

**Native American Elders Bibliography**

**Berry, D., Samos, M., Storti, S., & Grey, M. (2009). Listening to concerns about type 2 diabetes in a Native American community. *Journal of Cultural Diversity*, *16*, 56-63.**

This article described two in-depth focus groups with ten Native American elders and six Native American parents who examined the effects of diabetes in their community and explored suggestions for improving conditions. Common themes emerged from both elders and parents, including family history, medical care, education, prevention, and community. Both groups agreed that diabetes was a problem and that prevention and management are important in their communities. Findings explore subthemes by group and suggest strategies for developing culturally-specific prevention and management programs.

**Braun, K. L., Browne, C. V., Ka’opua, L. S., Kim, B. J., & Mokuau, N. (2014). Research in Indigenous elders: From positivistic to decolonizing methodologies. *The Gerontologist, 54*(1), 117-126.**

Indigenous peoples tend to have lower life expectancies, but more indigenous individuals are living into later life. Research on this group is informed by multiple traditions and existing data have been mined to reveal existing health disparities among indigenous elders. Few investigators have attempted to validate and standardize research tools for specific use with indigenous populations. Qualitative approaches are more common and allow elders to tell their stories and challenge non-indigenous narratives and worldviews. Recent efforts have been made to use participatory and decolonizing methods in order to empower participants. These approaches are discussed in reference to negative experiences many indigenous peoples have encountered with Eurocentric researchers. Authors call for acknowledgement of historical trauma, life-course perspectives, phenomenology, and critical gerontology to frame the research process.

**Browne, C. V., Mokuau, N., Ka’opua, L. S., Kim, B. J., Higuchi, P., & Braun, K. L. (2014). Listening to the voices of native Hawaiian elders and ‘Ohana caregivers: Discussions on aging, health, and care preferences. *Journal of Cross-Cultural Gerontology, 29*(2), 131-151.**

Native Hawaiians are affected by health disparities regarding chronic disease, early onset disability, and shorter life expectancy compared to all other ethnic groups in Hawaii. This article reports findings from six listening meetings that included 41 community-dwelling *kupuna* (Native elders) and ‘ohana (family caregivers) to explore health care preferences. Three explanatory perspectives are discussed: life-course, minority stress, and historical trauma. These perspectives guided the design of this study. Themes point to universal concerns and culturally specific concerns (such as cultural influences and discrimination). Results support the need for affordable, accessible, and acceptable health care and policies that can support the needs of this growing population.

**Byers, L. (2010). Native American grandmothers: Cultural tradition and contemporary necessity. *Journal of Ethnic and Cultural Diversity in Social Work, 19*(4), 305–316.**

This article explores the experiences of Native American grandmothers caring for younger children. Native American grandmothers raise grandchildren at higher rates than any other ethnic minority. The authors focus on Oklahoma as a case study because of its high proportion of Native American families and high proportion of grandparent caregiving. This article focuses on the resilience and strength of multigenerational families with grandmother household heads.

**Cross, S. L., Day, A. G., & Byers, L. G. (2010). American Indian grand families: A qualitative study conducted with grandmothers and grandfathers who provide sole care for their grandchildren. *Journal of Cross-Cultural Gerontology, 25*(4), 371-383.**

This qualitative study explores the rationale for American Indian custodial grandparents, the impact of historical trauma, and the value of American Indian Child Welfare policies in addressing care concerns. Tribal community members assisted in recruiting participants. Thirty-one grandparents (29 grandmothers, 2 grandfathers) in Michigan participated in individual interviews. Findings include reasons for providing sole care of grandchildren, stressors and rewards of providing care, decisions affected by historical trauma, preference to seek assistance from Tribal Nations, and most lacked legal custodial status.

**Davis, R. (2010). Voices of Native Hawaiian *kupuna* (Elders) living with chronic illness: “Knowing who I am.” *Journal of Transcultural Nursing, 21*(3), 237-245.**

Many severe health disparities exist among Native Hawaiian *kupuna* (elders). This study explored the meanings, experiences, and perceptions of heath care among *kupuna* living in Hawaii with chronic illnesses using qualitative methods. In-depth interviews were conducted with 15 Native Hawaiian *kupuna* and five Native Hawaiian health care providers. Emerging themes include: importance of knowing and respecting Hawaiian culture, difficulties of living in two worlds, knowing how to speaking from the heart, and learning from each other. Authors emphasize the importance of cultural understanding and sensitivity in health care provision.

