



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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Directors Column: *Traditional Ways of Knowing*

For more than two decades I've heard my elders speak about the growing incidence of cancer among our Native population. Elders would attend health committee or health board meetings and tell the health professionals about the need to address the growing concerns regarding cancer detection, care, and treatment. Our elders would often ask questions like, what should we be doing to avoid cancer? What are our options if we develop the disease?

The health community was slow to respond. Today we are in a situation where many of the popular screenings for men and women are not available in tribal, rural and frontier communities. Also, when they are available many of our elders do not take advantage of them. The value of screenings is that they provide early detection. This allows for treatment in the earlier stages of the disease, which promotes better outcomes. Early detection, compared to later detection, is also less expensive for the patient and for the Alaska Native/Indian Health Service.

There are a variety of reasons why Native elders don't utilize screening opportunities. Some say the procedures are uncomfortable, others want to avoid knowing, still others believe they may be at fault because of previous behaviors.

There are many ways of *knowing*. Our elders knew something wasn't right years ago. For example, many elders used and continue to use tobacco for ceremonial purposes. They didn't abuse tobacco, rather they used it for good purposes, such as honoring the creator, and giving sacrifice. They knew it caused harm if used improperly.

I, of course would like all elders to rethink the idea of regular screenings. Call on your local health councils, demand the screenings be made available (see next page) at reasonable costs and demand that follow up of any suspicious results be done immediately. We need elders to advocate for higher quality care from their health care provider and as their brothers keeper with their peers.

You will see in other articles in this issue that Native elders are not getting the screenings as often as the general population and therefore suffer at earlier ages and do not live as long. If you live long enough you will have a greater chance of developing cancer. Let's close the gap and make ourselves available to be screened. Let's mark it on our calendar to complete the screenings as recommended.

Megwitch.

— Alan Allery

Medicare Preventive Services

Breast Cancer Screening Mammograms

How often is it covered? Once every 12 months

For whom? All women with Medicare age 40 and older can get a screening mammogram every 12 months. Medicare also pays for one baseline mammogram for women with Medicare between ages 35 and 39.

Your costs in the Original Medicare Plan? You pay 20% of the Medicare-approved amount with no Part B deductible

Cervical and Vaginal Cancer Screening

How often is it covered? A Pap test and pelvic exam are covered by Medicare once every 24 months. However, if you are of childbearing age and have had an abnormal Pap test within the past 36 months, or if you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap test and pelvic exam every 12 months.

For whom? All women with Medicare

Your costs in the Original Medicare Plan? You pay nothing for the Pap lab test. For Pap test collection and pelvic and breast exams, you pay 20% of the Medicare-approved amount with no Part B deductible.

Colorectal Cancer Screening

How often is it covered?

- **Fecal Occult Blood Test**—Once every 12 months
- **Flexible Sigmoidoscopy**—Once every 48 months
- **Screening Colonoscopy**—Once every 24 months (if you're at high risk)
Once every 10 years, but not within 48 months of a screening sigmoidoscopy (if you're not at high risk)
- **Barium Enema**—Your doctor can decide to use this test instead of a flexible sigmoidoscopy or colonoscopy. This test is covered every 24 months if you are at high risk for colorectal cancer and every 48 months if you aren't at high risk.

For whom? All people with Medicare age 50 and older, except there is no minimum age for having a screening colonoscopy

Your costs in the Original Medicare Plan? You pay nothing for the fecal occult blood test. For all other tests, you pay 20% of the Medicare-approved amount after the yearly Part B deductible. If the flexible sigmoidoscopy or colonoscopy is done in a hospital outpatient department, you pay 25% of the Medicare-approved amount after the yearly Part B deductible.

Prostate Cancer Screening

How often is it covered?

- **Digital Rectal Examination**—Once every 12 months
- **Prostate Specific Antigen (PSA) Test**—Once every 12 months

For whom? All men with Medicare age 50 and older (coverage for this test begins the day after your 50th birthday)

Your costs in the Original Medicare Plan? Generally, you pay 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. There is no coinsurance and no Part B deductible for the PSA Test.

