

Activity manual to honor Alaska Native cultures and traditions in care facilities

“It reminds me of home, which I really like.”



Manual written by:

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1. Introduction

The State of Alaska is facing a rapidly growing population over the age of 65, in both rural and urban areas; and with this increase comes a need for support, in the way of long term care and respite services. An important segment of this growing elderly population is Alaska Native Elders who are aging in place, living longer with more chronic illnesses, and facing a variety of health care needs. The high cost of living and the lack of available health care and support services in rural Alaska has required Alaska Native Elders to relocate to urban centers, either to live with family or move to a facility. For some of these Elders, this move can be extremely stressful, resulting in declining physical and mental health.

Working collaboratively with the Fairbanks Memorial Hospital, Denali Center, we have developed this training manual with the hope of easing the transition of Alaska Native Elders to facility-based living. Denali Center was selected for this study because of its reputation as a model facility for incorporating culture and assisting Alaska Native Elders with the transition to institutional-based living; we want to share what they have learned with you. Our goal is to ease the stress associated with relocating and promote optimal health and wellbeing among your Elders and to start discussions in your facility that may lead to implementation of some of these activities.

Denali Center is one example of a nursing home that sees firsthand the benefits and importance of integrating cultural activities and traditional foods. It is the hope of the center that they can serve as an example of how long term care and skilled nursing facilities can incorporate cultural

activities for the Elders that will improve their quality of life and honor their cultural identity, language, values, and customs.

2. Importance of honoring culture and traditions

Culture and familiarity matters

Research and anecdotal evidence highlights the fact that everyone benefits from a sense of community and belonging. An Eden Alternative home, Denali Center is a skilled nursing facility that provides short and long term and dementia care and operates from an Elder-centered approach by identifying what is important to its Elders. Over the years Alaska Native Elders from Barrow to Metlakatla, from Nunam Iqua to Eagle, have resided at Denali Center – this manual is honored to share some of their stories.

The importance of Honoring Alaska Native Culture

Alaska Natives have traditionally held a strong connection to their cultural practices and land, and just because they are in a facility does not mean they should leave this part of themselves behind. Denali Center understands the importance of culture and respectful communication to their Elders and has incorporated cultural activities into their facility and staff training related to care in a way to honor the Alaska Native Elders and make them feel more at home.

The foundation of these activities came from knowing that honoring the culture of the Alaska Native Elders is important to their health and

wellbeing and realizing the importance of establishing and building rapport before providing care.

3. Denali Center activities using Alaska Native culture, traditions, and values

Some of the activities at the Denali Center that focus on “Alaska Native culture,” and the sharing of traditions in a group setting include:

- Music (CD, DVD, or guest performances);
- Dance (DVD, or guests – e.g., InuYupiaq dancers, JOM Potlatch dancers);
- Local Native dance groups practice and perform in the activities room;
- Videos (e.g., village documentaries, celebrations, World Eskimo Indian Olympics, Athabascan fiddle festivals, etc.);
- News (e.g., Alaska Native specific, village/regional corporations, Denakkanaaga, local and regional newspapers, newsletters, and so on);
- Food (e.g., moose, caribou, salmon, dried meats, berries, etc.); and
- Participation in cultural communities in community include WEIO, Midnight Sun intertribal Powwow, Festival of Native Arts, potlatches, Athabascan Fiddle Festival, North American

sled dog races, Alaska Native education gatherings, and annual shareholder meetings held by Native corporations.

The literature demonstrates negative impacts on Elders' health associated with relocation. Their physical and mental health declines at a rapid pace in comparison to other non-minority Elders, and in response, the Denali Center provides these activities. The Denali Center were recognizing the loss of culture and community ties increases isolation, boredom, and grief and found these activities remind Elders of home and family, improving their health and wellbeing. The purpose of these cultural activities includes:

- Support Elders in transition to placement;
- Nourish body and soul; and
- Celebrate cultural wealth.

“Leave of Absence” Program - Visits home boost satisfaction

As a skilled nursing facility, Denali Center is home to Elders who cannot live at home by themselves and require some type of nursing care.

The Leave of Absence program enables Elders to return to their home communities for memorial potlatches, holiday events, family celebrations, tribal meetings, subsistence activities, or an extended weekend visit.

