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Best Practices in Nutrition and Fitness: Making a Difference in American Indian Communities

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Introduction

Meeting the demand for consumer and patient-focused nutrition education, registered dietitians (RDs) serving Indian Health Service, tribal, and urban (I/T/U) programs are developing programs to address specific needs of American Indian and Alaska Native communities. Registered dietitians help promote what is known in the science of prevention and medical nutrition therapy in areas such as diabetes, and translate the knowledge and skills into practical day-to-day lessons for patients. Being informed about health, nutrition, and diabetes self-management is the first step for patients with diabetes, and for communities in general, to enjoy a healthier lifestyle.

A mixture of commitment, cultural sensitivity, and community involvement can lead to success in Indian health care diabetes intervention programs. Two such programs are the diabetes and wellness activities taking place at Blackfeet and the Claremore Diabetes Program.

Diabetes and Wellness Activities at Blackfeet

Blackfeet is an American Indian community of 10,000 members on the 52 square mile Blackfeet Reservation in northern Montana. The reservation is bordered by Alberta, Canada to the north and Glacier National Park to the west. The diabetes programs are located in Browning, Montana.

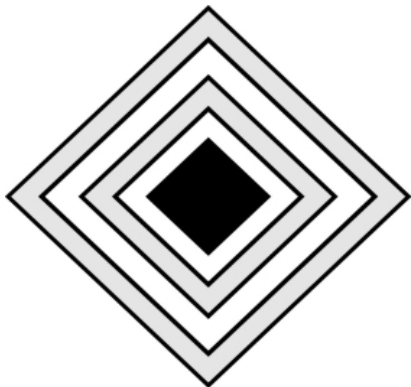
Public Health Nutrition in a small community. For any new program, it is a good idea to start slow, offer the classes repeat-

edly, grow the program, and watch the community come. The registered dietitian at Blackfeet Indian community has employed a variety of strategies to engage the community in nutrition, fitness, and healthful eating practices over the past 13 years, including:

- Grocery store tours
- Cooking classes
- Aqua aerobics
- One-on-one educational sessions
- Weight management and diabetes group sessions
- Tribal Council presentations
- Elementary school, Head Start, and high school health class presentations
- In-services and presentations for local tribal programs with a food component
- Prenatal nutrition promotion for gestational diabetes using innovative tools
- Nutrition features on the local television station, like the 30 minute "Pathways to Wellness" show

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Cooking for Good Health. The Blackfeet Community Hospital registered dietitian has offered successful Cooking for Good Health classes since 1989.¹ What started as a 2½ hour class, “Cooking for Diabetes Control,” targeting primarily people with diabetes in five lessons, has broadened its appeal and audience to a series of individual 2½ hour classes held in the high school Home Economics room, called “Cooking for Good Health.” These include hands-on interactive workshops demonstrating low fat meat preparation, cholesterol control, healthy barbecuing, and desserts and holiday foods. Today, over 13 different classes are offered. The American Dietetic Association Foundation awarded Nonie Woolf, RD the Anita Owen Award of Recognition for Innovative Education for the Public in 1999 for her work in creating and promoting the Cooking for Good Health classes in the Blackfeet Community.

In the past five years, some 356 participants from the Blackfeet Indian community have attended the Cooking for Good Health Program. This total number represents approximately 50 individuals, since many participants come to one or more classes. Participants learn to cook foods that are tasty and healthy. They receive a special invitation by phone to come ready to cook. Each person is encouraged to actively participate in preparing all or part of a recipe and to join in tasting, discussion, and evaluation of the foods. Attendees enjoy receiving quick and easy recipes, menus, shopping lists, and nutrition tips.

Taste matters; even science supports this. A study published in 1998 showed that taste was the major reason that people choose food, as compared to cost, convenience, nutrition, and weight-control concerns.² Of the almost 3000 people studied, the bottom line for all groups was that taste was the most important factor in food choice, even among the physical “fanatics” and “active attractives.” Using this winning approach, the Cooking for Good Health Program stresses the good taste of healthful foods, rather than harping on why it is important to eat foods that are nutritious. One participant wrote on an evaluation that he did not know he could eat such foods. He thought foods that tasted so good were not good for his diabetes.