Note: If you're eligible for Indian Health Service coverage, they should pay all deductibles and coinsurance.

Source: <http://www.medicare.gov/publications/pubs/pdf/10110.pdf>

Wisdom Steps Sixth Annual "Honoring Our Elders Conference"

Wisdom Steps Sixth Annual "Honoring Our Elders Conference" was held in Mahanomen, Minnesota on June 20-22, 2006 at the Shooting Star Casino and Hotel Event Center in Mahanomen, Minnesota.

Over 400 elders attended this event to have health screening completed, visit with other elders, share and listen during health related workshops, and to celebrate their community walking programs.

Wisdom Steps encourages Elders to take simple steps toward better health. Activities such as participating in health screenings, attending a health education class, or enjoying a healthy living activity are promoted. Elders learn that the path to

health is easy and can be walked by visiting with a physician and setting a personal health goal like losing weight or stopping smoking.

Each year, Elders are honored at a Wisdom Steps feast. Elders who successfully complete their Wisdom Steps goals are presented with a Wisdom Steps pin, special charm and certificate of completion.

By walking the Wisdom Steps path, Elders teach the entire community about the importance of health.

To learn more about Wisdom Steps, visit <http://www.wisdomsteps.org/>.



Helen Butcher and Mable Bellanger



Georgianna Adams



Frances Miller and Richard Graves

Warriors, Know Your PSA Level!

by John Tomey Shopteese

This is a message I feel compelled to write and share with my fellow tribesmen. It is directed to Native American males nearing the age of fifty and over. Nine months ago I thought I was having some chest pains and went into the emergency room. After several hours of exams and a C-scan, it turned out to be heartburn. However, the C-scan revealed something that the doctor said would require further scanning with an ultrasound. It was discovered that I had an abdominal aortic aneurysm (AAA). Within weeks I was preparing for major surgery. There are no symptoms of an aneurysm. You or your family don't know you have it unless it is accidentally found or written on your death certificate. For the most part, that's how some cancers are found, just by chance.

Two days after surgery, when reviewing my pre-op physical, we went through the worst possible scenario. The doctor told me my "PSA" in the blood test had shown a slight elevation which could mean cancer cells. What's a "PSA"? I asked. Cancer Cells! I can't

explain the feeling that went through my already traumatically evaded body. The doctor explained that the PSA was reviewed and had shown a slight elevation, which could mean other things including the presence of cancer cells. Of course, it would not be know for sure without a biopsy.

According to information obtained from the National Cancer Institute, "**PSA**" stands for **Prostate Specific Antigen**. The Prostate Specific Antigen is a protein produced by the cells of the prostate gland. The PSA test measures the level of PSA in the blood. The U.S. Food and Drug Administration (FDA) has approved the use of the PSA test and other tests to detect prostate cancer in men age 50 and older. The PSA test is also used to monitor and check recurring cancer of the prostate usually during a six months or annual checkup. The higher

the PSA level the more likely it is that cancer is present.

My biopsy was positive and after a second opinion, it was concurred that cryosurgery or freezing of the prostate was an option

Did you know . . .

- ◆ The prostate is a gland in the male reproductive system.
- ◆ The most common risk factor for prostate cancer is advanced age.
- ◆ Prostate cancer often does not cause symptoms for many years. By the time symptoms occur, the disease may have spread beyond the prostate.
- ◆ The symptoms of prostate cancer can also be caused by noncancerous conditions.
- ◆ Two tests can be used to detect prostate cancer in the absence of any symptoms: a digital rectal exam and a blood test to detect a substance made by the prostate called prostate-specific antigen (PSA).
- ◆ The diagnosis of prostate cancer can be confirmed only by a biopsy.
- ◆ Prostate cancer is described by both grade and stage.
- ◆ Three treatment options are generally accepted for men with localized prostate cancer: radical prostatectomy, radiation therapy, and surveillance (also called watchful waiting).