A volunteer or trained staff that can attend to physical needs, accompanies the Elder on their trip home. Being able to return to the village

and participate in cultural events removes the stigma of being a “sick person” or patient, which is the dominant thought often associated with nursing homes or long term care facilities in urban Alaska. Airfare or gas money for some of these trips is usually provided by the Elder themselves and additional support has come from families, guardian, or their regional Native corporation.

The story of “Jake” illustrates the importance of these trips and the reasoning behind Denali Center’s support of these events. Jake was given the opportunity to go home to visit his family in a rural village in Interior Alaska. During the visit, his family was reminded of his physical limitations that his family could not provide for in the village, but they also saw that he appeared to be healthy and doing well at Denali Center. Jake enjoyed his visit home, as did his family, but they realized he needed more care than they could provide and understood he had to return.

Per the social worker that coordinated the visit, Denali Center staff saw the joy this visit brought to Jake and realized the value in this activity, which continues today.

Elders Respond Positively to activities

The activities implemented at Denali Center incorporate various aspects of Alaska Native traditions and cultures familiar to the Elders; they

bring back memories of their family and communities and help them maintain their cultural identity as Alaska Natives.

As testimony to the importance and benefit of these activities, Elders have expressed their appreciation with the following quotes: “I really enjoy the food they serve. It is just like I had growing up”; “I like dried meat mixed with fat and moose or caribou on the bone so I can have the marrow;” “I feel like I was at a real native meeting. It always feels like we are family.”
Aarigaa! Gwinzee! Quyaneq! Ts’in’ee’! Mahsi’!

Expressions of approval, appreciation, smiles, and engagement result in efforts to honor Alaska Native ways in any setting. One Elder summarized the feelings of the Native Elders: “I really like the activities; it reminds me of back home.”

Based on testimony from the Alaska Native Elders, the response to these well-attended activities has been positive. Providing these cultural activities have increased satisfaction with placement; increased involvement in the activities, including participation in local events and sharing stories and recipes; and strengthened relationships between Elders, family, and staff.

Denali Center Elders’ responses

“I feel like I was at a real Native meeting.”

“Mahsi’cho!” “Whoo hoo” (when getting moose nose).

“I always go down for that.”

“I feel like we’re related.”

An Elder from Allakaket lit up when talking about her favorite Native foods they serve and her favorite way she likes to eat moose.

Family members express appreciation with their loved ones’ happiness and involvement in the activities. No longer viewing their family members as being so sick and dependent, they are often regarded as being more active and healthy.

The sustainability of these projects is positive because they are low cost and provided by the Elders, family members, and community. The Denali Center does not pay for most activities or food; most are donated (money and time) and the activities department and Residents Council funds some activities. In addition, throughout the year, family and community donate the food, such as moose, caribou, duck, salmon, whitefish, muskrat, beaver, and berries.

4. Overview of Alaska Native cultural values

Traditional values are seen in cultures all over the world. Alaska Native Elders and families hold certain values to be paramount to their culture. There are similarities and differences among the Inupiat, Yup'ik Eskimo, Athabaskan, Aleut, Haida, Tsimshian, and Tlingit peoples of Alaska. Although there is great diversity in the history, language, and traditions of the various Alaska Native cultures, here is a list of some important values all Alaska Native cultures share:

Show respect to others: each person has a special gift

Share what you have: giving makes you richer

Know who you are: you are a reflection of your family

Accept what life brings: you cannot control many things

Have patience: some things cannot be rushed

Live carefully: what you do will come back to you

Take care of others: you cannot live without them

Know and Respect your Elders: they show you the way in life

Pray for guidance: many things are not known

See connections: all things are related

Respect extends to the words we use, the animals and plants that nourish us and heal us – nothing should be wasted.

5. Patterns of communication

The communication styles of Alaska Natives may differ, and it takes time and patience to gain trust and to provide quality care. Training in community and engagement in cultural activities have assisted in this process for both the Elders and staff.

The table below refers to examples between English and Alaska Native speakers, which may be helpful when considering cross-communication with Alaska Native tribal groups. If we look at what confuses one another in communication, we might be able to understand how the confusion occurred.

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

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

3. The Contents of Talk	
Confusing to English speakers about Alaska Natives	Confusing to Alaska Natives about English speakers
They are too indirect; too inexplicit	They aren't direct or specific when they talk about people or things
They just leave without saying anything	They say "goodbye" even when they can see that you are leaving.

