



Health and Health Care of
**Alaska Native
Older Adults**

<http://geriatrics.stanford.edu/ethnomed/alaskan>



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IN THE DIVISION OF GENERAL INTERNAL MEDICINE
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CONTENTS

Description **3**

Learning Objectives **4**

Introduction & Overview **4**

Topics—

Terminology,
Geography **4**

Demographics **5**

Native Cultures **7**

Historical Background **8**

Patterns of Health Risk **13**

Topics—

Causes of Death **13**

Culturally Appropriate Geriatric Care:

Fund of Knowledge **18**

Topics—

Definition of “Elder” **18**

Cohort Analysis,
Cultural Values **19**

Patterns of Communication **20**

Traditional Healing **21**

Important Cultural Issues **22**

Culturally Appropriate Geriatric Care:
Assessment **24**

Topics—

Respect and Rapport,
Communication: Verbal vs. Non-
Verbal **24**

Use of Standardized Instruments,
Client Background **25**

Clinical Assessment **26**

Cognitive & Affective Status,
Functional Status,
Home and Family Assessment **27**

Community
& Neighborhood Assessment,
End of Life Preferences **28**

Elicit the Patient & Family’s
Perspectives **29**

Access & Utilization **31**

Topics—

Patterns & Barriers to Utilization,
Models of Service **31**

United States Health Care Policy,
Health Promotion Strategies **32**

Treatment Issues & Responses,
Blending Biomedical
& Traditional Therapies **33**

Instructional Strategies **35**

Topics—

Case Study 1 **35**

Case Study 2 **36**

References **37**

Links & Resources **40**

Appendix A: Substance Abuse
Programs in Alaska **41**

Appendix B: Adult Day Programs
in Alaska **43**

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DESCRIPTION

This module is designed to provide information to increase the health care provider's awareness of specific cultural, racial, ethnic, and tribal influences on health and health care of older Alaska Natives.

The collectivist worldview and cultural values will be explained as it relates to health care of older adult Alaska Natives.

Information in the content section is based on evidence from research, and citations to the published studies are included.

Note on Available Information

Currently, very little information is known about aging Arctic populations and specifically about aging among the Native people of Alaska. The paucity of information available on aging and health among Alaska Natives has an impact on training and developing a diverse, culturally competent, and sensitive health care professional workforce.

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MODULE CHARACTERISTICS



Time to Complete: 2 hrs, 0 mins



Intended Audience: Doctors, Nurses, Social Workers, Psychologists, Chaplains, Pharmacists, OT, PT, MT, MFT and all other clinicians caring for older adults.



Peer-Reviewed: Yes

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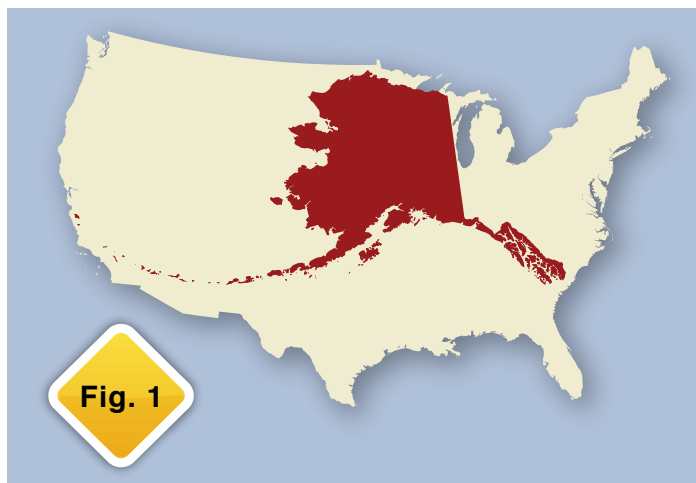
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LEARNING OBJECTIVES

Upon completion of this module the learner will be able to:



1. Explain the major health care beliefs among Alaska Native older adults.
2. Develop an awareness of the importance of the historical context in the lives of today's Alaska Natives.
3. Recognize the conflicting values of Alaska Natives vs. Euro-American values of health care.
4. Describe the use of an Alaska Native cohort analysis to understand the historical trauma and experiences of Alaska Natives.
5. Describe the strategies for the development of culturally appropriate communication.
6. Explain how the Alaska Native Elder explanatory model of health/illness contributes to planning a culturally compatible treatment plan.
7. Identify key areas for culturally appropriate geriatric assessment and interventions for Alaska Native older adults.



INTRODUCTION & OVERVIEW

Terminology

The difference between an “Elder” and “older adult” needs to be made clear in order to more effectively preserve and transmit cultural knowledge between generations. Throughout this module:

The lowercase “older adult” is used to acknowledge Alaska Natives who have reached advanced age.

An upper case “E” in “Elder” is used to indicate an individual who possesses certain qualities and maintains a specific lifestyle and knowledge. In Alaska Native cultures an Elder is defined as an individual who has lived an extended life, currently maintains a healthy lifestyle, and has a wealth of cultural information and knowledge (**See Fund of Knowledge for more information**).

Geography

Alaska, the Last Frontier, is a vast land mostly surrounded by water. To the north is the Arctic Ocean, to the South is the Gulf of Alaska and Pacific Ocean, to the West is the Bering Sea, and to the East is the border with Canada.

Alaska encompasses 586,400 square miles, with 33,904 miles of shoreline (33% of America's total shoreline). It is twice the size of Texas, the second largest state in the United States, and one-fifth the area of the entire Continental United States (**see Figure 1**). About one-quarter of the land mass is above the Arctic Circle, where permafrost locks about two-thirds of the Arctic lands in perpetual ice.

The state of Alaska is divided into four areas, including two mountain ranges, a central plateau, and the Arctic Slope or coastal plain. The state covers four time zones, and the average temperatures range from a high of 72 to a low of -22 degrees.

(INTRODUCTION & OVERVIEW CONT'D)**Demographics**

In 2000, Alaska Natives comprised just 0.04% (120,766 individuals) of the total U.S. population¹; however in the state of Alaska they comprise 19% of the state's population of 660,000². The Alaska Native groups include:

- Athabascan
- Yup'ik/Cup'ik
- Inupiaq
- Aleut/Alutiiq
- Southeastern Tribes
- Eyak
- Tlingit
- Haida
- Tsimshian

See map on page 6.

Urbanization

The majority of Alaska Natives live in Alaska's major urban cities (Anchorage and Fairbanks) due to job opportunities, higher education institutions, and to have access to regular healthcare. Alaska Natives make up the majority of individuals who reside in remote village communities throughout the state which range from several hundred to several thousand persons. Many villages strive to balance a subsistence economy and a western cash economy.

Economy

A subsistence economy refers to the hunting, fishing, and gathering activities related which traditionally forms the economic base for many Alaska Native people while a western cash economy emphasizes the need

for wages and cash payments to exchange for goods or services needed by individuals.

An example of economic balancing seen in many Native communities in Alaska include using wages from employment to purchase ATVs, nets, guns, and ammunition to support subsistence hunting or fishing activities.

Health Care

Alaska's unique geography and population characteristics, combined with transportation and economic factors, present enormous challenges for delivery of health care services for all its elderly inhabitants, but especially for those of Alaska Native heritage. It is perhaps not surprising that under these conditions sizeable portions of the state (52% of both rural and urban census areas) have been designated as Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs), where many Alaska Native elders reside.

Rich Cultures and Traditions

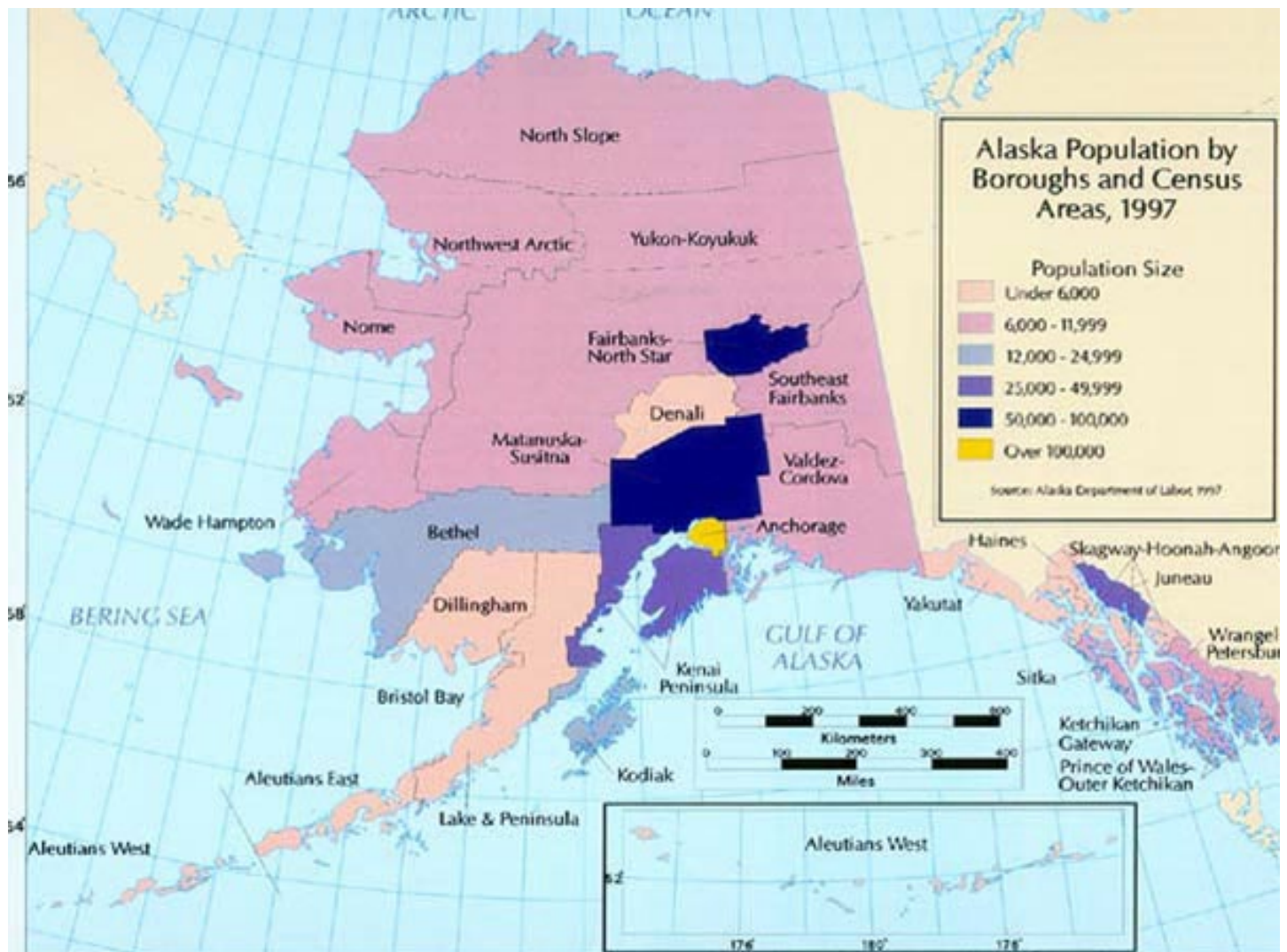
Many Alaska Natives have rich cultural practices that have been passed down through generations. Alaska Natives' worldview is one of a collective culture where the entire group is the focus rather than the individual self—a Western concept. The primary emphasis is based upon harmonious interconnectedness among the group members.

The customs of the Alaska Native people are similar in scope but each varies from tribe to tribe. The customs include group emphasis, cooperation, giving and sharing, patience, listening and observation skills, spirituality, respect for lands-animals-Creator, respect for elders, and balance and harmony with others and the natural environment.

1. Data was retrieved from the U.S. Census Bureau on February 9, 2009 at <http://www.census.gov/prod/2006pubs/censr-28.pdf>

2. Data was retrieved from the First Alaskan Institute on September 11, 2007 at <http://www.firstalaskans.org>

(INTRODUCTION & OVERVIEW CONT'D)



Source: Alaska Department of Labor, 1997

(INTRODUCTION & OVERVIEW CONT'D)

Indigenous Languages

According to the 2000 U.S. Census:

- 85.7% of Alaska residents age 5 and older speak English at home.
- The next most common languages are
 - Spanish (2.88%),
 - Yup'ik (2.87%),
 - Tagalog (1.54%)
 - Inupiaq (1.06%)
- A total of 5.2% of Alaskans speak one of the state's 22 indigenous languages, known locally as Native languages.

Native Cultures

Today Alaska Natives represent approximately 19% of Alaska's residents and are a significant segment of the population in over 200 rural villages and communities. Many Alaska Natives have retained their customs, language, hunting and fishing practices, and ways of living. Alaska's Native people are divided into eleven distinct cultures, speaking 22 different languages.