To help other I/T/U staff offer similar programs in their tribal communities, the IHS National Diabetes Program published the *Cooking For Good Health: A Series of Cooking Classes Designed To Teach Healthy Cooking To American Indian People* in 1985. It is available at no cost to I/T/U staff. To receive a copy of the manual, send a written request to the IHS National Diabetes Program, 5300 Homestead Road, NE, Albuquerque, NM 87110; fax (505) 248-4188.

*Strong Women Stay Slim Healthy Eating and Exercise Program.*³ Strong Women Stay Slim is a 12-week weight lifting and fitness program designed to help women who have diabetes, or who are at risk for diabetes, to begin and continue to exercise. Organized by the registered dietitian, and with the collaboration and support of the Southern Peigan Diabetes Project staff, Glen Heavy Runner Pool staff, and the IHS fitness nurse, 39 women (59% of all initial enrollees) have successfully completed the program. During the program, they agreed to meet and support each other once a week for a 20-30 minute strength training session and to share a recipe and healthy food sample. In addition, participants were required to complete two other exercise sessions on their own each week; equipment was provided to help them complete these other two sessions anywhere they wanted. Participants reported that they:

- Slept better
- Enjoyed better balance
- Felt stronger
- Lost fat and gained muscle
- Felt better about themselves, felt happier
- Had more energy
- Were more aware of food habits

After 12 weeks in the program, tribal member Karen Davis said, “I built up the muscles in my legs. Now, I can run a quarter of a mile. I couldn’t do that before.” The Strong Women Stay Slim Program also taught Karen how to improve eating habits. Both Karen and her 7-year old son Chad are learning to eat a little better. “I was surprised that some of my portions were too big, and that I wasn’t eating enough vegetables, fruits, or grains, and drinking enough water.”⁴

Grocery Store Tours. Monthly grocery store tours were hosted in the local grocery store by the registered dietitian at the outset of these activities. This program provides an excellent opportunity to illustrate healthful food choices and to learn to read nutrition labels. Initially, groups consisted of diabetic patients and their family members. Over the past 10 years the groups have become focused for particular audiences, so that for the year 2000, over fifty grocery store tours were given to groups including firefighters, school teachers, physicians, nutrition program cooks, high school students, and Head Start and Early Head Start Staff and clients. Many registered dietitians now lead nutrition grocery store tours in tribal communities across the US.

Prenatal GDM Key chain. The exchange system for meal planning is very difficult for most clients with diabetes to under-

stand.⁵ Clients with gestational diabetes mellitus (GDM) do not have the luxury of time to fully learn what and how much food to eat for a controlled blood sugar.

At Blackfeet Hospital, a new teaching tool was created. In Plains Indian communities, attractive hair barrettes, jewelry, and key chains are created using beads and leather. To facilitate understanding of the exchange system for meal planning, a nutrition tool was developed using the familiar medium of various colors of pony beads to represent the food groups for each meal, which were then placed on six rawhide strings representing a meal. The exchange lists are reviewed and introduced by a particular color bead; for example red is used for the Meat/Protein group and yellow for the Fats Group. The pregnant woman with GDM helps make the key chain with the registered dietitian during a clinic visit. She is shown how to keep blood glucose and food records, and the key chain is adjusted as her meal plan is adjusted for optimum blood glucose control. In 1990, the Diabetes Care and Education Practice Group for The American Dietetic Association presented the Creative Nutrition Education Award to Nonie Woolf, RD, MPH, to recognize her contribution to improving the care and education of individuals with diabetes through creation of this new teaching tool.

Claremore Diabetes Program

The Claremore Diabetes Program is an American Diabetes Association Recognized Program, January 1989-December 2002. The Claremore Diabetes Program team has developed a written curriculum with criteria for successful learning outcomes called *Beginning Steps Toward Diabetes Self Care: An Education Program for Persons with Type 2 Diabetes*.⁶ The curriculum is a coordinated set of courses and educational experiences for individuals to learn and master diabetes self-management skills. The program meets the national standards for diabetes self-management education, including such key elements as individualized assessment, continuous quality improvement, and utilization of the team approach.⁷ There is no one, single, best way to improve care, nor one, single or best diabetes nutrition education tool. We have to assemble and master a toolkit of approaches and tools to help patients live well with diabetes, one step at a time.

The clinical dietitian and certified diabetes educator (CDE) provides medical nutrition therapy and comprehensive diabetes self-management education, including self-blood glucose testing, to persons with diabetes in the Claremore Diabetes Program. Over 3500 persons with diabetes are served by the IHS Model Diabetes Program at Claremore, Oklahoma and urban Tulsa, Oklahoma. Claremore, like many community health programs is challenged to meet the needs of its clients with limited resources (funding constraints, few CDEs, few RDs, and transportation and food challenges for clients) and catering to diverse educational backgrounds.