Examples of culturally mediated communication patterns

Alaska Native	Euro-American
Avoidance of direct eye contact as a sign of respect	Direct eye contact considered sign of honesty and sincerity
Handshake lightly	Firm handshake denotes power
Information passed by "word of mouth" rather than media	Lectures, newspapers, tv, radio, internet
Personal information not forthcoming	Self-disclosure valued, "open and honest" communication style

Ideas and feelings conveyed through behavior rather than speech	Verbal expression of ideas and feelings
Words chosen carefully and deliberately, as the power of words is understood	Verbosity and small talk is appropriate social behavior
Use of observational skills and non-verbal communication	Verbal and written communication valued
Criticisms communicated indirectly through another family member, direct criticism considered disrespectful and rude	Direct criticism used to alter behavior
Withdrawal used as a form of disapproval	Direct expression of disapproval
Request given through indirect suggestion	Direct requests
Listening is valued over talking	Schools teach speaking over listening, importance of expressing one's opinions

Note: Not all Alaska Native Elders, families, staff, or others will use these patterns

6. Culturally appropriate care

Ways to show respect and establish rapport

In the presence of family or friends, acknowledge the Elder first. In the initial meeting, it is sometimes considered customary for Alaska Natives to connect themselves to the land they come from. To enhance rapport, the health care workers may consider briefly sharing something about themselves to the Elders, such as the place they consider home and their family. At the initial meeting, use formal address or title and then later ask if there is preferred way of addressing him/her.

Language and Literacy Assessment

Ascertain the Elder's proficiency with the English language. Many Alaska Native Elders do not speak English fluently and some do not speak English at all. There is much diversity in the indigenous languages in Alaska, although only 5.2% of Alaskans speak one of the 22 Native languages. If possible, locate and work with a translator that can communicate between the Elder and health care provider in their Native language.

The Elders often speak indirectly, in metaphors and stories that could be mistaken for a lack of understanding of the information received. Even

though a question posed may call simply for a “yes” or “no” response, realize that the answer may be offered in the form of a story.

Communication: Verbal and non-verbal

Pace of Conversation

An Alaska Native Elder may speak with a specific cadence, which may require a health care provider to slow down. Matching the provider’s conversational pace with that of the Elders is critical to the flow of information and building trust and rapport. Allow the Elder ample time to express themselves without interruptions. By sitting with the Elder for a few minutes, before engaging in information gathering, a greater comfort level is achieved. Health care workers who listen more than talk, giving the Elder total attention are met with approval and appreciation.

Alaska Native Elders will easily pick up on uninterested, unfocused, and pre-occupied caregivers and health care workers. Calming your thoughts and emotions can enhance the quality of the interaction with the Alaska Native Elders.

It is important for the health care provider to slow down when communicating with an Elder, especially during initial visits, and when medications and treatments/health care decisions are being given. Questions should be carefully framed to convey the message of caring, and not indicate

idle curiosity about the culture or cultural practices. Sensitive topics should be addressed indirectly. For example, “you have been having trouble with [sensitive topic], the doctor wants to know.” They should also be adapted to age and acculturation level.

When some Alaska Native Elders nod their heads, they are indicating that they hear what is being said, and when they raise their eyebrows, they are indicating agreement or approve. They may furrow their brow to indicate disagreement or disapproval with what is being said. A sigh may communicate that they are bored, frustrated or in pain. When they hold their arms tight to their body they are communicating that they want to maintain a distance, and when they avoid eye contact they are indicating respect for the person.

Pausing before answering is a sign of respect and thoughtfulness. Practical example: you may answer a call light and ask what is needed. Before replying, the Elder may look away and pause.

Eye Contact

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

health care providers have the gift of healing. To demonstrate respect, look toward them as you talk and look away when they talk.

Finally, prolonged eye contact can be considered rude (do not consider lack of eye contact as distraction, disinterest, or dishonesty).

Family members, Lineages, Models, and Treatment

- It is common to have family members present at medical consultations
- Many traditional Alaska Natives trace their lineage primarily through the mother or father, but not both.
 - A physician may have to ask specifically about family history on both sides.
- Those considered as immediate family member may include cousins, extended family, and those with whom the Elder grew up.