The Alaska Native cultural groups are organized into five central groupings, which draw upon cultural similarities or geographic proximity:

- Athabascan
- Yup'ik/Cup'ik
- Inupiaq
- Aleut/Alutiiq
- Southeastern Tribes (Eyak, Tlingit, Haida, and Tsimshian)

Athabascan

The Athabascan Indian people traditionally lived in Interior Alaska, an expansive region that begins south of the Brooks Mountain Range and continues down to the Kenai Peninsula. There are eleven linguistic groups of Athabascans in Alaska.

Athabascan people have traditionally lived along five major river ways: the Yukon, the Tanana, the Susitna, the Kuskokwim, and the Copper River drainages. Athabascans were highly nomadic, traveling in small groups to fish, hunt, and trap.

Yup'ik and Cup'ik

The southwest Alaskan Natives are named after the two main dialects of the Yup'ik language, known as Yup'ik and Cup'ik are commonly referred to as Eskimos. The Yup'ik and Cup'ik depend heavily upon subsistence fishing, hunting, and gathering for food. Elders tell stories of traditional ways of life as a way to teach younger generations survival skills and their heritage.

Photo Credits

Athabascan: "Tanana Women on Ice," Alaska State Library, Kathryn Anderson Collection, UAF-1975-41-1

Yup'ik and Cup'ik: "Traditional clothing in Gambell," Alaska State Library, Wien Collection, AMRC – b85-27-1230

SOURCE

Alaska Native tribal information retrieved with permission from Alaska Native Heritage Center, Anchorage, Alaska on 7/20/07:

www.alaskanative.net



(INTRODUCTION & OVERVIEW CONT'D)**Inupiaq**

The Inupiaq Eskimos are still hunting and gathering societies. They continue to subsist on the land and sea of north and northwest Alaska. Their lives evolve around the whale, walrus, seal, polar bear, caribou, and fish.

The north and northwest region of Alaska is vast. To the people of the north, the extreme climate is not a barrier but a natural realm for a variety of mammals, birds, and fish gathered by the people for survival.

Aleut and Alutiiq

The Aleut and Alutiiq peoples are from south and southwest Alaska—maritime peoples. The water is their living, whether the creeks and rivers near villages, the shore outside, or the vast waters of the North Pacific and Bering Sea.

Knowledge of these resources

and skill in harvesting them define the cycle of life in a village. The intensity of the weather that travels through the islands governs activities more than any other factor.

The Aleut and Alutiiq cultures were heavily influenced by the Russian occupation, beginning in the 18th century. The Orthodox Church is prominent in every village; Russian dishes are made using local subsistence food, and Russian words are part of the common vocabulary.

Photo Credits

Inupiaq: "Kotzebue Blanket Toss," Alaska State Library, Wien Collection, AMRC – b85-27-1468

Aleut and Alutiiq: "Russian Christmas Star," Alaska State Library, Bunnell Collection, UAF – 1973-66-50

"Haida Chilkat Dancers, Hydaberg, AK," Alaska State Library, Winter & Pond Collection, ASL – PCA - 87

**Southeastern Tribes:
Eyak, Tlingit, Haida and Tsimshian**

The Eyak, Tlingit, Haida, and Tsimshian share a common and similar Northwest Coast Indian Culture, with important differences in language and clan system. Anthropologists use the term "Northwest Coast Culture" to define the Eyak, Tlingit,

Haida, and Tsimshian cultures, as well as that of other peoples indigenous to the Pacific coast, extending as far as northern Oregon.

The Eyak, Tlingit, Haida, and Tsimshian have a complex social system consisting of moieties, phratries, and clans. Eyak, Tlingit, and Haida divide themselves into moieties, while the Tsimshian divide into phratries. The region from the Copper River Delta to the Southeast Panhandle is a temperate rainforest with high precipitation. Here the people depended upon the ocean and rivers for their food and travel.

Historical Background**Historical Trauma****Definition**

Historical trauma is the accumulative emotional and psychological pain over an individual's lifespan and across generations as the result of massive group trauma (Yellow-Horse Brave Heart, 1995). Historical trauma can have varied effects on individuals and populations that may include: unsettled trauma or grief, depression, high mortality, increase of alcohol abuse, child abuse and domestic violence. Examples of historical trauma have been observed among Lakota and other American Indian populations, and Jewish Holocaust survivors and descendants (Brave Heart, 2000).

(INTRODUCTION & OVERVIEW CONT'D)

Background

The historical trauma of Alaska Natives is closely related to external events impacting them over hundreds of years; however, the underpinnings of historical trauma predate back to the ethnocentric stance of the Russians and the missionaries. The holocaust (defined as an act of great destruction and loss of life) experienced by the cultural groups of Alaska Native peoples has resulted in trauma that has been handed down to the next generations (Ball, 1998; Brave Heart, & Cashin, 2000; Duran & Duran, 1995).

Many older Alaska Natives grew up in a time when the basic foundation of the social life that bonds the Alaska Native culture and communities together was damaged. Many believe that the soul and the psyche of generations of Alaska Native peoples have inherited the pain, loss, and frustration of their ancestors. As a result of loss of cultural patterns, identities, relationships, and unresolved massive psychic traumas, many Alaska Natives are experiencing chronic social problems today. This phenomenon is referred to as historical trauma and is defined as cumulative emotional and psychological wounding both over a life span and across generations, resulting from massive group catastrophes (Yellow-Horse Brave Heart, 1995).

Alaska Native cultural arrangements and patterns, including language, values, ethics, and beliefs, were severely challenged by the Western missionaries and educators. Alaska Natives lost the right to speak their languages, sing their songs, learn from contact with Elder knowledge, connect with nature, bond with their community, and pursue their traditional means of survival. Art, ceremonial objects, ceremonies, prayer, and healings were forbidden and condemned and as a result many traditional practices were lost as a living part of Alaska Native culture forever.

Russian Exploration

The Russians came to Alaska with the goal of exploring the land, reaping the benefits of the wealth of the land and later, to “civilize” the Alaskan Native population.

The missionary period was also undertaken with the goal of “civilizing” the Alaska Native population. This period of change in the history of Alaska resulted in incalculable damage to the Alaska Native population.

The Russian era lasted for two to three hundred years in Alaska, with the first Russian ship arriving in Alaska in 1762. The Russian explorers and fur traders were sometimes harsh and abusive in their treatment of the Alaska Native people. The abuse by the Russians against the Aleut, Koniag, Chugach, and Tanaina Indians during the 18th and 19th centuries in Alaska greatly diminished the population of these groups. The loss of population was caused by murder, drowning, disease, and starvation (Fortune, 1989; Freeman, 2000; Haycox, 2000; Napoleon, 1991; Weaver, 1988).

Families were broken up and permanently dispersed. During this period, Native women were raped and forcibly taken as concubines. Aleut and Koniag women began killing their babies in the womb or starving them at birth to spare them the abuse by the Russians.

Missionary Era

The historical trauma experienced by Alaska Natives is not only related to the Russian exploration, fur trade, and occupation. The missionary era in Alaska is also central to the occurrence of historical trauma of Alaska Native people. Alaska became part of the United States in 1867 with the missionary effort beginning in the 1870s.

Alaska Native culture was further eroded by the well-intentioned but ill-conceived actions of the missionaries (Hinkley, 1961; Stewart, 1908). The missionaries arrived after having divided up Native populations to determine which denomination would control which geographical region. Although documentation of the strategic gathering of Reverend Sheldon Jackson along with the representatives of the five leading denominations in New York City is limited, Field (1895) stated the following of the meeting:

(INTRODUCTION & OVERVIEW CONT'D)

“...a small affair in outward appearance...only three secretaries and Sheldon Jackson...bending over the little table on which Sheldon Jackson has spread out a map of Alaska ... the allotment was made in perfect harmony. As the Presbyterians had been first to enter Southeastern Alaska, all agreed that they should retain it, untroubled by intrusion. By the same rule, the Episcopalians were to keep the Valley of the Yukon, where the Church of England... had planted its missions forty years before. The Island of Kadiak... was a generous portion for the Baptist brethren; while to the Methodist were assigned the Aleutian and Shumagin Islands. The Moravians were to pitch their tents in the interior... the Congregationalists mounted higher the Cape Prince of Wales...the Presbyterians went to Point Barrow...”

The missionaries came to Alaska (approximately 1885-1886) with the goal of civilizing the Alaskan Native population at a time when their weakened state (due to the recent losses due to murder, drowning, disease, and starvation) proved to be fertile ground for missionaries' endeavor. The goal of civilization can be viewed as the loss of everything that identifies a group of people: language, food, style of clothing, spiritual belief system, economy, family patterns, art, and traditional dance and song (Fortune, 1989; Haycox, 2000; Hinkley, 1961; Jacobs, 1995; Napoleon, 1991; Ritter, 1993; Stewart, 1908; Thorton, 1984; Weaver & Postman, 1988.)

Alaska Native peoples were forced by negative circumstances to turn their children over to the missionaries for education and instruction. Children were removed from their home in favor of missionary schools and boarding schools. While in the missionary schools, boarding schools and boarding homes, children were allowed only limited contact with their families and were told their traditional ways were in opposition to the modern Christian teachings (Fortune, 1992; Napoleon, 1991).

Those who attempted to practice traditional ways or to speak their language were sometimes severely punished

and shamed, which seriously challenged or damaged their identity.

The missionaries and priests told the Alaska Native people that their spirit world and their spiritual practices were Satanist and these beliefs and practices aligned them with the devil as envisioned by the Western religious doctrine. As a result, many of the traditional ceremonies, songs, dances, and languages of Alaska Native people vanished (Freeman, 1965; Fortune, 1992; Napoleon, 1991; Ritter, 1993; Weaver & Postman, 1988). The children grew up without the wisdom of their culture and began to feel ashamed of their parents and themselves.

Disease Epidemics

Epidemics of small pox, measles and influenza decimated the Native population in the early 1900s. These viruses were exceedingly contagious and spread rapidly through the Native population that had no prior immunity and no natural defenses. The small pox epidemic of 1835-1840 and the influenza and measles epidemic of 1900 caused such destruction that no other event in recorded history comes close to the damage to the people affected. Death, social disintegration, desertion of traditional housing and anguish resulted in such overwhelming individual, family, community, and cultural catastrophe that the effects are still being experienced today.

Cultural Devastation

The cultural devastation by illness, depletion of natural food stock, discredit of traditional religion, language and Native roles, resulted in historical trauma. The social issues currently facing Alaska Natives today can be traced to the devastation of culture. Substance abuse, diabetes, suicide, family disruption, community and interpersonal violence, and mental health issues Alaska Natives are experiencing are directly linked to the cultural turmoil experienced by their ancestors (Fortune, 1992; Freeman, 1965; Haycox, 2000; Napoleon, 1991; Weaver & Postman, 1988) DeVries (1996) explained that when cultural patterns, cultural

(INTRODUCTION & OVERVIEW CONT'D)

identities and relationships are lost, existence becomes erratic because culture helps protect against depression and aggression. The problems of the individual are proportional to the cultural disintegration experienced by the group.

Native people lost many of their sacred spiritual beliefs and traditions when their Elders died and many of the survivors decided not to talk about the horror they had experienced. Alcohol was introduced to Natives during this time period by Russian traders and whalers and later during the American period by sailors on trading ships and miners.

During this period in the history of Alaska, the majority of Russians and Americans engaged in binge drinking and Alaska Natives followed their pattern of drinking. The experience of having their cultural world decimated left Alaska Native peoples in a state of shock, vulnerability and disbelief (Fortune, 1992; Haycox, 2000; Ritter, 1993; Weaver & Postman, 1988). The abuse of alcohol may have become a way to numb the pain and loss Alaska Native people were experiencing.

Current Social Disparities

Currently, Alaska Native families continue to experience extreme social disparities such as poverty, poor housing, and underemployment or unemployment, which can cause severe trauma reactions in families over time. Table 2 presents contemporary historical events beginning with the 1950's to present day. Socioeconomic disadvantage causes fatigue, irritability, and illnesses while jeopardizing security and well-being. Over time, social inequalities can lead to an obstruction of intellectual development despite the complete lack of evidence of an organic deficit related to learning. Social structural trauma generated by assaults to social structure produce demoralizing and long-enduring effects across generations (Kira, 2001).

Effect of Military Events

Military events such as WWII, Korean War, Vietnam War, Desert Storm and Iraq War have implications for health care and long term care for aging Vets in Alaska.