Source: National Cancer Institute

rather than radical prostatectomy or removing the prostate through invasive surgery. I was fortunate, if you can call it that, to have both severe situations found accidentally and early enough for other options plus, the best medical professionals in this field and the best available equipment for testing on these diseases. I was one of the lucky ones again. Of course, there are always side effects and recovery when dealing with the prostate.

Prostate cancer is the most common cancer (excluding skin cancer) of American men. It is estimated that nearly 235,000 new cases of prostate cancer will be diagnosed this year in the U.S., and nearly 27,000 will die of this disease (National Cancer Institute, <http://www.cancer.gov/>). It is imperative that data and statistics be collected by state and tribes so that adequate funding is projected for this dreaded disease of men in Indian Country. Make

sure your clinic provides an awareness program and support group for prostate cancer, including necessary medical information, equipment and funding to meet your health needs in Prostate Cancer awareness. Your chances increase for Prostate Cancer if someone in your family had it. A Warriors Society of Prostate Cancer Survivors can extend a greater awareness of Prostate Cancer in Indian Country, then more of us could enjoy watching our grandchildren grow into adulthood.

Medicare does provide one test annually free of charge. Ask your doctor or health professional about scheduling for this vital test and be sure it is done annually. The routine blood tests does not include the PSA test, it must be requested. From one warrior to another, I am encouraging you to start tracking your PSA if not already done so on an annual basis.

For more information, please visit www.ohsu.edu/nrcctp

Native Researchers' Cancer Control Training Program

This three-week all expenses paid program offers population-based research skill development to American Indian, Alaska Native, Native Hawaiian, and U.S. Associated Pacific Islanders.

**June 10-29, 2007
Portland, Oregon**

With Support from:

National Cancer Institute, Department of Public Health and Preventive Medicine, Indian Health Service, and the Northwest Portland Area Indian Health Board

Our curriculum includes, but is not limited to:

- Cancer 101
- Epidemiology
- Data base management and data analysis
- Cancer resources
- National databases
- Human subjects protection
- Research design
- Proposal development

**Application Deadline:
March 15, 2007**

Download application materials at www.ohsu.edu/nrcctp

Spirit of Eagles: American Indian/Alaska Native Leadership Initiative on Cancer

by Paulette Baukol

Funded by the National Cancer Institute (NCI), the Mayo Clinic's Spirit of **EAGLES** is the only national program that addresses and advocates for tribal comprehensive cancer control for AI/AN communities. **EAGLES** stands for: **E**ducation-**A**dvocacy-**G**rants-**L**eadership-**E**lders **S**urvivors and **S**cholarships.

This AI/AN leadership initiative on cancer addresses comprehensive tribal cancer control through partnerships with the Network for Cancer Control Research among AI/AN populations, tribes, multiple cancer centers, Cancer Information Services (CIS) and the American Cancer Society (ACS). This initiative assists tribes to:

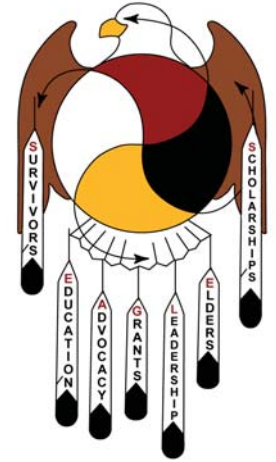
1. Increase community awareness and understanding of cancer
2. Provide training in cancer control research for AI/AN researchers
3. Improve Native community channels to the National Cancer Institute so that research can be specifically focused on issues that affect Native people

To achieve these goals, EAGLES focuses on:

- Building infrastructure to support a nationwide AI/AN Initiative
- Increasing the number of AI/AN researchers, scientists, and medical students involved in cancer control activities in AI/AN communities
- Developing, implementing and assessing cancer education among AI/AN community members and their health care providers
- Strengthening collaboration of AI/AN communities with NCI, CIS and ACS
- Increasing the number of AI/AN patients in clinical trials (prevention, screening, treatment and supportive care)

- Providing feedback to the NCI on community-based priorities in the national cancer program

We are always seeking input from our Elders and welcome you to contact us regarding any questions and/or for more information about the Spirit of EAGLES, please contact Paulette Baukol at baukol.paulette@mayo.edu or call 507-266-3064.