Knowledge of Elders' cultural backgrounds/history

Be aware of subtle cultural “subgroups” rather than usual stereotypes

Complementary and alternative/traditional medicine

Respect culturally decided choices such as consulting or using traditional healers, spiritual guides, and traditional medicines.

7. ETHNIC Model of cross-cultural communication

The ETHNIC Model to improve cross-cultural communication includes the following steps:

Patient's **EXPLANATION** of symptoms

Remedies/medicines tried by patient in **TREATING** the illness

Has patient sought the help of **HEALERS**?

NEGOTIATION of options that are mutually acceptable

INTERVENTIONS that include patient's preferences

COLLABORATION with family, friends, community leaders/members, interdisciplinary team.

8. Common Alaska Native Phrases

For assistance with pronunciation, or you would like to learn more phrases, history, or other facts, please visit the Alaska Native Language Center website. You can also listen to audio files with the proper pronunciation of common Alaska Native phrases.

The Alaska Native Language website: <https://www.uaf.edu/anlc/languages/>

Aleut

Hello	Aang
Goodbye	Ukudigada
Thank You	Qagaasakung
Happy Holiday	Kamgan Ukudigaa

Central Yup'ik

Hello (Good To See You)	Cama-Ihi!
What's Up?	Waqaa
Goodbye	Piura
Thank You	Quyana
Merry Christmas	Alussistuaqegcikici
How Are You?	Cangacit?

Siberian Yupik

How Are You?	Natesiin?
Goodbye (I'll See You)	Esghaghll eqamken
Thank You	Igamsiqanaghalek
Welcome (Thank You All For Coming)	Quyanaaghalek Tagilusi
Merry Christmas	Quyanaaghalek Kuusmemi

Inupiaq

Goodbye	Tautugniaqmigikpin
Thank You	Quyanaq
Welcome	Qaimarutin
Merry Christmas	Nayaangamik Piqagin
Hello, How Are You?	Qanuq Itpich?

Haida

Hello (How Are You?)	Sán Uu Dáng Giidang?
Thank You	Háw'aa

Tsimshian

Thank You	Way Dankoo
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Tlingit

Hello (How Are You?)	Wa.É Ák.Wé?
Thank You	Gunalchéesh
Merry Christmas	Xristos Khuwdziti

Eyak

Thank You	'Awa'
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Ahtna Athabaskan

Thank You	Tsin'aen
Merry Christmas	C'ehwggelnen Dzaen
My Friend	Slatsiin

Deg Hit'an Athabaskan

Thank You	Dogedinh
My Friend	Sits'ida'on

Gwich'in Athabaskan

Hello (How Are You?)	Neenjit Dôonch'yàa?
Thank You	Mahsi'
Welcome	Nakhwal'in Shoo Ih?li
My Friend	Shijyaa

Hän Athabaskan

Thank You	Mahsi'
Our Friends	Nijaa

Koyukon Athabaskan

Hello	Dzaanh Nezoonh
Thank You	Baasee'
Welcome	Enaa Neenyo
Good Luck Friend	Gganaa'

Tanana Athabascan

Hello (How Are You?)	Do'eent'aa?
Thank You	Maasee'
His Friend	Betlanh

Tanaina Athabascan

Thank You	Chin'a
My Friend	Shida

Tanacross Athabascan

Thank You	Tsin'e E
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9. Traditional Alaska Native recipes

Today, the traditional foods have now become full meals on a weekly basis for the Elders and are fully embraced and accepted by the Denali Center staff. These activities started with a vision and have become a fully supported and respected program that has benefited numerous Elders, families, and staff.

Denali Center Elders have been helpful in offering ideas and recipes for traditional foods. The Alaska Native Tribal Health Consortium (ANTHC) published a resource. Traditional Foods Guide for the Alaska Native people, which includes stories, recipes, and nutritional information. There are also cookbooks produced by village-based organizations such as “Enaa Sebaabe. The Best of Huslia” and “Baabe Leeneyh (Delicious Food), Yukon Kuskokwim Elder Assisted Living Facility.”

Any attempts to serve traditional foods are met with appreciation. The following are recipes provided by Elders and family close to the authors.

