References to articles on the health and well-being of Indigenous Elders from First Nations, Metis, Inuit, and Native American communities

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References

Anderson, K. (2008). "Notokwe opikiheet"—"old-lady raised": Aboriginal women's reflections on ethics and methodologies in health research. Canadian Woman Studies, 26(3), 6-12. This article highlights a principle that exists across Aboriginal cultures and societies—that we must work with our elders as we envision the future. This can be done by employing two methodologies fundamental to Aboriginal approaches to knowledge translation: listening to elders and drawing on their stories. Based on interviews with seven First Nation, Métis, and Inuit grandmothers from across Canada, this article explores issues related to health research ethics and methodologies by drawing on these elder's stories about the historical role of Aboriginal women in health care and health research. The analysis is grounded in the assumption that, historically, Aboriginal women played a central and critical role in managing health and wellness in their communities, and health research has always been a part of Aboriginal "women's work." In searching for ways to reclaim our leadership roles as Aboriginal women, we must reflect on how the traditional roles, practices, and knowledge systems of our grandmothers can be applied to our current work in health and healing research. ABSTRACT FROM AUTHOR; Copyright of Canadian Woman Studies is the property of Canadian Woman Studies/Les Cahiers de la Femme and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Arcury, T. A., Bell, R. A., Snively, B. M., Smith, S. L., Skelly, A. H., Wetmore, L. K., & Quandt, S. A. (2006). Complementary and alternative medicine use as health self-management: Rural older adults with diabetes. Journals of Gerontology - Series B Psychological Sciences and Social Sciences, 61(2), S62-S70. Objectives. This study describes complementary and alternative medicine (CAM) use among rural older adults with diabetes, delineates the relationship of health self-management predictors to CAM therapy use, and furthers conceptual development of CAM use within a health self-management framework. Methods. Survey interview data were collected from a random sample of 701 community dwelling African American, Native American, and White elders residing in two rural North Carolina counties. We summarize CAM use for general use and for diabetes care and use multiple logistic modeling to estimate the effects of health self-management predictors on use of CAM therapies. Results. The majority of respondents used some form of CAM for general purpose, whereas far fewer used CAM for diabetes care. The most widely used CAM categories were food home remedies, other home remedies, and vitamins. The following health self-management predictors were related to the use of different
categories of CAM therapies: personal characteristics (ethnicity), health status (number of health conditions), personal resources (education), and financial resources (economic status). Discussion. CAM is a widely used component of health self-management among rural among older adults with diabetes. Research on CAM use will benefit from theory that considers the specific behavior and cognitive characteristics of CAM therapies. Copyright 2006 by The Gerontological Society of America.

Beliefs about what constitutes health promoting behaviors vary by culture and class, and knowing how an older adult interprets a specific health behavior can improve health education and medical compliance. Ethnomedical approaches have investigated how people define disease and the therapies used to return to a state of health. However, little research has addressed how individuals define health, or the behaviors they use to maintain health. We analyze the behaviors elders state are needed to stay healthy, and their meanings for these behaviors. Narratives collected through in-depth interviews with 145 male and female rural North Carolina residents aged 70 and older, including African Americans, Native Americans and European Americans are analyzed using systematic text analysis. The participants' narratives include seven salient health maintenance domains: (1) Eating Right, (2) Drinking Water, (3) 'Taking' Exercise, (4) Staying Busy, (5) Being with People, (6) Trusting in God and Participating in Church, and (7) Taking Care of Yourself. Several of these domains are multi-dimensional in the meanings the elders ascribe to them. There is also overlap in the content of some of the domains; they are not discrete in the minds of the elders and a specific health behavior can reflect more than one domain. Four themes cross-cut the domains: 'balance and moderation', 'the holistic view of health', 'social integration', and 'personal responsibility'. Elders in these rural communities hold a definition of health that overlaps with, but is not synonymous with a biomedical model. These elders' concept of health seamlessly integrates physical, mental, spiritual, and social aspects of health, reflecting how health is embedded in the everyday experience of these elders. Staying healthy is maintaining the ability to function in a community. These results indicate that providers cannot assume that older patients will share their interpretation of general health promotion advice. Copyright © 2001 Elsevier Science Ltd.

This analysis uses in-depth interview data collected from 145 African American, European American and Native American men and women aged 70 and older who reside in two rural North Carolina counties to understand the role of religious faith and prayer in the health self-management of these older adults. The analysis addresses three specific questions: how do these older adults use religion to help them manage their health; are there ethnic and gender differences in the use of religion; and are differences in health status related to differences in the use of religion? The integral role of religion in the lives of these older rural adults is an overarching theme present in the interview texts. Six major themes link religion and health self-management: (1) prayer and faith in health self-management, (2) reading the Bible, (3) church services, (4) mental and spiritual health, (5) stories of physical healing, and (6) ambivalence. Faith and religious activities provide an anchor in the lives of these older adults. There is little variation in the use of religion for health self-management by gender, ethnicity or health status. These results suggest that the strength of religion in rural culture may limit the effectiveness of general religiosity scales to discern the relationship of religion to health and health behavior in rural populations. © 2000 Kluwer Academic Publishers.

Purpose: This analysis describes the association of health and functional status with private and public religious practice among ethnically diverse (African American, Native American, white) rural older adults with diabetes. Methods: Data were collected using a population-based, cross-sectional, stratified, random sample survey of 701 community-dwelling elders with diabetes in two rural North Carolina counties. Outcome measures were private religious practice, church attendance, religious support provided, and religious support received. Correlates included religiosity, health and functional status, and personal characteristics. Statistical significance was assessed using multiple linear regression and logistic regression models. Findings: These rural elders had high levels of religious belief, and private and public religious practice. Religiosity was associated with private and public religious practice. Health and functional status were not associated with private religious practice, but they were associated with
public religious practice, such that those with limited functional status participated less in public religious practice. Ethnicity was associated with private religious practice: African Americans had higher levels of private religious practice than Native Americans or whites, while Native Americans had higher levels than whites. Conclusions: Variation in private religious practice among rural older adults is related to personal characteristics and religiosity, while public religious practice is related to physical health, functional status, and religiosity. Declining health may affect the social integration of rural older adults by limiting their ability to participate in a dominant social institution. © 2007 National Rural Health Association.


**Purpose:** This analysis describes physical activity levels and factors associated with physical activity in an ethnically diverse (African American, Native American, white) sample of rural older adults with diabetes. **Method:** Data were collected using a population-based, cross-sectional stratified random sample survey of 701 community-dwelling elders with diabetes completed in 2 rural North Carolina counties. Outcome measures were as follows: first, physical activity in the past year, and second, days physically active in the prior week (0-7). Potential correlates included personal and health characteristics and were evaluated for statistical significance using logistic regression models. **Findings:** About half (52.5%) of the participants stated that they had engaged in physical activity in the past year. Among those, 42.5% stated that they had no days with at least 30 minutes of continuous physical activity in the prior week, while 21.5% reported daily physical activity. Common activities were walking and housework. **Conclusions:** Physical activity in the past year and days active in the prior week included measures of physical health and mobility.


Nowhere in the US do elders enjoy a more revered status than in tribal communities. They are, according to many Indian leaders, our strength, our living heritage, our teachers. They are the keepers of traditions and guardians of a way of live. If a single common value were to be expressed by the nation's 568 Indian tribes, it might be simply "respect for elders." This is discussed in terms of elder health, assimilation, elder abuse, and the lack of adequate health, long-term care, economic, social service, and educational infrastructure in tribal communities.


Discusses a model of intergenerational communication. A model was developed that integrates key aspects of the communication predicament and enhancement models of aging with other potent constructs, such as group vitality and mindfulness. The model was applied to the health care experience of an understudied population, older Native Americans. Applying the model in this context underscores the notion that people are members of a number of social groups. The model assumes that people operate interpersonally on the basis of intergroup cues. The model illuminates how intergenerational communication may be facilitated or hindered by communicative processes born out of categorization and stereotyping. Health care professionals, whose working environment is increasingly populated by older economically, culturally, and ethnically diverse patients, should be made aware of the strengths and weaknesses of their communicative practices in intergenerational interactions.


identify [patterns of] use [of mental health services] by examining factors that best predict mental health service use among urban and reservation American Indian and Alaska Native elders [65 yrs and older] data and variable selection for this chapter derive from the original OARS [Older American Resources and Services] data collected by NICOA [National Indian Council on Aging] in 1981 / data

Because of the continuing poor health status of Aboriginal populations in Canada, along with increasing opportunity for Aboriginal designed health surveys, it is argued that policies and programs, and the research from which they are derived, should be more solidly grounded within Aboriginal understandings of health and well-being. Survey research for Aboriginal populations usually draws on questions developed by and for mainstream Canadians. This paper stems from the author's master's thesis study that elicited adult and elder Métis women's description of 'what constitutes health' and 'what constitutes well-being'. Outlined are descriptions of Mètis women's Conceptions of Health and Conceptions of Well-being, as well as Dimensions of Well-Being that should be included in health survey research.


Purpose: The purposes of this study were to assess the level of foot self-care performed in a rural, multiethnic population of older adults and to identify factors associated with foot self-care. Methods: The Evaluating Long-term Diabetes Self-management Among Elder Rural Adults study included a random sample of 701 African American, Native American, and white adults from 2 rural North Carolina counties. Participants completed in-home interviews, 5 foot self-care practices from the Summary of Diabetes Self-Care Activities (SDSCA), functional status measures, and measures of education and support for foot care. Results: Foot care practices/behaviors reported at least 6 days/week ranged from 35.6% for inspecting shoes to 79.2% for not soaking feet. Four independent predictors of the SDSCA summary foot care index score were observed: having been shown how to care for feet (P < .0001), female gender (P = .03), having had a doctor check nerves in feet in past year (P = .02), and not receiving support caring for feet (P = .0425). Conclusions: These findings indicate that educating patients about foot self-care may encourage routine foot care but that those dependent on either formal or informal support to perform foot care do so less frequently than those who perform it independently.


Objective: To describe the prevalence and correlates of selected health behaviors among rural older adults. Methods: Data were collected from 114 elders (≥70 years) of 3 ethnic groups (whites, African Americans, and Native Americans) in two rural North Carolina communities. Self-reported health behaviors included diet, tobacco/alcohol use, exercise/weight maintenance, accident avoidance, and health care use. Results: High rates were reported for most behaviors and varied according to ethnicity, gender, age, health conditions, and self-rated health. Poor agreement was found for actual intake of dietary fiber and fat and self-reported adherence to recommendations for those nutrients. Conclusion: These data add to the limited information on health behaviors of rural elders, including ethnic minorities, and indicate that these behaviors may be difficult to implement.


Purpose: Residents in rural communities in the United States, especially ethnic minority group members, have limited access to primary and specialty health care that is critical for diabetes management. This study examines primary and specialty medical care utilization among a rural, ethnically diverse, older adult population with diabetes. Methods: Data were drawn from a cross-sectional face-to-face survey of randomly selected African American (n = 220), Native American (n = 181), and white (n = 297) Medicare beneficiaries ≥65 years old with diabetes in 2 rural counties in central North Carolina. Participants were asked about utilization of a primary care doctor and of specialists (nutritionist, diabetes specialist, eye doctor, bladder specialist, kidney specialist, heart specialist, foot specialist) in the past year. Findings: Virtually all respondents (99.0%) reported having a primary care doctor and seeing that doctor in the past year. About 42% reported seeing a doctor for diabetes-related care. On average, participants reported seeing 2 specialists in the past year, and 54% reported seeing >1 specialist. Few reported seeing a diabetes specialist (5.7%), nutritionist (10.9%), or kidney specialist (17.5%). African Americans were more likely than others to report seeing a foot

OBJECTIVE - Depression is associated with morbidity, mortality, and decreased quality of life and is a well-established complication among people with diabetes. Little is known about the prevalence and correlates of depressive symptoms among older adults living in rural communities, particularly among ethnic minority groups, who are at increased risk of developing diabetes and complications. RESEARCH DESIGN AND METHODS - Data were analyzed from the ELDER (Evaluating Long-term Diabetes Self-management Among Elder Rural Adults) diabetes study in which face-to-face interviews were conducted with 696 older (≥65 years of age) African-American, Native American, and white men and women in two rural counties in central North Carolina. RESULTS - Using a criterion of ≥9 on a modified CES-D (Center for Epidemiologic Study of Depression) scale, 15.8% of the sample had depressive symptoms. In bivariate analyses, depressive symptomatology was more common among women and individuals who were unmarried and had less than a high school education, fewer financial resources, more chronic conditions, more prescription medications, and lower physical functioning. In multivariate analyses, sex, education, living arrangement, BMI, number of prescription medications, number of chronic conditions, and physical functioning remained significant. CONCLUSIONS - These results show that older rural adults with diabetes are at high risk for depressive symptoms, regardless of their ethnic group, and that certain demographic and health characteristics are important factors in this association. These findings add to the limited body of knowledge of comorbid depression in this population. Greater attention should be paid to diagnosing and treating this condition by those who provide care to these populations. © 2005 by the American Diabetes Association.


This paper describes the major food sources of selected nutrients for an ethnically diverse sample of older adults in rural North Carolina. A representative sample of 130 elders (> 70 years) completed semi-quantitative food frequency questionnaires. Percentages of foods most frequently consumed as the lead source of seven nutrients were calculated overall, by gender and ethnic group. Foods eaten at least one time per week were identified, and percentages of participants consuming that frequency were calculated. Major food sources included: salad oil/cooking oil for calories, total fat and saturated fat; miscellaneous vegetables for dietary fiber and folate; and orange/grapefruit juice for vitamin C. Heterogeneity in food sources was greatest for zinc and least for vitamin C. Variation across gender and ethnic groups was observed only in the degree to which specific food sources contributed to nutrient intake. These data provide greater insight into the dietary patterns of rural elders than examining nutrient intakes.


Describes the prevalence and correlates of selected health behaviors among rural older adults. Data were collected from 114 elders (aged 70–91 yrs) of 3 ethnic groups (Whites, African Americans, and Native Americans) in 2 rural North Carolina communities. Self-reported health behaviors included diet, tobacco/alcohol use, exercise/weight maintenance, accident avoidance, and health care use. High rates were reported for most behaviors and varied according to ethnicity, gender, age, health conditions, and self-rated health. Poor agreement was found for actual intake of dietary fiber and fat and self-reported adherence to recommendations for those nutrients. These data add to the limited information on health behaviors of rural elders, including ethnic minorities, and indicate that these behaviors may be difficult to implement. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


Objective: The objective of this study was to explore factors influencing smoking in home environments and Aboriginal women's efforts to minimize exposure for their children and themselves. Methods: A community-based ethnographic research study conducted in the northwest region of BC with the Gitxsan First Nations. The study included individual interviews and focus groups with 26 women ranging in age from 17 to 35, key informants (n=15), elders (n=9), middle-age women (n=7), and youth (n=6) from six reserve communities. Results: Women experienced unique challenges in establishing smoke-free homes. Themes identified that describe these challenges include social dimensions of smoking in extended families, and the structural and relational influences on women's efforts to minimize household second-hand smoke to protect children's health. Narratives also included stories of success in women's efforts to reduce exposure to second-hand smoke. Conclusion: Second-hand smoke presents a multifaceted challenge to Aboriginal women who are motivated to protect their health and the health of their children. Their efforts to implement smoke-free strategies in their homes should be supported. © 2010 Canadian Public Health Association.