PTSD from WWII vets, Korean Conflict, and those Vets that were in their late teens or early 20s in Vietnam are getting close to be designated as Elders. There are Vietnam Vets in many parts of rural Alaska that are still dealing with PTSD. The families of these Vets have also suffered with their Vets and there have been a number of suicides. Some lower 48 groups have formed Warrior Societies that honor their Vets and this has helped those with PTSD. While Vets living in urban areas in Alaska receive adequate care, rural Alaska Native Vets do not have access to specialized care.

Decade Value Development

Please see Table 1 online:

http://geriatrics.stanford.edu/ethnomed/alaskan/introduction/history/value_development.html

Exxon-Valdez Oil Spill

The Exxon oil spill that occurred in Valdez, Alaska in 1989 created significant trauma to thousands of Alaska Natives living in the coastal pathway. Alaska Native communities that were impacted had to modify their diet away from such traditional Native foods as cockles, clams, mussels, sea snails, seaweed, and bidarkas (gumboots). Many began eating canned and processed foods with corresponding increases in hypertension and diabetes.

Early studies indicated that individuals and families underwent varying degrees of stress, grief and loss issues, and depression. For many, the oil spill represented a loss of a way of life, which for some continues to this day.

Land Claims

The Alaska Native Claims Settlement Act (ANCSA), was signed into law by President Richard M. Nixon on December 18, 1971—the largest land claims settlement in United States history. ANCSA was intended to resolve the long-standing issues surrounding aboriginal land claims in Alaska, as well as to stimulate economic development throughout Alaska.

The settlement extinguished Alaskan Native claim to

(INTRODUCTION & OVERVIEW CONT'D)

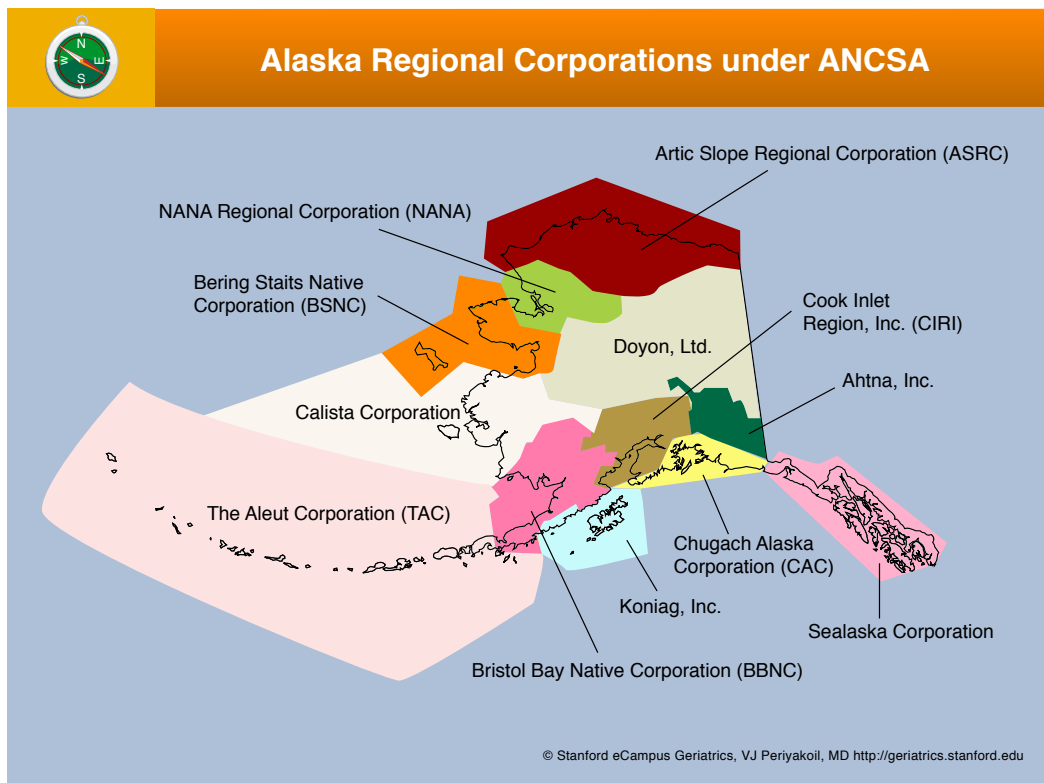
the majority of Alaska state land by transferring 44 million acres (1/9th the land mass of Alaska) to twelve Alaskan Native regional corporations and over 200 local village corporations. A total payment of \$962.5 million dollars was paid in compensation for exchange for the remainder of entitlements that was divided among the 12 Alaska regional corporations, 200 village corporations, and the 13th Regional Corporation which was formed for the Alaska Natives who resided outside the state.

Alaskan Native Regional Corporations

Thirteen Corporations were created under ANCSA:

1. Ahtna, Incorporated
2. The Aleut Corporation (TAC)
3. Arctic Slope Regional Corporation (ASRC)
4. Bering Straits Native Corporation (BSNC)
5. Bristol Bay Native Corporation (BBNC)
6. Calista Corporation
7. Chugach Alaska Corporation (CAC)
8. Cook Inlet Region, Inc. (CIRI)
9. Doyon, Limited
10. Koniag, Incorporated
11. NANA Regional Corporation (NANA)
12. Sealaska Corporation
13. The 13th Regional Corporation—Landless Corporation Headquartered in Seattle, Washington

See the map below.

**NOTE**

The 13th Regional Corporation is a landless corporation headquartered in Seattle, Washington.

SOURCE

Information about the Alaska Native Claims Settlement Act retrieved from Alaska Native Knowledge Network on 7/20/07 at <http://ankn.uaf.edu/NPE/ancsa.html>



PATTERNS OF HEALTH RISK

Compared to the U.S. general population and other tribal groups, fewer Alaska Native older adults reported their health as good or excellent and nearly one half indicated their health as poor. However, health status of Alaska Native people overall has improved over the years, largely due to the increased availability of medical care and advances in medical science.

The increase in life expectancy among Alaska Natives is 69.5 years at birth and has already been mentioned. This is primarily due to the reduction in infectious diseases and acute illnesses as a major cause of death. The increasing incidence of chronic disease in the Alaska Native population is often associated with an increase in functional limitations and more years of disability.

Causes of Death

Overview

Table 2 on page 14 presents the actual number of deaths by leading causes for different age groups of Alaska Native older adults. Although unintentional injuries is the leading cause of death for the Alaska Area there is decrease in deaths attributed to unintentional injuries as one ages. The other top four causes of death are comparable to the Caucasian older population in Alaska and the continental US. The major cause of death in the 55-64 age group is cancer followed by heart disease and injury. In the 75+ age group, the leading cause shifts to heart disease, and injury drops below Chronic Obstructive Pulmonary Disease (COPD), cerebrovascular diseases, and pneumonia.

Reports indicate that Alaska Native people have a higher prevalence of risk factors for heart disease, such as smoking, high blood pressure, and excess weight (DHSS 2001). The COPD death rate in Alaska Natives is almost double the rate for Whites. Furthermore, Healthy Alaskans 2010 states that in addition to being one of the 10 leading conditions related to restricted activity, COPD usually results in years of disability before causing death. Increased levels of disability can

SOURCE

The information related to health risks of Alaska Native older adults was retrieved with permission from the author at http://elders.uaa.alaska.edu/reports/yr2_4ltc.pdf. The material is from the following report: "Long term care needs of Alaska Native elders" pages 30-40 chapter 3, which was prepared by Kay Branch from the Alaska Native Tribal Health Consortium.

also be found in individuals experiencing a heart attack or stroke.

Cancer

Cancer is the leading cause of death for Alaska Native older adults. Age specific cancer mortality rates show that Alaska Native older adult have a higher proportion of deaths from all types of cancer than the U.S. White population (Lanier et. al. 2002). Although cancer mortality is higher in Alaska Native older adults than in U.S. Whites, the incidence rate of cancer per 100,000 population is very similar (Lanier et. al. 2001).

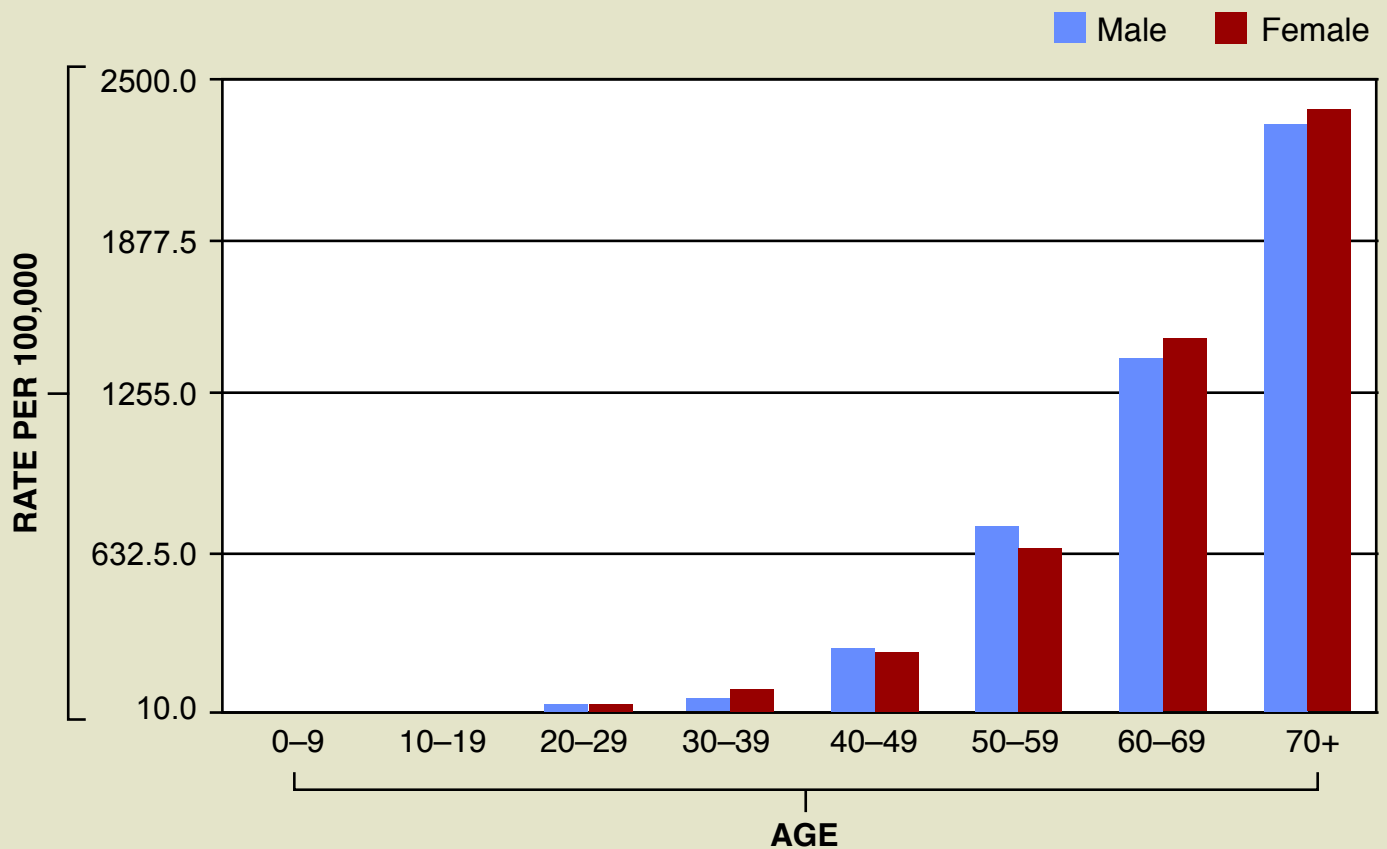
Figure 2 on page 15 compares cancer rates in Alaska Natives and US Whites by age from 1984–1998. Data from the Tumor Registry indicate that from 1969–1998 the number of cancer cases tripled, and more people are surviving cancer. Specific cases of cancer for the years 1984–1998 indicate that by far the highest numbers of people with cancer are older adults: out of a total of 3,097 cases of cancer, 30% are 70 and older, 25% are between 60 and 69, and 21% are 50 to 59 years old. Therefore, as the Alaska Native population continues to age and live longer, we can also expect an increase in the incidence of cancer, and will need to factor that increase into planning for elder services.

(PATTERNS OF HEALTH RISK CONT'D)

<div> <div>Table 2</div> <div>Leading Causes and Number of Deaths by Age Group: 1989–1998</div> </div>				
Cause	55–64	65–74	75+	Total
Cancer	256	296	293	845
Heart Disease	151	234	423	808
Unintentional Injuries	67	35	39	141
COPD	43	67	111	221
Cerebrovascular Diseases	36	39	147	222
Chronic Liver Disease	34	13	3	50
Pneumonia & Influenza	17	22	35	73
Diabetes Mellitus	15	23	35	73
Suicide	13	5	0	18
Homicide & Legal Intervention	7	4	1	12
All Other Causes	139	180	363	682
Total	778	918	1504	3200

Source: Lanier, et al. 2002. Alaska Native Mortality 1979–1998.