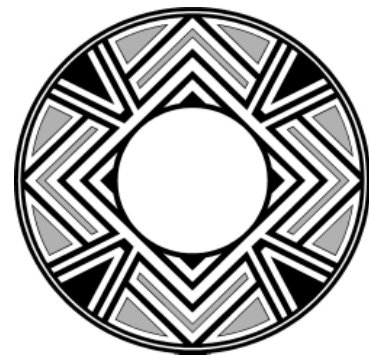
Nutrition issues are often the most difficult and frustrating aspect for people with diabetes. At Claremore, patients with diabetes learn healthy eating, carbohydrate counting, pattern management, and how to incorporate aerobic activities into their

daily routine. Education is offered in one-on-one visits, clinic visits with families, at diabetes camp classes, and in group diabetes classes. Altogether, this creates a comprehensive self-care education program.

At the initial office visit, the registered dietitian assesses the patient's knowledge and skills in diabetes self-management. The patient's eating habits are evaluated by using a client tool, "Choosing Good Foods" (available to I/T/U staff through the IHS National Diabetes Program). Using this, the patient marks foods that are eaten at least one time a week. Both traditional American Indian items and foods commonly eaten throughout Oklahoma are included. The foods are divided into three lists, and the numbers of foods eaten from each list are totaled. This provides a self-assessment tool for the patient and can be used by other health care team members to provide a reference for food choices. The foods list is used pre- and post-program.

The comprehensive self-care program includes five visits. The program focuses on establishing the patient as an active participant in setting specific goals in self-blood glucose monitoring, nutrition, and exercise. The patient applies the information at home and then it is evaluated at the next visit. After completing the program, participants are followed along with their physician at three month intervals to customize care, find out what lifestyle obstacles stand in the way of optimal care, and help them with problem-solving strategies. Informed patients are better able to manage their diabetes.

Involvement in Research and Professional Practice Groups. Working with a high risk population offers opportunities for involvement and sharing of information among health professionals. Gestational diabetes affects about 3% of pregnant women nationally; however, in some tribes the rate may be greater than 10%.⁸ The Diabetes Care and Education (DCE) and the Women and Reproductive Nutrition practice groups of The American Dietetic Association have developed nutrition practice guidelines for the management of GDM. As a member of the DCE, Melanie Sipe, RD, CDE, of Claremore Diabetes



Program, was asked to represent the Indian Health Service on the nutrition practice guidelines committee. This was a great way to meet other registered dietitians working with GDM from across in the country in a variety of settings.

Cultural diversity is a topic many health care professionals are eager to learn more about, and I/T/U registered dietitians have invaluable experience that can be shared with our professional associations. The American Association of Diabetes Educators (AADE) chapter meetings are a wonderful outlet to share materials that are culturally appropriate. I/T/Us can field test nutrition tools that were developed at IHS National Diabetes Program for use throughout Indian country. For example, one useful tool is the Healthy Eating Food Guide Pyramid that is based on red, yellow, and green pyramids that correspond to foods to be limited, proceed with caution foods, and go ahead foods.

Diabetes Camps. A variety of “camp” models have been hosted over the years. Diabetes camps held in the IHS Billings Area are presently hosted at individual reservations. In 1989 and the early 1990s, the Billings Area hosted one large diabetes camp for the reservations located in the states of Montana and Wyoming. The primary objectives were to demonstrate meals, track blood glucose control during the camp, and provide walking and exercise activities throughout the experience. Foot care, stress reduction, and balancing individual’s diabetes care were emphasized, along with American Indian spirituality, such as the use of a sweat lodge. Teams of diabetes educators were formed from staff from all the service units. It was an excellent opportunity for networking and making friends from other reservations.

Recently the Southern Peigan Diabetes Project at Blackfeet in Browning, Montana hosted a two-day diabetes camp for youth who are at risk for diabetes. The local Bureau of Indian Affairs (BIA) boarding dorms were used, and activities were planned

involving traditional Blackfeet games and a hike in Glacier National Park, which borders the Blackfeet Reservation. Health was presented in a holistic manner, in line with the traditional Blackfeet ways. Blackfeet physicians, nurses, registered dietitians, social workers, and health educators presented the components of wellness. The public health nutritionist played a large role in teaching healthful eating using the food guide pyramid, and planned the menus to include plenty of lower fat protein sources, fruits, vegetables, and whole grains. Each child was encouraged to try all the foods. For many of these youths, the lower fat and low sugar meals were not their norm.