Braun, K. L., Browne, C. V., Ka'opua, L. S., Kim, B. J., & Mokuau, N. (2014). Research on indigenous elders: From positivistic to decolonizing methodologies. Gerontologist, 54(1), 117-126. Although indigenous peoples have lower life expectancies than the social majority populations in their countries, increasing numbers of indigenous people are living into old age. Research on indigenous elders is informed by a number of research traditions. Researchers have mined existing data sets to compare characteristics of indigenous populations with non-indigenous groups, and these findings have revealed significant disparities experienced by indigenous elders. Some investigators have attempted to validate standardized research tools for use in indigenous populations. Findings from these studies have furthered our knowledge about indigenous elders and have highlighted the ways in which tools may need to be adapted to better fit indigenous views of the constructs being measured. Qualitative approaches are popular, as they allow indigenous elders to tell their stories and challenge non-indigenous investigators to acknowledge values and worldviews different from their own. Recently, efforts have extended to participatory and decolonizing research methods, which aim to empower indigenous elders as researchers. Research approaches are discussed in light of the negative experiences many indigenous peoples have had with Eurocentric research. Acknowledgment of historical trauma, life-course perspectives, phenomenology, and critical gerontology should frame future research with, rather than on, indigenous elders. ABSTRACT FROM PUBLISHER; Copyright of Gerontologist is the property of Oxford University Press / USA and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Brown, C. M., & Gibbons, J. L. (2008). Taking care of our elders: An initial study of an assisted-living facility for American Indians. Journal of Applied Gerontology, 27(4), 523-531. The present study is an initial exploration of the psychological well-being of residents of an assisted-living facility (ALF) designed and managed for elders of an American Indian tribe. A total of 56 tribal member elders, including 13 facility residents and 43 nonresidents, completed scales measuring happiness, quality of life, perceived social support, and loneliness. In addition, 5 residents participated in one-on-one interviews. Compared to nonresidents, facility residents reported significantly greater happiness and perceived social support and significantly less loneliness. Furthermore, loneliness was found to mediate the relationship between ALF residence and happiness. Interviews with the residents revealed four themes related to the ALF that contribute to the residents' well-being. Although this study is limited by its small sample size, it indicates that tribally owned and/or managed ALFs may be a good long-term care option for many American Indian elders. Further investigation of long-term care options for American Indian elders is needed.

Brozowski, K., & Hall, D. R. (2010). Aging and risk: Physical and sexual abuse of elders in Canada. Journal of Interpersonal Violence, 25(7), 1183-1199. In this article, we review the literature on physical and sexual elder abuse within the context of risk theory and feminist sociology. Employing data from the 1999 General Social Survey, we also examine several variables potentially associated with the risk for physical or sexual abuse of elders. Women, Aboriginal Canadians, and elders who are divorced, living in urban areas with low income have a higher risk of physical or sexual abuse. This supports risk and anxiety as factors. Further testing of elder abuse using this theoretical framework is required. © The Author(s) 2010.

To ascertain the extent of, and risk factors for, physical abuse among older urban American Indian/Alaska Natives (AI/ANs), we conducted a chart review of 550 urban AI/AN primary care patients ≥50 years old seen during 1 year. Mistreatment was documented in 10%. A logistic regression found younger age (P < .001), female gender (P < .001), current depression (P < .001), and dependence on others for food (P < .05) to be significant correlates of physical abuse. In only 31% of instances of definite abuse were the authorities notified. We conclude that providers should be alert to the possibility of physical mistreatment among older urban AI/ANs. Improvements in detection and management are sorely needed.


Evaluates the frequency of influenza and pneumococcal vaccination among Native American elders in a primary care practice of Seattle, Washington. Factors associated with adherence to immunization guidelines; Correlation between old age with health problems and vaccination; Need for strategies to optimize immunization programs among Native American populations.


Examines the process of aging in tribal culture and provide a conceptual structure for understanding abuse and neglect among Native Americans. The risk factors for abuse are examined and the programs, services, and changes in legislation and policy that are needed to address elder abuse and neglect also are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(preface)


This research examines stressful life events as predictors of psychological problems among a population of older American Indians of the Great Lakes region. It assumes that meaning attached to these events is not culture-free. The data used are from a longitudinal study of 309 American Indians age 55 and older who were interviewed at two time periods in three distinct strata: urban, rural (off-reservation), and reservation. Life events are measured by the presence and perceived severity of 19 discrete events. Hierarchical regression analysis is used to determine the influence of life events on depression after controlling for sociodemographic factors, functional ability, and comorbidity at both Time 1 and 18 to 24 months later at Time 2. Although Time 1 depression accounts for most of the variance at Time 2, comorbidity was also a significant predictor over time. Whereas life stress has a short-term effect on mental health, the burden of comorbidity increases over time.


Presents a case report of an Aboriginal woman facing death to illustrate the use of the medicine wheel in practice. The case study is based on clinical nursing practice involving several families and on knowledge shared with us by elders. Mary Ebanaw has just been diagnosed with advanced cancer. Her husband passed on to the spirit world more than four years ago. Mrs. Ebanaw has been living with her...
eldest daughter and her family and volunteering at the local school as an elder. Mrs. Ebanaw is working through issues related to her impending death, deciding what she wants done and who she will ask to follow through on her plans. To our case study, we apply the teachings of the medicine wheel. The four directions of the wheel provide a framework for exploring assessment and intervention from a holistic perspective. The medicine wheel can be used to illustrate a life journey, as each person takes many turns around it. Mrs. Ebanaw is grateful that her health care team has shared their knowledge of her illness with her so that she can make important decisions that honor her responsibility to the community. As Mrs. Ebanaw is concerned about passing on her traditional ways, it is important for her health care providers to support her by showing curiosity and respect for her as an individual within the context of her family and community. A journey around the medicine wheel provides us with a unique perspective and a greater understanding. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

COE, K., & PALMER, C. T. (2009). How elders guided the evolution of the modern human brain, social behavior, and culture. *American Indian Culture & Research Journal, 33*(3), 5-21. The article discusses the importance of elderly American Indians to the lives of American Indian families and communities. A review of ethnographic studies of American Indian elders is used to describe the vital role elders played in the evolution of the human brain, social behavior, and culture. Particular attention is paid to exploring issues related to hierarchy formation, the influence of elders on social learning, and the persistence of traditional cultural knowledge. The loss of traditional knowledge transmission is associated with a breakdown in close kinship ties, reduced cooperation, and the disappearance of tribal identification.

Collings, P. (2001). "If you got everything, it's good enough": Perspectives on successful aging in a canadian limit community. *Journal of Cross-Cultural Gerontology, 16*(2), 127-155. Structured interviews with 38 Inuit in the community of Holman were conducted to examine Inuit definitions of successful and unsuccessful aging. Qualitative analysis of the interview data suggests that (1) contrary to much of the literature about culture change in the Canadian North, there appear to be no perceivable differences in the ways Inuit of different age cohorts view aging and elderhood; (2) a successful old age is not one necessarily characterized by individual good health, but rather by the ability of the individual to successfully manage declining health; and (3) for Inuit, the most important determinants of a successful elderhood are not material but ideological. That is, an individual's attitudes in late life, and in particular their willingness to transmit their accumulated wisdom and knowledge to their juniors, are the critical determinants of whether an elder is viewed as having a successful old age. © 2001 Kluwer Academic Publishers.

Cooke, M., Guimond, E., & McWhirter, J. (2008). The changing well-being of older adult registered indians: An analysis using the registered indian human development index. *Canadian Journal on Aging, 27*(4), 385-397. The demographic aging of the Registered Indian population suggests that the social, economic, and health conditions of older Registered Indians will be increasingly important for communities and policymakers. We have adapted the United Nations Development Program's Human Development Index using data from the Census of Canada and the Indian Register to measure whether improvements seen in the knowledge, standard of living, and health of the Registered Indian population between 1981 and 2001 are also observed among Registered Indians of older ages. The absolute levels of well-being of older Registered Indians were found to have improved, but gaps with other older Canadians had widened, particularly in terms of income and male life expectancy.

Crosato, K. E., Ward-Griffin, C., & Leipert, B. (2007). Aboriginal women caregivers of the elderly. *Rural & Remote Health, 7*(4), 796-796. INTRODUCTION: The purpose of this qualitative study was to develop a comprehensive understanding of Aboriginal women's experiences and perceptions of providing care to the elderly in geographically isolated communities (GIC). Research with Aboriginal women caregivers is essential as the population of Aboriginal elders is increasing, and Aboriginal women represent the majority of caregivers in their communities. METHODS: This study was guided by focused ethnography, which seeks an understanding of a sub-group within a cultural group by uncovering the less obvious expressions and behaviours of the sub-group members. Using one-on-one open-ended interviews and participant observation, 13 women from a number of Aboriginal communities in northern and southern Ontario participated in this study. Data analysis was conducted by reviewing transcripts of interviews to identify codes and themes. RESULTS: Study findings revealed that four concentric circles represent the caring experiences of the Aboriginal women participants: the healers, the family, the Aboriginal community, and the non-
Aboriginal community. Cultural values greatly informed participants' perceptions about caring for elderly persons in GIC. These values are represented in five themes: passing on traditions, being chosen to care, supporting the circle of healers, (re)establishing the circles of care, and accepting/refusing external resources. CONCLUSION: The findings from this study have significant implications for healthcare practice and future research.


The purpose of this study is to describe health care needs and service utilization among institutionalized women of color. The sample was dichotomized by length of stay to determine how African American, Native American, Asian/Pacific Islander, and Hispanic/Latino women differed at two points in time. Data for this study came from the Current Resident Survey of the 1999 National Nursing Home Survey. The data were analyzed using GLM. The findings suggest that Native American women are the most impaired and Asian/Pacific Islander women are the least impaired. Additionally, very few women received mental health services despite their extensive need. ABSTRACT FROM AUTHOR; Copyright of Journal of Women & Aging is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Over an eight-year period, the authors conducted focus groups in six Alaska Aboriginal communities. They sought information about traditional ways of caring for the dying, current values and preferences surrounding death, the kind of support caregivers need, and how a palliative care program could assist families caring for loved ones in the community. Focus groups are a standard qualitative research tool for gathering information when a new program or service is planned. However, for Alaska's Aboriginal people living in remote settings, the standard focus group design is not useful. That design was modified to reflect cultural norms and communication methods while adhering to standards of qualitative research. Communities selected represented different groups of Alaska's Indigenous people; 84 Aboriginal elders participated. Culturally modified focus groups yielded rich and useful information about historical and traditional practices surrounding death. Participants also vocalized expectations and concerns regarding their own eventual deaths. The process of conducting six different focus groups throughout Alaska yielded valuable information about community engagement in Aboriginal communities. © 2010 Institut universitaire de gériatrie de Montréal.


We compared prevalence estimates of chronic disease risk factors and health status between American Indian/Alaska Native (AIAN) and White elders. We used 2001 and 2002 Behavioral Risk Factor Surveillance System data to estimate the prevalence of smoking, physical inactivity, obesity, diagnosed diabetes, and general health status. For all health behavior and status measures, American Indians/Alaska Natives reported greater risk than did Whites. Risk factors among AIAN elders need to be addressed to eliminate disparities in chronic diseases.

Donatuto, J. L., Satterfield, T. A., & Gregory, R. (2011). Poisoning the body to nourish the soul: Prioritising health risks and impacts in a native american community. Health, Risk and Society, 13(2), 103-127. Current United States government risk assessment and management regulations fail to consider Native American definitions of health or risk. On the invitation of the Coast Salish Swinomish Indian Tribal Community of Washington State, this study examines local meanings of health in reference to seafood where contamination of their aquatic natural resources has been found. By conducting two series of interviews with Swinomish seafood consumers, experts and elders, the study allowed interviewees to provide a more complete picture of the implications of seafood contamination alongside consumption habits within the community. Study results demonstrate that seafood represents a symbolic, deeply meaningful food source that is linked to a multi-dimensional 'Swinomish' concept of health. A health evaluation tool using descriptive scaled rankings was devised to clarify non-physiological health risks and impacts in relation to contaminated seafood. Findings demonstrate that food security, ceremonial
use, knowledge transmission, and community cohesion all play primary roles in Swinomish definitions of individual and community health and complement physical indicators of health. Thus, to eat less seafood (as prescribed on the basis of current physiological measures) may actually be detrimental to the Swinomish concept of health. © 2011 Taylor & Francis.


**BACKGROUND AND OBJECTIVES:** This study addressed one American Indian group’s experience with cancer, its associated pain, and the resulting barriers in cancer pain management (CPM). **METHODS:** The project researched the identified problems and implemented solutions. Focus groups at four reservations with clinic personnel and tribal elders reviewed culturally specific experiences and barriers to CPM. Culturally sensitive brochures for patients and guidelines for providers were developed, and health care providers participated in CME sessions. **RESULTS:** Ojibwe elders report pain when it is >6 (1-10 scale), believe pain always accompanies cancer, and do not believe it can be relieved, although traditional healers can help. They also have addiction concerns. Developed materials changed knowledge (pre-post tests, p = 0.000) and are culturally sensitive (> 92% agreement). **CONCLUSION:** Medically sound CPM for this population can also be culturally sensitive.


Examined 6 current research articles pertaining to studying, and ultimately serving, Native American older adults with the purpose of gaining service improvement recommendations. The series of articles reviewed all share some common themes, including the importance of trust in building relationships, the importance of relevance and practical solutions of research, the importance of improved culturally competent communication between researchers and Native communities, and the application of appropriate research methods for improved outcomes. (BN) (AgeLine Database, copyright 2006 EBSCO Publishing, Inc., all rights reserved)


Examined the performance of Native American older adults on the Mini-Mental State Examination (MMSE). A total of 162 adults aged 48-88 from 3 North Dakota tribes completed the MMSE as part of a larger dementia assessment battery. Overall, 44% of the participants were classified in the normal cognitive function range, 50% were classified as having mild cognitive impairment, and 6% were classified as having moderate cognitive impairment. However, the 3 tribes differ significantly from each other across the various MMSE classifications. About 97% of the participants fell within community-based norms for MMSE performance based on age and education levels. (MM) (AgeLine Database, copyright 2008 EBSCO Publishing, Inc., all rights reserved)


The article discusses the impact of gender on the Mini Mental Status Examination (MMSE) of Native American elderly adults. It explores the typical non-native community mental health ranges for MMSE performance. Also, a larger dementia assessment battery was applied to measure age, self-rated health, and Digital Symbol Substitution performance.