Akutaq

1 boiled white fish,
disconnect bones from fish,
and squeeze the juice out
3 cups crisco
1 cup sugar
1 gallon berries-your choice



Russian Salmon Pie

2 layers of pie crust
3 cups cooked rice
1 /2 diced onion
2 tbsp. parsley flakes
3 lbs. cooked salmon



Oven Baked Fry Bread

4 cups organic unbleached or whole-wheat flour
2 tablespoons baking powder
1 teaspoon kosher salt
1 ½ cups warm water

Preparation:

In a medium-size mixing bowl, combine flour, baking powder and kosher salt. Gradually stir in the water until dough becomes soft and pliable without sticking to the bowl. Knead dough on a lightly floured cutting board or surface 4 minutes, folding outer edges of dough toward the center. Return



dough to the bowl, cover with plastic wrap, and let rest at least 30 minutes to allow it to rise. Shape dough into 12 evenly sized balls and roll out using a rolling pin, or with your hands, to ¼-inch thickness on a lightly floured surface. Stretch or roll each piece of dough so

that it is approximately 8 to 10 inches in diameter.

Heat a cast-iron skillet or open-flame grill until very hot. Place your shaped dough circle onto the hot pan or open-flame grill, and let it cook about 2 to 3 minutes until it turns golden brown and puffs. Turn the bread over and cook another 2 to 3 minutes until bread is completely done. Repeat this process with each piece of dough. Keep the breads warm between two clean kitchen towels. Serve immediately with your favorite taco topping. These breads can be used with any taco recipes or served as bread with any meal.

Moose Soup

2 lb. moose meat

Wash & clean meat, cut into chunky sizes, add 10-12 c. water, add 1 /2 c - chopped onions.

1 tsp. salt

Bring to a boil.

Add 3/4 cup macaroni

Add 3/4 cup rice.

2 dried potatoes

If desired, add 1 can veg-all



Frozen Fish (Kumlanaq)

1 frozen white fish

Cut into slices, while frozen, dip into seal oil & eat w/salt.



Kippered Fish (Ramarluq)

1 fish (cheek, salmon, or white)

Cut fish & hang it for 5 days to 1 wk. Dry, boil in water until cooked, then eat.



Chiplets

2 lbs. moose meat

3 cups water

1/2 cup flour

4 cups minute rice

1/2 diced onion

1 tsp. salt

1/2 tsp. pepper

Dice the moose meat, add water, diced onions, boil till meat is done. Add flour with 1/2 cup cold water.

Add salt & pepper, mix in rice, simmer for 20 minutes at medium high & enjoy!!



Moose Nose

Skin the moose nose sort of frozen.

Wash it & clean it.

Cut into bite sized pieces then put into water & plain boil it. Boil for about 20 mm.

When you can poke a fork through it's done.



Moose & Bear Ribs

Saw them & put into a roast pan

Sprinkle w /salt or garlic salt

Sprinkle w /raw or fresh onions

Add 3 cups water to the bottom of roaster

Cover w/aluminum foil

Bake for 2 hrs. at 350 degrees



Baked Fish

Clean fish & take scales off

Pouch it

Put into roaster & if desired, spice w/vegetables.

Add 5-6 cups water

If desired, add rice & macaroni

Cover w/aluminum foil

If not frozen, 450 degrees for 1 hr



Fish Soup

6-8 cup 1" cubed fish (King or Chum)
1/2 head of cabbage, chopped
2 or 3 carrots, sliced
1 chopped potato
2 tbsp. Worcestershire Sauce
2 tbsp. salt
1 can Cream of Chicken Soup, Campbell's
or Creamy Chicken Mushroom Soup
1 1/4 cup uncooked rice
1 cup uncooked macaroni

Preparation

In a 6 quart pot, fill about 1/2 or 3/4 full of water, add rice, salt, water, carrots, potatoes, cabbage, Lea & Perrins & heat to boiling. After it boils, cook for 10 mm.

then add macaroni, fish, & Cream of Chicken Soup & cook 10 more mm. or until macaroni is done. A can of tomatoes can be added with the fish.



Tundra Tea (Iyuuk)

Put a handful of tundra tea to a pot

Two tea bags

Add boiling water & serve



Dried Moose Meat

Slice the meat

Hang out to dry

When dried, eat with salt or seal oil



10. Cultural Protocols when Elders become sick or enter dying process

Alaska is a very diverse state, as is each family who may be visiting your facility, having their own values and beliefs that have been passed down through the generations and influence their behaviors and actions.

