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**Author**

Hodge, Felicia

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## PREFACE

### FELICIA SCHANCHE HODGE

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This issue of the *American Indian Culture and Research Journal* is dedicated to American Indian and Alaska Native elders. Elders have always been a source of wisdom, strength, guidance, and knowledge. They are often storytellers—transmitting oral history for the enjoyment and education of the community. Elders are also the “carrier of the culture,” supporting and ensuring that culture is honored, retained, and respected. This journal issue contains thought-provoking articles on culture, elders, disparities, and behaviors, with particular emphasis on social and health risks, policy analysis, and new research findings on health risks and behaviors.

Kathryn Coe and Craig T. Palmer discuss the elder in American Indian communities. The historical role and the importance of recognizing the placement of this cohort is a significant contribution to this issue. We need to consider the significant role of our elders so that we can maintain their placement in American Indian societies.

The remaining articles also address this issue. The importance of elders remains forefront in our discussion of health care needs, structural issues, importance of culture and culture-bound beliefs and behaviors, and threats to the health and lives of this special population.

Christopher Hodge shares “start stories” of how adult Northern Plains Indians started smoking and presents the influence of culture-bound perceptions and beliefs. These stories are meant to provide thoughtful evidence of the pathways many adults report, as they were introduced to cigarettes in their youth. Smoking cessation is widely recognized as the greatest step to prevent lung cancer in populations. Because American Indians are reported to have more than double the rate of smoking among their adult population groups, they are at higher risk for early death and disability due to the harmful effects of smoking.

Hodge further notes that smoking is often initiated within the family group as well as with peer groups. Lenient attitudes and a propensity to noninterference with regard to individual actions, decision making, and personal lifestyles create a situation of poor or nonexistent sanctions to harmful actions. A lifetime of smoking has thus placed older American Indian adults at risk for a variety of illnesses—all related to individual smoking or secondhand smoke.

Understanding these stories of how smokers started smoking, the reasons why they continue to smoke, and the culture-bound beliefs and behaviors is valuable to educators and health care providers. The need to develop culturally sensitive programs to address these life-threatening problems in American Indian communities is great.

Other contributors discuss ongoing social and political challenges in American Indian communities. Briana Anisko presents compelling analysis of elder abuse and recommends thoughtful remedies. Elder abuse is increasingly being recognized as a national public concern. Although there is a paucity of information about the prevalence of abuse in minority populations, even less is known about American Indian elder abuse, barriers to care, and social service needs. With rising numbers of the American Indian elder cohort in communities, the need for understanding and addressing the problem is great.

Kenna Wright presents the demographics of the elderly in terms of major illnesses found among elderly American Indians living on or near reservations. Her review of the literature addresses chronic disease, quality of life, and the life expectancy of the elderly, and she makes recommendations for future research in terms of health intervention programs and access to health care. This article provides supportive documentation on health demographics and problems faced by the American Indian elder.

Felicia Hodge reports on a “wellness” project in California where screening for breast cancer among adult women over the age of forty is troublesome. Hodge points out that the screening rates are not only lower than that reported for the state of California, but also lower than national averages. The “burden” of caring for others and putting one’s health care needs on the back burner places American Indian women who have cancer at higher risk in terms of mortality and long-term survival. Failure to participate in breast cancer screenings is an area needing attention, as risks are high and early diagnosis and treatment are available.

Nancy Reifel, Ruth Bayhille, Nancy Harada, and Valentine Villa discuss the health management issues of American Indian veterans within the Veterans Administration (VA) and the Indian Health Service (IHS). The IHS and the VA have entered into an agreement to improve coordination and resource sharing for the purpose of delivering quality health care for American Indian veterans. The participants in this research have shown how individual American Indians have taken on the important role of shaping the IHS-funded clinical services to meet the specific cultural needs of their communities, such as offering coordination with traditional medicine practitioners and cultural sensitivity training for providers. In addition, they discussed how patients have grown confident that IHS-funded services address health needs that are more prevalent among American Indians, such as diabetes. In the same way, American Indian veterans turned to the VA health care system to treat health and mental health problems specific to veterans, such as posttraumatic stress syndrome and the effects of combat. Coordination of care may enhance the health outcomes because there are advantages to maintaining the separation of these two specialized health care systems.

Reifel et al. point out that health care in the United States may suffer significant changes during the next decade. Coordination of health care services, sharing of records and record keeping, coordination of care in terms of facility sharing, and improved standards for health insurance will become important topics for discussion. There may be little advantage in maintaining separate health care systems for special populations. Coordination of services for American Indian veterans, within the IHS and the VA systems, may be strategic approaches for future consideration.

Issues that are compounded by cultural issues, including illness beliefs and a value system that is often at odds with the larger society, is examined by several of the authors. Bringing these works to our attention—in terms of etiology, influence, and impact on health care utilization and illness beliefs—further our knowledge in research. It also helps to focus attention on the elderly in American Indian communities, pointing out the value of their role within our societies.

Vickie Mays reports on a mental health workshop that was held in Los Angeles, California. Many counselors, service providers, and mental health researchers met to learn about programs, project initiatives, and methods recommended as culturally appropriate in American Indian communities. Recordings of the workshops were made and are available for public use.

The information in this issue is informative, highlighting the needs, strengths, and current services being provided to American Indian communities. We supplement the researchers' findings by including a few elder commentaries that are meant to offer a more personal view of the health issues under discussion.