This paper will detail assessment and evaluation issues with Native American elderly adults. Recommendations and implications of such assessment and evaluation follow and include areas such as general background factors, cultural and family issues that impact assessment, problems to overcome, and finally a look into neuropsychological assessment. These issues will converge on the notion that mental health and neuropsychological assessment issues are relevant to Native American elderly, not because of the paucity of research in this area, but because Native American elderly are a fast-growing population, most in need of such vital services. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Investigated the performance level of 22 Native American elderly adults (mean age 66.3 yrs) on the Geriatric Depression Scale—Short Form (GDS–SF) and neuropsychological tests. Results show that the only two correlation coefficients that were significant with GDS–SF performance were age and number of medications currently being taken. In addition, as GDS–SF scores increased, scores on a number of neuropsychological tests (e.g., Wechsler Adult Intelligence Scale--Revised (WAIS--R) Vocabulary test and the Boston Naming Test) tended to decrease and the correlation coefficients were all in the negative range. These findings are suggestive that "probable" depression contributes in a negative fashion to cognitive performance in this sample. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


This chapter discusses the challenges of completing meaningful neuropsychological assessments on cross-cultural populations due to the lack of normative data. Both of us are appreciative of the issues facing researchers studying Native Americans, specifically Native elders. With life expectancy increasing worldwide come the potential ravages of dementia. Age is the leading risk factor (among many others) for dementia onset. Thus, as we age our risk of developing any of a wide array of age-related diseases and disorders increases dramatically. This issue is even more pressing for Native elders, as they are unaccustomed to issues related to dementia and how its effects are far-reaching (individual family, community, tribe, reservation). Although the same issues face other minority groups, Native elders are an often overlooked group despite great advances in longevity and life expectancy. For the past 10 years or so, I (F. R. F., with the assistance of graduate and undergraduate students) have been attempting to determine appropriate neuropsychological assessment batteries for Native American elders in addition to the effectiveness of such batteries. One of the greatest challenges in cross-cultural neuropsychological assessment is the ability to make accurate assessments and diagnoses on the basis of accurate and reliable normative datasets and then include these assessments in a larger neuropsychological intervention. Without adequate or accurate normative data on the specific population under investigation, one could overestimate or underestimate a diagnosis or include an intervention that may not be as effective as it could be. This can cause problems; for example, a person could be diagnosed with, say, dementia, when no dementia exists. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(chapter)


The purpose of this study was to examine factors that contribute to levels of independent activity functioning among a group of elder Navajos. Data were collected from a sample of Navajo elders from Tuba City, Arizona, and a health assessment survey was administered. Multiple regression analysis was used to examine the effects of social support and demographic factors on levels of independent activity functioning, such as bathing, toileting, dressing, eating, walking, and getting in and out of bed. The results indicated that assistive devices, marital status, the frequency of visits to Tuba City, and visits to the elders significantly affected independent activity functioning. Although other factors of social support were not significant, it appeared that visiting Tuba City and visits to the elders in their homes were important factors in maintaining higher levels of independent activity functioning among elder Navajos. Implications for practice, policy, and future research are discussed.


Fifty-four Inuit elders, representing 90% of the individuals 60 yr of age and older in three communities in the Keewatin region of the Canadian Northwest Territories, were examined for dental caries, periodontal disease, levels of edentulism, and the fit and quality of denture prostheses. These elders had a mean of 2.8 +/− 3.5 decayed teeth and a DMFT of 26 +/− 13 which reflected significant tooth loss. The Root Caries Index for subjects with gingival recession was 19%. Periodontal pocket assessments revealed that 86% of the individuals examined had CPITN readings of either 3 or 4. Over one third of the elders were totally edentulous, most of them female. Only 47% of these individuals wore complete dentures. Denture fit assessment revealed that 36% of the complete maxillary dentures and 42% of the complete mandibular dentures fit poorly. The overall oral health findings for these Inuit elders differed from those found in other older populations; however, the present findings may be the norm for a population undergoing a cultural transition.
Garner, C., Byars, A., & Garner, K. (2009). A small investigation of purpose in life among reservation-dwelling native american elderly. *International Forum for Logotherapy, 32*(1), 31-36. Perception of life purpose was compared between elderly Native Americans and non-Native Americans. Life purpose was measured by the Life Purpose Questionnaire. Historical Trauma Theory and logotherapy were combined to predict a lower score for the Native American group. Results supported the hypothesis. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

This article demonstrates the empirical viability of the Ethnographically Contextualized Case Study Method (ECCSM) for investigating interrelationships between cultural and psychological processes. By juxtaposing two relevant forms of data—original interview material from a single respondent and existing ethnographic evidence—the inherent idiographic limitations of the case study approach for pursuing the psychological study of culture might be transcended. Adoption of the ECCSM for the exploration of cultural ideals among an elderly Native American respondent revealed both the personal and cultural significance of ambitious achievement within this tribal community, calling into question the conventional wisdom within multicultural psychology that Native Americans are culturally disposed to passive, submissive and noncompetitive psychological orientations. This application of the proposed methodology demonstrates how important empirical insights may be obtained in unusually efficient and nuanced ways at the confluence of culture and psychology. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Grandbois, D. M., & Sanders, G. F. (2009). The resilience of native american elders. *Issues in Mental Health Nursing, 30*(9), 569-580. This article focuses on the lived experiences of resilience in eight Native American elders. Although resilience has not been conceptualized among this group, findings revealed five unique attributes. The study design fostered the culturally relevant use of story telling, which allowed the authentic voices of the elders to be heard. Resilience exists among these Native American elders, but it is uniquely enmeshed into the seamless fabric of their culture, worldview, and connectedness expressed as Oneness with all creation. This finding of a unified cosmology suggests an extension to Bronfenbrenner's ecological theory to include the cosmosystem as a new systemic level. © 2009 Informa UK Ltd All rights reserved.

Grandbois, D. M., & Sanders, G. F. (2012). Resilience and stereotyping: The experiences of native american elders. *Journal of Transcultural Nursing, 23*(4), 389-396. Purpose: The lived experiences of Native American elders regarding the effects of stereotypes on resilience were examined. Method: This qualitative study emphasized culturally compatible methods of traditional storytelling and featured interpretive analysis. Results: Themes revealed were the following: (a) having the ability to successfully bridge cultures fostered resilience and inspired self-confidence, (b) a strong sense of identity was a core element of resilience, (c) being responsible and accountable inspired a sense of pride, (d) educational attainment and employment fostered resilience, and (e) cultural resilience was a key component when confronting stereotypes. Although stereotyping has had profound effects, these first Americans have taken the best of both worlds and successfully integrated them to live successful, well-adjusted lives. Discussion: These findings suggest that disparities in mental and physical health could be addressed by building on the unique foundation of cultural resilience embodied by these Native elders. © The Author(s) 2012.


Objectives: Racial and ethnic disparities in diabetes and subsequent complications are often attributed to culture; however, previous diabetes disparities research is restricted to in-depth ethnic-specific samples or to comparative study designs with limited belief assessment. The goal of our study was to improve understanding of the cultural basis for variation in diabetes beliefs. Design: Cross-sectional. Setting: Rural North Carolina. Participants: Older adults (aged 60+) with diabetes, equally divided by ethnicity (White, African American, American Indian) and sex (N=5593). Interventions: Guided by Explanatory Models of Illness and Cultural Consensus research traditions, trained interviewers collected data using 38 items in four diabetes belief domains: causes, symptoms, consequences, and medical management. Items were obtained from the Common Sense Model of Diabetes Inventory (CSMDI). Main Outcome: Beliefs about diabetes. Response options for each diabetes belief item were "agree," "disagree" and "don't know." Collected data were analyzed using Anthropac (version 4.98) and Latent Gold (version 4.5) programs. Results: There is substantial similarity in diabetes beliefs among African Americans, American Indians and Whites. Diabetes beliefs were most similar in the symptoms and consequences domains compared to beliefs pertaining to causes and medical management. Although some discrete beliefs differed by ethnicity, systematic differences by ethnicity were observed for specific educational groups. Conclusions: Socioeconomic conditions influence diabetes beliefs rather than ethnicity per se.


This research examined the perspectives and experiences of First Nations community members regarding health and social support for elderly people living in 13 First Nations communities in northwestern Ontario. Surveys (n = 216) and focus groups (n = 70) were conducted in 2005 and 2006 with elderly Aboriginal people and their formal and informal caregivers. Results indicated a strong preference (69%) for helping people to age and die at home; however, barriers and challenges existed at the family, community, health system, and social policy levels. Barriers included a lack of family caregivers and shortage of health care providers and programs; changing community values; and limited access to provincial health services and culturally relevant and safe care, all of which hindered social policy and community empowerment. Enabling elderly people to age within First Nations communities will require multi-level and multi-sectoral system changes. Copyright © Canadian Association on Gerontology 2012.


Canadian Aboriginals, like others globally, suffer from disproportionately high rates of diabetes. A comprehensive evidence-based approach was therefore developed to study potential antidiabetic medicinal plants stemming from Canadian Aboriginal Traditional Medicine to provide culturally adapted complementary and alternative treatment options. Key elements of pathophysiology of diabetes and of related contemporary drug therapy are presented to highlight relevant cellular and molecular targets for medicinal plants. Potential antidiabetic plants were identified using a novel ethnomedical method based on a set of diabetes symptoms. The most promising species were screened for primary (glucose-lowering) and secondary (toxicity, drug interactions, complications) antidiabetic activity by using a
comprehensive platform of in vitro cell-based and cell-free bioassays. The most active species were studied further for their mechanism of action and their active principles identified though bioassay-guided fractionation. Biological activity of key species was confirmed in animal models of diabetes. These in vitro and in vivo findings are the basis for evidence-based prioritization of antidiabetic plants. In parallel, plants were also prioritized by Cree Elders and healers according to their Traditional Medicine paradigm. This case study highlights the convergence of modern science and Traditional Medicine while providing a model that can be adapted to other Aboriginal realities worldwide. Copyright © 2012 Pierre S. Haddad et al.

Hakim, H., & Wegmann, D. J. (2002). A comparative evaluation of the perceptions of health of elders of different multicultural backgrounds. *Journal of Community Health Nursing, 19*(3), 161-171. The purpose of this study was to discover the perceptions of health and the health maintenance practices of 4 different cultural and ethnic groups. Interviews were conducted at senior citizen centers in and around a large metropolitan center in Texas. Five Native Americans, 44 African Americans, 32 Latinos, and 13 Vietnamese were questioned about their views on being healthy. Huff and Kline’s Cultural Assessment Framework was used to analyze the responses. Functionality and independence were dominant themes noted in the responses of all participants from all 4 cultural groups.

Hampton, M., Baydala, A., Bourassa, C., McKay-McNabb, K., Placsko, C., Goodwill, K., . . . Boekelder, R. (2010). Completing the circle: Elders speak about end-of-life care with aboriginal families in canada. *Journal of Palliative Care, 26*(1), 6-14. In this article, we share words spoken by Aboriginal elders from Saskatchewan, Canada, in response to the research question, "What would you like non-Aboriginal health care providers to know when providing end-of-life care for Aboriginal families?" Our purpose in publishing these results in a written format is to place information shared by oral tradition in an academic context and to make the information accessible to other researchers. Recent theoretical work in the areas of death and dying suggests that cultural beliefs and practices are particularly influential at the end of life; however, little work describing the traditional beliefs and practices of Aboriginal peoples in Canada exists to guide culturally appropriate end-of-life care delivery. Purposive sampling procedures were used to recruit five elders from culturally diverse First Nations in southern Saskatchewan. Key informant Aboriginal elder participants were videotaped by two Aboriginal research assistants, who approached the elders at powwows. Narrative analysis of the key informant interview transcripts was conducted to identify key concepts and emerging narrative themes describing culturally appropriate end-of-life health care for Aboriginal families. Six themes were identified to organize the data into a coherent narrative: realization; gathering of community; care and comfort/transition; moments after death; grief, wake, funeral; and messages to health care providers. These themes told the story of the dying person’s journey and highlighted important messages from elders to non-Aboriginal health care providers. © 2010 Institut universitaire de géériatrie de Montréal.


Hanson, I., & Hampton, M. R. (2000). Being indian: Strengths sustaining first nations peoples in saskatchewan residential schools. *Canadian Journal of Community Mental Health, 19*(1), 127-142. This qualitative study asked the question: what were the strengths that contributed to the survival of First Nations peoples during their stay in residential schools? Six elders who are survivors of residential schools in southern Saskatchewan were asked to respond in narrative form to this research question. Analysis of interviews revealed that, drawing on community-building skills of First Nations cultures, they created their own community with each other within the confines of this oppressive environment. The strengths they identified are consistent with sense of community identified in community psychological literature, yet are also unique to First Nations cultures. These strengths are: autonomy of will and spirit, sharing, respect, acceptance, a strong sense of spirituality, humour, compassion, and cultural pride. It is suggested that community-based mental health initiatives which identify traditional sources of strengths within First Nations communities will be most effective in promoting healing from residential school trauma.

physical activity followed 1 of 2 life courses: (1) a general decrease following a peak in early adulthood; or (2) a decrease in activity followed by an upswing after middle age into older adulthood. Perceived meanings of physical activity remained relatively stable over the course of Ss' lives. Physical activity was usually the result not of choice as often of a life situation. Changes occurring in physical activity were the results of social and cultural influences, as well as individual self-determination. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Most long term care of older urban American Indians is provided in the community by family, extended family, or fictive kin, and American Indians are rarely found in long term care facilities. An approach to American Indian elderly requires some understanding of Indian ways in order to be effective therapeutically and acceptable to the older Indian. Multiple interviews, a focus group, and a survey conducted in an urban Indian community revealed the consistent perception by American Indian elderly and their families that health care providers lacked information, understanding, and respect for Indian culture.

PURPOSE: This qualitative study investigated diabetes care management among family members of American Indian elders with self-care limitations. Focus groups were used to examine the reasons for and content of diabetes care management, the challenges faced, and the support services needed.
METHODS: Five focus groups were conducted with family caregivers from six tribes. Caregivers' responses related to care management were identified and categorized into themes. RESULTS: Participants reported that they provided assistance with a wide range of diabetes care tasks (eg, skin and wound care, in-home dialysis) depending on the elder's level of impairment. Caregivers described three major challenges related to diabetes care management. (1) anxiety about in-home care, (2) coping with psychosocial issues, and (3) decision making and communication problems with other family members. They emphasized the importance of developing a care routine for successful diabetes management. CONCLUSIONS: Based on these findings, we suggest areas where diabetes educators can assist American Indian family caregivers in meeting the needs of frail elders in the home.