This diversity reminds us that each Elder and their family are very different and cannot be compared to other Alaska Natives from the same community, cultural group, or region of Alaska. Therefore, it would not be feasible for us to compile a comprehensive list of cultural protocols to be used when an Elder passes away. Each family, community, and cultural group will have their preferences and it will be important for you to seek out this information with the family.

When the time comes to inform the family their loved one is passing, or has died, it may not be appropriate to ask about the appropriate protocols. To avoid difficult situations, or inappropriate conversations at sensitive times, we recommend your facility to incorporate a question or two requesting details on the passing protocol, for their loved one before onset of acute illness or preferably at time of admission to your facility.

Here are examples of some questions to include on the admissions form:

- Is there a religious preference for your loved one? Your family?

- Who is the appropriate person to call in the event your loved one falls ill?
- If your loved one dies suddenly, who should we notify?
 - Name _____
 - Relationship _____
 - Phone _____
- Is there anything we should know about your loved one's wishes?
- How can we honor your loved one during their passing?
- How can we honor the family during this difficulty time?

11. Recommendations to improve transition and care for Alaska Natives

Recruitment of Alaska Native health care providers, nurses, social workers, staff, and so on.

Use of translators when necessary.

Schedule regular culture-specific activities, such as Native dancing, beading, basket making, etc.

Encourage Native organizations, dance groups, events, to be held in your facility to expose Elders to the events and feel included in community activities.

In-service training to educate health care workers in cultural diversity.

Network with local Native organizations, University, and school district.

Engage Elders in activities, traditional foods preparation, and determining future programming.

Encourage the involvement of family (of all ages) in Elders' life and facility activities, as much as the Elder feels comfortable.

12. Traditional versus Western views of health and science

- Both the patient and physician should offer his or her explanatory model of illness (or health)
- Providers should be open to combining treatment modalities (biomedical and traditional)
 - **Views of Science and Medicine**
- Mistrust of biomedicine arises, in part, from historic persecution of Native people
- Native people have views about their origins that are distinctly different from evolutionary theories
- Religion and medicine are intimately intertwined, thus resulting in a personalist system of health and wellness (as compared with naturalistic system of biomedicine)
 - This view assumes multiple levels of causality
 - Illness is most often beyond the control of the patient
 - Positive actions can be used as prevention
- Illness is viewed as misfortune (and sometimes as punishment for past behaviors)

- If biomedicine can be explained using more personalist terms, it is possible to bridge the gap between personal/holistic and naturalistic systems.

13. Additional resources

Organizations

Indian Health Service, Eldercare Initiative

Zuni PHS Hospital, P.O. Box 467, Zuni, NM 87327

Phone: (505) 782-7357 FAX: (505) 782-7405

e-mail: bfinke@albmail.albuquerque.ihs.gov

www.ihs.gov/MedicalPrograms/elderCare/index.asp

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

University of Alaska Anchorage

3211 Providence Drive

CHSW, Suite 205

Anchorage, AK 99508

Phone: 907.786.4303

Fax: 907.786.4440

afjwl@uaa.alaska.edu

www.elders.uaa.alaska.edu

Native Elder Research Center, University of Colorado Health Science Center, Resource Center for Minority Aging Research

<http://www.uchsc.edu/sm/nerc>

National Indian Council on Aging, Inc.

10501 Montgomery Blvd., Suite 210, Albuquerque, NM 87111.

Phone: (505) 292-2001; FAX (505) 292-1922

<http://www.nicoa.org>

National Resource Center on Native American Aging & University of North Dakota Center for Rural Health - P O Box 9037, Grand Forks, ND, 58202-9037.

Phone: (701) 777-3720/1-800-896-7628

<http://www.und.edu/dept/nrcnaa>

American Indian/Alaskan Native Caregivers: Taking Care of Each Other in Native Communities Focusing on Elders. AARP Family Caregiver Series. A training manual for American Indian caregiver groups, including lecture format with overheads, role playing cards, sensory impairment game cards, and case studies for discussion. Could be used in formal or informal setting for caregiver training. American Association of Retired Persons. Washington, DC.

National Congress of American Indians

(202) 466-7767 (Washington, DC)

<http://www.ncai.org>

Stanford Geriatric Education Center--Ethnogeriatric education, professional training, publications, seminars, Urban American Indian collaboration.

