



Native Aging Visions

A Resource for Native Elders

*A publication of the National Resource Center on Native American Aging
located at the Center for Rural Health at The University of North Dakota
School of Medicine & Health Sciences*

Winter 2012

Director's Column

Hello friends! – Greetings and blessings for your Spring! I hope this one is a year of abundance and growth for you and yours. We at the National Resource Center on Native American Aging enjoy this time of year; amongst many Native people, it is the time to tell stories. I am happy that we are able to share some stories with you all in the following pages.

So did you make a resolution this year? Resolutions can be tricky things for folks wanting to lose weight, quit a habit of some sort, or perhaps pick up a new hobby. For some of us, resolutions can be great motivators; for others, they are all too easy to break. One resolution that you can make to yourself might be to simply live healthier. Improving the day to day choices each of us make can be something perhaps a bit easier to swallow, as opposed to saying “I’m going to lose 50 pounds.” Choosing water over soda, walking instead of taking the elevator, or grabbing a stick of sugarless gum instead of lighting up a cigarette are all small choices we can take to live a little bit healthier every day. Healthy choices and lifestyles are a focus for making resolutions, whether it’s spiritual, emotional, physical, or other facets of your overall well-being.

We also have the honor of featuring tribal elder Wilson Wewa from the Confederated Tribes of Warm Springs in our pages; Mr. Wewa is quite well known amongst our Title VI friends and relatives for his contributions to the well-being of his people, and other tribal people throughout the country.

There have been a number of changes and new developments here at the National Resource Center on Native American Aging recently, and we expect more in the future; Paula Carter, Turtle Mountain Band of Chippewa, is now Paula Carter, PhD, having received her degree last



Twyla Baker-Demaray

year. She is our Research Director, and a newly minted Assistant Professor here. Our team is joined by Kacie Thompson, Lower Brule, and Robert “BJ” Rainbow, Spirit Lake Dakota and Turtle Mountain Band of Chippewa. Kacie recently graduated from The University of North Dakota (UND), and is working on the WELL-Balanced program here. BJ is a graduate student at UND in the Educational Leadership program, and works on the elder needs assessment and other projects for the NRCNAA.

Lastly, we are happy to announce the creation of the National Indigenous Elder Justice Initiative (NIEJI) here at the Center for Rural Health! This initiative will help to address issues related to elder abuse in our Native communities. We are very excited about the opportunities this new initiative brings, and Dr. Jacque Gray talks about them in this issue of Visions. Here’s to a healthy, happy year for you and yours! Maacigiraac, friends.

— Twyla Baker-Demaray;
Mandan, Hidatsa, and Arikara Nation

Elder Abuse in Indian Country: Disrespect

By Jacque Gray, PhD, NIEJI Director

Traditionally, American Indian/Alaska Native/Native Hawaiian (AI/AN/NH) elders have held a position of respect. The elders preserve Native culture, language, and history for the next generations of the People. They were honored for their wisdom, experience, and maturity. Today, however many communities have elders who are disrespected and suffer at the hands of those providing care. Elders may be neglected, financially exploited and even physically injured. The community and leadership in the past intervened to make sure these elders were taken care of appropriately. Today, complicated and frequently competing legal mechanisms address this complex problem.

We have no idea how big the problem is because there is little research on elder abuse in general, and none on elder abuse in Indian Country. It is even difficult to agree on what constitutes abuse; or what many indigenous elders would describe as disrespect. There are seven categories to consider.

- 1. Physical abuse** includes the use of physical force that may result in bodily injury, physical pain, or impairment. This may include acts of violence, inappropriate use of drugs, and physical restraints.
- 2. Sexual abuse** is defined as non-consensual sexual contact of any kind with an elderly or disabled person or with any person incapable of giving consent.
- 3. Emotional/Psychological abuse** is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. This includes insults, threats, and intimidation as well as enforced isolation.
- 4. Neglect** is defined as refusal or failure to fulfill any part of a person's obligations or duties to an elder. Neglect typically means the refusal or failure to provide an elder with life essentials.
- 5. Exploitation** is misusing the resources of an elderly or disabled person for personal or monetary benefit. This includes cashing an elder's Social Security or personal check or taking property or other resources.
- 6. Self-Neglect** is when an elder fails to meet their own physical, psychological, and/or social needs. This may involve dementia, illness, malnutrition, overmedication, depression, substance abuse, poverty, or even resistance to intervention.
- 7. Isolation** due to a disability, inclement weather, fear of falling, or simply living in a hard to reach rural area can increase the likelihood of an elder being abused.