(PATTERNS OF HEALTH RISK CONT'D)

Fig. 2**Age-Specific Rates of Cancer
Alaska Natives compared to U.S. Whites**© Stanford eCampus Geriatrics, <http://geriatrics.stanford.edu>

(PATTERNS OF HEALTH RISK CONT'D)

Diabetes

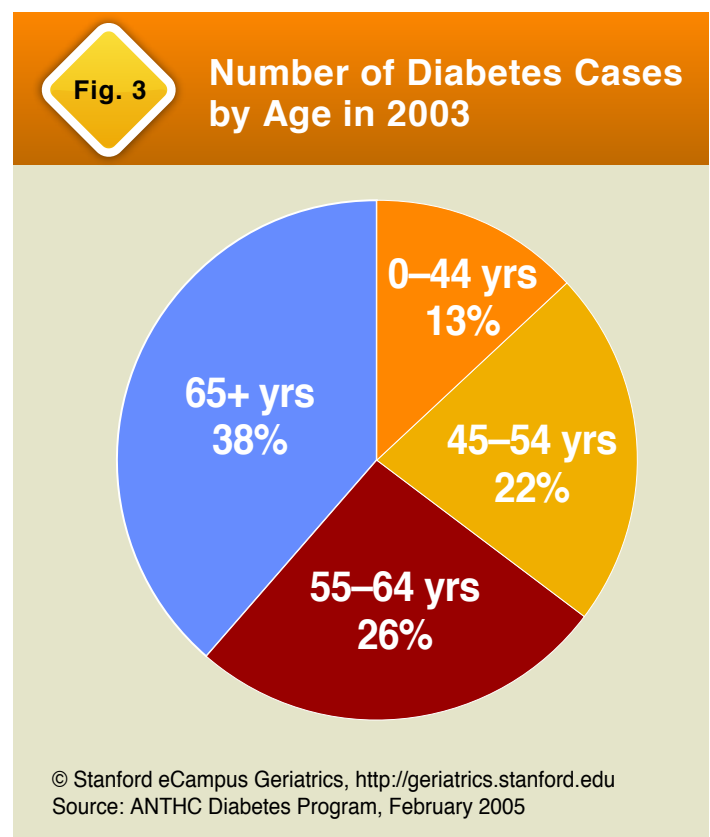
The prevalence of type 2 diabetes increases with age. Patient medical records from Alaska health care systems show an increase of 215% in the presence of diabetes for all Alaska Native age groups from 1990 – 2003 (Figure 8). For those over 55, incidence of diabetes increased 185%, and in the age group that will become elders within the next ten years, those 45 - 54, incidence has increased 230%. This data predicts the continuing presence of diabetes in the Alaska Native older adult population, and with that a matched increase in disabilities related to diabetes. Regional and cultural differences in diabetes prevalence can also be found.

The Southeast Alaskan Indians (Tsimshians) have the highest prevalence, and the Eskimo populations of western and northern Alaska have the greatest increase in prevalence (Schraer, et. al. 1997).

Previous U.S. studies indicate that, “Diabetes complications, especially end-stage renal disease and lower extremity amputations, are major causes of morbidity and mortality among older Indians” (Jackson, 2000). Although there are still fewer cases of diabetes in Alaska, compared to American Indian populations in the Continental U.S., the prevalence continues to increase among Alaska Natives, and diabetes and its complications, including lower extremity amputations, can lead to an increased number of functionally impaired older adults.

With the increase in life expectancy for Alaska Natives, diabetes is predicted to also rise. Factors influencing the increased incidence are associated with lifestyle changes and the shift from traditional lifestyles with a predominantly subsistence diet and plenty of exercise, to a western lifestyle that includes more processed foods, unhealthy fats, simple sugars, and less physical activity. Studies among the Zuni Indians show that a diabetes program that includes both diet and exercise modifications can reduce the incidence of insulin usage in their older populations (Heath et. al. 1987; 1991).

Diabetes prevention activities such as those initiated under the Grants for Special Diabetes Programs for Indians will assist tribal organizations in combating the effects of this illness. All Alaska tribal health organizations participate in this program, which includes educational and activity programs and screening to identify people with diabetes at an early stage. These activities can help mitigate the functional decline in the elder population that has diabetes.

**Trauma–Falls**

Falls are the leading cause of injury related emergency room visits for the 65 and older population in all of the U.S. People experiencing falls in their later life show an increasing decline in functional abilities and are at greater risk for institutionalization (Lindeman, 2003).

Within Alaska, during the time period of 1996 – 2000 there were 694 falls reported in Alaska Native people 55 and older. Falls occurred in all areas of the state, with

(PATTERNS OF HEALTH RISK CONT'D)

the majority in the Southeast, and Western regions and within the city of Anchorage. Most of the falls, 62%, occurred in the home. In about one-fifth of the cases, alcohol consumption was determined to be a factor. These falls resulted in 4,829 days of hospitalization, with an average of seven days per incident and a range of 0 to 113 days.

Because of the high cost of falls in both public health dollars and personal loss of independence and mobility, many studies published in public health and medical journals deal with fall prevention strategies. However, there is little information about fall prevention specifically for or about Alaska Native or American Indian elders.

Suicide

Table 2 listed leading causes of death by age for Alaska Natives, and included suicide as one of the leading causes of death for this population. However, other sources indicate that, although Alaska's suicide rate is alarmingly high in younger age groups, the suicide rates in elder Alaska Natives and American Indians are considerably lower than the 55 and over population of U.S. all races or White, especially for males (IHS, 1998-99).

During the years 1996–2000, there were 30 reported suicide attempts in Alaska Natives 55 years of age and older. Of those, the greatest number (22) were female. In the majority of cases (again 22), the method was contributed to a drug overdose, either with prescription or over the counter medications.

Elder Abuse

There are many forms of elder abuse. The most commonly reported is the financial exploitation of the older adults. Some tribes in the Continental U.S. are taking an active role in preventing elder abuse; for example, the Navajo Tribe has a program where the tribe mediates with families where abuse has been reported. This mediation allows for both parties to save face, and for the elder to remain in the

family environment if desired, while also holding the perpetrator accountable for his/her actions.

In the case of suspected elder abuse, be aware that Alaska Native older adult do not always trust the Euro-American justice system; they may be extremely reluctant to implicate others in reports of neglect or abuse, particularly when it involves family members. Prevention and intervention of elder abuse needs systematic focus. Community networks that focus upon agreement and teamwork need to be developed in order to raise awareness and provide outreach, detection, and encouragement to report abuse. While urban areas have a variety of programs and systems in place to address the needs of elders, the rural areas need to engage the village-based elder's councils to organize forums to focus upon elder priorities.

**Types of Elder Abuse**

Type of Abuse	Explanation of Abuse
Financial Exploitation	The unjust or improper use of another person or their resources
Self-Neglect	The act of omission by vulnerable adults that could result in the deprivation of essential services
Neglect	The intentional failure of a caregiver to provide essential services
Physical Abuse	The intentional or reckless non-accidental infliction of pain or injury
Guardianship	Petition for guardianship for any vulnerable adult deemed incompetent who doesn't have family member to petition
Mental Abuse	The intentional or reckless non-accidental infliction of mental distress
Sexual Abuse	Sexual assault

Source: State of Alaska, Adult Protective Services

CULTURALLY APPROPRIATE GERIATRIC CARE: FUND OF KNOWLEDGE

The wellness of Alaska Native communities, families, and the older adult will be enhanced through utilization of the contributions and worldview of Elders. The difference between “Elder” and “older adult” needs clear delineation in order to more effectively preserve and transmit cultural knowledge to future generations. This difference is embedded within a cultural interpretation; thus, among the diverse tribes of American Indian and Alaska Native people there is shared definition.

Definition of Elder



Ellerby (2001) defined an Elder as a tribal person who possesses certain qualities and maintains a specific lifestyle and knowledge.

There are distinct differences between an “older adult person” and an “Elder.” An Elder describes the role in the following manner:

“It’s up to us to stand up, men and women, and talk to our youngsters and raise our traditional ways of knowing. What we teach them, we need to be role models or examples and follow the teaching...”

An Elder is defined as an individual who:

- has lived an extended life
- currently maintains a healthy lifestyle
- has a wealth of cultural information and knowledge

(Ellerby, 2001; Wilson, 1996)

The Elder has expertise based upon know-how and provides consultation to the community and family when needed. As with all humans, Elders have made mistakes in the past. If possible, mechanisms for forgiveness need to be established so that Elders can move forward into their role. Elders must model the behaviors and standards of living they are teaching.

SOURCE

These quotes were retrieved from: http://elders.uaa.alaska.edu/Publications/yr1_2qualitative.pdf, title: *Our View of Dignified Aging*, National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders written by Graves and Shavings, 2004.

“It is not good to say something and not put it into practice what we’ve been taught. We need to follow these pathways and when a younger person sees you doing well, and they’re going to want to go that direction.”

Why differentiate between the older adult and Elders?

It is essential to differentiate between the older adult and Elders for many very important reasons. Within the Alaska Native culture, Elders are highly respected for their knowledge, positive lifestyle, and personality characteristics. Not all older adult individuals hold the status of Elder within tribes, communities, and families. When individuals are looked to as Elders, their lifestyle is held up as an example for others to follow.

This is not the case with all individuals at an advanced age. Without this differentiation, many of the youth of today do not respect nor desire to listen to the Elders. This has a tremendous negative impact upon the transmission of indigenous knowledge. One Elder described this process in the following manner:

“...if you don’t “walk your talk” the young people will go down the wrong path. That’s why I take care of myself in what I’ve learned and have been taught. Our ancestor’s ways of living need to be heeded to and be used on a daily basis with us being good role models... We are all one people...”

(FUND OF KNOWLEDGE CONT'D)**Cohort Analysis**

It is critical to understand the influence historical events and historical trauma have had upon Alaska Native values, health beliefs, illness behaviors, trust, and expectations of health care providers. The cohort experiences of Alaska Natives may have impacted their health care belief system over generations. Understanding cohort experiences of Alaska Natives may help to break down the cultural and structural barriers to health care.

The historical context and cohort experiences of Alaska Natives during age periods are diverse. The perceptions of the experiences are likely different across the indigenous cultural groups in Alaska, according to the region and culture.

Alaska Native cohorts who were children when they experienced separation from others through epidemics or boarding school are now Elders or seniors and are being relocated to assisted living facilities. They may exhibit historical trauma like symptoms, or Historical Trauma (HT). A health care professional who is unaware of this history may jump to the wrong conclusion and not provide the most optimal, or culturally competent, care for that particular person.

MORE INFORMATION

For a breakdown of Cohort Experiences from the 1900s to the present, see Table 4 online:

http://geriatrics.stanford.edu/ethnomed/alaskan/fund/cohort_analysis/cohort_experiences.html

**The Cohort Historical Analysis Tool (CHAT)**

A tool that can be used to understand how past experiences (within a decade) help shape a person's behavior and knowledge towards healthcare:

http://geriatrics.stanford.edu/ethnomed/alaskan/downloads/cohort_analysis_tool.pdf

**Cultural Values**

Alaska Native cultures all hold certain values to be paramount to their cultures. There are similarities and individualities of various Alaska Native groups and their values.

Although there is great diversity in cultural values held by the various Alaska Native cultures, below is a list of some important values all Alaska Native cultures share:

- Show Respect to Others:
Each Person Has a Special Gift
- Share What You Have: Giving Makes You Richer
- Know Who You Are:
You Are a Reflection on Your Family
- Accept What Life Brings:
You Cannot Control Many Things
- Have Patience: Some Things Cannot Be Rushed
- Live Carefully:
What You Do Will Come Back to You
- Take Care of Others:
You Cannot Live without Them
- Honor Your Elders:
They Show You the Way in Life
- Pray for Guidance: Many Things Are Not Known
- See Connections: All Things Are Related

Health Care Impact

In the following examples, an interaction involving an older adult Alaska Native and health care worker highlights the manner in which values may impact the healthcare of Alaska Native older adult.

Show Respect to Others

When working with an older adult Alaska Native person, a health care worker may notice that the older adult person is not looking directly at the worker while he/she is talking.

(FUND OF KNOWLEDGE CONT'D)

- From the perspective of the Alaska Native older adults, healthcare workers are generally held in high regard because they have a special gift of healing.
- It is customary not to look directly at the person while listening intently to what he/she is saying.
- The older adult Alaska Native person is silent because he/she is showing respect rather than incomprehension.