The Diabetes Family Leadership Camp was developed by the Claremore Model Diabetes Program to facilitate an interactive learning experience for persons with diabetes and their families in an environment outside the typical clinic setting. The purpose is to blend health care providers, community leaders, and community members of all generations into a working group that increases diabetes prevention activities and improves leadership, nutrition, exercise, and personal effectiveness in making healthier choices. The campers form a community by electing a mayor and health commissioners. Sessions are designed to incorporate problem-solving activities related to diabetes. The solutions are then taken back to tribal communities/councils. At camp, each person receives an individualized nutrition assessment and receives food cards color-coordinated with the exchange system. Meals are served buffet style and labels are provided for the foods. Measuring utensils are available so the meals can be selected based on the number of cards available. The camp concept has been used by more than thirty tribes in Oklahoma. Initially the Claremore Diabetes Program sponsored the camps. The camps have continued as tribes have joined together in providing funding, and this collaborative effort ultimately assisted in providing the groundwork for the diabetes grant coalitions.

Health Fairs. Team Nutrition is the implementation tool for the US Department of Agriculture’s (USDA) School Meals Initiative for Healthy Children.⁹ The Team Nutrition program is a great way to collaborate with the school system in local communities. In the Browning School district in Browning, Montana, the Team Nutrition program sponsors an Annual Food Fun and Fitness Health Fair at the high school gym. The local Public Health Nutritionist provides four nutrition booths and trains the high school students working with the Team Nutrition leader to staff the booths. The booths include such activities as recognizing how much fat is in foods, burning chips and other snack foods to see how much fat they contain, learning about nutrient density using the food charts and models, and evaluating cereals for health, i.e., how much fat, sugar, fiber, and whole grains they contain. Team Nutrition ideas are used by students and community members to make healthy food choices. A recent \$5,000 grant from Montana’s Team Nutrition Program made it possible to create two videos promoting higher consumption of fruits and vegetables through the 5-A-Day Bingos and the health fair. It also allowed the school district to purchase four fruit and veg-





etable costumes that students and the local nutrition coalition members wear during local parades and health fairs to encourage eating more fruits and vegetables.

Employees at the Claremore Indian Hospital are targeted during Diabetes Month at a diabetes prevention health fair in a carnival atmosphere. Activities include body fat analysis, health/fitness assessment, answering questions about nutrition and exercise while playing the Diabetes Wheel of Fortune game, and taking the Calorie Challenge. Food and drink are found throughout the room, and employees are asked to limit intake to less than 300 calories. A checklist with calories, carbohydrates, and fats for each food is available.

Other activities include the Lawton IHS Model Diabetes Program, which provides yearly diabetes screenings to employees at the seven tribal complexes in southwestern Oklahoma. Since fall and spring craft shows are common weekend events in Oklahoma, diabetes information booths are provided at the shows.

Local Wal-Mart stores provide space for RD/CDEs to do a diabetes pen and paper screen (Diabetes: Are You At Risk), and a display area for high fat/high sugar foods and healthy alternatives during September and March. The AADE also joined Wal-Mart to provide CDE lists during September. A large corporation in Tulsa, Oklahoma hosts Native American Heritage Week during which blood glucose screenings, nutrition displays, and information are provided.

Bright Ideas in Other American Indian Communities

Tracy Lozon Canant, RD/LD, CDE from Stilwell, OK has been involved in the Cherokee Nation Youth Fitness Camp and Diabetes Prevention Program. The original concept for the Cherokee Nation Youth Fitness Camp was to increase physical fitness for fifth and sixth graders who are at risk for type 2 diabetes. Through the efforts of Cherokee Nation registered dieti-

tians, the week-long camp has evolved to include hands-on cooking activities for snacks and meals. A colorful, graphic, kid-gear cookbook has been developed to include healthy favorite recipes that are geographically specific. The dietitians are an integral part of the camp, and the nutrition events and games are rated highly by the kids. In addition to the week-long resident camp, day camps are provided throughout the 14-county area of Cherokee Nation that incorporate nutrition and exercise.