Recognizing abuse is difficult because many elders suffer in silence. If you notice changes in an elder's personality, behavior, or physical condition you should start to question what is going on. Your roll is not to accuse, verify, or prove abuse is occurring, only to notify others of your suspicion. Please visit the Administration on Aging's 'Elder Rights Protection' webpage: www.aoa.gov/AoA_programs/Elder_Rights to learn about what you should do if you are concerned that someone you know is being abused.

The National Indigenous Elder Justice Initiative (NIEJI) has been established to examine this growing crisis. It is funded by the Administration on Aging (AoA) and is housed at the Center for Rural Health, The University of North Dakota. NIEJI's mission is to restore respect and dignity by honoring our Indigenous elders.

Please visit the NIEJI website at www.nieji.org or contact NIEJI by calling toll free 855-834-1572 or e-mail us at nieji@med.und.edu for more information about what we are doing and how you can join us in this effort.

Take that walk!

Based on a 12-year study of 416,175 people that compared inactive men and women to those who exercised, participants who included just 15 minutes of moderate exercise in their daily routine had a life expectancy of three years more than their inactive counterparts. Every additional 15 minutes of daily exercise further reduced mortality by four percent. These benefits were applicable to all age groups and both sexes, as well as to those with cardiovascular disease risks. [The Lancet, Early Online, 16 August 2011]

Social Security Benefits

The Social Security Administration has new tools to help you sort through social security benefits and services. Tribal communities can access comprehensive information about all services in one place. Go to www.socialsecurity.gov/aian, or contact the Social Security Administration, American Indian Public Affairs Specialist at 866.964.1941 ext. 14050.

Congratulations!

Cynthia LaCounte has been appointed Director of American Indian, Alaska Native and Native Hawaiian Programs at the Administration on Aging, U. S. Department of Health and Human Services. All of us at the NRCNAA look forward to working with her and wish her success and fulfillment in her new position.



Paula Carter

Congratulations also to our own Dr. Paula Carter. She has just been appointed to a faculty position at the University of North Dakota School of Medicine and Health Sciences. Way to go Paula!

Fort Washakie, Wyoming

I want to thank Amy Clarke who is a registered nurse at the Indian Health Service, for inviting Paula Carter and I to Ft. Washakie. We went to share information on the WELL-Balanced program for elders. Paula and I were privileged to learn from them what can be accomplished with a dedicated staff who inspire a whole community working together to build healthy lifestyles. We met many of the staff members who are responsible for Ft. Washakie's exceptional diabetes and home health programs. They have involved the whole community, from toddlers to elders, in physical activities and nutrition education. Elders who are not able to leave their homes are visited regularly and receive assistance with appropriate exercise and nutrition. This is an exemplary program that shows how much can be accomplished by good people working together.

We did spend part of the time sharing information on the resources available through the National Resource Center on Native American Aging. The WELL-Balanced program combines exercise, information, and social activity to help elders remain active and independent in their own homes as long as possible. It can be used as a class on its own or integrated into existing programs. Since Ft. Washakie has a successful wellness program already running, they will use it to enhance what they are already doing. Many of the exercises will also be used during visits to home bound elders.

Again, thank you Amy for inviting us. Thank you for the cherries picked from your own tree, and especially for the elk sloppy joes!

Ann Miller, Project Assistant

NRCNAA Staff Updates

Sara Del Norte recently left the National Resource Center after completing her master's degree and moved back to her hometown in Michigan. She was with the Center since August 2009 and brought a great deal of expertise to her job here at the center as a student researcher. All the staff at the NRCNAA wishes Sara and her family all the best; she will be greatly missed.

Paula Carter recently became a full-time employee at the National Resource Center as a research specialist, and completed her doctoral degree in May 2011. Her degree is in the field of Counseling Psychology. In January 2012, Dr. Carter became an assistant professor and is dividing her time between the National Resource Center and the National Indigenous Elder Justice Initiative (NIEJI).

Robert "BJ" Rainbow joined the National Resource Center as a research assistant in the fall of 2011 to work on the elder needs survey. BJ is returning to graduate school with a major in Educational Leadership at The University of North Dakota.

Kacie Thompson joined the National Resource Center as an intern working on the WELL-Balanced program. Kacie is a student in Physical Education, Exercise, and Wellness at The University of North Dakota.

Patty Lambert has rejoined the National Resource Center as a research assistant on the elder needs survey. She continues to work on completing her master's degree in English at The University of North Dakota.