Know Who You Are

When Alaska Natives introduce themselves it is often customary to share information that connects them to land, tribe, ancestors, and family.

Patterns of Communication

Table 5 below refers to Athabascan and English speakers, but may be helpful when considering cross-communication with other Alaska Native tribal groups as well. If we look at what confuses people when Athabascan and English speakers talk together, we might be able to understand how the confusion comes about.



When a health care worker is interacting with an older adult Alaska Native person, the health care worker can build rapport and enhance the trust in the relationship by sharing something about him/herself, such as where he/she considers home land and a brief description of his/her ancestors.

**Table 5 Patterns of Communication: English Speakers vs. Athabascans****1. The Presentation of Self**

Confusing to English speakers about Athabascans	Confusing to Athabascans about English speakers
They do not speak	They talk too much
They keep silent	They always talk first
They avoid situations of talking	They talk to strangers or people they don't know
They only want to talk to close acquaintances	They think they can predict the Future
They play down their abilities	They brag about themselves
They act as if they expect things to be given to them	They don't help people even when they can
They deny planning	They always talk about what's going to happen later

(FUND OF KNOWLEDGE CONT'D)

Table
5**Patterns of Communication: English Speakers vs. Athabascans****2. The Distribution of Talk**

Confusing to English speakers about Athabascans	Confusing to Athabascans about English speakers
They avoid direct questions	They ask too many questions
They never start conversations	They always interrupt
They talk off the topic	They only talk about what they are interested in
They never say anything about themselves	They don't give others a chance to talk
They are slow to take turns in talking	They just go on and on when they talk

3. The Contents of Talk

Confusing to English speakers about Athabascans	Confusing to Athabascans about English speakers
They are too indirect; too inexplicit	They aren't direct or specific when they talk about people or things
They just leave without saying anything	They have to say "goodbye" even when they can see that you are leaving

Adapted from "Interethnic Communication" written by Ron and Suzanne Scollon 1980 published by Alaska Native Language Center, University of Alaska Fairbanks

Traditional Healing

Alaska Natives have healing practices that go back over 10,000 years and today these practices are beginning to reemerge. Historical events (see Decade Value Development Charts: http://geriatrics.stanford.edu/ethnomed/alaskan/introduction/history/value_development.html) diminished these practices due to weakening trust in their effectiveness and fear related to missionary teachings. However, presently there is resurgence in the use of traditional healing practices. Programs have been developed in which these practices are used by tribal doctors and Western trained allopathic physicians to incorporate Alaska Native values and beliefs for promoting health, preventing

disease, reducing pain, and enhancing emotional wellness. A blending of elements of Alaska Native cultural practice along with Native American tribal practices is used by tribal doctors and traditional healers. Great diversity exists among various Alaska Native cultures with regards to beliefs and practices.

Tribal Doctors

Tribal doctors are generally employed by tribal health organizations in Alaska and are sometimes certified by a credentialing body. They may have completed a formalized training with an apprenticeship with a more experienced tribal doctor. Most may have restrictions with regards to practices that break the skin or use

(FUND OF KNOWLEDGE CONT'D)

medicinal plants without concurrence from the referring allopathic physician.

Traditional Healers

Traditional healers are customarily identified by their community, work informally, and are considered to possess an inborn “gift” of healing. They sometimes continue to uncover their unique “gift” through apprenticeship and by observing more experienced healers. Many do not charge for their services but are given gifts as an expression of gratitude.

Healing Practices

Typical traditional healing practices include but are not limited:

- Healing Hands (therapeutic massage)
- Prayer (group or individual)
- Cleansing (burning of sage)
- Song and Dance (drumming circles)
- Traditional Plant Medicine (for treatment of various ailments)
- Culturally sensitive and supportive counseling (talking circles)
- When appropriate, Tribal Doctors refer patients to regional or statewide hospitals or health care clinics for additional treatment.

Important Cultural Issues

Due to their history, many Alaska Native older adults have been subjected to multiple sets of grief and losses as children. Many older adults may have been in orphanages, TB sanitariums, missionary schools, or government boarding schools where they may have suffered traumatic events. Health care providers need to consider these possible experiences during the intake, assessment, and treatment process. When Alaska Native older adults are institutionalized, they need to be provided with an environment that includes Alaska Native staff and Native foods.

SOURCE

This Important Cultural Issues section was retrieved from: **Conferences of Alaska Native Elders: Our View of Dignified Aging**. National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders written by Graves and Shavings, 2004.

The elders need to be given the opportunity to speak their Native languages freely and encouraged to practice their cultural beliefs, ceremonies, and traditions.

Living Longer, but not Healthier

Data have revealed that there are more Alaska Native older adults living longer but not necessarily experiencing healthier lives. As the numbers of Alaska Native older adults increase, due to the lack of local resources many rural Alaska Natives are relocated to regional cities for long-term care. Traditionally, kin provided long-term care for elders, but increasingly there is a trend away from family caregivers due to increasing life span, smaller families, and geographic dispersion. The facilities are often located far from the home communities, which makes it difficult for family and community members to have meaningful interactions with the older adults. They may face problems with cultural and language barriers when removed from their community of origin.

Lack of Health Care Options

The lack of health care options for many rural Alaska Native older adults forces them to relocate and become disengaged from their role and function in their communities. This can negatively impact the individuals, their community, and their families. The “disengagement theory,” states it is normal and inevitable for the older adults to decrease their activity and seek more passive roles as they age.

There is a “mutual withdrawal” between the older adults and society, and vice versa, which will insure

(FUND OF KNOWLEDGE CONT'D)

the optimal functioning of both. Many have sharply criticized the theory of disengagement, and some argue that disengagement is not inevitable with old age (Hillier & Barrow, 1999).

Forced Disengagement

For Alaska Native older adults, removal from their communities and families appears to be a 'forced disengagement' of sorts. Alaska Native older adults do not reach a stage in their life whereby they are no longer making a contribution to their family, community, and tribe. They do not "retire" or disengage from society in the same manner as the older adult from the western society. Native Elders have an important role as a member of a collective society to act as the transmitters of cultural knowledge to the youth of their tribe, community, and family. When they are removed and they can no longer fulfill their obligation, there is a high probability that the survival and health of Native people will be negatively impacted.

Institutional Life

Native older adults who live in institutions are at risk when their traditional roles and activities are limited, yet when these activities are replaced with activities that build community and connect them with the local community, they will experience increased levels of mental, physical, and social wellness. This perspective states that activity is the essence of life, and that positive personal adjustment is connected to increased levels of activity (Hillier, S., Barrow, 1999).

When they have opportunities to make contributions in this manner, the older adults and communities can

benefit. Activities that build community and increase socialization can be utilized as well as traditional cultural activities such as berry picking, fishing, nature walks, gathering edible and medicinal plants, steam baths, and arts and crafts to enhance the spiritual, mental, and physical wellbeing of the older adults (Mills, 2002).

Long-Term Care

When planning long-term care for Alaska Native older adults, in-home services should be the least restrictive and in the most advantageous setting. Manson (1989) recommends that the most desirable setting for the care of older Indians is in their own or their families' homes because a wide array of services have been developed that can facilitate independent living. Personal care services, homemaker services, and meals-on-wheels can be delivered in the home. These services reduce social isolation.

Collectivity

Alaska Native older adults belong to a collective culture which needs to be considered when designing programs. The members of collective cultures are interconnected and interdependent. Alaska Native elders come from a society that promotes reliance upon a close bond with family members and the community. The individual is not the focus; the group is the focus.

CULTURALLY APPROPRIATE GERIATRIC CARE: ASSESSMENT

Ways to Show Respect and Establish Rapport

At the initial meeting, use formal address or title, and then later ask if there is a preferred way of addressing her/him. In the presence of family or friends, acknowledge the older person first.

In the initial meeting it is sometimes considered customary for Alaska Natives to connect themselves to the land they come from and their ancestors and family. To enhance rapport, the health care workers may consider sharing something about themselves to the older adults, such as the place they consider home and who they consider their ancestors.

Communication: Verbal and Non-Verbal

Alaska Native older adults will easily pick up on uninterested, unfocused, and preoccupied caregivers. Calming your thoughts and emotions can enhance the quality of the interaction with the Alaska Native elders who often use traditional medicines in addition to Western medicine but will not disclose this if they suspect the caregivers are not respectful of these practices. Healthcare workers who are sensitive and diplomatic with regards to the use of traditional medicines can establish trust and rapport with the older adults.

Verbal Communication

There are twenty-two different Alaska Native languages. Ascertain the elder's proficiency with the English language. The table on cross communication in Culturally Appropriate Geriatric Care: Fund of Knowledge provides examples of communication patterns that may help the non-Alaska Native, English speaking provider appreciate the complexity of the communication process among various tribal communities. Because of the scarcity of trained interpreters in these languages a family member or friend may step into this role when it is needed. In this situation, it is advisable to have an adult in this role.

Pace of Conversation

An Alaska Native elder may speak with a specific cadence which may require a healthcare provider to slow down. Matching the provider's conversational pace with that of the older adults is critical to the flow of information and to building trust and rapport. Allow the older adult individual ample time to express themselves without interruptions. Health care workers should listen more than talk, giving the older adult individual total attention.

Language and Literacy Assessment

Assess the language(s) spoken, especially the language the Alaska Native older adult uses to learn new information. There is much diversity in the indigenous languages in Alaska, although only 5.2% of Alaskans speak one of the twenty-two languages. Many Alaska Natives reside in remote villages and communities which poses major challenges to providing health information in a timely manner.

While the boarding schools may have provided access to formal basic education, being informed about health matters occur mostly through the Village Health Aide or by word of mouth. Many rural Alaska Native older adults do not speak English fluently and some do not speak English at all. The older adults often speak indirectly, in metaphors and stories that could be mistaken for lack of understanding of the information received. Assess the literacy level to determine the most useful approach to talking about health care issues such as use of metaphor, story telling, illustrations, etc.

Non-Verbal Communication

When some Alaska Native older adults nod their heads they are indicating that they hear what is being said, and when they raise their eyebrows, they are indicating that they agree. They may furrow their brow to indicate they disagree with what is being said, and when they sigh they are communicating that they are bored. When they hold their arms tight to their body they are communicating that they want to maintain a distance,

(ASSESSMENT CONT'D)

and when they avoid eye contact they are indicating respect for the person.

Eye Contact

Because health care providers are held in high regard, it is customary not to look directly at them while listening intently to what they are saying. This practice comes from the belief that health care providers have the gift of healing.

Use of Standardized Assessment Instruments: PCC Comprehensive Elder Exam

The PCC Comprehensive Elder Exam provides a guide to comprehensive geriatric assessment for the individual provider. The goal of the form is to allow the provider to approximate the interdisciplinary team evaluation. In doing so it should make comprehensive geriatric assessment accessible to all older adults.

Experience with the PCC Comprehensive Elder Exam in Zuni indicates that the complete assessment with targeted physical exam can be done in about 45 minutes. With a well older adult, the exam can be completed in 30 minutes; with a very sick or frail older adult, the exam will take longer. Prescreening the chart and noting the dates of completion of the health care maintenance items between the bold lines on the right border improves efficiency.

The Comprehensive Elder Exam can also be used by Community Health Nurses, Community Health Aides and Community Health Representatives as part of a community-based assessment.

The PCC Comprehensive Elder Exam guides the practitioner through a high quality geriatric assessment and makes this process available to all older adults.

ADDITIONAL RESOURCES

For more information on the PCC Comprehensive Elder Exam, go to:

http://geriatrics.stanford.edu/culturemed/overview/assessment/pcc_exam/index.html



For information on Issues with Standardized Instruments, see:

http://geriatrics.stanford.edu/culturemed/overview/assessment/standardized_instruments.html



Before using these tools with Alaska Native older adults, evaluate for:

- Adequacy and appropriateness of the English version
- The patient's educational level
- The older adult's fluency with the language
- The population norm used to standardize the tool
- The appropriateness of the format (e.g., how questions are formulated— intrusive vs. non-intrusive)

Client Background**Tribal Affiliation**

- Degree of affiliation
- Exposure to traditional beliefs and practices
- Acculturation level to dominant culture
- Language spoken at home
- Ancestral history

(ASSESSMENT CONT'D)**Geography**

- Geographic location of birth
- Years in the primary area of residence (urban or rural village)

Historical Trauma and Generational Experiences

- Colonization
- Missionary era
- Cultural disruption
- Deprivation, and loss
- Other socio-historical context impacting attitudes towards formal systems and health status (see Cohort Experiences: http://geriatrics.stanford.edu/ethnomed/alaskan/fund/cohort_analysis/cohort_experiences.html)

Role

Perception of role in collective society as transmitter of cultural knowledge to the young

Religion

- Traditional church practices
- Rituals
- Extent of participation in church activities

Patterns of Decision Making

- Degree of connectedness with family and community
- Quality of the interdependent sense-of-self

Clinical Assessment**Health History**

Many Alaska Native older adults grew up in a period when social and cultural bonds were severely damaged. They believe the soul and psyche of generations of Alaska Natives inherited the pain, loss, and frustration of their ancestors. A mental health assessment must be

a component of the health history with an emphasis on the psychological and emotional strengths of the Alaska Native older adult, such as resiliency, patience, praying for guidance, and other cultural values of the different Alaska Native cultural groups. Allow for telling stories to collect the needed clinical data and give ample time.