Michelle Goss, RD/LD and Tracy Lozon Canant, RD/LD, CDE, Cherokee Nation, have developed a Diabetes Prevention Program for fifth through eighth graders for early detection/prevention of type 2 diabetes. A multidisciplinary health team conducts the program throughout ten school systems in the county. A diabetes skit is done first by the health team, and then kids are given assignments to complete the skit acting as the assigned body parts. After the skit, the kids go through four interactive stations to complete games and questions that were related to the information in the skit. A nutrition/fitness game based on the popular "Who Wants to Be a Millionaire" game show has been a huge success with the kids.

Susan Dethman, MS, RD/LD, CDE, CHES from Wewoka, OK has been involved with the Staged Diabetes Management™ (SDM) program at the Wewoka clinic for the past three years. SDM promotes management of diabetes using practice guidelines and clinical pathways, and assists the primary providers and diabetes team in making clinical decisions and therapeutic changes.¹⁰ Seventy persons with type 2 diabetes have been managed according to the SDM program; in this group, there was a decrease in the Hb_{A1c} of 1%, as compared to an increase in persons who did not participate. As the only registered dietitian at the facility, Ms. Dethman provides a vital role to the success of the SDM program. She has organized the past six diabetes camps and, from the camps, has created Food Fairs. The Food Fairs are open to the community and are offered in conjunction with seasonal holidays, five times year. Cookbooks have been developed and are published in the tribal newsletter.

Kidz Café is a summer nutrition program for Winnebago community children. This summer food service program is an example of a community-based, culturally relevant health and wellness promotion initiative. It is funded by the USDA and is sponsored by the Winnebago Tribe of Nebraska, in partnership with the Diabetes and Whirling Thunder Wellness Program. The program features the slogan, "Healthy Kids Eat Here!" and employs artwork in the style of the popular Hard Rock Café that appeals to youth. It is unique and innovative in several ways:

- Bison is featured on the menu twice weekly
- Daily servings of fresh fruits and vegetables and fat free milk are featured
- Age appropriate nutrition education is provided daily
- All Kidz Café staff are community members and parents of young children

During summer of 1998, Kidz Café served 8700 healthy lunches to Winnebago community children.

Power of Stories

Snow White and The Five Fruits and Vegetables (and a Couple of Friends). “Once upon a time . . .” Monica McCorkle, MS, RD, CDE, Nutritionist/Health Educator, creatively delivers a 5-A-Day message through skits to American Indian children served by the Indian Health Council, Inc., in southern California. Using the familiar fable of Snow White, she presents interactive skits and a script adapted to promote fruits and vegetables for kindergarten through third grade school children. Students learn that eating only fats and sugars can hurt and tire the body, and that fruits and vegetables eaten daily are important for health, strength, and energy. The students portray fruits and vegetables, complete with costumes, and clinic staff play the characters of Snow White, the Jealous Stepmother, and the Mirror. Skits keep students attention and get them participating.

Monica also uses food sensory experiences with Head Start Program children. Using skits, games such as “Wheel of Nutrition and Good Health,” and popular stories, she creatively teaches nutrition and health to young American Indian children in southern California.

The Teddy Bear Clinic; Jean Chuculate, MS, RD/LD, RN, CDE; Pawhuska, OK. A puppet play, “Billy Bear’s Story,” was developed for children 3-5 years of age and their parents. The objective is to prevent childhood obesity by encouraging good nutrition for American Indian children and their parents, increase healthy snacks, and limit high fat/sugar foods, in a fun, interactive setting. Billy Bear tells a story about being too small to play with his big brother and how his friends Mr. Carrot and Miss Pepper help him to make good food choices. The children learn an original song about good nutrition.

Jean has also compiled a group of stories from six tribes in northern Oklahoma. These stories were gathered by elders and were reviewed for their educational and enjoyment value for the children. They are used in tribal Women Infant and Children (WIC) clinics.

Stories in Counseling

The first step every educator takes when meeting a new patient is to conduct an assessment. Patients know this as “telling their story.” One of the most powerful tools we use as diabetes educators and dietitians is to ask patients to tell us their story about their lives, their lives before, and now with diabetes, and then sit back and listen. Patients relax too, because they don’t feel like the first thing you are going to do is give them a restrictive diet. Registered dietitians are the ones on the team who often have the luxury of the most time to listen to patients to “get to know” them, and to help them set small, achievable goals towards the path of good glycemic control and good health. Learning to manage diabetes doesn’t happen in one session of nutrition education, it is a lifetime process. Melanie Sipe, RD, CDE, says “For some patients, I start with having patients identify the foods they commonly eat from our brochure, “Choosing Good Foods”; for others it might be “The First Step in Diabetes Meal Planning”; and for others, the “Carbohydrate Counting;

Level One” booklet. It’s worth getting a “tune-up” or “check up” with your RD/CDE every so often just as you do with your physician; because just a few small changes in food choices can make a big difference in blood glucose control.”