Identifying Our Needs: A Survey of Elders - 2011 Update

The National Resource Center on Native American Aging officially wrapped up cycle IV of the Elderly Needs Assessment on March 31, 2011. We processed 18,078 surveys for 303 American Indian tribes, Alaskan villages, and Hawaiian homesteads.

If your tribe/village/homestead participated, you should have already received your expanded comparison sheets. These final results allow for comparison between your tribe and the total tribal aggregate of all Native elders surveyed, and comparison to the general U.S. population (if that information was available). Your data allows you to create a record of your elders changing health and social needs. Use it to plan for the future needs of your elders, and for grant applications including Title VI nutrition and caregiving grants.

Cycle V of the Needs Assessment runs through March 31, 2014. Whether you are new to the Needs Assessment process or have participated before, now is the time to get started. Three cheers for the two tribes who have already completed their tribal resolutions! All who were part of the mad rush at the end of 2010 know we want to start sooner this time. If you have access to the Internet, visit our website at www.nrcnaa.org. Click on 'Needs Assessment' on the left side of the page for general information about the survey and how to get started. If you are old hands at this, click on Assessment Materials for the latest updates on everything you need to participate. And remember, we are available to help in any way we can. Please call (800-896-7628) or email us (nrcnaa@med.und.edu). We can mail you printed copies of everything that is on the web site, answer any questions or concerns you may have, and assist you with any training that is necessary.

Happy Surveying!

WELL-Balanced (Wise Elders Living Longer)

Falling is the most common and serious risk facing the elderly. A fall can lead to illness and disease, decreased body function, early admission to a nursing home, and sometimes death. Even the fear of falling can cause people to limit their activities, which can lead to a decrease in functional abilities both physically and socially.

The Wise Elders Living Longer or WELL-Balanced is a health promotion program designed as a community intervention to address elders' risk of falling. It focuses on encouraging exercise and improving movement specifically through balance and strengthening exercises. This 16 session (eight week) course is led by instructors/coaches (volunteer and non-volunteer) and includes a home safety check, fall risk screening, and a home program to use after the course is completed. The program requires at least two instructors and space for 10 to 12 elders to move around. A completed application is also required in order to participate in the well balance program.

WELL-Balanced is based on data from "Identifying our Needs: A Survey of Elders." Using this survey, the National Resource Center on Native American Aging (NRCNAA) has worked with over 300 Native American tribes, homelands, and villages throughout the continental United States, Alaska, and Hawaii to compile information on health status, chronic disease, functional limitation, access to healthcare, health risk factors, home and community based services, housing, and social interaction of their elders. Analysis of this data revealed the prevalence of chronic disease, lack of mobility, and social isolation among this population.

WELL-Balanced was developed by the NRCNAA in conjunction with the University of North Dakota Wellness Center. WELL-Balanced educational material is based on experimental evidence for fall prevention as well as cognitive behavioral approaches to motivation and adherence to exercise programs. It includes evidenced based education, health promotion activities, and group movement along with adaptation for individuals with diabetes, arthritis, hypertension and persons in wheelchairs.

WELL-Balanced uses exercise, information, and social interaction to help elders remain active and independent in their own homes as long as possible. The program encourages exercise, improves movement, builds confidence, helps reduce risk of falls, helps elders cope with chronic disease as well as being just plain fun.

The NRCNAA will provide training for instructors and all necessary supplies including stability balls, resistance bands and steps. We do ask for your feedback. We want to know what you think works and hear your suggestions on changes to make the program better. We will make revisions based on your evaluations. WELL-Balanced is a dynamic curriculum; as it is used it will change and grow.

WELL-Balanced is available to any tribe, homeland, or consortium that wants to use it. If you would like to get started with WELL-Balanced or if you have any questions please feel free to call us at (800) 777-5382 or email us at nrcnaa@med.und.edu.



Take Your Medicine

*Take this to your health care provider
and have them complete the necessary
information below.*

Medicine is prescribed to help you. But it can hurt if you take too much or mix medicines that do not go together. Help yourself by doing a few simple things before you take that pill. Make a list. Write down all the medications you take, including vitamins, supplements, and aspirin. Make sure everyone involved in your health care (nurse, doctor, and pharmacist) sees the list before they give you a prescription.