Clinicians need to assess for behavioral and emotional symptoms that may be associated with untreated or ongoing post traumatic stress disorder (PTSD) among veterans, specifically those of WWII, the Korean conflict, and Vietnam War. In rural Alaska, there are aging Vietnam veterans and their family members who are living with PTSD who are now in their late 50s and well into their 60s.

Suicides in these communities have been reported. Some American Indian groups in the Continental U.S. have formed Warrior Societies to honor their Vets and help those with PTSD (Kanaqlak-Charles, 2007). It is recommended that providers recognize and screen for these continuing illnesses and support Alaska Native Vet groups who make referrals.

Possible issues around older adult abuse may emerge during the assessment, especially when performing a physical exam (Section 2.b.), evaluating cognitive and affective status (Section 2.c.), evaluating functional status (Section 2.d.), and performing a family assessment (Section 2.e.). Elder abuse must be differentiated from historical trauma, although the later may be a risk factor for older adult abuse. Physical signs (bruises, burns, etc.) and/or behavioral symptoms (e.g. depression) would merit further investigation (Tatara, 1999).

Physical Examination

The health care worker needs to inform the Alaska Native older adult patient that an examination will be performed and should ask him/her for permission. If a male physician is going to perform the procedure on a female patient, it will help to explain that a female physician is not available. The health care worker may explain that there may be awkward or embarrassing

(ASSESSMENT CONT'D)

moments in the exam. The patient may wish to ask a daughter or granddaughter to accompany her to make the exam less awkward. A male Alaska Native older adult patient can ask a son or grandson to accompany him if he desires. To allow for the patient to maintain dignity, avoid direct eye contact, if possible. Allow the patient to cover up when talking.

Don't stand too close, but rather off to the side and turned slightly. The Alaska Native older adult patient will want to know the results (both good and bad) in broad terms, the treatment options, and the outcome if the treatment is not followed through. Some older adult may use the phrase "feeling funny" as a way to describe a symptom or illness.

Cognitive and Affective Status

Some Alaska Natives may refer to dementia as 'becoming forgetful', a condition that is seen as a natural consequence of aging. Studies that focus on the prevalence of dementia, Alzheimer's, and depression have been widely neglected and understudied for Alaska Native older adult. Cultural values and perceptions need to be studied and the findings incorporated into practice.

The Mini-Mental Status Exam (MMSE) (modified for cultural relevancy and language consistency), the Indian Depression Schedule (IDS), and the Center for Epidemiological Studies Depression Scale (CES-D) have been used with internal consistency for this population. DSM IV Diagnostic Criteria for mental disorders may not be applicable as there are vast differences in cultural (tribal) beliefs about mental illness, cultural labeling of different emotions, and conceptual language differences (Manson et al., 1985).

Functional Status

Translations of the questions in the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) can be done with modifications that incorporate the activities that enable an Alaska Native older adult to engage in subsistence living. Traditional

cultural activities such as berry picking, fishing, nature walks, gathering edible and medicinal plants, steam baths, and arts and crafts could be included in a modified assessment instrument. The assessment tool that has been translated into a culturally relevant instrument can be used by tribal doctors, family members, and community health workers. The tool can be administered orally or in writing depending on the patient's literacy level. Graphics and culturally appropriate symbols may also be used.

Home and Family Assessment**Kinship and Living Patterns**

Alaska Native older adults function in a highly relational context. When feasible, identify the individuals who are living with the older adult and their relationships to the patient. Composition and structure of the family is important to care giving and decision making. The values "Share what you have" and "Take care of others" may be the rationale for sharing the household. The older person's role to pass on cultural traditions may bring younger family members and friends into the home.

Support and Family Connectedness

Alaska Native older adult come from a collectivist society, thus there is interconnectedness and interdependence. Change in living arrangements would disrupt cultural integrity, and an intervention that would re-create the bond needs to be implemented as soon as possible.

Safety, Comfort, and Convenience of the Home to Older Adult's Health Status

The Alaska Home Registry report for 1996 to 2000 showed 62% of falls among older Alaska Natives occurred in the home, and in one fifth of the cases, alcohol consumption was determined to be a contributing factor. Polypharmacy, adverse effects of medication, overmedication, and unintentional self-overdose may be contributing factors as well. In terms of family care patterns, gender, and reaction to

(ASSESSMENT CONT'D)

having home health aides, there is diversity among the cultural groups. For some Alaska Native families, a specific family member may have been identified as the participant in the health care decision-making situations for the older adult Alaska Native.

Decision-Making

Alaska Native older adult may involve family members in the decision-making process. Sometimes a specific family member has taken on the responsibility for the care of the older adult. This person will take an active role in the decision-making and will step into the role of spokesperson for the Alaska Native older adult.

Community and Neighborhood Assessment**Overall Community and Population Characteristics**

Many Alaska Natives live in remote communities with the number of residents ranging from a few hundred to about two thousand. In isolated regions, a subsistence economy supports the community. Many villages continue to have smaller revenue and a higher unemployment rate than the rest of the state.

Environmental and Safety Conditions

The immense wilderness in Alaska can have a protective function for the social and cultural life of the Alaska Native; however, the influx of non-Natives into their remote territories has changed their environment. Industrial incidents such as the Exxon-Valdez oil spill rendered an area unsuitable for hunting and fishing for many years. Those who experienced chemical exposure or endured a prolonged state of under-nutrition are older adult today.

Services and Support from Neighborhood and Community

By an act of Congress, the aboriginal lands of Alaska Natives became the responsibility of 12 regional corporations. The economy and resources in these areas were shaped by these corporations. Health care from tribal doctors and other community services received support from them. A Traditional Healing Program for

Alaska Native patients is available in Anchorage. The services include Healing Hands, Prayer, Cleansing, Song and Dance, Traditional Plant Medicine, and culturally sensitive and supportive counseling.

End of Life Preferences (when appropriate)**Preparation for Death and Advance Directives**

Passing one's knowledge and skills to family members and younger people through teaching is believed to be an important preparatory process for death. How an older adult speaks about death is highly diverse and depends upon the person's cultural grouping. Yup'ik older adult may refer to death as a "loss of breath" or "no longer here" or "no longer a person."

Alaska Native Athabascan Elders within the Ahtna region believe it goes against the "great creator" to exercise extraordinary artificial measures to keep someone alive. There is a general belief that if your time has come, you must respect the process of dying. An acceptable introduction to the topic of advanced directives might be: "In case something happens to you and you are not able to make decisions about your care, we need to know what you want and how you feel about..." Death is seen as a natural part of the circle of life rather than an ending; the spirit will live on. If the individual has done good things in his/her life and lived a good life, he/she will be remembered, and in this way are still on earth. In some Alaska Native cultural groups, a child may be named after the deceased relative so that their spirit lives on.

Preferred Location for End of Life Care

Living out one's life in the home would be an ideal arrangement. However, when this is not possible, connecting the Alaska Native older adult to the Alaska Native community can be incorporated into the treatment plan. When health care workers join or witness the rituals or ceremonies, their presence will be closely watched by the Elders in the community. The presence of the healthcare worker can have a positive effect on the trust and rapport within the Alaska Native community.

(ASSESSMENT CONT'D)**Ceremonies and Rituals**

There is also great diversity among the cultural groupings. Some groups have feasting, 40-day potlatches. A potlatch is a festival or ceremony where a family or leader holds a feast for their guests. Potlatches are often observed one year after the death of a loved one as a way to honor the person who has passed on and to allow for mourning. Often, in rural communities, the body is cared for by identified people in the community, and the body is kept in the home before burial. During the ceremonies it is appropriate to tell funny/amusing stories and share positive memories.

Attitudes about Organ Donation and Autopsy

Some Alaska Native cultural groups do not believe in cremation or organ donation, while others do. When appropriate, it may be acceptable to bring up organ donation in a respectful, sensitive way. The cultural values “Share what you have” and “Take care of others” may be a source of motivation for donors and potential participation in organ donation programs or for providing community education programs on this subject.

Eliciting the Patient and Family’s Perspectives**Interpersonal Protocol**

It is vital for healthcare workers to understand and communicate respect for protocols, values, and ways of life. Alaska Native people respect and follow the protocols of their hosts. For example, when an Alaska Native person goes to a healthcare facility, they typically follow the protocols of the institution, yet when a healthcare provider visits an Alaska Native person in their home or community they may unknowingly violate a cultural communication practice.

An elder who does not feel respected will give superficial information or not respond at all. Begin by asking for advice about the appropriate Native protocols in the situation. If the elder is not comfortable explaining the protocols, he or she might refer you to someone who

“Some Alaska Native cultural groups do not believe in cremation or organ donation, while others do... The cultural values “Share what you have” and “Take care of others” may be a source of motivation for donors and potential participation in organ donation programs or for providing community education programs on this subject.”

can teach the protocols. Allow yourself to be corrected and ask the elders to teach you proper ways of respect. If the worker feels comfortable visiting an Alaska Native person in their home or rural community to offer a small gift, such as a jar of salmon or jam, this will communicate respect to the older adults.

Communication Process

When working with Alaska Native older adults it is important to slow down your pace of speech to match the pace of the patient. Health care workers need to understand Alaska Native communication patterns. Some Alaska Native older adults may have a specific cadence in their speech, which may require the worker to slow down. You can recognize this speech pattern by noting the delay in elder responses or the general pace of their conversation.

Rushing the older adult who speaks slowly may lead them to withdraw instead of opening up. Health care professionals also need to be sensitive to nonverbal communication patterns and to silence.

It is important to listen more than talk and speak in soft tones unless the Alaska Native older adults have hearing loss. Speaking loudly indicates rudeness or anger. Because health care providers are held in high regard, it is customary not to look directly at them while listening intently and giving them total attention.

(ASSESSMENT CONT'D)

It is vital to allow the older adults ample time to express themselves without interruptions. When Native people are silent, they may be showing respect rather than incomprehension. And finally, keep in mind that the older adults often speak indirectly, in metaphors and stories.

Body Language

When some Alaska Native older adults nod their heads they are indicating that they hear what is being said, and when they raise their eyebrows, they are indicating that they agree. They may furrow their brow to indicate they disagree with what is being said, and when they sigh they are communicating that they are bored. When they hold their arms tight to their body they are communicating that they want to maintain a distance, and when they avoid eye contact they are indicating respect for the person.

“It is vital to allow the older adults ample time to express themselves without interruptions. When Native people are silent, they may be showing respect rather than incomprehension.”

Cultural Context of Patient Behavior

When abuse or neglect is suspected, it is essential to understand local reluctance to implicate relatives. Be aware that Alaska Native older adults do not always trust the Euro-Americans. They may be reluctant to implicate others, particularly family members; reporting neglect or abuse may result in jail time or fines for the perpetrator and may threaten individual or community activities such as subsistence hunting, fishing, or gathering.

ACCESS AND UTILIZATION

Patterns of and Barriers to Utilization

Limited finances and lack of knowledge are dominant barriers to utilization of health care resources. In some cases a tribal doctor or a local healer may be the first provider consulted about symptoms or health concerns. If a health care worker from the Public Health Department is available, this provider may also be consulted.

Health Technology

Efforts towards using health technology to deliver health care and health information are being developed. For more information on health technology, go to Arctic Health Telemedicine.

Models of Service

Culturally Appropriate Models of Service

The elements or principles that constitute best practices for providing care to Alaska Native older adults are:

- Integrating Native values
- Including traditional arts, crafts, and ceremonies
- Providing Native foods and the opportunity to be involved with subsistence activities
- Hiring Native staff to operate the programs and interact with the Alaska Native older adults in their own language
- Providing case management that is culturally appropriate
- Utilizing a Native advisory board and involving Elders
- Providing support for the families to assist them in care giving roles

LIST OF SERVICE PROGRAMS

There is a plethora of service programs across the state of Alaska which have focused service models. For a complete list see: "Long term care needs of Alaska Native elders," pages 52–58, Chapter 5, Facility and Service Models, which was prepared by Kay Branch from the Alaska Native Tribal Health Consortium. **Available here:**

http://elders.uaa.alaska.edu/reports/yr2_4ltc.pdf



MODELS OF BEST PRACTICE

The following paper provides a complete description of good models and potential best practices: "Achieving Best Practice in Long Term Care for Alaska Native and American Indian Elders," by Kay Branch. **Available here:**

http://elders.uaa.alaska.edu/reports/yr2_1best-practices.pdf



Best Practice

There are several tribally run services for Alaska Native older adults that are good models and are potential best practices available within the Alaska tribal health system.