Living in the community you serve has its unique advantages. Nonie Woolf, RD, MPH has provided lectures to the high school health classes every semester for the past four years and has worked with the school foods program even longer. She is recognized as the nutrition resource in her community, as shown by a recent story shared by one of the school staff. The staff person was talking with a group of high school students, one of whom began to open some candy for a snack. The student quickly looked around saying “Is Nonie Woolf around?” In a humorous way, Nonie recognizes that she has become a nutrition and food advocate for her community. She really isn’t the food police.

Ms. Woolf knows that changes are subtle. For example, there now may be extra lean ground beef sold in the local grocery store all year around, whereas 12 years ago it was only sold during the tourist season. At local church gatherings you may see tossed salads and fresh fruit offered along with the high fat, high sugar cakes and sweets. It is normal for Blackfeet to make jokes about their world and often jokes are made about good nutrition. This is a sign that the people know what to eat, even if it is not always possible. She believe in practicing what she preaches. Her own healthy lifestyle allows her to enjoy many foods and activities with her family.

Some qualities of leadership that have been successful in the diabetes nutrition education activities at the Blackfeet and Claremore Programs:

- Principally, it’s a matter of showing up. It’s being there: always being there, never giving up on your patients, and keeping an open door
- Keeping up to date with the ever-evolving sciences of nutrition and diabetes
- Sharing what you learn with your colleagues (through informal chats, circulating journal articles, giving inservices, presenting posters and workshops, and having other clinicians shadow you at work
- Maintaining a sense of humor and perspective
- Networking (joining and being active in professional orgizations, such as DCE, the American Diabetes Association, AADE, or local nutrition coalitions)
- Leading a balanced life makes you a balanced person, so you can be there for others
- Performance and doing, not just saying or preaching.

Making a Difference: You too can make a difference!

Change. We all say we want it; yet we fear it. It’s stressful. Change takes time. Change takes patience. With patience and time, change does happen, although like watching children grow, we often can’t see the progress day by day. When we step back, we see that the small increments add up to bigger change. For example, when Nonie Woolf first arrived in the Blackfeet community, the staff potlucks featured regular soda pop, hot dogs,

and chips. Today, 13 years later, potlucks now feature a variety of foods, including many healthful foods, such as fruit and vegetable salads, lean meat dishes, water, and sugar free beverages – people have a choice to eat healthy. This is great to see, since many staff members at the hospital are also community members, and some have diabetes.

What Does the Future Hold?

Think outside the box. With the \$100 million/year funding for diabetes prevention and care for I/T/U programs nationwide for fiscal years 2000-2003, much can and should happen. There will be more opportunities for hiring staff to reach more consumers and their families.

Imagine a day when:

- 24 hour-a-day access to learning exists in Indian communities. Consumers will be networked by telephone and the internet, and will be linked to computer technology via touch screen television. Education, including college nutrition classes will be held over the Internet and via remote television links at American Indian colleges, similar to the recently launched Internet company *www.nutritionu.com*, an online nutrition education network developed with Columbia University's Institute of Human Nutrition to reach patients and consumers with patient-focused nutrition education.¹¹
- Each tribal community has an American Indian RD (or two, or more), with a steady stream of students preparing for health careers in junior high and high schools, and completing undergraduate and graduate education in nutrition sciences and policy.
- Self-published recipes/cookbooks are available on-line, including traditional and contemporary healthy American Indian dishes and foods that are shared in different tribal communities.

Blackfeet, Claremore, and a number of other tribal communities have developed innovative programs. Imagine these programs brought into your community. □

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Identifying Our Needs: A Survey of Elders

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Introduction

The National Resource Center on Native American Aging (NRCNAA) has been serving the elderly Native American population of the United States through a grant from the Administration on Aging (AoA) since its inception in 1994. The center is committed to increasing awareness of issues affecting American Indian, Alaskan Native, and Native Hawaiian elders and to be a voice and advocate for their concerns. Through education, training, technical assistance, and research, the center assists in developing community-based solutions to improve the quality of life and delivery of related services to this aging population.