- Why should I take this medicine?
- What is the brand name and generic name of this medicine?
- Can I take a generic version of this medicine?
- Does this new prescription mean I should stop taking other medicines?
- How much of the medicine should I take and how often do I take it?
- If I take it three times a day, does that mean at breakfast, lunch, and dinner, or every eight hours?
- Do I need to wake up in the middle of the night and take it?
- Should I take it with food or without food?
- What if I miss a dose?
- Do I need to take it all, or should I stop when I feel better?
- How long should I take it? Can I get a refill? How often can I get a refill?
- How should I store my medication? Do I need to keep it in the refrigerator?
- Are there any tests I need while I'm on this medicine?
- When should the medicine start working? How will I know if it's working?

Follow the directions

- Do not share your medication with anyone. Do not use someone else's medication.
- Take any medication that you no longer need to take to your pharmacist. They can help you get rid of it safely.
- You can help yourself get the best results by being part of your "health care team." Asking questions before you take that pill will prevent problems later and help you gain the best results from your medication.

Wilson Wewa - Cultural and Spiritual Hero

By Paula Carter, PhD



Mr. Wilson Wewa is a member of the Warm Springs Confederated Tribes of Oregon that consist of three distinct tribes living together on what Wilson describes as one beautiful and unique reservation. He is of Paiute/Nez Perce descent and has worked as a Native elder advocate and spiritual leader for most of his life. Wilson is a leader of the Senior Citizen Department's wellness team in Warm Springs. He has worked with the National Forest Service, Bureau of Land Management, U.S. Army Corps of Engineers, and the U.S. Attorney's Office on repatriation, and to preserve traditional use areas and sacred sites.

As a recognized leader of the Washaat religion of the northwest, Wilson officiates at 95% of all funerals in his community. He is a traditional healer, using prayer and plants to help elders in traditional cultural contexts. Wilson states there are many challenges in his leadership role. Trying to please as many people as possible with limited resources is just that – a challenge. But, the reward is great. Wewa says, "Imagine being entrusted with great cultural and spiritual knowledge that was passed on to me by our Native elders." He lovingly refers his teachers as the 'horse and buggy' generation because that was their mode of transportation. He has learned who he is and how to be through the elders.

Wilson takes his leadership position in the community very seriously. Meeting this challenge has taught him a valuable lesson. As he puts it, "The lesson of respite. At times I have to just take off." He shares that it was a difficult lesson to learn.

Wilson knows well the issues facing the elders in Warm Springs. He says, "Many are becoming parents a second time around, and the scourge of meth drains both resources and hope in this and other Native communities." A major cultural and spiritual concern for his community is the diminishing use of the language. The original meanings of songs cannot be preserved without knowledge of the language. One of Wilson's greatest hopes is, as he puts it, "To see my grandchildren be a repository for all of our sacred songs."

When asked what makes the Warm Springs elders resilient, Wilson is quick to respond: "One of our greatest strengths is the retention of our strong cultural and spiritual beliefs. There are many shortages in Indian Country such as housing, food, and adequate health care. We've had to be problem solvers out of great necessity."

When asked about his accomplishments, Wilson's voice becomes tempered with humbleness. There is little distinction between the purpose of Mr. Wewa's life and his work. He is not only a passionate advocate, role model and leader for his community but for all Native American people.





Center for
Rural Health

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Delicious Ham and Potato Soup

Prep Time: 20 min, Cook Time: 25 min, Ready In: 45 min

- 3 1/2 cups peeled and diced potatoes
- 1/3 cup diced celery
- 1/3 cup finely chopped onion
- 3/4 cup diced cooked ham
- 3 1/4 cups water
- 2 tablespoons chicken bouillon granules
- 1/2 teaspoon salt, or to taste
- 1 teaspoon ground white or black pepper, or to taste
- 5 tablespoons butter
- 5 tablespoons all-purpose flour
- 2 cups milk

Directions

1. Combine the potatoes, celery, onion, ham and water in a stockpot. Bring to a boil, and then cook over medium heat until potatoes are tender, about 10 to 15 minutes. Stir in the chicken bouillon, salt and pepper.
2. In a separate saucepan, melt butter over medium-low heat. Whisk in flour with a fork, and cook, stirring constantly until thick, about 1 minute. Slowly stir in milk as not to allow lumps to form until all of the milk has been added. Continue stirring over medium-low heat until thick, 4 to 5 minutes.
3. Stir the milk mixture into the stockpot, and cook soup until heated through. Serve immediately.

Nutritional Information

Amount per Serving: Calories: 195 | Total Fat: 10.5g | Cholesterol: 30mg | Serving Size: 1 cup