Physical Location: c/o VA Palo Alto Health Care System, Building 4,

3801 Miranda Avenue, Room A-236 (GRECC/SGEC),

Palo Alto, CA 94304

(650) 494-3986, FAX: (650) 494-3617

Mailing Address: 703 Welch Road, Suite G-1, Palo Alto, CA 94304

<http://www.stanford.edu/dept/medfm/gec/page1.html>

New Mexico Geriatric Education Center--Continuing Education presentations, seminars, publications (Comprehensive Geriatric Assessment In Indian Country). Southwest American Indian collaboration.

University of New Mexico Health Sciences Center

1836 Lomas Blvd., NE, 2nd Floor, Albuquerque, NM, 87131
(505) 277-0911, FAX (505) 277-9897; e-mail: dfrankin@salud.unm.edu
<http://hsc.unm.edu/gec>

The Consortium of New York Geriatric Education Centers - Collaboration with Tribal and Urban Indian organizations.

246 Greene Street, 5th Floor
New York, NY 1003-6677
Phone: (212) 998-9016 FAX: (212) 995-4561

Research/written materials

Indian Health Service Program Statistics Team

http://www.ihs.gov/NonMedicalPrograms/IHS_Stats/index.asp

Comprehensive Geriatric Assessment In Indian Country--Co-Produced by the New Mexico Geriatric Education Center and the Indian Health Service Elder Care Initiative. Contact either organization to obtain a copy.

Native American Elders Health Care Series: Balance: A Native American Perspective, Past, Present, and Future--Module One addresses culturally congruent nursing care based on Lakota Sioux traditions for the Aberdeen Indian Health Service unit providers. South Dakota State University, College of Nursing--a SHARE Award Project (2000). Available on video for \$25.00 including written materials, tests, and evaluation forms. CEs available. Available via Internet. <http://learn.sdstate.edu/Share>

Native Health Research Database--AI/AN, provides bibliographic information and abstracts of health-related articles and resource documents by IHS, tribal, urban, and clinicians on-reservation and Alaska Native villages, 1966 to present. A partnership between University of New Mexico Health Sciences Center Library and the Indian Health Service.

<http://hsc.unm.edu/nhrd/>

Native Health History Database - University of New Mexico Health Sciences Center Library. Archival database of health-related articles and documents (approx. 3300 entries) dating from 1672 to 1966.

<http://hsc.unm.edu/nhhd/>

15. Author biographies

Don Thibedeau

Don Thibedeau (Denakké, Fairbanks) has been working at Denali Center for the past 27 years, providing case management services for long term care residents, including a dementia special care neighborhood. Don had been on the board of the Hospice of the Tanana Valley since 1991 and is one of the presenters for patient care volunteer training. He is a 1998 – 1999 graduate of the New Ventures in Leadership program with the American Society on Aging and has done presentations both nationally and within our state (Sitka Care of the Elderly, Anchorage Pathways on Aging, Palliative Care Symposium, and numerous in Fairbanks). In 1998 Don was privileged to receive the Alaska Federation of Natives presidential award for Health in recognition to health-related service to our elders. In 2007, the Alaska Alliance for Direct Service Careers named Don as Alaska's Outstanding Direct Service Professional of the Year at the Full Lives Conference in Anchorage. In 2011, Doyon, Limited recognized Don with the Daaga' Community Service Award.

Jordan P. Lewis

Jordan P. Lewis (Aleut from the Native Village of Naknek) is an Associate Professor with the University of Alaska Anchorage, WWAMI School of Medical Education. Trained as a community psychologist, social worker, and gerontologist, Dr. Lewis's research identifies characteristics that enable Alaska Native Elders to age well and become role models for their families and communities. Using the lessons and experiences of elders, Dr. Lewis develops culturally tailored approaches for family and community members to improve the health of all generations, from long term care programs to community based programs to support families caring for loved ones. His past research has explored cultural understandings of successful aging, intergenerational programming in tribal communities, as well as collecting stories to improve program and service delivery in long-term care settings. Jordan received his BSW from the University of Alaska Fairbanks, MSW from Washington University in St. Louis, and PhD from University of Alaska Fairbanks.

To learn more about Jordan's work visit: Alaska Native Elder Care:

<http://www.akeldercare.com>

For more information:

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