**Denny, C. H., Holtzman, D., & Cobb, N. (2005). Disparities in chronic disease risk factors and health status between Native American/Alaskan Native and White elders: Findings from a telephone survey, 2001 and 2002. *American Journal of Public Health*, *95,* 825-827.**

This study compared prevalence rates of chronic disease risk factors and health status between American Indian/Alaska Native (AIAN) elders and White elders. Data were from the 2001 and 2002 Behavioral Risk Factor Surveillance System and prevalence of smoking, physical inactivity, obesity, diabetes, and general health status were assessed. American Indians/Alaska Natives reported greater risk on all health behavior and status measures. Results indicate the importance of addressing risk factors among AIAN elders to eliminate disparities in chronic illness.

**Garroutte, E. M., Sarkisian, N., Goldberg, J., Buchwald, D., & Beals, J. (2008). Perceptions of medical interactions between healthcare providers and American Indian older adults. *Social Science & Medicine*, *67*, 546-556.**

Based on cultural competence models, culture is assumed to affect medical encounters. This survey explored how racial and/or ethnic differences might change the experience of medical care for patients. Survey data were collected from 115 medical visits with American Indian elders at a clinic operated by the Cherokee Nation in Oklahoma. Providers and patients evaluated nine affective and instrumental interactions. Results indicate that provider and patient reports were significantly discordant for all interactions; however, providers tended to be more critical of their own behaviors than patients, suggesting that providers may create greater satisfaction than they believe. Researchers than distinguished between cultural groups of patients. Patients who affiliated more strongly with American Indian cultural identity were more closely matched to provider’s negative ratings of interactions.

**Goins, R. T., Garroutte, E. M., Fox, S. L., Geiger, S. D., & Manson, S. M. (2011). Theory and practice in participatory research: Lessons from the Native Elder Care Study. *The Gerontologist, 51(*3), 285-294.**

Community-based participatory research (CBPR) methods often require researchers to collaboratively work with communities in order to identify and pursue research that is meaningful to both the community and the researcher. The tribal participatory research (TPR) conceptual model modifies this process to fit the needs of American Indian communities. This article draws on the author’s experiences with one community to recommend a theoretical and practical model for gerontology research in American Indian communities. The author also identifies some common and predictable challenges to plan for.

**Goins, R. T., Gregg, J. J., & Fiske, A. (2012). Psychometric properties of the Connor-Davidson Resilience Scale with older American Indians: The Native Elder Care Study. *Research on Aging, 36*(4).**

Research on resilience has been limited among older adults and particularly among American Indians. This study assessed the psychometric properties of both the full 25-item and abbreviated 10-item versions of the Connor-Davidson Resilience Scale (CD-RISC) using a sample of older American Indians. Both versions performed similarly with the sample as with previously studied groups of older adults. Both showed adequate internal consistency and divergent and convergent validity. However, the long form failed to show a meaningful factor structure.

**Haozous, E. A. & Goins, R. T. (2012). Chapter 6: Becoming and elder: Native women and Aging. In J. R. Joe and F. C. Gachupin (Eds.) *Health and Social Issues of Native American Women*, p. 101-112, ABC-CLIO, LLC.**

This chapter discusses the importance of Native American women in their communities and commonly held beliefs about becoming an elder. American Indian elders serve critical roles in their communities and are often distinguished not by their age, but by their wisdom and experience. The authors also discuss sociodemographics and notions of aging, as well as health care issues and disparities among Native older women.

**Jervis, L. L. Fickenscher, A., & Beals, J. (2014). Assessment of elder mistreatment in two American Indian samples: Psychometric characteristics of the HS-EAST and the Native Elder Life-Financial Exploitations and Neglect Measures. *Journal of Applied Gerontology, 33*(3), 336-356.**

Elder mistreatment has gained recent attention but more research is needed to assess mistreatment among native populations and measurement with these communities. The Shielding American Indian Elders (SAIE) Project explored culturally informed measurement within two American Indian samples using collaborative research approaches. The study assessed the performance of the commonly used Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST) and compared its psychometric properties to a newly developed measure, the Native Elder Life Scales (NELS). The SAIE performed well in both communities and the NELS shows promise for assessment of different aspects of mistreatment than the SAIE.