Other Mayo AI/AN Cancer Programs

The Native CIRCLE (Native Information Resources Center and Learning Exchange)

is a resource center providing cancer-related materials to healthcare professionals and lay people involved in the education, care, and treatment of American Indians and Alaska Natives. For more information, please contact Lisa Baethke, Native CIRCLE, nativecircle@mayo.edu or 877-372-1617.

The mission of **Native WEB (Women Enjoying the Benefit)** is to eliminate unnecessary breast and cervix cancer deaths among underserved women. Mary Alice Trapp, RN is the pioneer of this program. For more information, please contact Ann Nicometo, Native WEB, nativeweb@mayo.edu or 507-284-4575.

Elders are important to sustaining our traditions. It is through the stories of our elders that we were first made aware of the increase in cancer among our people. Our Elders often share their vision for our future and are key to progression within our communities when it comes to health care because they often keep our communities in check when decisions are made that affect our people.

Advocacy is nothing new to our elders. A long time tradition is to be the voice for those that have come before us and for the youth about to take on the roll as tribal leaders.

Grants are often developed, written by, applied for and administered by our Elders. Tribal mini-grants are available for our communities. Grants directly affecting our elders range from screening and awareness such as the men's health and cancer awareness days and screenings at Custer Health, to the Pink Shawl's and Blue ribbon shirts for cancer survivors.

Leadership is probably what one first thinks of when it comes to our Elders. They often provide ongoing mentorship as soon as they are able to serve as tribal leaders and/or become an Elder to another sibling or family member. Elders often take on secondary careers by serving as health administrators, community health representatives and advocates.

Education is important to sustaining our communities. Our youth are vital in providing cancer care and/or deciding and conducting research that will improve the health of our people. It is often an influential elder that will encourage, mentor and nurture a student through the long process of obtaining a medical and/or research degree. This results in the young healer returning to their community and "giving back" what they've learned in order to preserve their community.

Scholarships are available to assist our youth that are acquiring Doctor of Medicine or other doctoral degrees with an emphasis in cancer care and/or research. The Hampton Scholarship was named after the first Native American oncologist (cancer specialist), Dr. James Hampton, Cherokee elder.

Survivors support groups are one way elders have been able to talk about cancer. 'Talking circles' are a more culturally relevant, traditional method of talking to each other. Elders have been participating in talking circles to discuss how cancer is affecting them, their families, and the kind of care they are receiving. This way of sharing has generated an interest in comparing relevant issues from diagnosis to palliative care. Having access to resources such as our networks, partners, leaders, and information from each other, native communities have been forming their own social health policies and advocacy programs. Together, talking circles along with delivering relevant health information has been a source of motivation and inspiration.

Welcome! National Society for American Indian Elderly

by Twyla Baker-Demary, MS

The staff of the NRCNAA would like to take this opportunity to say welcome to our newest partners, the National Society for American Indian Elderly (NSAIE)! The NSAIE was established in 1987 as a non-profit organization to improve the quality of life for on-reservation and rural American Indian senior citizens by supporting a network of tribally established and administered services. They strive to in-

crease access to supportive services that will allow American Indian Elderly to stay in their homes, as respected members of their communities and keepers of their traditions. More information on their organization can be found at <http://www.nsaie.org>.

NSAIE will be partnering with the NRCNAA on a long term research project. We welcome them to the workgroup, and look forward to a productive partnership!



Center for
Rural Health

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Eligible residents of federally - recognized Tribal Lands may receive additional discounts off the monthly charge for Enhanced Lifeline service.

Link Up assistance helps qualified, low-income customers pay the activation fee.

Eligibility requirements vary by state. You may qualify for lifeline assistance if you comply with certain income level requirements or currently participate in

certain public assistance programs. For further information about Lifeline and Link Up assistance or to receive an application form, please call Sprint toll free at 866-827-3290 or visit <http://www.lifelinesupport.org>.

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.