This article offers guidance to clinicians for approaching and conducting end-of-life decision-making conversations with Native American elders. The guidelines emphasize the need for flexibility and clarity in communication, avoidance of insistence on formal structures and rigid time frames for decision-making, sensitivity to the cultural and family situation of the elder, and recognition that cultural as well as language interpretation may be necessary. Given the great diversity of the tribes and bands as well as languages, among native people and the paucity of empirical work on this topic, the tentative nature of these guidelines is stressed.

Purpose: The Family Care Conference (FCC) is an elder-focused, family-centered, community-based intervention for the prevention and mitigation of elder abuse. It is based on a family conference intervention developed by the Maori people of New Zealand, who determined that Western European ways of working with child welfare issues were undermining such family values as the definition and meaning of family, the importance of spirituality, the use of ritual, and the value of noninterference. The FCC provides the opportunity for family members to come together to discuss and develop a plan for the well-being of their elders. Design and Methods: Using a community-based participatory research approach, investigators piloted and implemented the FCC in one northwestern Native American community. The delivery of the FCC intervention has grown from having been introduced and facilitated by the researchers, to training community members to facilitate the family meetings, to becoming incorporated into a Tribal agency, which will oversee the implementation of the FCC. Results: To date, families have accepted and appreciated the FCC intervention. The constructive approach of the FCC process helps to bring focus to families' concerns and aligns their efforts toward positive action. Implications: The strength-based FCC provides a culturally anchored and individualized means of identifying frail Native American elders' needs and finding solutions from family and available community resources. Copyright 2007 by The Gerontological Society of America.

OBJECTIVES: Knowledge of cultural beliefs about health and how they influence life choices and intervention is essential in forming health policy and health promotion programs to meet the growing needs of aging minority populations. This study explores cultural beliefs and practices of health and wellbeing of Yup’ik/Cup’ik women in two rural villages in southwestern Alaska. STUDY DESIGN: Exploratory, descriptive qualitative study. METHODS: Interviews were conducted with 15 mid-life and older women to address two key research questions: 1) How do Yup’ik/Cup’ik women define health and wellbeing; and 2) What environmental, social, and cultural factors contribute to healthy aging? RESULTS: The women in this study define health aging within the framework of subsistence living-keeping busy, walking, eating subsistence foods, and respect for elders. These beliefs and practices promote a strong, active body and mind, vital components to healthy aging. CONCLUSIONS: While many health beliefs and practices appear very different from those current in research on aging, many commonalities and similarities emerge - concern for family, importance of physical activity and healthy diet. A significant finding of this study is that traditional Yup’ik/ Cup’ik ways of living parallel that of current research findings on what constitutes healthy aging in mainstream populations.


OBJECTIVES: The purpose of this study was to delineate and describe the local palliative care services available to residents of remote Aboriginal communities in northern Manitoba; to identify attitudes and beliefs about death, dying and palliative care in these communities; and to explore obstacles related to palliative care service delivery from the perspectives of culture and geographic isolation. STUDY DESIGN: Forty-four in-depth semi-structured interviews were conducted with a reputational sample of key informants including Aboriginal people resident in remote communities, community elders and religious leaders, doctors, nurses and allied health care providers working in First Nations Communities, as well as specialist service providers in Winnipeg. Thematic qualitative analysis was done on the data collected. Data collected from interviews with northern physicians and nurses was coded and analyzed. RESULTS: Currently, many Aboriginal people living in remote communities are transported to large urban centers to die, isolated from friends, family and their culture. However, the majority of Aboriginal people and health care providers interviewed reported that Aboriginal people living in remote communities would prefer to die at home. The issues surrounding palliative care provision in remote Aboriginal communities are cultural and geographic. Culturally sensitive care requires that patients have access to family supports and traditional services if requested. Geographic isolation requires that: 1. patient-specific care plans be created for use in the remote community; 2. effective lines of communication are established between remote health care providers and urban specialists; 3. health care providers and family care-givers be properly trained to fill their respective roles; and 4. appropriate guidelines and resources be available in the community to support this type of care. CONCLUSIONS: Providing the equipment, supports and education necessary for home-based palliative care in remote Aboriginal communities can be an effective way of addressing the medical, psycho-social, and spiritual needs of these patients.


We utilized qualitative methods to explore ethnic and cultural identity among urban southwestern American Indian youth, parents, and elders. Twenty-four respondents ranging in age from approximately 13 to 90 years were interviewed in focus groups divided by age. Six major themes and seventeen sub-themes related to tribal and pan-American Indian ethnic identity were identified. Two important findings emerging from our study were that common ethnic identity constructs can be validated and new identity constructs discovered through qualitative methods. These and other findings suggest the importance of qualitative methods in better understanding cultural and ethnic identity. Of particular significance was the notion that the most salient and relevant identity constructs can be learned from the voices and perspectives of ethnic identity members themselves across generations, age, tribal groups, gender, and reservation and urban residence. ABSTRACT FROM AUTHOR; Copyright of Journal of Child & Family Studies is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should

In order to gain a greater understanding of what ‘elder abuse’ means to the American public, a random sample of adults from seven culturally diverse counties in North Carolina was interviewed. Two of the six Native American groups residing in North Carolina were represented in the sample. The two Native American groups’ responses were compared with each other and with the views of a panel of elder mistreatment experts. There were areas of agreement and disagreement. The relevance of the findings is discussed in relation to research, practice, education, and policy.


Presents the results of a study which sought to (1) examine perceptions of elder abuse held by middle-aged and older culturally diverse adults; (2) identify the demographic variables that show significant correlations with specific population groups’ definition of elder abuse; (3) compare the types of elder abuse that the public recognizes with those in the experts' taxonomy; (4) identify the types of abusive behavior that the public believes warrant professional interventions; (5) develop a taxonomy of elder abuse that incorporates the public's and experts' perceptions of its components; and (6) develop a definition of elder abuse that incorporates the public’s and experts' perceptions of its essential characteristics. 424 Caucasian, 318 African American, and 202 Native Americans (aged 40–93 yrs) participated in the study. All Ss were interviewed to ascertain their perceptions of the meaning and types of elder abuse. Findings suggest that the public have a high degree of agreement with both the types and definitional components of elder abuse. However, unlike the experts, the public felt that one incidence of harmful or potentially harmful interaction with elders is sufficient to be considered abusive. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(chapter)


Little is known about Indigenous communities and dementia and Elders have not been involved as advisors or participants in most research to date. This exploratory research sought to address this gap through a constructivist grounded theory project on the views of First Nation Elders on memory loss and memory care in later life, conducted in collaboration with decision-makers from the local Health Authority and Elders from three First Nation communities in British Columbia, Canada. Elders served as advisors to this research and research agreements were negotiated and signed with each community. Data collection occurred through a series of sharing circles and interviews with a total of 21 Elders, four of whom were experiencing memory loss, and two community members. Four themes arose through the constant comparative data analysis process: Being Secwepemc, growing older, losing memory, and supporting one another. These themes indicate that memory loss and memory care in First Nation communities has changed over the past century, including the causes attributed to memory loss in later life and community responses to those affected. Elders hold differing views about memory loss, including the traditional-‘going through the full circle’ [of life]-and the shémá [white] way-‘your dementia’, with the latter being much more common. This research indicates the importance of protecting and reviving traditional knowledge and ways of life in order to prevent ‘your dementia’ and avoid the adoption of health care practices that may be culturally unsafe for First Nation Elders. © 2010 Springer Science+Business Media, LLC.


This paper describes the results from a needs assessment of American Indian elders residing on the Standing Rock Reservation in the Dakotas. Interviews were conducted by indigenous interviewers with 187 elders aged 49 to 90. Three scales were included: the Iowa Self-Assessment Inventory, the Family APGAR, and the General Self-Efficacy Scale. Findings revealed a high degree of economic stress, high levels of chronic illness and physical disability, and problems in accessing medical care and medicine. The importance of the role of the extended family in coping with problems needs to be considered in the development of health-related programs. ABSTRACT FROM AUTHOR; Copyright of Journal of Cultural Diversity is the property of Tucker Publications, Inc. and its content may not be copied or emailed to

In this article, a Native Americanist anthropologist whose research focuses on elders, and a gerontologist who specializes in American Indians, draw on their respective studies - the former primarily quantitative and the latter primarily qualitative - to illuminate the nature of ethnic identity among American Indian elderly. The regional focus is the Upper Great Lakes (primarily Michigan) and the tribal/cultural group under consideration is the Anishinaabeg (Chippewa, Ottawa, Potawatomi). The analysis is centered on a key concept - cohort - considered by the authors to be crucial to the understanding of American Indian elderly. In addition to integrating quantitative and qualitative findings, an historical framework is utilized to assist in interpreting the results. It is suggested that Anishinaabe elders, despite some superficial appearances to the contrary, are by no means fully assimilated into mainstream American culture; their ethnic identity is not necessarily stereotypically 'traditional,' but it is nonetheless quintessentially American Indian. Researchers will be better able to appreciate such subtleties by taking into consideration the ways in which various stages in the life...
course intersect with specific historical periods (cohort), as well as by drawing on both qualitative and quantitative studies in pursuing their investigations. © 2000 Kluwer Academic Publishers.

The article discusses several manuscripts on Native North American elders that were published within the issue including the elders' views on diabetes, the memory loss issue in the three First Nations communities and the prevalence of chronic diseases among the American Indians in the southern region of the U.S.

The article discusses several manuscripts on Native North American elders that were published within the issue including the elders' views on diabetes, the memory loss issue in the three First Nations communities and the prevalence of chronic diseases among the American Indians in the southern region of the U.S.

In recent years, a vast literature has accumulated on the negative effects on family caregivers of providing care to elders, while relatively little research has explored caregiving as a positive experience. Only a handful of studies have examined any aspect of informal caregiving among American Indians. This mixed methods study explores the negative and positive aspects of providing elder care among 19 northern plains American Indian family members. These caregivers described low levels of burden and high levels of reward, attributable to cultural attitudes toward elders and caregiving, collective care provision, strong reciprocal relationships with elders, enjoyment of elders, and relatively low levels of care provision. Caregiving manifested as part of a complex exchange of assistance rather than a unidirectional provision of assistance from the family member to the elder. That caregiving emerged as such an overwhelmingly positive experience in a community faced with poverty, alcohol disorders, trauma, and cultural traumatization is testimony to the important roles that elders often continue to play in these communities. ABSTRACT FROM AUTHOR; Copyright of Journal of Cross-Cultural Gerontology is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Based on a nationwide survey of 108 federally recognized American Indian communities, this paper describes the perceived need for and availability of long-term care services for older Natives who live in rural areas. Sources for the provision and funding of such services are identified, as are the barriers that prevent older American Indians from receiving services and tribes from offering them. Although the need for a wide variety of long-term care services was great, overall this need was only partially met. Many services were reported to be unavailable in Native communities. Bureaucratic requirements made services provision difficult and discouraged older American Indians and their families from using those services that were available. ABSTRACT FROM AUTHOR; Copyright of Journal of Cross-Cultural Gerontology is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

John, R., Dietz, T. L., Gittings, R., Roy, L. C., & Salvini, M. L. (1996). Improving american indian eldercare through enhanced community educational resources. Gerontology & Geriatrics Education, 17(1), 65-82. The primary goals of this project were to encourage the expansion of home-care worker training programs at American Indian colleges and to disseminate American Indian aging information to a broad range of individuals and organizations involved in service provision and advocacy on behalf of American Indian elders. The project replicated a home-care worker training program at one American Indian college and provided planning grants to three American Indian colleges in order to evaluate the
feasibility of implementing a home-care program at their institution. This project resulted in greater availability and better quality community-based in-home care for frail elders, and in the dissemination of knowledge about American Indian aging issues to service providers, tribal leaders, and educators.


OBJECTIVES: This paper reviews the demographics, access to care barriers, and the oral health of American Indian and Alaska Native (Native American) elders aged 65 years and older using complete tooth loss as a measure to compare with the US population. Strategies for improving oral health and increasing access to care for Native American elders also are discussed. METHODS: We reviewed the results from patient surveys conducted by the Indian Health Service (1983-84 and 1991) and data from other sources, including the second International Collaborative Study of Oral Health Outcomes (ICS-II) conducted in 1990 on the Sioux and Navajo reservations. We compared complete tooth loss data from these studies with findings of the 1985 National Institute of Dental Research Oral Health Survey of US Employed Adults and Seniors and the Third National Health and Nutrition Examination Survey (NHANES III). RESULTS: The 1991 Indian Health Service (IHS) patient survey reported a complete tooth loss prevalence of 42 percent among elders. Although it is based on a patient sample, this finding is comparable to the rate of 40 percent found among a random sample of Navajo and Lakota adults aged 65-74 years reported in the ICS-II study. The 1991 IHS patient survey also found complete tooth loss among diabetics to be much higher than among nondiabetics. CONCLUSIONS: The prevalence of complete tooth loss for Native American elders is higher than in population surveys of US elders based on random samples. The actual prevalence of complete tooth loss is probably even higher in Native American elders because estimates presented in this paper are clinic based.


This article focuses on African American, American Indian/Native American, Asian/Pacific Islander American, and Hispanic/Latino American elders and caregivers who are affected by Alzheimer's disease and other types of dementia. Three specific areas are considered for each of these ethno-cultural groups: (a) diverse perceptions of Alzheimer's disease and other types of dementia; (b) barriers to service utilization; and (c) caregiving responsibilities. Finally, suggestions are offered for the use of this information in the classroom, which may better prepare future practitioners for competent practice with minority elders with Alzheimer's disease and other forms of dementia. ABSTRACT FROM AUTHOR; Copyright of Journal of Social Work Education is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Examined the impact of linguistic, cultural, and contextual factors on the validity of mental status instruments through comparison of the performance of 114 Native and 4,678 non-Native respondents (aged 65+ yrs) in a population-based survey of elderly Manitobans. Qualitative data describing potential biases associated with language, cultural, and contextual factors are also drawn from observations of interviews using a culturally adapted instrument to screen for dementia among Cree speaking Native elders living on Manitoba reserves and English speaking non-Native elders living in Winnipeg. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


Background. There is a lack of knowledge about how cultural ideas affect First Nations peoples' perception of rehabilitation needs and the ability to access services. Purpose. The study explored the perceptions of treating and healing brain injury from First Nations elders and traditional healers in the communities served by Wassay-Gezhig-Na-Nahn-Dah-We-Igamig (Kenora Area Health Access Centre). Methods. A participatory action approach was used, leading to a focus group with elders and traditional healers. Findings, established through a framework analysis method, were member checked prior to
dissemination. Findings. Four themes arose from the data: pervasiveness of spirituality, "fixing" illness or injury versus living with wellness, working together in treating brain injury, and financial support needed for traditional healing. Implications. Funding is required for traditional healing services to provide culturally safe and responsive occupational therapy services to First Nations individuals with brain injury. © CAOT PUBLICATIONS ACE.