Purpose

The purpose of the “Identifying Our Needs: A Survey of Elders” project is to develop local information that will compare Native American elders to the general U.S. population to determine the extent of existing social and health differences. In order to assist local communities in developing data on their elder populations, a process involving training local people in survey data collection and sampling is combined with technical assistance and data analysis. This process results in a local data set that reflects the health and social needs of the elders along with comparisons of each locality with national statistics and an aggregate file of all elders who have completed the survey from tribes spread throughout the nation.

Methodology and Population

Multiple methods are used throughout the study, but the main method of data collection is a survey instrument (administered face-to-face with elders). Systematic random sampling is recommended as the sampling design. The total population of Native elders age 55 and over living in each area is established with the required sample being drawn from this total. For tribes with small numbers of elders, an enumeration is recommended. For tribes with large elder populations, we use a systematic random sampling formula to determine the number needed for an accurate representation of the population.

Survey Instrument Variables

A survey instrument was constructed using questions from nationally administered questionnaires so that comparisons might

be made with data from the nation. Questions relating to health issues focus on ALDs (activities of daily living), IADLs (instrumental activities of daily living), self-reported health status, chronic illnesses, vision, hearing, dental, alcohol and tobacco usage, diet, and physical activity. The social variables are community involvement, length of residency, housing status, employment status, and elder services received through tribal and public agencies.

Supplemental Questions

Each participating tribe is also permitted to collect supplemental data of local interest with a limit of one page and ten items. These data are manually entered and remain unique to each tribe unless they form a collaborative effort. The time required for data collection by the tribes appears to vary from two months to eleven months depending on the size and the geographical location of the tribe.

Analysis

The completed surveys are sent to the NRCNAA where they are scanned, entered into a data file and analyzed. In the analysis, each tribe is added to an aggregate file for future comparisons. Tribes participating in the study receive two packets of data, one is the comparison sheet packet containing three columns of data. The first column contains the local tribe’s data, the second is the aggregate tribal data, and the third contains the national data. The other packet contains frequency tables from which the comparison data were derived. Completed survey instruments continue to come in from the earlier training sites and we are updating our aggregate data file as they are processed.

Data Uses

The majority of the tribes have been using the data to accent grant writing efforts; however a diverse array of uses for the data has materialized out of the study. Tribes from one state united their efforts, provided statistical evidence supporting the need for long-term care facilities within reservation boundaries, and lobbied the state legislature to lift the moratorium on nursing home beds for reservation communities. Another tribe used the data to determine if assisted living or nursing home facilities were appropriate for their community. The same tribe worked with the local housing authority, did a safety inspection at the time of the interview, and made repairs to the elder’s homes during the data collection. Other uses generated from the study focus on local efforts to direct resources where they can best serve the elderly population.

Current Status

There are currently 2,128 respondents from 19 different tribes in the aggregate file. Additional tribes are gathering data, with other tribes having contacted our office for information. Survey instruments on scan forms are available at no cost for any tribe interested in participating in the study. Population projections based on Indian Health Service Area data have been derived to assist tribes in determining the number of elders needed to survey within their area and to promote recognition of future growth potential in their communities.

The "Baby Boom" era, along with advancements in medical technology, knowledge of nutrition, and dietary changes, are bringing about major changes in the Native American elder population. Contemporary data regarding this group are needed

so that disparities in health and social conditions can be documented. Not only will our knowledge of Native American elders be broadened, but the Native community can use the information they gather to identify needed elder programs, target areas that require improvement, and become more competitive when applying for Federal grants. We encourage and look forward to having more Native elder communities complete the study and hope many more will consider participating.

For more information, please contact Leander Russell McDonald, National Resource Center on Native American Aging, UND Center for Rural Health, PO Box 9037, Grand Forks, ND 58202-9037; telephone (701) 777-3720 or (800) 896-7628; fax (701) 777-2389; e-mail rmcdonal@medicine.nodak.edu.



Memorial Award in Honor of Myrtle A. Patterson

The National Kidney Foundation of Oklahoma and the Oklahoma American Indian Kidney Council wish to honor the memory of the late Myrtle Pafferson. Ms. Patterson was a founding member of the Oklahoma American Indian Kidney Council and a tireless volunteer for the first American Indian Kidney Conference. She was a proud member of the Choctaw Nation of Oklahoma and had devoted more than 40 years of service working with Indian people. She was the Health Educator with the Indian Health Service at the Lawton Indian Hospital at the time of her death.