- Tanana Chiefs Conference Home Care Services
- Yukon-Kuskokwim Health Corporation, Senior and Disability Services
- Southcentral Foundation Elder Program
- Bristol Bay Area Health Corporation, Helping Hands Program
- Marrulut Enlit Assisted Living (MEAL) Dillingham
- Norton Sound Health Corporation, Quyanna Care Center

(ACCESS AND UTILIZATION CONT'D)**United States Health Care Policy**

In 2006, nearly 40% of Medicaid clients in Alaska were Alaska Natives, and a like amount of program expenditures were made on their behalf. Almost all Alaska Native elders participate in the Medicare program. For those who are eligible, Medicaid is also utilized for a variety of health care needs. Community-based health and social programs are usually free or offered at a nominal rate.

In the past, tribal health systems billed small amounts of the cost of health care for Alaska Natives to Medicaid. That changed in 1996 when the State of Alaska began to work with the tribes to submit itemized claims which resulted in dramatic increases. In 1991, \$9.6 million was paid to tribal providers, and by 2003 payments increased to \$149 million due to improved reimbursement, maximization of billing, and aggressive enrollment of Alaska Natives in program expansions.

A projected increase in the growth of older adults (65 years and older) will change the overall shift in Medicaid funding from a child-based program to a program focusing on the needs of the older adults, in particular personal care and Home and Community Based Waiver programs. These waiver programs can be used to pay for services such as home modifications, respite, and transportation.

Health Promotion Strategies

Reducing racial and ethnic disparities in health is an urgent goal for Alaska Native older adults. Culturally appropriate health screening may assist in bridging the gap. For example, screening for weight gain, undernutrition, cholesterol, blood pressure, diabetes, depression, cancer, and cognitive changes would help with early diagnosis of cardiovascular, metabolic, and mental illness.

There are no screening tools for depression and cognitive changes that have been designed and tested for Alaska Native elders. With the nationwide emphasis

on preparedness programs, flu immunization and pneumococcus vaccine may help strengthen the Alaska Native elder's immunity, particularly for those living in urban regions.

Alcohol and Substance Abuse

Screening and counseling related to alcohol and other substance use can be a highly sensitive area. Culturally appropriate strategies need to be discussed with mental health experts who work with the Alaska Native community to reduce the prevalence of substance abuse.

When treating substance abuse, the programs for Alaska Native older adults that promote traditional ways from the core of the program would be more effective than programs that promote a Euro-American philosophy of treatment. There are substance abuse programs in Alaska that promote traditional activities and philosophies and encourage connection between the mind, body and spirit.

ADDITIONAL RESOURCES

For a list and description of Alcohol and Substance Abuse programs in Alaska, see Appendix A

(ACCESS AND UTILIZATION CONT'D)**Treatment Issues and Response to Treatment****Informed Consent**

It is important that enough time is allotted for discussing the contents of the document. Ideally, a health care provider who has rapport with the patient may be able to facilitate the decision-making process. The Alaska Native elder may prefer to consult with family members or a trusted member in the community before signing.

To reduce anxiety over the process, verify whether a spokesperson for the elder is preferred. Towards the end of the interaction, ask the elder or spokesperson to summarize in his/her own words what was understood from the document. This approach may increase the elder's trust on the health care provider. When possible, having a provider who is also an Alaska Native may help expedite the decision-making process.

Advance Directives

For discussion on this topic, see End of Life Preferences. Death is accepted as a natural process of living. The Alaska Native elder recognizes there are preparatory tasks to be done such as passing on their knowledge and skills to the young. However, in this contemporary time, the younger generation's acculturation process to mainstream culture and the pressure to mainstream themselves are perceived by many Alaska Native elders as a barrier to their ability to act on these tasks.

Blending Biomedical and Traditional Therapies

The geriatric healthcare team for the Alaska Native older adult should include all health care providers valued and used by the patient and family, including a tribal doctor and other healers from non-biomedical traditions. Recognize, discuss, accept, and respect the differences in goals among the biomedical providers, traditional health care providers, and the older adult and family's goals.

Medication Issues

Access to prescribed medications may depend on the Alaska Native older adult's finances and the availability of the medication in the region, particularly in remote areas. Seeking treatment from a tribal doctor may be the first option for relief of symptoms, and possibly use of over-the-counter (OTC) drugs.

A clinician may periodically assess the older adult's medications and herbal plant use to prevent interactive adverse effects. Patients can be taught about medications (e.g., dose, frequency, and side effects) in either English or the older adult's indigenous language. Explore the older adult's plan for keeping track of her/his medications, and identify meaningful daily activities that can be used as a reminder for taking medications appropriately.

Surgical Interventions/Hospital Admission

The Alaska Native older adult may need to be transported out of the village to an urban area for more complex medical care. The situation creates a severe disruption to the older adult's cultural and social support system. In some situations a family member may not be able to accompany the older adult, usually due to economic or family responsibilities.

Clinicians need to identify a local Alaska Native network that can help keep the older adult culturally connected. Family members may contact a respected Alaska Native leader in the area to assist the older adult during the treatment period.

To comply with HIPAA regulations, the clinician needs to legitimize the Alaska Native leader's role. This would pave the way for better communication between the healthcare team, the patient and family, and the Alaska Native community. Families who can be with the older adult must arrange their own air transportation, ground transportation, and lodging.

Airline schedules are infrequent and expensive. Providers need to verbally acknowledge and appreciate the economic burden on the family when these efforts

(ACCESS AND UTILIZATION CONT'D)

are made. When possible, refer the family for short-term support to help with these expenses.

Long Term Care

Care at home by family and friends is preferred by Alaska Native elders for cultural, social, and economic reasons. Some Alaska Native communities are creating community-based home care programs while others negotiate partnerships with existing home care and continuing care facilities.

Care-Giving

When a nursing home placement is necessary, the staff needs to include in the care plan opportunities for the elder to interact with the local community such as local Native groups or non-Native groups for cultural, social, and learning activities. It is important to prevent cultural isolation.

Support for the spiritual/religious beliefs of the elder and the family may include allowing time for ceremonial dancing, singing, praying, and/or storytelling. In some villages, there are trained members of the Alaska Native community who can assist elders and their families with tasks in their homes.

This may be a paid service or a community service to honor and respect the elder. It has been a tradition in Alaska Native families to help older Alaska Natives when they require assistance. However, it is becoming more difficult for Natives to act on this cultural value because of the numerous demands on their time and resources. In these cases, there are several services available in regional communities that can assist with the care giving of older individuals.

ADDITIONAL RESOURCES

For a list of Adult Day Programs in Alaska, see Appendix A

Therapeutic Cultural Environment

Day care, residential, and nursing homes can be rendered culturally friendly with ethnically appropriate food which is found to be important for health and healing of older Alaska Natives. Subsistence food may be provided at holiday celebrations or fruit and vegetables specific to the seasons.

Certain colors and images that tell stories of hunting, fishing, birth, marriage, or seasonal events may be displayed on walls, furniture fabric, bed covers, etc. Traditional Native clothes may be offered to elders to wear at meal times, or the family may be encouraged to bring them to the nursing home or hospital.

Story telling circle in the Native language with an English translator may enhance cognitive function for elders with dementia. Providers can collaborate with a “culture guide” such as local Alaska Native groups to design culturally acceptable activities and décor for various types of long-term care environments.

INSTRUCTIONAL STRATEGIES

Case Study 1: Mr. T.G.

Mr. T. G., an Alaska Native patient/client in his mid 70s was referred to the public health nurse for assessment. He was recently diagnosed with Type II diabetes, is overweight, and has emphysema from smoking 1 to 2 packs of cigarettes a day. He has been “coughing” often and seems to be getting worse. He has a history of latent TB and binge drinking between ages 20 to 30 (around 1950 to 1960).

He did not complete the INH treatment for latent TB at that time due to his active addiction. He has been alcohol-free for 30 years.

Mr. T.G. lives in the village with his adult daughter and grandchildren in a small home without running water. Two of his school-age grandchildren had a positive PPD (12mm) during school screening performed by the PHN.

There is a strong history of TB in the family. A grandmother died of the illness from 1930–940, and several extended family members received treatment in a sanatorium away from the village.



Questions for Discussion

1. Using the cohort analysis model, list some of the historical factors that may impact Mr. T.G. and his family’s healthcare attitudes towards accessing western healthcare services.
2. Examine the list you generated and provide a brief explanation of why you think these events may impact his and his family’s healthcare attitudes?
3. What kind of questions would you ask to elicit the patient’s experiences with the healthcare system and what he thinks about his illness?
4. Based on your discipline, what types of information would you include in a geriatric assessment for Mr. T.G., and propose culturally acceptable interventions for problems areas that you identified.

(INSTRUCTIONAL STRATEGIES CONT'D)

Case Study 2: Mrs. T.M.

Mrs. T.M., an Alaska Native patient/client in her early 80s was referred to the Primary Care Physician for a health assessment. She recently relocated to an Assisted Living Home away from her village in St. Paul Island where she was born and raised due to a lack of local resources in her community.

It is customary for a community member to accompany elders from St. Paul when they are sent to Anchorage. In Mrs. T.M.'s case, she has extended family members who live in the Anchorage area who support her. Other than the forced relocation during WWII, she has only been away from St. Paul for medical check ups. She can speak English but is more comfortable speaking Aleut, her native language. Mrs. T.M. has been married for 55 years, but because of her husband's poor health, he cannot travel with her.

It is considered customary not to separate older adult couples. The Assisted Living staff reports that she has been mostly silent, refuses to eat, and does not make sense because she talks off the subject. She was recently diagnosed with advanced heart disease. When being examined, she does not look directly at the physician, stealing only quick glances, and holds her arms tightly around her upper torso.

**Questions for Discussion**

1. What do you think may be affecting Mrs. T.M.'s communication patterns? What could be impacting her attitude and demeanor toward the physician?
2. What strategies might the primary care physician use to develop rapport and trust and enable Mrs. T.M. to participate in planning her care at the facility?
3. What strategies might the physician use to talk about the severity of her condition and end of life issues, such as having an advance directive?
4. In addition to Mrs. T.M.'s health history, what other relevant information would you wish to include in the geriatric assessment?
5. If you were a clinician on Mrs. T.M.'s unit, what would you include in the care plan to reduce cultural isolation?

REFERENCES

- Brave Heart, M. D., & Lemyra M. (2000). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2): 60-81.
- Ball, T. (1998). *Prevalence rates of full and partial PTSD and lifetime trauma in a sample of adult members of an American Indian tribe*. Department of Special Education and Community Resources, Portland, University of Oregon: 172.
- Branch, K. (2005) Achieving Best Practice in Long Term Care for Alaska Native and American Indian Elders, National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders. University of Alaska Anchorage, http://elders.uaa.alaska.edu/reports/yr2_1best-practices.pdf.
- Cashin, J. (2000). Trauma and multigenerational trauma caused by genocide and oppression: comparison of western and Native American healing methods. *Psychology, The Union Institute: DAI*, 61(12B).
- Center on and Aging Society Georgetown University. Cultural Competence in Healthcare: Is it important for people with Chronic Conditions? Issue Brief, number 5, 2004. Retrieved on October 3, 2007: <http://ihcrp.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html>
- DeVries, M. W. (1996). Trauma in cultural perspective. In: B. M. van der Kolk, A. C., Weisaeth, L. *Traumatic stress: the effects of overwhelming experience on mind, body, and society*. New York, The Guilford Press: 398-413.
- Duran, E., & Duran, B. (1995). *Postcolonial psychology*. State University of New York Press.
- Ellerby, J. (2001). Working with Aboriginal Elders. Winnipeg Native Studies.
- Fortune, R. (1992). Chills and fever: Health and disease in the early history of Alaska, University of Alaska Press, Fairbanks.
- Freeman, D. (1965). *Anthropology, psychiatry and the doctrine of cultural relativism*. Man, 65: 65-67.
- Graves K. Saylor, B, & Shavings, L. (2007). *Comments on the Nature of Elder Abuse by Alaska Native Elders*. Northwest Public Health.
- Graves, K. & Shavings, L. (2004.). Our view of dignified aging. National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders, http://elders.uaa.alaska.edu/reports/yr1_2qualitative.pdf.
- Haycox, S. (2000). A Resource Colony. *Anchorage Daily News*, Anchorage: K4.
- Health, G., Leonard, B., Wilson, R., Kendrick, J., Powell, K. (1997). Community based exercise intervention. Zuni Diabetes Project. *Diabetes Care*, 10(5).
- Health, G., Leonard, B., Wilson, R., Kendrick, J., Powell, K. (1991). Community based exercise and weight control: Diabetes risk reduction and glycemic control in Zuni Indians. *American Journal of Clinical Nutrition*, 56(6).
- Hillier, S., Barrow, G. (1999). *Theories in Social Gerontology. Aging, the Individual, and Society, Instructors Edition*. Chapter 4. Wadsworth Publishing Company, New York.
- Hinkley, T. (1961). *The Alaska labors of Sheldon Jackson, 1877-1890*. Dissertation submitted to the Indiana University History Department.