In many Aboriginal cultures, women have a special and distinct relationship to water, which is rooted in cultural beliefs, social practices and economic contexts as well as in women's role in reproduction. Yet Aboriginal women have often been excluded from discussions and decisions about water management, with the result that their knowledge has not necessarily been brought to bear on the development of protocols and practices. Including these women's views is critical if we hope to understand the spiritual, social, and cultural meanings as well as the economic and political importance of water quality and security. These perspectives, in turn, are essential for the formulation of appropriate and sustainable water management. In 2010, we conducted interviews with 11 Aboriginal women elders from across Canada and, through grounded theoretical analysis, gained insight into their complex understandings of and relationships to water. Many participants drew attention to the spiritual significance of water, including their understanding of water as sentient with different levels of power and purpose. They also stressed that disrespect for or carelessness in managing the relationship with water affects spiritual and community well-being as well as physical health. As we work to address issues of water quality and security, we need to be mindful of the complex meanings and purposes of water in the lives of Aboriginal women and their communities. We also need to recognize that the knowledge of Aboriginal women can contribute to improved water management policies and practices. © 2011 Elsevier Ltd. All rights reserved.


Although the majority of American Indians do not live on reservations, little attention has been focused on urban American Indian elderly. Urban American Indian elders have aged in place, and the majority intend to remain in cities. First, the needs of American Indian elders are assessed and the under-utilization of Older Americans Act services documented. Then barriers to access are discussed and means to increase participation recommended. © 1991 Kluwer Academic Publishers.


For decades American Indians of all ages have been over-represented among the urban homeless but thus far no studies have examined how homelessness affects elderly American Indians in cities. A survey of 335 older American Indians living in Los Angeles County in 1987-1989 revealed that a large proportion, 16% (n=53), were homeless. Compared to domiciled older American Indians, homeless older American Indians were younger (median age of 53 years rather than 58 years, using the local American Indian community definition of "elder") yet self-reported higher rates of physical and mental health problems, including hypertension, shortness of breath, chest pains, alcoholism, depression, sadness, and loneliness. Of homeless elders who reported usual habitat, all those aged 60 or more years (n=7) lived on the street year-round; in contrast, 11 of 37 (30%) people aged 60 years or less at least occasionally rented rooms for shelter. Institutional and cultural barriers prevented some homeless individuals from accessing social and welfare services.


Examining the role of culture and cultural perceptions of aging and dementia in the recognition, diagnosis, and treatment of age-related cognitive impairment remains an understudied area of clinical neuropsychology. This paper describes a qualitative study based on a series of key informant group interviews with an Aboriginal Grandmothers Group in the province of Saskatchewan. Thematic analysis was employed in an exploration of Aboriginal perceptions of normal aging and dementia and an investigation of issues related to the development of culturally appropriate assessment techniques. Three related themes were identified that highlighted Aboriginal experiences of aging, caregiving, and dementia within the healthcare system: (1) cognitive and behavioural changes were perceived as a normal expectation of the aging process and a circular conception of the lifespan was identified, with aging seen as going back 'back to the baby stage', (2) a 'big change in culture' was linked by
Grandmothers to Aboriginal health, illness (including dementia), and changes in the normal aging process, and (3) the importance of culturally grounded healthcare both related to review of assessment tools, but also within the context of a more general discussion of experiences with the healthcare system. Themes of sociocultural changes leading to lifestyle changes and disruption of the family unit and community caregiving practices, and viewing memory loss and behavioural changes as a normal part of the aging process were consistent with previous work with ethnic minorities. This research points to the need to understand Aboriginal perceptions of aging and dementia in informing appropriate assessment and treatment of age-related cognitive impairment and dementia in Aboriginal seniors.


Objectives: American Indians/Alaska Native: are underrepresented in clinical trials. There fore, they must participate in large-scale cancer clinical trials to ensure the generaliz ability of trial results and improve their access to high-quality treatment. Our goal was to identify factors that influenced participation in cancer clinical trials among American Indians Alaska Natives. Methods: An anonymous survey that assessed willingness to participate in a hypothetical cancer clinical trial and how 37 factors influenced their willingness to participate was administered to 112 older American Indian, Alaska Native adults at an annual social event honoring elders. Responses ranged from one (definitely would not participate) to five (definitely would participate). Data were analyzed with ordinal logistic regression. Results: Factors that most strongly increase willingness to participate were having a lead researcher of Native descent, having a study physician with experience treating American Indians/Alaska Natives, personal experience with the cancer being studied, family support for participation, and belief/hope that the study would result in new treatments. Factor: that decreased willingness to participate most strongly were living far from the study site and a high risk that confidentiality could be breached. Conclusions: Our results identify conventional and culturally unique barriers to research participation among older American Indians, Alaska Natives. These data emphasize the need to establish partnerships with Native communities and include American Indian, Alaska Native and culturally competent professionals in research efforts. Of equal importance are disseminating information about clinical trials and recognizing the role of family in decisionmaking in this group.


American Indian and Alaska Native people suffer extreme health disparities and remain underrepresented in health research. This population needs adequate numeracy skills to make informed decisions about health care and research participation, yet little is known about their numeracy skills. Participants were 91 American Indian and Alaska Native elders who completed an anonymous survey that measured numeracy and the correlation between framing of risk and comprehension of risk. The authors measured numeracy by a previously developed 3-item scale that assessed basic probability skills and the ability to manipulate percentages and proportions. Risk comprehension was measured by 3 items on treatment benefits, which were variously framed in terms of relative risk reduction, absolute risk reduction, and number needed to treat. Framing in terms of relative risk was associated with higher odds of correct interpretation compared to absolute risk (OR = 1.8, 95% CI = 1.2-2.9) and number needed to treat (OR = 2.0, 95% CI = 1.2-3.5). This association persisted after adjusting for covariates, including baseline numeracy skills. Our results underscore the need for clinicians to consider how health information is framed and to check carefully for understanding when communicating risk information to patients. ABSTRACT FROM PUBLISHER; Copyright of Journal of Health Communication is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Background. There is a paucity of research on Alaska Natives and their views on whether or not they believe they will age successfully in their home and community. There is limited understanding of aging experiences across generations. Objective. This research explores the concept of successful aging from an urban Alaska Native perspective and explores whether or not they believe they will achieve a healthy older age. Design. A cultural consensus model (CCM) approach was used to gain a sense of the cultural understandings of aging among young Alaska Natives aged 50 years and younger. Results. Research findings indicate that aging successfully is making the conscious decision to live a clean and healthy life, abstaining from drugs and alcohol, but some of Alaska Natives do not feel they will age well due to lifestyle factors. Alaska Natives see the inability to age well as primarily due to the decrease in physical activity, lack of availability of subsistence foods and activities, and the difficulty of living a balanced life in urban settings. Conclusions. This research seeks to inform future studies on successful aging that incorporates the experiences and wisdom of Alaska Natives in hopes of developing an awareness of the importance of practicing a healthy lifestyle and developing guidelines to assist others to age well. © 2013 Jordan Lewis.


Many Alaska Native Elders attended government-run boarding schools as children, were forbidden to speak their native language, and were forced to abandon their traditional subsistence lifestyle, yet they maintained an optimistic outlook on life and continued to age well. The Explanatory Model Interview Protocol was adapted to interview a purposive sample of Alaska Native Elders (n = 26) and grounded theory was used to develop a model of successful aging for Alaska Native Elders in Bristol Bay, Alaska. The theme of optimism was significant in the findings and was also found in each of the elements of successful aging, which were spirituality, emotional well-being, community engagement, and physical health. These four elements served as the foundation of the Model of Successful Aging. The Elders believed they were able to age successfully because they continued to be optimistic despite the challenges they faced (and are currently facing) in their communities. © The Author(s) 2013.


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Examines a Lakota/Nakota/Dakota (L/N/D) model of oratory. In the L/N/D model, 9 criteria constitute a proper oration: formal introduction, acknowledgement of viewpoint, responding indirectly, nonconfrontational delivery, the concept of "ikce wicasa" (humility), humor, storytelling, formal conclusion, and listening as a basis for speaking. For health service professionals, the recognition of the cultural underpinnings of communication encounters will help more effectively address chronic health disparities by reducing confusion, increasing compliance with medical treatments or interventions, and improving the quality of health encounters with Native American elders. Further, individuals or groups who share the orientation of the L/N/D people, such as other tribes or other minority groups, may find such a model advantageous for defining effective communication, whether it is written or oral. Finally, an L/N/D model of oratory may be helpful in providing another perspective for mainstream scholars to examine and incorporate into new trends. (AR) (AgeLine Database, copyright 2008 EBSCO Publishing, Inc., all rights reserved)
Loppie, C. (2007). Learning from the grandmothers: Incorporating indigenous principles into qualitative research. *Qualitative Health Research, 17*(2), 276-284. In this article, the author describes the process she undertook to incorporate Indigenous principles into her doctoral research about the midlife health experiences of elder Aboriginal women in Nova Scotia, Canada. By employing qualitative methods within the context of an Indigenous worldview, she gained knowledge of and developed competence in Aboriginal health research. The emergent partnership among Aboriginal community research facilitators, participating Mi'kmaq women, and the researcher provided many opportunities for the researcher to incorporate the paradigmatic and methodological traditions of Western science and Indigenous cultures. The application of these principles to this study might provide a useful example for other health researchers who are attempting to incorporate diverse methodological principles. © 2007 Sage Publications.

Mainguy, B., Valenti Pickren, M., & Mehl-Madrona, L. (2013). Relationships between level of spiritual transformation and medical outcome. *Advances in Mind-Body Medicine, 27*(1), 4-11. Culturally defined healers operate in most of the world, and to various degrees, blend traditional healing practices with those of the dominant religion in the region. They practice more or less openly and more or less in conjunction with science-based health professionals. Nonindigenous peoples are seeking out these healers more often, especially for conditions that carry dire prognoses, such as cancer, and usually after science-based medicine has failed. Little is known about the medical outcomes of people who seek Native North American healing, which is thought by its practitioners to work largely through spiritual means. This study explored the narratives produced through interviews and writings of people working with traditional Aboriginal healers in Canada to assess the degree of spiritual transformation and to determine whether a relationship might exist between that transformation and subsequent changes in medical outcome. Before and after participation in traditional healing practices, participants were interviewed within a narrative inquiry framework and also wrote stories about their lives, their experiences of working with traditional healers, and the changes that the interactions produced. The current study used a variety of traditional healers who lived in Alberta, Saskatchewan, and Manitoba. Urban and Rural Reserves of the Canadian Prairie Provinces. One hundred fifty non-Native individuals requested help from Dr Mehl-Madrona in finding traditional Aboriginal healing and spiritual practitioners and agreed to participate in this study of the effects of their work with the healers. The healers used methods derived from their specific cultural traditions, though all commonly used storytelling. These methods included traditional Aboriginal ceremonies and sweat lodge ceremonies, as well as other diagnosing ceremonies, such as the shaking tent among the Ojibway or the yuwipi ceremony of the Dakota, Nakota, and Lakota, and sacred-pipe-related practices. The research team used a combination of grounded theory modified from a critical constructivist point of view and narrative analysis to rate the degree of spiritual transformation experienced. Medical outcome was measured by a 5-point Likert scale and was confirmed with medical practitioners and other family members. A 5-year follow-up revealed that 44 of the reports were assessed as showing profound levels of persistent spiritual transformation, defined as a sudden and powerful improvement in the spiritual dimension of their lives. The level of spiritual transformation achieved through interaction with healers was associated in a doseresponse relationship with subsequent improvement in medical illness in 134 of 155 people (P < .0001). The degree and intensity of spiritual transformation appeared related to the degree of physical and psychological change among people interacting with traditional North American Indigenous healers. Further research is warranted.

Manson, M. M. (1995). *Mental health status and needs of the american indian and alaska native elderly.* Westport, CT, US: Greenwood Press/Greenwood Publishing Group, Westport, CT. describes the extent of age-related health and mental health problems among American Indians and Alaska Natives / offers a discussion of the changing demographic composition of the Indian and Alaska Native population and the increasing numbers of individuals living to old age / [present] epidemiologic implications of these trends, anticipating the future physical health, mental health, and social service needs of Indian and Native American elderly (PsycINFO Database Record (c) 2012 APA, all rights reserved)(chapter)


We examined sociodemographic influences on depression in Canadian Indigenous people living off-reserve and assessed for home care or potential long-term care admission. Data were from the Resident Assessment Instrument for Home Care (RAI-HC). We built multilevel linear models to predict depression scores from demographic and clinical information, and inter-item correlations for the depression scale

This qualitative study is intended to elucidate Lakota elders' views on traditional tobacco and commercial/addictive tobacco use, capturing the oral history that depict the cultural protocol regarding traditional tobacco, called Cansasa. Commercial tobacco use has significantly impacted the Northern Plains Indians. National surveillance systems report that tobacco use is more prevalent among American Indian/Alaska Natives than any other population, and is notably higher than the national average. Lung cancer among Native Americans is highest in the Northern Plains and Alaska, where smoking prevalence is also the highest, and smoking is responsible for nearly 90% of all lung cancer cases. Yet, the use of traditional tobacco is largely ignored by surveillance and seems to have a distinct, positive role. Using a community-based participatory research approach, semi-structured interviews, and qualitative analysis tools, the research team, including 2 Lakota tribe elders, Lakota speaking tribal college students, and university faculty, sought to discern tribal elders' distinctions between traditional and the addictive commercial tobacco. The team interviewed thirty Lakota elders, transcribed the interviews and field notes, and analyzed them using immersion/crystallization organizing framework. The research design engaged the Lakota tribal community in all stages, from planning to publication. Analysis revealed a clear distinction between traditional and commercial tobacco: tribal elders conveyed strong positive messages connected to traditional tobacco use (i.e., spirituality, respect, health and wellness, humility, and thoughtfulness) versus strong negative messages linked to addictive tobacco (i.e., crime, loss of control and self-esteem, lack of respect to self and others, sickness and death). These messages, along with stories in the Lakota language that were told and recorded during the interviews, can guide new ways to address addictive tobacco prevention in this community, to enhance cultural pride, and to serve as a cross-generation bridge regarding tobacco use. © 2013 Springer Science+Business Media New York.


Health promotion and participatory research present challenges and opportunities for extending the benefits of science to populations who have not fully benefited from innovations available through self-care and mutual aid. This paper illustrates some of the strengths, weaknesses, issues and problems in applying the approaches of health promotion and participatory research with First Nations populations for purposes of arthritis self-management. We suggest ways in which these experiences apply to the elderly. Preliminary results from our First Nations Arthritis Self-Management study illustrate participatory research and promising outcomes. The adaptability of these health promotion strategies in the First Nations community can be generalized to the elderly in the general population based on their common experience with arthritis and the advantages of participatory planning with distinguishable demographic groups who share a common identity.


