 35 million
- 1990 - 37.9 million
- 1998 - nearly 43 million (1 in 6 people)
- 2005 – 66 million (nearly 1 in 3 adults) — 42.7 million have doctor-diagnosed arthritis and 23.2 million people live with chronic joint symptoms, but have not been diagnosed by a doctor.
- Arthritis is one of the most prevalent chronic health problems and the nation's leading cause of disability among Americans over age 15.
- Arthritis is second only to heart disease as a cause of work disability.
- Arthritis limits everyday activities such as walking, dressing and bathing for more than 7 million Americans.
- Arthritis results in 39 million physician visits and more than a half million hospitalizations.
- Costs to the U.S. economy totals more than \$86.2 billion annually.
- Arthritis affects people in all age groups including nearly 300,000 children.
- Baby boomers are now at prime risk. More than half those affected are under age 65.
- Half of those Americans with arthritis don't think anything can be done to help them.
- Arthritis refers to more than 100 different diseases that affect areas in or around joints.
- Arthritis strikes women more often than men.

Overall arthritis:

- Women - 25.9 million of the people with doctor-diagnosed arthritis.
- Men - 16.8 million of the people with doctor-diagnosed arthritis.

The disease also can affect other parts of the body. Arthritis causes pain, loss of movement and sometimes swelling. Some types of arthritis are:

- **Osteoarthritis**, a degenerative joint disease in which the cartilage that covers the ends of bones in the joint deteriorates, causing pain and loss of

How to Cope with a Flare Up: Step by Step

1. **Start cold:** Apply a cold pack at the start of a flare up to numb the soreness and reduce swelling.
2. **Then heat up:** After the first 24 hours, switch to heat. A heating pad, warm water soak or heat-generating creams help bring blood into sore areas to relax tight muscles.
3. **Try massage:** This can help to ease the pain and reduce muscle tension.
4. **Walk:** It is probably the last thing you feel like doing, but walking even at a slower-than-normal pace, gets your blood circulating, bringing oxygen and nutrients to speed healing to your tissues.
5. **Hit the bottle:** Use over-the-counter anti-inflammatory drugs, such as aspirin, ibuprofen, or naproxen to reduce pain, but check with your doctor first.
6. **Talk to your doctor:** If the pain continues for more than a few days, or if it is severe, contact your doctor.

movement as bone begins to rub against bone. It is the most prevalent form of arthritis.

- **Rheumatoid arthritis**, an autoimmune disease in which the joint lining becomes inflamed as part of the body's immune system activity. Rheumatoid arthritis is one of the most serious and disabling types, affecting mostly women.
- **Gout**, which affects mostly men. It is usually the result of a defect in body chemistry. This painful condition most often attacks small joints, especially the big toe. Fortunately, gout almost always can be completely controlled with medication and changes in diet.

Get Local

Have you contacted your local Arthritis Foundation office to learn what they have to offer in your community? Besides exercise and self-help programs, you can also learn more about upcoming events and educational forums, get a referral to a rheumatologist or find a support group. Visit your local office online and learn more: <http://www.arthritis.org/communities/Chapters/ChapDirectory.asp>

The Arthritis Foundation's Tips for Good Living with Arthritis

The Arthritis Foundation's Tips for Good Living With Arthritis is filled with hundreds of tips to help you navigate your day – new ideas for doing ordinary tasks with less pain and

30th Annual National Indian Council on Aging Biennial Conference Celebrating 30 Years of Advocacy and Service to American Indian and Alaska Native Elders



Tulsa Convention Center
Tulsa, Oklahoma
September 16-19, 2006

Theme

“Moving Forward: Honoring Commitments of the Past and Advocating for the Future”

Description

For NICOA, this theme represents our organization honoring the intent of the Tribal Leaders who established this organization, as we move in a new direction with a renewed commitment to advocate for our Elders into the future. It also refers to the responsibilities of federal, state and Tribal governments to uphold the agreements made in the treaties and advocate for funding and services for American Indian and Alaska Native Elders.

Who Should Attend

- Elders
- Tribal Leaders
- Title VI Directors and Staff
- Healthcare Directors and Staff
- Senior Service Providers
- Caregivers

more mobility. This handy new book offers creative suggestions, such as:

- Use a wooden pizza paddle to help you tuck in the sheets and blankets of your bed.
- Put a small rubber shower mat in your sink to keep pots and pans from moving while you scrub them.
- If a toothbrush is difficult to grip, try wrapping the handle with the tube of a large sponge hair roller to make a fatter, more comfortable grip.
- If you have trouble gripping a steering wheel or gear shift, use golf, bowling or weight-lifting gloves when you drive.