**Kim, G., Bryant, A. N., Goins, R. T., Worley, C. B., & Chiriboga, D. A. (2012). Disparities in health status and health care access and use among older American Indians and Alaska Natives and non-Hispanic Whites in California. *Journal of Aging and Health, 24*(5), 799-811.**

This study examined the health status and health care access and use among American Indians and Alaska Natives (AI/ANs) compared to non-Hispanic Whites (NHWs). Using data from the 2009 California Health Interview Survey. The final sample included 17,156 adults aged 60 and older, 198 of whom were AI/AN and 16,958 of whom were NHWs. AI/AN participants were found to report poorer physical and mental health and were less likely to see a doctor or have a typical source of health care compared to NHWs. AI/ANs also were more likely to delay seeking medical care and to report difficulty understanding their doctor during their last visit. Findings suggest the vulnerability of and barriers to care among AI/AN elders in comparison to NHWs.

**Korn, L., Logsdon, R. G., Polissar, N. L., Gomez-Beloz, A., Waters, T., & Ryser, R. (2009). A randomized trial of a CAM therapy for stress reduction in American Indian and Alaskan Native family caregivers. *The Gerontologist*, *49*, 368-377.**

Caregivers of individuals with dementia often experience elevated stress that leads to health problems; however, little is known about how stress may be alleviated among ethnic minority populations. This study compared the use of polarity therapy (PT) to an enhanced respite control condition (ERC) to assess reductions in stress and depression and improvements in quality of life among American Indian and Alaskan Native (AI/AN) family caregivers. The sample included 42 AI family members providing care to someone with dementia who were randomly assigned to eight weeks of PT or ERC. The PT group improved significantly more than the ERC group in stress, depression, bodily pain, vitality, and general health.

**LaVaille, D. L., Wolf, F. M., Jacobsen, C., Sprague, D., & Buchwald, D. S. (2012). Health numeracy and understanding of risk among older American Indians and Alaska Natives. *Journal of Health Communication: International Perspectives, 17*(3), 294-302.**

American Indian and Alaska Native (AI/AN) communities suffer from health disparities and are underrepresented in social research. This author argues that these communities require numeracy skills to make informed healthcare decisions and participate in research. This study evaluated numeracy skills and correlations with framing and comprehension of risk among 91 AI/AN elders. Numeracy was evaluated using a 3-item scale that assessed skills with probabilities and ability to manipulate percentages and proportions. Framing of relative risk was associated with higher odds of correct interpretation of risk. This association remained after controlling for baseline numeracy skills and covariates. Results indicate that healthcare providers should pay attention to framing of health risk and to pay close attention to understanding of risk information to patients.

**Lewis, J. P. (2010). Successful aging through the eyes of Alaska Natives: Exploring generational differences among Alaska Natives. *Journal of Cross-Cultural Gerontology, 25*(4), 385-396.**

The generic understanding of successful aging tends to depict Alaska Natives as less successfully aging than their White counterparts. This study explored the concept of successful aging with Alaska Natives across generations. An adapted Explanatory Model (EM) was used to gain a sense about the beliefs of communities that inform their perspective on aging. Findings suggest that successful aging is conceptualized based on local understandings about personal responsibility, being active, being able to handle alcohol, and giving up on oneself. Most participants agreed that becoming an elder is not based on reaching a particular age but rather by demonstrating wisdom as a result of experiences.

**Lewis, J. P. (2011). Successful aging through the eyes of Alaska Native elders: What it means to be an elder in Bristol Bay, AK. *The Gerontologist, 51*(4), 540-549.**

Alaska Natives (ANs) have a holistic view of aging that is not typically found in successful aging literature. This study explored successful aging from an AN perspective and what is means to be an elder in rural Alaskan communities. Data were collected from interviews with 26 elders living in 6 Bristol Bay communities and analyses were conducted using an Explanatory Model approach and to establish an indigenous understanding of successful aging and “eldership.” The findings highlight four elements of “eldership’ that are important characteristics of becoming a respected elder: emotional well-being, community engagement, spirituality, and physical health. The discussion suggests that the perspectives of indigenous elders be prioritized in the delivery of health care services in rural Alaska.