Objectives: We compared characteristics of American Indian and Alaska Native (AI/AN) adult caregivers (age ≥18 years) who were caring for an older adult (age ≥60 years) to those of other ethnic groups. Methods: Participants (N=20,996) were from the 2000 Behavioral Risk Factor Surveillance System. Caregivers provided regular care or assistance during the past month to a family member or friend who was ≥60 years of age. In addition, participants were asked to indicate whom they would call to arrange short- or long-term care in the home for elderly relatives or friends who were no longer able to care for themselves. Results: A total of 16.4% of adults were caregivers to a person who was ≥60. AI/AN were significantly more likely to report being caregivers than were people who were of Asian descent.
Compared to AI/AN caregivers, Hispanic caregivers indicated that if a friend or relative needed short- or long-term care, they were more likely to provide care themselves (29.1% vs 46.6%) and that they were less likely to indicate that they would contact a professional resource (14.5% vs 25.2%). Conclusions: Family caregivers provide a valuable service in the United States, particularly to chronically ill or disabled older adults. National, state, and local surveys should regularly collect information on caregiving.


Most research on aboriginal mind and mental health has sought to apply or confirm preexisting European-derived theories among aboriginal people. Culture has been underappreciate. An understanding of uniquely aboriginal models for mind and mental health might lead to more effective and robust interventions. To address this issue, a core group of elders from five separate regions of North America was developed to help determine how aboriginal people conceived of mind, self, and identity before European contact. The process utilized for this study is iterative and involves discussions of teachings, traditional stories, and elder’s comments on conclusions drawn. The elders endorsed a relational theory of mind in which mind exists between people as a product of the stories told and created within and by that relationship. Mind is distinguished from consciousness which is without language and exists within the individual as awareness. Language immediately results in an “out there” orientation in which two or more individuals generate stories about their experiences. The community is the basic unit of study for mind and mental health, and mental “illness” is not distinguished from physical “illness,” but rather all are seen as a continuum of suffering and pain. What emerged from this research is that North American theories of mind are more closely related to Daoist and Shinto theories than to the logical positivism which drives most of North America’s conventional psychology and psychiatry. Within European traditions, however, the philosophy of Mikhail Bakhtin with his emphasis on a dialogical self coupled with system theory comes closest to resembling North American aboriginal theories. This model explains why ceremony and ritual, community interventions, talking circles (including AA and the Wellbriety Movement), and family therapy are more compatible with aboriginal thought than conventional North American biomedicine and psychology. ABSTRACT FROM AUTHOR; Copyright of Anthropology of Consciousness is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Although a number of authors have commented on what mental health practitioners should be taught to be effective and appropriate with indigenous people, rarely have traditional healers been asked for their views. This paper explores what a diverse group of traditional healing elders believe are the important attributes for mental health providers to embrace and what principles they should adopt to guide their training. How indigenous people understand the meaning of mental health is also examined. The research presented was conducted in preparation for developing a cross-cultural training program for human service providers that would include traditional elders as community mentors and adjunct faculty on equal status with academically trained faculty. The goal is to identify and summarize the core values and principles needed to train mental health providers to work in harmony with traditional healers. The term indigenous used in this paper refers to people who have lived in a place long enough to develop local knowledge and practices about that place, even though they might not have been the original inhabitants. For example, the Dene in Arizona are indigenous even though they have only occupied that area from about 1100 AD. Last, the paper is presented in an indigenous way, first by situating the author, telling a story, explaining the methodology, describing the elders and what they said, and ending with a story to dramatize the conclusions as indigenous elders would do. © 2009 Elsevier Inc. All rights reserved.


This survey questioned 71 Native Americans over age 65 living in the general community on their frequency of prayer, importance of faith, and their health status. The researchers hypothesized that people with higher scores in faith and prayer would experience a more positive health status. Self-reports of health indicated a high level of function overall. Older people and those living alone had poorer physical and emotional health outcomes than younger elders and those living with one or more
persons, although neither age nor living situation was related to mental health. People who prayed more often and those who indicated a high importance of their faith scored higher in the mental health subscale, confirming the hypothesis for this dimension of health. © 2000 Sage Publications, Inc.


Questioned 71 Native Americans (aged 65–92 yrs) living in the general community on their frequency of prayer, importance of faith, and their health status. The researchers hypothesized that people with higher scores in faith and prayer would experience a more positive health status. Self-reports of health indicated a high level of functioning overall. Older people and those living alone had poorer physical and emotional health outcomes than younger elders and those living with one or more persons, although neither age nor living situation was related to mental health. People who prayed more often and those who indicated a high importance of their faith scored higher in the mental health subscale, confirming the hypothesis for this dimension of health. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


Like the general population, the American Indian population is aging and promises to present many of the same challenges for the provision of long term care. This paper addresses gaps in information on American Indian nursing home residents by providing descriptive health status data from on-site research conducted by the author at the Navajo Nation nursing home in Chinle, Arizona. Data describe demographics, cognitive and functional status, mood and behavioral problems, continence, and physical functioning of the Navajo elders. These data are compared to the 1985 National Nursing home survey of US nursing home residents. The major differences regarding age, ratio of female: male residents, length of stay, level of chronic alcoholism, abuse/neglect, and malnutrition/ anemia are addressed. A recognition of the intertwining of culture, race, and economics in research and social work practice is discussed.


Recognizing that Native American elders are a growing segment of the minority aged in the United States, this paper highlights the relevant social service issues of Native American elderly and focuses on building social work knowledge of these topics on a national and state level. The authors offer three practice strategies for a sound social work response in serving older Native Americans: (1) inclusion and collaboration with tribal nations, (2) outreach to households and local communities, and (3) capacity building. These strategies are framed against the realities of Native American elders residing in Oklahoma, a state with one of the highest American Indian populations in the United States and 39 sovereign tribal governments. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)


In this chapter, we will first review definitions and theoretical perspectives regarding the productive engagement of older adults. Second, we will review the productive engagement of four ethnic minority groups—African Americans, Hispanic Americans, Asian Americans, and Native Americans. We will describe programs and policies that will help increase the productive engagement of these older adults and conclude with ideas about going forward. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(chapter)


Social engagement has many demonstrated benefits for aging non-Hispanic Whites in the U.S. This study examined data from the U.S. Health and Retirement Study to determine whether these benefits were similar among American Indians and Alaska Natives older than 50 years. Linear regression techniques were used to examine the associations between level of social engagement, scores for
memory and mental status, and self-reported health among 203 American Indian and Alaska Native elders who participated in the Health and Retirement Study and had data available between 1998 and 2010. Level of social engagement was significantly associated with memory, mental status, and self-reported health. However, only the association of social engagement with mental status and self-reported health remained significant (p = 0.04 and p = 0.05, respectively) after adjusting for sociodemographic variables, number of known health conditions, and scores on the Center for Epidemiologic Studies Depression scale. Level of social engagement was not associated with patterns of decline across time in cognitive or physical health. Higher levels of social engagement are associated with better physical and cognitive functioning in American Indian and Alaska Native elders. Future studies should examine whether this association acts through cognitive stimulation, increase in physical activity resulting from social engagement, or access to resources that support physical and cognitive health. © 2013 Springer Science+Business Media New York.


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Dietary factors influence the development of cardiovascular disease (CVD). The diet of Alaskan Eskimos differs from that of other populations. We surveyed Eskimo adults in Northwest Alaska to document their usual dietary intakes, differences based on gender and age, and sources of selected nutrients, and to generate appropriate dietary advice to reduce CVD. Interviewers surveyed 850 men and women 17-92 y old, using a quantitative food-frequency instrument. We observed many significant (χ2 analysis P < 0.05) differences in nutrient intakes among 3 age-groups. Energy intake from carbohydrate was negatively related to participant age-group (P < 0.01). Energy intake from all fats (P < 0.001) and polyunsaturated fat (P < 0.01) was positively related to age-group among both men and women in contrast to other studies in which age differences were either not observed or decreased with age. Native foods were major sources of monounsaturated and polyunsaturated fats, including 56% of (n-3) fatty acids primarily from seal oil and salmon. However, Native foods contributed significantly less to the diets of young adults than to those of elders, especially among women. Store-bought foods were the main sources of energy, carbohydrate, fat, saturated fat, and fiber for all adults. Based on their nutrient density and potential to inhibit CVD, continued consumption of traditional foods is recommended. Variations in intake by age may portend changing eating patterns that will influence CVD as participants age. These data will contribute to understanding dietary risk factors for cardiovascular disease in this population. © 2005 American Society for Nutritional Sciences.


Traditionally, First Nations maternity care was provided by community-based midwives trained through apprenticeship. Obstetrical practices and beliefs were integrated to provide holistic care. The Sioux Lookout Meno Ya Win Health Centre has a mandate to be a centre of excellence for Aboriginal health.
care. We undertook a literature review and performed a qualitative research study to understand some of the traditional practices in maternity care. We conducted qualitative semi-structured interviews in English and Oji-Cree with 12 elders who had knowledge and experience of historical birthing practices in their home communities. The design acted to support the aims of the study which were: To explore how First Nations Elders understand violence in First Nations communities is lacking, though family violence has been identified as a problem within First Nations communities. The goal of this research was to understand the point of view and Elders’ reality through the creation of a dialogue with Elders, and to discern the interface between Traditional First Nations’ belief systems, healing methods, and current legal and health care systems within Canada.; This study used a community-based participatory research design to explore social and cultural context through the views of Carrier Sekani Elders in the Ts'il Kaz Koh community. The design acted to support the aims of the study which were: To explore how First Nations Elders understand violence in their communities, to explore what First Nations Elders believe gives rise to violence in First Nations communities, to illuminate the factors that First Nations Elders view as affecting the safety and well-being of Elders living in First Nations communities, to explore First Nations Elders' narration of intergenerational relationships before and after contact, and to make clear factors which First Nations Elders view as required for Elders to remain safe and stay within their respective communities.; Themes related to the problems of violence were multiple, including changes from Traditional way of living to contemporary way of life, changes from the Residential School experience, loss of Traditional roles, and change in community from communal structure to that of nuclear family units, and the influence of alcohol and drugs on individuals and families. Sub-themes related to violence included the loss of intergenerational relationships, changes in Elder roles from the past, and the change in roles and behavior from the past across all ages. Also identified as sub-themes were the influences of change from that of communal caring, to individuals watching out for their own welfare, and the change from hard work being valued within Traditional roles to lack of value for hard


Objectives: To estimate the prevalence of disabilities among older American Indians and Alaska Natives (AIANs) and compare these estimates with those of other major racial/ethnic groups. To estimate, within the population with disabilities, the health-risk behaviors, obesity, and chronic conditions of older AIANs and compare them with estimates for other racial/ethnic groups. Design: State-based surveillance system that collects data on a monthly basis using an independent probability sample of households with telephones among the noninstitutionalized population aged ≥18 years. Methods: We analyzed data on 434,972 noninstitutionalized adults aged ≥50 years from the 2003-2005 Behavioral Risk Factor Surveillance System. Results: Among older AIAN adults, the unadjusted prevalence of disability (38.4%) was higher than among Whites (29.7%), Blacks (33.5%), Asians (15.6%), and Hispanics (26.9%). Among older adults with disabilities, AIANs were younger than their counterparts in other groups and were as likely to be male as female. After adjustment for age and self-rated health, both AIAN men and women with disabilities had the highest prevalence of current smoking, heart disease, and asthma. Conclusions: Efforts to prevent, delay, and reduce disabilities and associated secondary conditions in persons with disabilities must be culturally sensitive and targeted toward reducing racial/ethnic disparities in health-risk behaviors and chronic conditions.


This study sought to respectfully understand Northern British Columbia First Nations Elders’ views regarding health of communities, intergenerational relationships, Elder roles, and violence towards Elders. Injuries, both intentional and unintentional, are a leading cause of death for First Nations Peoples. Information regarding Elder abuse in First Nations communities is lacking, though family violence has been identified as a problem within First Nations communities. The goal of this research was to understand the point of view and Elders’ reality through the creation of a dialogue with Elders, and to discern the interface between Traditional First Nations’ belief systems, healing methods, and current legal and health care systems within Canada.; This study used a community-based participatory research design to explore social and cultural context through the views of Carrier Sekani Elders in the Ts'il Kaz Koh community. The design acted to support the aims of the study which were: To explore how First Nations Elders understand violence in their communities, to explore what First Nations Elders believe gives rise to violence in First Nations communities; to illuminate the factors that First Nations Elder view as affecting the safety and well-being of Elders living in First Nations communities; to explore First Nations Elders' narration of intergenerational relationships before and after contact; and to make clear factors which First Nations Elders view as required for Elders to remain safe and stay within their respective communities.; Themes related to the problems of violence were multiple, including changes from Traditional way of living to contemporary way of life, changes from the Residential School experience, loss of Traditional roles, and change in community from communal structure to that of nuclear family units, and the influence of alcohol and drugs on individuals and families. Sub-themes related to violence included the loss of intergenerational relationships, changes in Elder roles from the past, and the change in roles and behavior from the past across all ages. Also identified as sub-themes were the influences of change from that of communal caring, to individuals watching out for their own welfare, and the change from hard work being valued within Traditional roles to lack of value for hard
work in contemporary society. Disruption of intergeneration roles within the community was also identified as a theme related to violence. Recommendations from this study include the need to further research the views of Elders surrounding violence and Elder abuse in other First Nations communities, with translation to clinical practice and the development of a culturally appropriate screening tool for First Nations Elder safety and abuse. Further research with other First Nations communities will allow generalization of results to be utilized in program development and evaluation. This study supports the utilization of the health determinants model in program planning and the developing of capacity for First Nations to control their health care services. The findings of this study also support the need for funding of Youth-Elder initiatives which foster the re-establishment of intergenerational relationships and the concurrent translation of Elders' Traditional knowledge. Utilizing Elders as leaders and a source of Traditional health knowledge is part of a viable model of combining contemporary and Traditional health care practices. The Elders’ views supported the importance of a strength-based approach to healing with the prior work of McCormick who found that effective healing for First Nations people must have a focus on "interconnectedness" rather than personal autonomy in order for communities to heal. This study would like to acknowledge the strength of these Elders and the Ts'il Kaz Koh community to deal with the historical trauma of Residential Schools and the effects on individual, family and community health. (Abstract shortened by UMI.)

Pearce, T., Wright, H., Notaina, R., Kudlak, A., Smit, B., Ford, J., & Furgal, C. (2011). Transmission of environmental knowledge and land skills among inuit men in ulukhaktok, northwest territories, canada. Human Ecology, 39(3), 271–288. The transmission of environmental knowledge and land skills was studied among Inuit men in Ulukhaktok, Northwest Territories, Canada. A list of 83 skills important for safe and successful harvesting was generated with 14 active hunters and elders, and examined with a sample of 47 men. This research found that land skills continue to be transmitted most often from older to younger generations through observation and apprenticeship in the environment. However there is a difference in the rate of skills transmission among generations, with average transmission rates lowest among younger respondents. Some skills were transmitted well among younger respondents including general hunting and camp-related skills, but others such as traveling on the sea ice and traditional navigation skills were not. Loss of certain skills and incomplete transmission of others were related to the absence of skills teachers, loss of native language, and changes in the educational environment. © 2011 Springer Science+Business Media, LLC.