(REFERENCES CONT'D)

- Indian Health Service (1998-99). Indian health focus: Elders. U.S. Department of Health and Human Services, Office of Public Health, Office of Program Support, Program Statistics Team.
- Jackson, Y.(2000). Healthy People 2010: Reaching American Indian/Alaska Native Elders. *I.H.S. Primary Care Provider*, 25(25).
- Jacobs, J. (1995). *A schoolteacher in old Alaska: the story of Hannah Breece*. Vintage Books: A Division of Random House, Inc. New York, N.Y.
- Kanaqlak (Charles), G.P. (2007, September 17) personal communication, Director, National Resource Center for American Indian, Alaska Native & Native Hawaiian Elders, University of Alaska Anchorage, Anchorage, AK.
- Kira, I. (2001). Taxonomy of trauma and trauma assessment. *Traumatology*, 7(2): 1-14.
- Labelle, J (2007, September 18) personal communication, Research Associate I, National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders, University of Alaska Anchorage.
- Lanier, A., Ehram, & Sandidge, J. (2002). *Alaska Native mortality, 1989-1998*. Office of Alaska Native Health Research, Alaska Native Tribal Health Consortium.
- Lanier, A., Kelly, J., Holck, P., Smith, B., McEvoy, T. & Sandidge, J. (2001). Cancer incidence in Alaska Natives, thirty year report, 1969-1998. Office of Alaska Native Health Research, Alaska Native Tribal Health Consortium.
- Lindeman, R. (2003). Fall prevention guidelines. *I.H.S. Primary Care Provider*, 28(5).
- Napoleon, H. (1991). *Yuuyarag: the way of the human being*. Alaska Native Knowledge Network. Anchorage, Alaska.
- Manson, S. (1989). Long-term care in American Indian communities: Issues for planning and research. *The Gerontologist*, 29(1): 38-44.
- Manson, S. M., Shore, J. H., & Bloom, J. D. (1985). The depressive experience in American Indian communities. In A. Kleinman & B. Good (eds.), *Culture and Depression*. Berkeley, CA: University of California Press: 331-368.
- Mills, A. (2002). The Gitksan and Witsuwit'en in British Columbia. In *Endangered Peoples of North America: Struggles to Survive and Thrive*. Greaves, T. Ed. Westport Conn. & London: Greenwood Press. Supreme Court of British Columbia (SCBC). 1987. Volume 7. Delgamuukw v. the Queen: 59-78.
- Ritter, H. (1993) *Alaska's History: The people, land, and events of the north country*. Oregon, Alaska Northwest Books.
- Rosich, R. M. (2007). *The human mosaic: Cultural beliefs and health professions training*. Annals of the New York Academy of Science.
- Saylor and Doucette (2004). Health Status of Alaska Native Elders. National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders, University of Alaska Anchorage. Retrieved on August 28, 2007 at: http://elders.uaa.alaska.edu/reports/yri_1health-status.pdf
- Schraer, C., Mayer, A., Halderson, K. & Trimble, B. (1997). Diabetes complications and mortality among Alaska Natives: 8 Years of observation. *Diabetes Care*, 20(3).
- Scollon, R., & Scollon, S.(1980). *Interethnic Communication*. Alaska Native Language Center, University of Alaska Fairbanks.
- Segal, B. (2004). Establishing best Practice for Alaska Native Elders. National Center for American Indian, Alaska Native and Native Hawaiian Elders, University of Alaska Anchorage, http://elders.uaa.alaska.edu/reports/yri_3best-practices.pdf

(REFERENCES CONT'D)

- Stewart, R. (1908). *Sheldon Jackson: pathfinder and prospector of the missionary vanguard in the Rocky Mountains and Alaska*. Fleming H. Revell Company: New York, New York.
- Tatara, T. (ed) (1999). *Understanding Elder abuse in minority populations*. Brunner/Mazel – Taylor & Francis Group, Philadelphia, PA.
- Thorton, R. (1984). *American Indian holocaust and survival*. University of Oklahoma Press.
- Weaver, H., & Postman, D. (1988). A People in peril. *Anchorage Daily News*, Anchorage: A1-A12, B4.
- Williams, C. (2002) *Communication across cultures*. Alaska Native Medical Center, Anchorage, Alaska. Unpublished document.
- Wilson, S. (1996). *Gwich'in Native Elders: Not just knowledge but a way of looking at the world*, Alaska Native Knowledge Network. Fairbanks, AK.
- Yellow Horse Brave Heart-Jordon, M. (1995). The return to the sacred path. *Social Work, Northampton, Smith College School for Social Work*: 182.



LINKS & RESOURCES

Alaska Geriatric Education Center (AGKEC)

www.alaskagec.org

National Resource Center for America Indian, Alaska Native and Native Hawaiian Elders

<http://elders.uaa.alaska.edu/>

Institute for Social and Economic Research

www.iser.uaa.alaska.edu/Home/ResearchAreas/statusaknatives.htm

Alaska Native Language Center, 2004. Language map. University of Alaska, Fairbanks

www.uaf.edu/anlc

Alaska Native Knowledge Network, University of Alaska Fairbanks

www.ankn.uaf.edu

Alaska Native Heritage Center, Anchorage, Alaska

www.alaskanative.net/

Alaska Native Traditional Healing

<http://altmed.creighton.edu/AKNative/>

Alaska Native Science Commission, Anchorage, Alaska

www.nativescience.org

Alaskool

Visit to learn about Alaska Native history, education, languages, cultures, including curriculum, stories, reports, free fonts, and much more

<http://www.alaskool.org>

Arctic Health Telemedicine

www.arctichealth.org/telehealth.php

First Alaskan Institute

<http://www.firstalaskans.org/>

Elder Care Initiative

U.S. Department of Health and Human Services, Indian Health Services, The Federal health Program for American Indians and Alaska Natives

<http://www.ihs.gov/MedicalPrograms/ElderCare/>

Alaska Natives Commission Final Report, Volume II

http://www.alaskool.org/resources/anc2/anc2_toc.html

National Center for Cultural Competence

Visit this site for the Cultural Competence Health Practitioner Assessment designed to enhance delivery of quality services to culturally diverse populations.

<http://www11.georgetown.edu/research/gucchd/nccc/features/CCHPA.html>

U.S. Census Bureau

www.census.gov

APPENDIX A: SUBSTANCE ABUSE PROGRAMS IN ALASKA

The following list includes the primary substance abuse programs available in Alaska, smaller regional facilities and programs are also available.

Hudson Lake Healing Camp

Copper River Native Association
Phone: 907-822-8835

Hudson Lake Healing Camp is a 40-day program that offers year around treatment in a serene environment. The program offers a Talking Circle on a daily basis as a way to share personal feelings without feedback or cross talk. There is also a Traditional Athabascan Steam House for those who wish to take part. Clients learn healthy ways to express feelings, grow spiritually, and bring self-respect back into their lives.

Old Minto Family Recovery Camp

Tanana Chiefs Conference
 201 First Avenue • Fairbanks, AK. 99701
Phone: 907-452-8251 ext.3144
Toll Free: 1-800-478-6822 ext. 3144
Fax: 907-459-3835

The mission of the Old Minto Recovery Camp (OMFRC) is to help people help themselves heal spiritually, emotionally, and mentally by drawing on the strength of the Native culture and traditional values. The primary goal of OMFRC is to provide Alaska Native individuals and families with skills to help them live healthy and substance-free lives within their communities.

The program strives to increase the percentage of Alaskan Natives committed to long-term sobriety, cultural pride, and traditional Athabascan values. Tribal elders from Minto play a consultative role in developing and implementing services at the camp site. The most important aspect of the role is to ensure that materials and strategies are culturally appropriate and relevant.

Ernie Turner Center

Cook Inlet Tribal Council
 4330 S. Bragaw St.
 Anchorage, Alaska 99508
Phone: 907-550-2400 • Toll Free: 800-478-4786
Fax: 907-562-7332

Building upon the “therapeutic community” model of treatment, Residential Services has developed a “Therapeutic Village of Services” to emulate an Alaska Native village community. The program is an adaptation of the therapeutic community model and Alaskan Native Culture. The focus is on peer leadership through the Village Council.

There are three opportunities for work therapy to contribute to on-going sobriety: Alaska Native arts and crafts, food services, and facilities maintenance. Skill development is an integral component in each participant’s path to sobriety.

Patient services are provided through the System of Care, with services coordinated through Case Management. In addition to Case Managers, the residential unit is staffed by a licensed mental health clinician and a Medical Director. Residential services are composed of four distinct treatment units located at the Ernie Turner Center.

(APPENDIX A CONT'D)**Recovery Services**

Cook Inlet Tribal Council (CITC)
3600 San Jeronimo Drive, Suite 210
Anchorage, AK 99508
Phone: 907-793-3200
Toll Free: 877-985-5900
Fax: 907-793-3250

Recovery Services (RS) offers a comprehensive continuum of care for the Anchorage, Alaska Native population and others. The Recovery Services Department strongly believes in the value of culturally competent service delivery and we ensure its inclusion through the following practices:

Staff knowledge of the Native language

of the participant: The Recovery Services department has access to staff who speak the major Alaska Native languages/dialects.

Staff sensitivity: CITC has achieved 64% Native hire. To assure Native representation on the RS management team, the department has established a Native management intern program to train talented Native staff into Director level positions, as openings occur. An Alaska Native holds the top management position in the department. Additionally, as part of CITC's orientation process for new employees, the history of the Alaska Native Claims Settlement Act (ANCSA) and Alaska Native regional corporations is presented, as well as the intent of Native preference in hiring (Public Law 93-638).

Representation of the participant population in

decision making: Both Alaska Native participants and staff were involved in designing the current Recovery Services System of Care through focus groups and Advisory Committee capacity. Further, the Recovery Services Advisory Committee reviews evaluation findings prior to reporting.

APPENDIX B: ADULT DAY PROGRAMS IN ALASKA

Day Break Adult Day Program

Anchorage Community
Mental Health Services, Inc.
9210 Jupiter Drive
Anchorage, AK 99507
Phone: 907-346-2234
Fax: 907-346-2601

Serendipity Adult Day Program

Salvation Army
3550 E. 20th Ave.
Anchorage, AK 99508
Phone: 907-279-0501

Chrissie Shantz Adult Day Center

Orutsararmiut Native Council
Box 927
Bethel, AK 99559
Phone: 907-543-3988 or 907-543-3989
Fax: 907-543-5787

Adult Day Services Program

Chugiak Senior Center
22424 N. Birchwood Lp. Rd.
Chugiak, AK 99567
Phone: 907-688-2677
Fax: 907-688-1319

Fairbanks Resource Agency Adult Day Program

805 Airport Way, Suite 1
Fairbanks, AK 99701
Phone: 907-451-0389

Friendship Center Adult Day Services

Homer Senior Citizens, Inc.
3935 Svendlund
Homer, AK 99762
Phone: 907-235-7655

The Bridge Adult Day Program

Catholic Community Services
1803 Glacier Highway
Juneau, AK 99801
Phone: 907-463-6171
Fax: 907-586-1908

Forget-Me-Not Adult Day Center

Central Peninsula Counseling Services
905 Cook Ave., Suite B
Kenai, AK 99611
Phone: 907-283-7294

Rendezvous Senior Day Services, Inc.

2441 First Avenue
Ketchikan, Alaska 99901
Phone: 907-247-1961
Fax: 907-247-1963

Island Cove Adult Day Program

302 Erskine
Kodiak, AK 99615
Phone: 907-486-2203
Fax: 907-486-4503

Munaqsri Adult Day / Respite Program

Nome Community Center
P.O. Box 98
Nome, AK 99762
Phone: 907-443-4150
Fax: 907-443-415

Palmer Senior Citizens Inc. Adult Day Services Program

831 South Chugach
Palmer, AK 99645
Phone: 907-745-5454
Fax: 907-746-5173