**Lewis, J. P. & Boyd, K. (2011). Determined by the community: CBPR in Alaska native communities building local control and self-determination. *Journal of Indigenous Research, 1(*2), article 6.**

Most research with Alaska Native communities involve researchers entering the community to gather data and then leaving without returning again. The communities may or may not be informed of the findings, how the data were used, or where findings were published and this method leads to mistrust of researchers among these communities. This article describes the complex approval process that was conducted for two studies using CBPR principles. The authors discuss the benefits and challenges of this process and provide recommendations for future research with these communities.

**Lewis, J. P. (2014). The importance of optimism in maintaining healthy aging in rural Alaska. *Qualitative Health Research, 24*(7).**

Despite a history of attending government-run boarding schools which contributed to traumatic experiences in childhood, many Native elders maintain an optimistic approach to life and aging. This study used an adapted Explanatory Model Interview Protocol to interviewing 26 Alaska Native elders and grounded theory was used to develop a model of successful aging from these interviews. Optimism was a significant theme in addition to the elements of successful aging which include: spirituality, emotional well-being, community engagement, and physical health. Elders believed they were able to continue to age successfully in part due to their continued optimism despite histories of trauma.

**Nelson, L. A., Noonan, C. J., Goldberg, J., & Buchwald, D. S. (2013). Social engagement and physical and cognitive health among American Indian participants in the health and retirement study. *Journal of Cross-Cultural Gerontology, 28*(4), 453-463.**

This study examined possible benefits of social engagement among American Indians and Alaska Natives (AI/AN) aged 50 and older from the Health and Retirement Study. Linear regression models were used to analyze associations between social engagement, memory scores, mental status, and self-rated health among 203 AI/AN older adults. Data were collected between 1998 and 2010. The only associations that were found to be significant were between social engagement and mental status and self-reported health after adjusting for sociodemographic variables, known health conditions, and scores on the CES-D depression scale.

**Ruthig, J. C., & Allery, A. (2008). Native American elders’ health congruence: The role of gender and corresponding functional well-being, hospital admissions, and social engagement. *Journal of Health Psychology*, *13*(8), 1072-1081.**

This study examined the congruence between the subjective health (SH) and objective health (OH) among 8,191 Native American older adults as well as whether health optimism was protective or health pessimism was detrimental to health. Researchers also examined the role of gender. Results comparing optimists, pessimists, and realists, optimists appear to experience better outcomes, pessimists had poorer outcomes, and gender moderated the effect of congruence.

**Schure, M. B. & Goins, R. T. (2015). Association of depressive symptomatology with receipt of informal caregiving among older American Indians: The Native Elder Care Study. *The American Journal of Geriatric Psychiatry, 23*(6), 579-588.**

This study sought to identify the primary sources of informal caregiving and association between depressive symptomology with the receipt of informal care among community-dwelling American Indian older adults. The sample included community-dwelling adults aged 55 and older who belonged to a federally recognized southeast American Indian tribe who participated in a cross-sectional survey. The most common informal caregivers were daughters, spouses, and sons and individuals receiving greater hours of informal care reported higher levels of depressive symptoms.

**Simonds, V. W., Christopher, S., Sequist, T. D., Colditz, G. A., & Rudd, R. E. (2011). Exploring patient-provider interactions in a Native American community. *Journal of Health Care for the Poor and Underserved, 22*(3), 836-852.**

This study sought to examine barriers and facilitators to good health care among Native American patients. Researchers developed a critical incident description to elicit descriptions of positive and negative interactions with healthcare providers from both patients and providers in a rural Native American community. The central theme that emerged was trust, which was influenced by visit context, visit expectations, history, and time. Barriers and facilitators were further coded as actions or feelings/interpretations. The authors discuss implications for positive healthcare experiences in Native American communities.

**Smyer, T. & Clarck, M. (2011). A cultural paradox: Elder abuse in the Native American community. *Home Health Care Management and Practice, 23*(3), 201-206.**

There is evidence of an emerging paradox within the Native American community of traditional respect for elders and the emergence of elder abuse. Elders typically hold a position of respect among Native American societies and yet abuse of older adults is seen as an increasingly common problem. Health care providers and tribal members face the challenge of providing culturally sensitive care while promoting safety and honoring Native American elders.