Ploeg, J., Lohfeld, L., & Walsh, C. A. (2013). What is "elder abuse"? voices from the margin: The views of underrepresented canadian older adults. Journal of Elder Abuse and Neglect, 25(5), 396-424. We know relatively little about the definitions and perceptions of elder abuse held by marginalized groups of older adults in Canada. The current study used focus group methodology to explore perceptions of elder abuse among marginalized groups such as Aboriginal persons, immigrants, refugees, and lesbians. We found both similarities and differences in perceptions of elder abuse across groups. Groups identified traditional forms of elder abuse (i.e., physical, sexual, psychological/emotional, financial abuse, and neglect) as well as less frequently identified types of abuse such as disrespect and government or systemic abuse. Groups also discussed issues related to immigrant sponsorship arrangements and abuse in nursing homes. © 2013 Copyright Taylor and Francis Group, LLC.

Puchala, C., Paul, S., Kennedy, C., & Mehl-Madrona, L. (2010). Using traditional spirituality to reduce domestic violence within aboriginal communities. Journal of Alternative and Complementary Medicine,16(1), 89-96. Objectives: We report the results of involving traditional healing elders (THE) in the clinical care of aboriginal families who were involved in domestic violence in the context of a clinical case series of referrals made for domestic violence. Methods: Psychiatric consultations were requested from senior author L.M.M. for 113 aboriginal individuals involved with domestic violence as recipients or perpetrators (or both) between July 2005 and October 2008. As part of their clinical care, all were encouraged to meet with a THE, with 69 agreeing to do so. The My Medical Outcomes Profile 2 scale was being used as a clinical instrument to document effectiveness. Elders used traditional cultural stories and aboriginal spirituality with individuals, couples, and families to transform the conditions underlying domestic violence. Results: For those people who met with the THE, a statistically significant change (p<0.0001) occurred in symptom severity from baseline to final interview of 4.6-1.52 on a scale of 0-6. The most common presenting symptom was being beaten (39 people), followed by drinking (37 people), drugs (13 people), grudges and anger (12 people), sadness (9 people), hates self (8 people), fear (7 people), sleep problems (6 people), anxiety (5 people), and lost spirituality (2 people). Each
person chose two primary symptoms to rate. Conclusions: Including elders in the care of people who are the recipients of domestic violence is effective. We speculate that it helps by providing traditional stories about relationships and roles that do not include violence. Spiritual approaches within aboriginal communities may be more effective than more secular, clinical approaches. Research is indicated to compare elder-based interventions with conventional clinical care. © 2010, Mary Ann Liebert, Inc.


In most societies, the gift of food conveys social meaning, as well as nutritional sustenance. While food sharing has been widely noted, there has been little focused study of this practice among older adults in the US, who, as a group, are considered nutritionally vulnerable. We completed in-depth interviews with 145 adults (African American, European American, and Native American) aged 70+ years in rural North Carolina. Our objectives are (1) to describe the types of food shared by gender and ethnicity, (2) to identify values and meaning elders associate with giving and receiving food, and (3) to discuss the nutritional and social contribution food sharing makes to the lives of these rural elders. All elders participated in food sharing, as givers, recipients, or both. It is valued by these elders as a way to maintain reciprocity in social relations and to create a feeling of community membership. For older adults, receiving food gifts may augment a diet limited by income and functional status. © 2001 Elsevier Science Inc.


Studies of the nutritional status of older adults (by marital status) and of older women recently widowed suggest that widows are nutritionally vulnerable. Yet few studies have examined nutrition-related behaviors among widows to see why this is true. We conceptualize these behaviors as nutritional self-management strategies, encompassing behaviors related to obtaining food, consuming it, and maintaining food security. Data come from in-depth interviews conducted with 64 widowed women age 70+ in rural North Carolina (23 African American, 24 European American, 17 Native American). Transcripts were coded and analyzed using a systematic text-analysis procedure. Length of widowhood ranged from less than 1 year to 39 years. Themes identified in recent widows' interviews and corroborated in those widowed longer indicate that there are varied responses to widowhood. Some may have a positive impact on nutritional strategies (e.g., following own dietary needs), but most are likely to be negative (e.g., meal skipping, reduced home food production, less dietary variety). Rural communities need to develop ways to identify such widows and assist them in finding acceptable ways to meet nutritional needs.


Background. Falls are a recognized danger for older adults with diabetes. Persons in rural communities with diabetes may face additional risks from falling due to environmental and activity differences. Methods. Data were obtained in a cross-sectional survey of a stratified random sample of 691 community-dwelling adults (42.7% white, 31.4% African American, and 25.9% Native American) at least 65 years old with two or more Medicare claims for diabetes in 1998-2000, living in two rural counties in North Carolina. Falls data were self-reported for the previous year. Demographic data, foot-related symptoms, diabetes medications, and other health characteristics were reported. Results. Three hundred two persons (43.7%) reported falling at least once, including 171 (26.2%) who experienced two or more (frequent) falls. Frequent fallers were more likely to be male (odds ratio [OR] = 1.76; 95% confidence interval [CI] = 1.17, 2.66), report tingling or numbness in feet (OR = 1.75; 95% CI = 1.13, 2.70), have had a stroke (OR = 1.81; 95% CI = 1.19, 2.76), have longer duration of diabetes (OR = 1.21; 95% CI = 1.00, 1.47), have lower physical functioning (OR = 0.97; 95% CI = 0.96, 0.99) and mobility (OR = 0.89; 95% CI = 0.82, 0.96), and take a greater number of prescription medications (OR = 1.07; 95% CI = 1.01, 1.13). Conclusions. For rural older adults with diabetes, falls history should be screened to identify those at risk. Further research should investigate unique environmental factors contributing to falls for rural elderly persons. Copyright 2006 by The Gerontological Society of America.


Because of the questionable applicability of extant health promotion models and middle-range theories to aboriginal peoples, foundational inquiries examining the nature of cultural beliefs and ways of

OBJECTIVES: To examine hypertension and its management in a population of older urban American Indians and Alaska Natives (AI/ANs). DESIGN: Retrospective cohort study using medical record review. SETTING: Urban health clinic serving predominantly AI/ANs in the Pacific Northwest. PARTICIPANTS: Five hundred twenty-four AI/ANs aged 50 and older seen between 1994 and 1995. MEASUREMENTS: Frequency of diagnosed hypertension, undiagnosed hypertension, comorbid conditions, hypertension treatment, control, and quality of care. RESULTS: The prevalence of diagnosed hypertension was 38%, and the prevalence of possible undiagnosed hypertension was 23%. Patients with diagnosed hypertension were more likely to be obese (age-adjusted odds ratio (OR) = 3.5), have diabetes mellitus (DM) (OR = 2.2), depression (OR = 1.7), heart disease (OR = 3.8), or renal disease (OR = 5.6) than patients without hypertension. Undiagnosed hypertension was inversely associated with number of health problems (OR = 0.8). Eighty-one percent of diagnosed patients were treated pharmacologically, but no factors associated with nontreatment were identified. Diuretic and beta-blocker usage was low. Patients with DM used angiotensin-converting enzyme inhibitors more frequently than patients without DM (OR = 2.4). Blood pressure was well controlled in 37%, with men being less well controlled than women (OR = 0.5). Serum cholesterol, creatinine, and retinal screening were performed more often than urinalyses or electrocardiograms. Lifestyle-modification counseling was uncommon. Number of health problems was the most common factor associated with screening tests for end-organ disease. CONCLUSION: Few studies have examined the care of older urban AI/ANs. Improvements are needed in adherence to recommendations for the detection, management, and monitoring of hypertension and its complications in older urban AI/ANs. ABSTRACT FROM AUTHOR; Copyright of Journal of the American Geriatrics Society is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Objectives: Despite efforts to promote health equity, many American Indian and Alaska Native (AI/AN) populations, including older adults, experience elevated levels of depression. Although adverse childhood experiences (ACE) and social support are well-documented risk and protective factors for depression in the general population, little is known about AI/AN populations, especially older adults. The purpose of this study was to examine factors related to depression among a sample of AI older adults in the midwest.Method: Data were collected using a self-administered survey completed by 233 AIIs over the age of 50. The survey included standardized measures such as the Geriatric Depression Scale-Short Form, ACE Questionnaire, and the Multidimensional Scale of Perceived Social Support. Hierarchical multivariate regression analyses were conducted to evaluate the main hypotheses of the study. Results: Two dimensions of ACE (i.e., childhood neglect, household dysfunction) were positively associated with depressive symptoms; social support was negatively associated with depressive symptoms. Perceived health and living alone were also significant predictors. Conclusion: ACE may play a significant role in depression among AI/AN across the life course and into old age. Social support offers a promising mechanism to bolster resilience among AI/AN older adults. © 2014 © 2014 Taylor & Francis.

Rousseau, P. (1995). Native-american elders: Health care status. Clinics in Geriatric Medicine, 11(1), 83-95. This article reviews current data relevant to the health care status of elderly Native Americans, a population cohort encompassing American Indians and Alaskan Natives/Aleutians. Several topics are addressed, including the history of Native American health policy, heart disease, diabetes mellitus, cancer, oral health, nutrition, long-term care, and the circumstances of urban Native American elders.

Addressing the need to explore how Native American (NA) elders’ subjective health (SH) compares to their objective health (OH; chronic disease conditions), we examined whether: congruence between 8191 NA elders' SH and OH parallels that of non-NA elders; health optimism (SH > OH) is protective and health pessimism (SH < OH), is detrimental; and whether gender moderates links between health congruence and health-related outcomes. Results comparing health optimists and pessimists to realists in functioning, hospitalizations, and social engagement showed optimists experienced better outcomes; pessimists had poorer outcomes; the role of health congruence differed by gender. Findings suggest implications for improving health-related outcomes among NA elders. Copyright © 2008 SAGE Publications.


Little is known about how Native American adults appraise their health in later life. Perceived barriers to health care and health behaviours were examined among 6813 Native elders to determine their unique associations with self-rated health (SRH). Hierarchical regression results showed inability to access needed medical care predicted poorer SRH. Statistically accounting for sociodemographics and barriers to care, health behaviours predicted SRH. The current findings suggest opportunities to improve Native elders' SRH particularly via exercise and good nutrition. In turn, enhanced SRH may lead to improved quality of life. © 2009 Taylor & Francis.


American Indian governments located in a region west of the Cascade mountain range and the government of the state of Washington offer programs to serve the needs of a growing American Indian elder and disabled population through the services of individuals caring for family members and also individuals employed to provide care. The American Indian and Alaska Native elder population that is disabled as a result of dementia rely on the care and help of an estimated 3,1601 individuals in tribal communities (the vast majority of whom are women) on and near Indian reservations and in cities in Washington. Tribal governments and the state government depend on federal program support to provide elder American Indian assistance. To achieve effective benefit for elder American Indians, direct assistance and support services have been defined under federal legislation to be delivered by the state of Washington through the Agency on Aging and Area Agencies on Aging working at the county level. Tribal governments also deliver support and services through caregiver programs and elder programs. Despite these efforts, support and assistance are often obstructed and qualitatively diminished for those providing care to elders and for assistance directly available to elder American Indians and Alaskan Natives. ABSTRACT FROM AUTHOR; Copyright of Fourth World Journal is the property of Center for World Indigenous Studies and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


The article discusses health care and human service needs of the older Native American Indian with disabilities. According to the 1990 Census, there were approximately 1.96 million Native American Indians in the United States. There are no exact figures as to how many elderly Native American Indians live on or near reservations versus urban areas. The quality of life is also of concern. Too often, an Indian elder leads a life that is characterized by poverty, deprivation, poor health, poor housing, and greatly limited social opportunities. Elderly Indian people form the most undeserved group of individuals in the United States. The effect of poor living conditions on Native American Indians is evidenced through major health indices. These characteristics place Native American Indian people in general, and the elderly Indians in particular, at greater than average risk for exposure to multiple diseases and disabling conditions. Many elderly Indians, in particular, do not receive services and benefits to which they are entitled. In this study, 51 percent of the 100 Native American Indians interviewed were ages 45 to 69 years. On an average, those interviewed reported three disabling conditions each.

Assessed rehabilitation needs of elderly American Indians who were visually impaired or blind and living on the Hualapai reservation in Arizona. 33 Ss (aged 55 yrs or older) were interviewed at home. Ss ranked low in educational status. Service providing agencies in place are either duplicated or inadequate. A considerable percentage of Ss had knowledge of low technology assistive devices, though use of these devices was minimal. There is a lack of needs assessment and a lack of coordination among service providers. In-home outreach services are necessary to identify the specific needs of elderly people. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


OBJECTIVE: Physical inactivity is common among older populations and American Indians. Our objective was to compare two methods for increasing physical activity and walking among American Indian elders. METHODS: We conducted a two arm randomized trial to increase physical activity in 125 American Indians aged 50-74 years at the Seattle Indian Health Board in 2005. Participants were randomized into either an activity monitoring (N=63) or activity monitoring with a pedometer (N=62) arm over a six-week period. Outcomes included self-reported physical activity and well-being, and the 6-min walk test. RESULTS: There were no group differences in self-reported physical activities and well-being. The 6-min walk test yielded no between-group differences. All participants increased the frequency of leisure walking (p<0.01), frequency of all exercise-related activities (p<0.01), frequency of moderate-intensity exercise activities (p<0.01), and improved weekly caloric expenditure for all exercise activities (p<0.05) by the end of the trial. CONCLUSIONS: Pedometers did not confer enhanced performance on the physical activity outcomes beyond those achieved through self-monitoring. Physical activity can be promoted among at-risk groups in a brief, inexpensive manner in primary care. Exercise prescription and culturally relevant enhancement strategies may optimize physical activity outcomes for elder American Indians. Copyright © 2008 by Elsevier Inc.