Find these tips and hundreds more in *The Arthritis Foundation's Tips for Good Living With Arthritis*. For anyone with arthritis, *Tips* offers simple ideas for living each day with more ease and less stress. Whether you're at home, at the office, running errands, on the golf course or at the mall, these *Tips for Good Living With Arthritis* will guide you to a more active and fulfilling life!

Why Walk?

Walking for just 30 minutes a day can ease joint pain, improve joint mobility and reduce fatigue. Walking can also:

- Reduce stress
- Strengthen the heart and lungs
- Build bones
- Boost energy
- Burn calories
- Help prevent osteoporosis
- Help control weight
- Nourish joints

Plus walking is inexpensive and less strenuous on your joints than most other forms of aerobic exercise.

Item No: 835.230

Price: \$9.95

Contact the Arthritis Foundation for more information, 1-800-283-7800.

Q. Can people with arthritis exercise?

A. For many years, it was thought that people with arthritis should not exercise because it would damage their joints. Now doctors and therapists know that people with arthritis can improve their health and fitness through exercise without hurting their joints, see <http://www.arthritis.org/conditions/Exercise/>.

People with arthritis often benefit from a balanced exercise program including different types of exercise. Three main types of exercise that should be included in your exercise program are range-of-motion, strengthening and endurance exercises.

Range-of-motion exercises reduce stiffness and help keep your joints flexible - something that can help you carry out your activities of daily living. The "range of motion" is the normal amount your joints can be moved in certain directions. Strengthening exercises help maintain or increase muscle strength. Strong muscles help keep your joints stable and more comfortable. Two common types of strengthening exercises for people with arthritis are isometric exercises, in which you tighten muscles but don't move joints, and isotonic exercises, which move the joints to strengthen muscles.

Endurance exercises strengthen your heart. They make your lungs more efficient and give you more stamina so that you can work longer without tiring as quickly. Endurance exercises also help you sleep better, control your weight and improve your overall sense of well-being. Some of the most beneficial endurance exercises for

Announcing the Honoring our Elders: Best Practices in Long Term Care 2006

2nd Annual American Indian & Alaska Native
Long Term Care Conference

September 18-19, 2006
Tulsa, Oklahoma

With Support from:

Centers for Medicare & Medicaid Services, Indian Health Service, Administration on Aging, Administration for Native Americans, AARP, National Indian Council on Aging, Cherokee Nation, Laguna Rainbow Corporation, Navajo Nation, and the University of New Mexico Geriatric Education Center.

This conference is designed to support programs and communities developing long term care systems for Elders throughout Indian Country.

Participants will learn from successful program directors and from each other on how to create sustainable programs, cultivate federal, state, and private resources, and respond to the unique needs of their community.

Download forms at www.aianlongtermcare.org or call 505-292-2001

people with arthritis are walking, water exercise and riding a stationary bicycle.

Talk to your health-care team before beginning any type of exercise program.

Q. Do all people with arthritis need surgery?

A. Most people with arthritis will never need joint surgery, see <http://www.arthritis.org/conditions/SurgeryCenter/>. But when other treatment methods don't lessen the pain, or when you have major

difficulty moving and using your joints, surgery may be necessary. Types of surgery for arthritis include arthroscopy, synovectomy and joint replacement, see <http://www.arthritis.org/resources/arthritisanswers/questions3.asp>

References

Arthritis Today Just Diagnosed. (2005). What you need to Know NOW About Arthritis [Brochure] McDaniel, CT: Publisher

Quick tip to reduce pain:

Tie cloth loops around drawer pulls and the refrigerator handle, so you can pull them open with your forearm, rather than your fingers.



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**2006 American Indian Healthy Lifeways Conference:
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July 24-25th, 2006**

Mystic Lake Casino Hotel, Prior Lake, MN

Registration is Free and you must register by July 5, 2006.

Contact: 952-496-6125 for further information or check the web site at:
<http://www.shakopedakota.org>

Signs That You May Have Arthritis

The most common signs of arthritis include:

- Joint pain or swelling
- Early morning stiffness
- Difficulty moving a joint
- Skin around joint is red and warm to the touch

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.