The two organizations will remember her by recognizing an individual who exemplifies the healthy style of living Myrtle advocated. The deadline for nominations is May 18, 2001. The recipient of the Myrtle A. Patterson Healthy Lifestyle Award will be recognized on Friday, July 13th, 2001 at the annual American Indian Kidney Conference. The recipient will receive \$500.00 in addition to their conference registration fee and their

hotel room expenses for three nights at the Clarion-Meridian Hotel and Convention Center.

The following are the eligibility criteria for the recipient: any American Indian/Alaska Native diagnosed with diabetes/gestational diabetes, hypertension, end-stage renal disease (ESRD), or with a family history of any of the above who has made changes in their life through diet and weight control, exercise, improving blood sugar/blood pressure control, alcohol/tobacco/substance abuse control, commitment to prevention for self and family, or who is helping to educate their community in those areas. The nomination must be made by a health care professional: physician, nurse, social worker, dietitian, health program coordinator, or dialysis center representative. For more information, or to obtain a nomination form, contact the National Kidney Foundation of Oklahoma, Inc., 3617 NW 58th, Suite 101, Oklahoma City, OK 73112; fax: (405) 947-6463; e-mail: nkfo@aol.com.

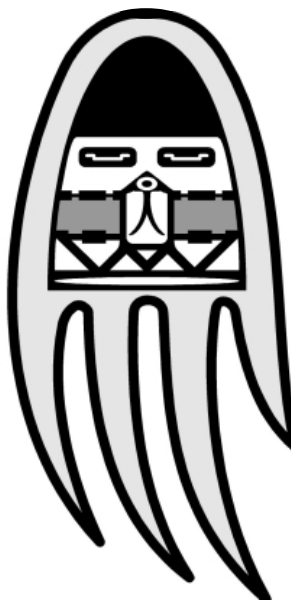
The 5th Annual Elders Issue

The May 2001 issue of THE IHS PROVIDER, published on the occasion of National Older Americans Month, will be the fifth annual issue dedicated to our elders. Indian Health Service, tribal, and Urban Program professionals are encouraged to submit articles for this issue on elders and their health and health care.

We are also interested in articles written by Indian elders themselves giving their perspective on health care issues. Inquiries can be addressed to the attention of the editor at the address on the back page of this issue.

Heat Up Your Indoor Fitness Program During Cold Winter Months with NIA's Over-50 Fit Kit

Older people who hibernate during these chilly months could lose stamina, strength, and flexibility. Stay fit while you stay warm this winter with the National Institute on Aging's inexpensive, at-home exercise program. *Exercise with the National*



Institute on Aging, the 48-minute video, is based on medical research and has been “road-tested” by scores of older Americans.

The exercise program emphasizes:

- **Endurance exercises**, which increase stamina and may help delay or prevent diabetes, colon cancer, heart disease, and stroke;
- **Strength exercises**, which increase metabolism, helping to control weight and regulate blood sugar. Studies show they also may help prevent osteoporosis;
- **Flexibility exercises**, which may help prevent and aid recovery from injuries; and
- **Balance exercises**, which help prevent falls — a major cause of broken hips and other injuries that lead to disability and loss of independence.

As added motivation, participants who stick with the program for a month will receive a certificate of recognition signed by NIA Director Richard J. Hodes, MD. To view an online clip of the exercise video, go to <http://www.maillist.org/exercise>. To order the exercise book and video, mail a check or money order for \$7 payable to the National Institute on Aging. Send this to NIAIC, Dept. BR, P.O. Box 8057, Gaithersburg, MD 20898-8057. For more information, call (800) 222-2225.

The NIA, part of the National Institutes of Health at the Department of Health and Human Services, leads the Federal effort supporting and conducting research on aging and the special medical, social, and behavioral issues of older people. A substantial part of NIA's research involves ways to prevent frailty and reduce disability with age.



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THE IHS PRIMARY CARE PROVIDER



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Publication of articles: Manuscripts, comments, and letters to the editor are welcome. Items submitted for publication should be no longer than 3000 words in length, typed, double spaced, and conform to manuscript standards. PC-compatible word processor files are preferred. Manuscripts may be received via e-mail.

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