We examined if step-count goal setting resulted in increases in physical activity and walking compared to only monitoring step counts with pedometers among American Indian/Alaska Native elders. Outcomes included step counts, self-reported physical activity and well-being, and performance on the 6-minute walk test. Although no significant between-group differences were found, within-group analyses indicated that elders significantly improved on the majority of step count, physical activity, health-related quality of life, and 6-minute walk outcomes. ABSTRACT FROM AUTHOR; Copyright of American Indian & Alaska Native Mental Health Research: The Journal of the National Center is the property of University of Colorado Denver and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


The purpose of this chapter is to analyze the language culture of Native American women in Oklahoma to study the dilemmatic elements of the conflict between the women and society's negative perspectives of women elders' life roles. Two data sets were used. The first consisted of field notes of interviews with 32 Oklahoma Native American women aged 21-97 yrs. The second data set consisted of 41 audiotapes, with transcripts, of interactions between health care providers from the Indian Health Services and Native American women aged 41-67 yrs. Findings suggest that current sociocultural perspectives about aging Native American women are negative. The change from positive, traditional perspectives of the roles of women elders to negative perspectives has been the source of many problems for Native American women elders in Oklahoma. The interviews reveal elder women's awareness of the negative trends that include the unmet expectations of traditional respected roles for the women. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(chapter)

Purpose: The purpose of the study was to describe self-monitoring of blood glucose (SMBG) practices of 698 older adults with type 2 diabetes in the rural Southeast, to identify characteristics differentiating testers from nontesters, and to identify personal and support-related predictors of monitoring frequency. Methods: The ELDER (Evaluating Long-term Diabetes Self-management Among Elderly Rural Adults) study was a population-based, cross-sectional survey of African American, Native American, and white Medicare recipients ≥65 years with diagnosed diabetes. Data were obtained through in-home interviews. Multiple logistic regression models were used to identify factors associated with SMBG and frequency of monitoring. Results: Seventy-seven percent of respondents practiced SMBG in the previous week; 40% tested every day in that week. No ethnic differences were seen. Significant independent predictors of any SMBG were medication regimen (taking oral agents or insulin with or without oral agents) and health care provider (HCP) recommendation to test. Among those monitoring, significant independent predictors of SMBG frequency were medication regimen, HCP recommendation to test, duration of diabetes, and receiving help with testing, which was negatively associated with monitoring frequency. Conclusions: Among rural older persons with diabetes, HCP recommendation significantly affected practicing SMBG and SMBG frequency. These findings suggest points of intervention by diabetes educators with this vulnerable population. Further research is needed to determine how older adults use SMBG data in their self-care regimen.


Objectives. To determine if age and gender subsets of Inupiaq Elders living in urban and rural locations present different characteristics of self-reported health, physical and mental functioning, functioning of daily activities, body mass index, nutrient intake and food insecurity. Study design. Quantitative, comparative survey of 100 Inupiaq Elders, 52 living in 2 north-western Alaska communities, and 48 living in Anchorage. All participants were community-dwelling, non-institutionalized individuals. Methods. Surveys were one-to-one in an oral conversational format using tested instruments. Results. For all age groups, mean fat intake was 37%. Rural groups reported higher vitality scores. The most commonly reported physical limitation was walking. Rural males of 50-59 years reported the highest level of food insecurity, calorie intake and rates of smoking but also the highest SF-12 Mental Functioning Composite Scores (MCS) and Physical Functioning Scores (PCS). Of urban males 50-59, half reported hypertension, the highest percentage of all groups, and 41% reported eating less than 2 meals per day. Urban males ≥60 years reported the highest number of Activities of Daily Living (ADLs). Females 50-59 reported the highest self-reported health status and the lowest depression scores. Older rural women ≥60 years reported higher SF-12 MCS and SF-12 PCS than their urban cohorts, but reported the most Instrumental Activities of Daily Living (IADLs). Older urban women ≥60 years had the lowest mean calorie intake. Conclusions. Rural Inupiaq villages provide positive environments for aging well. Reinforcing and enhancing services to assist Native Elders in rural locations might enhance their quality of aging more so than moving them to urban communities.


An emerging cultural paradox in the Native American community is the long history of respect for elders and the emergence of elder abuse as a problem. Elders commonly hold a special and respected place in traditional Native American societies due largely to their experience, knowledge, wisdom, and power as dreamers, healers, and teachers. Although violence against other tribal members is considered as unnatural and a threat to internal spiritual harmony, victimization, and abuse of elders is recognized as a clandestine but increasing problem in the Native American community. This challenges health care providers and tribal members to provide safe and culturally congruent care to the elderly as well as coming to terms with this cultural paradox. There is a growing commitment by tribes to address this problem and to provide and honor the Native American elder. This article provides information for health care providers to better understand elder abuse in the cultural context of the Native American community as well implications for care. © 2011 SAGE Publications.


Changing demography (people living longer and large cohorts aging) is a global phenomenon. American Indians are among the transitional groups with the proportion of elderly expected to double in the next 50 years. The excess burden of illness and health-status disparities between American Indians and the
general population are well documented and have consequences affecting health status and functional abilities of American Indians. Health problems and functional limitations intensify the need for home- or community-based long-term-care services among older American Indians. Important considerations in providing these services include understanding historical and cultural influences on their family life, role expectations across generations, and aging as part of human development in contemporary life. In addition, poverty and changing federal policies influence how elders view health and health care delivery on reservations. This article provides an overview of the cultural influences and policy issues related to health care for American Indian elders on reservations.

The author comments on the medical care options for the poor and elderly in American Indian communities. It is argued the budgetary restraints and financial cuts within the Indian Health System have severely limited health services for American Indians. The dependence of medical care eligibility based on tribal status, place of residence on or near a reservation, and issues related to medical provider acceptance is discussed.

Informal social support networks are critical for individuals of all ages but especially for older adults who are dealing with difficult life circumstances. Research has shown that support is important both in daily life as well as in coping with issues such as poverty, serious health problems, depression, anxiety and other mental health issues, and the death of loved ones. The goal of this chapter is to provide a selective review of research on social support among older African American, Hispanic, Asian American, and Native American adults. Other chapters in this book focus on the influence of social support on mental and physical health, including the role of social support in the stress and coping process and in caregiving. This chapter focuses on social support as a dependent variable in relation to different sources and types of aid provided to older African American, Hispanic, Asian American, and Native American adults. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(chapter)

The purpose of this grounded theory study was to provide a framework for understanding the contemporary experience of First Nations grandparents. Fifteen respondents (N = 15) were selected from two demographically different Canadian cities. Seven of the grandparents lived with their child and a grandchild or grandchildren at the time of the interview; an additional four had lived with their grandchildren at some point prior to this investigation. Results revealed that First Nations grandparents had leveraged their own experiences of cultural disruption to reinvest in the cultural health and well-being of their grandchildren. One grandfather described this role as "walking the red road" which entailed a responsibility "to provide wisdom and ... protection." Identified benefits of rejuvenating traditions and grandparent involvement included cultural healing and joy. © 2013, Baywood Publishing Co, Inc.

In greater numbers, Native health care givers are caring for Native American people. This article explores the significance of ceremony from the perspective of three Native women elders. Choctaw shop proprietor Phyllis Hogan explains how she was able to accept her aging when at forty years old she performed a menstruation ceremony. Lorena Lomatuwayma is head of the sacred Mazua (Women's Society) in Hotevilla, Arizona. She reflects upon the spiritual significance of ceremony in a Hopi's life. Medicine Woman Mary K. Boone is a well-known Navajo herbalist and healer. She describes her role as elder and advisor in her culture and speaks about the Navajo view of death. JOURNAL SUMMARY. (Copyright applies to all Abstracts.)

Changing demography (people living longer and large cohorts aging) is a global phenomenon. American Indians are among the transitional groups with the proportion of elderly expected to double in the next
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screening services: Examining disparities among american indian and alaska native elders. International
Journal of Health Geographics, 13

Background: Despite recommendations for cancer screening for breast and colorectal cancer among the
Medicare population, preventive screenings rates are often lower among vulnerable populations such as
the small but rapidly growing older American Indian and Alaska Native (AIAN) population. This study
seeks to identify potential disparities in the availability of screening services, distance to care, and the
utilization of cancer screening services for Medicare beneficiaries residing in areas with a higher
concentration of AIAN populations.

Methods: Using the county (n =3,225) as the level of analysis, we conducted a cross-sectional analysis of RTI International's Spatial Impact Factor Data (2012) to
determine the level of disparities for AIAN individuals. The outcomes of interest include: the presence of
health care facilities in the county, the average distance in miles to the closest provider of
mammography and colonoscopy (analyzed separately) and utilization of screening services (percent of
adults aged 65 and older screened by county).

Results: Counties with higher concentrations of AIAN individuals had greater disparities in access and utilization of cancer screening services. Even after
adjusting for income, education, state of residence, population 65 and older and rurality, areas with
higher levels of AIAN individuals were more likely to see disparities with regard to health care services
related to mammograms (p ≤ .05; longer distance, lower screening) and colonoscopies (p ≤ .05; longer
distance, lower screening).

Conclusions: These findings provide evidence of a gap in service availability, utilization and access facing areas with higher levels of AIAN individuals throughout the US. Without
adequate resources in place, these areas will continue to have less access to services and poorer health
which will be accelerated as the population of older adults grows. © 2014 Towne et al.; licensee BioMed
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Possibilities for health promotion and decreasing tobacco exposure in first nations

Objectives: This community-based project examined the interpersonal and system influences on
smoking practices and exposure to cigarette smoke that place young pregnant and parenting First
Nations women and their children at risk. The aim was to work with the community using this
information to develop meaningful strategies to support tobacco reduction and reduce exposure to
second-hand smoke. Method: Ethnographic methods informed by decolonizing approaches were used to
study smoking practices and exposure within the context of six First Nations rural reserve villages in the
Gitxsan territory in North-Western British Columbia. Data were collected through individual interviews
with key community members, individual and group interviews with women, men, youth and older
people, including Elders, and participant observation. Findings: Older people, including grandparents
and Elders expressed great interest in being more involved in their communities, particularly with youth.
Other community members, especially mothers, saw such older people as important in diminishing the
tobacco exposure problem, with ideas for their involvement ranging from role modeling non-smoking or
respectful smoking to teaching cultural traditions. Conclusion: Elders in First Nations communities
represent a culturally-relevant resource for health that is currently underused. Communities might draw
upon their wisdom and influence to decrease tobacco exposure and promote community health in other
ways. This offers a concrete, practical strategy in response to widespread calls for supporting the culture
of Aboriginal people as part of health promotion. © Canadian Public Health Association, 2010. All rights
reserved.

Older adults residing in rural communities are at risk for low dietary quality because of a variety of social, physical and environmental circumstances. Minority elders are at additional risk because of poorer health status and lower socioeconomic status. This study evaluated the food group intake of 130 older (>70 years) African American (34%), European American (36%), and Native American (30%) residents of two rural communities in central North Carolina. An interviewer-administered food frequency questionnaire was used to measure dietary intake. Food items were classified into food groups similar to the United States Department of Agriculture (USDA) Food Guide Pyramid and the National Cancer Institute's 5 A Day for Better Health program. None of the survey participants met minimum intake recommendations and most over-consumed fats, oils, sweets and snacks. African Americans and Native Americans consumed fewer servings of meats, fruits and vegetables, and fats, oils, sweets and snacks than European Americans. African American men consumed the fewest servings of fruits and vegetables of all gender/ethnic groups. Consumption of fats, oils and sweets was greatest among those 85 years and older and was more common among denture users. National strategies to educate the public about the importance of consuming a varied diet based on the recommendations presented in national nutrition education campaigns may not be reaching older adults in rural communities, particularly minority group members.


As demographic patterns shift in the United States, helping professionals are likely to see more clients of color, including those who are first-generation immigrants. Additionally, given the aging of the American population, helping professionals are likely to encounter more elderly clients and their families. It is crucial that helping professionals be prepared to respond to elders from various cultural populations in effective and respectful ways. This article gives an overview of how old age may interact with cultural identity. This information can be useful for professionals in many different settings working with elders from various cultural backgrounds.


Preparing for the future housing needs of older adults is imperative in countries with an aging population, but little is known about these issues among vulnerable older adults. This study used a qualitative approach to identify key housing concerns in this group. A total of 84 vulnerable older adults including Aboriginal elders, those with various disabilities, and ethnic minorities participated in 10 focus groups. The Canadian Mortgage and Housing Corporation’s (CMHC’s) standards of core housing need provided a framework for data analysis, along with the identification of additional key housing themes across and within groups of vulnerable older adults. The results provide insight into preferred housing characteristics, regardless of housing form. Additionally, the results provide insight into how to support vulnerable older adults who choose to remain in their homes and communities and how to help ensure that appropriate housing is developed that meets the needs of this diverse population. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)


Comments on a study reported by J. C. Barker and B. J. Kramer (see record 1997-03716-001) concerning drinking practices of older American Indians. Their data replicate the findings in other groups of non-Native American elderly people, in that the percentage of abstainers was high and the level of drinking decreased with age. This is considered reassuring in the light of the tendency to view American Indian alcoholism as somehow esoteric or bizarre because of high rates and low treatment responses found in some follow-up studies. Two methodological procedures are discussed in light of their application to this population (i.e., convenience sampling and use of the culture-specific definition of "elders"). (PsycINFO Database Record (c) 2012 APA, all rights reserved)


The broad goals of the community-based participatory research (CBPR) include community engagement, capacity building, developing practical solutions for community concerns and knowledge building. This article describes the data generation and sharing process as it relates to the goals of CBPR and health
promotion in an American Indian/Alaska Native communities. The project described herein, "Investigating Inupiaq Cultural Resilience: A Pilot Study," achieved these goals in a tribal context by fostering intergenerational dialogue through data collection. The intergenerational exchange served to collect data for a community-based participatory study and provide an opportunity for communication between Elders, adults and youth. By providing an arena for intergenerational sharing, the format encouraged cross-age connections and in doing so, supported, in a broad sense, the transmission of cultural knowledge. The article describes the process and articulates the ways it supports the CBPR goals of engagement, practical relevance, knowledge generation and health promotion. ABSTRACT FROM AUTHOR]; Copyright of International Journal of Qualitative Methods is the property of International Institute for Qualitative Methodology and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Little attention has been paid to subjective well-being among non-White elderly in rural areas where medical resources and financial support are deficient. The present study assessed a rural community sample of 215 elderly comprising 85 Caucasians, 75 African Americans, and 55 Native Americans, to examine roles of spirituality/ religiousness on their subjective well-being. This study found ethnic differences in the reliance on religiosity/spirituality and a significant association between dimensions of religiousness/spirituality and subjective well-being among all ethnic rural elderly groups. The results of the study suggest that health providers, social workers, and faith communities need to provide rural elderly with religious and spiritual support in order to enhance their life satisfaction and lessen their emotional distress. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


Manitoba has the highest prevalence of ESRD in Canada. Northern Manitoba is a very sparsely settled area with a high proportion of aboriginal ESRD patients. Relocating to urban areas for dialysis is psychosocially and culturally stressful to patients. Delivering dialysis care in a home setting has demonstrated advantages in both clinical, economic, and health related quality of life domains. Establishing home hemodialysis in very remote communities has significant challenges, including poor and inadequate housing, unreliable water supply, limited community medical backup, and poor road access to communities especially for delivery of supplies. These challenges necessitate the development of strong community partnerships, and well documented processes for contingencies. A dedicated interdisciplinary support and training team at the urban hub is essential. ABSTRACT FROM AUTHOR]; Copyright of Seminars in Dialysis is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)