SUCCESSFUL AGING THROUGH THE EYES OF ALASKA NATIVE ELDERS: WHAT IT MEANS TO BE AN ELDER IN BRISTOL BAY, ALASKA

A

THESIS

Presented to the Faculty

of the University of Alaska Fairbanks

in partial Fulfillment of the Requirements

for the Degree of

DOCTOR OF PHILOSOPHY

By

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Fairbanks, Alaska

December 2009

Abstract

Alaska Natives view aging from a holistic perspective, an approach not typically found in the existing literature on successful aging. There is little research on Alaska Native (AN) Elders and how they subjectively define a successful older age. The lack of a culturally specific definition often results in the use of a generic definition that portrays AN Elders as aging less successfully than their non-Native counterparts. This research explores the concept of successful aging from an AN perspective and what it means to age well in AN communities.

An Explanatory Model (EM) approach was used and adapted to focus on the health and well-being of AN Elders and to gain a sense of their beliefs about aging. Qualitative, in-depth interviews were conducted with 26 Elders in six participating communities to explore the concept of successful aging and the role of their community in the aging process. Focus groups were held in specific communities to present the findings and receive feedback; this ensured the findings and report would be reflective of the unique perspectives of the communities and region.

This study highlights four domains of successful aging, or "Eldership": emotion, spirituality, community engagement, and physical health. One aspect of successful aging seen in each of these four domains is optimism, or having a positive outlook on life. These four domains serve as the foundation of how communities define who is an Elder and what is important when considering whether someone has aged successfully or not. Research findings also indicate that aging successfully is based on local understandings about personal responsibility and making the conscious decision to live a clean and

healthy life. Most Elders stated that Elder status is not determined by reaching a certain age (e.g., 65 years), but instead is designated when an individual has demonstrated wisdom because of the experiences he or she has gained throughout life. This research seeks to inform future studies on rural aging that will prioritize the perspectives of Elders to impact positively on the delivery of health care services and programs in rural Alaska.

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Acknowledgments

This study was funded in part by the National Science Foundation (NSF), Office of Polar Programs, Arctic Social Sciences, dissertation improvement grant #0823120, the Alaska EPSCoR NSF award #EPS-0701898 and the state of Alaska, the Andrew W. Mellon Foundation Dissertation Fellowship, and the NSF IGERT Resilience and Adaptation Program (RAP) at the University of Alaska Fairbanks.

The writing of this dissertation has been a valuable learning experience, and I could not have completed this undertaking without the support and guidance of many people. First, and foremost, I would like to thank the Elders of Bristol Bay, in particular the Elders I worked with in the six participating communities this past year. They were very supportive of and excited about this project; I want to thank them for their time, knowledge, and willingness to invite me into their homes and participate in this study. This work would not have been possible without their trust and willingness to share their knowledge, experiences, and stories. In addition, I would like to thank each tribal council that permitted me to work in their community, gave me a place to stay, and made me feel like a part of their community. I would also like to thank the Bristol Bay Area Health Corporation (BBAHC) for their support and allowing me to conduct this study in my home region.

I would like to offer my sincere thanks and gratitude to each of my committee members, Dr. Gerald Mohatt, Dr. James Allen, Dr. Terry Chapin, and Dr. R. Turner Goins, who provided assistance, support, and motivation throughout this study. My committee chair, Dr. Gerald Mohatt, provided guidance, encouragement, and support and

believed in this project from the beginning to the final stages, and for that I offer my sincere thanks. For teaching me how to navigate and understand Atlas Ti, I would like to thank Kate West for her enthusiasm, time, and patience as my second coder and supporter as I analyzed my data.

I would like to thank my family and friends for their encouragement, patience, and support during this study; you never doubted my finishing this degree. I would like to extend a special thanks to my parents, Cliff and Janis, for the long-distance support, encouragement, and help during the rough periods; I couldn't have done it without you standing by my side and believing in me.

I would like to honor my great grandparents, Paul and Anna Chukan, who taught me the values of our culture and instilled in me a passion to work with our Native Elders. My grandparents, Pappa and Grandma, also believed in me and encouraged me to further my education, and for that I would like to dedicate this dissertation both to them and to my great grandparents who are my source of encouragement and models of successful aging.

Chapter 1

Introduction

This dissertation generates a theoretical model of successful aging from the perspective of Alaska Native (AN) Elders in the Bristol Bay region of Alaska. It is a qualitative research study to establish an Indigenous understanding of what successful aging means for ANs. The research answers the question of how AN Elders subjectively define a successful older age, sheds light on what it means to age well in Alaska, and determines the role their community plays in how older ANs view their aging process. This study also explores the question of whether there are tribal or gender differences with regard to an explanatory model of successful aging. In this study, the term Elder is capitalized to differentiate between the Indigenous Elders of Alaska and those who are just considered elderly. In Indigenous communities in Alaska, the community respects their Elders, and this is a cultural convention that distinguishes those Elders who have lived traditionally and continue to serve as an integral part of their community and are viewed as role models. This study focuses specifically on those Elders recognized by their community as role models, and for this reason the term is capitalized.

This chapter begins with a description of my use of the concept of culture and Alaska Native cultures, includes a statement of the research question and the methods and procedures, presents my interest in the topic, and describes the significance of this research to AN Elders and the literature on successful aging.

The Concept of Culture and Alaska Native Cultures

The State of Alaska is home to various AN cultural groups, including the Aleuts, Athabascans, Inupiaq Eskimos, Tlingit/Haida/Tsimshian, and Yup'ik Eskimos. For this study, the definition of culture by Matsumoto (1997) is used as the basis of the concept of AN cultures and their significance to the identity and well-being of AN Elders. Matsumoto (1997) defines culture as "a set of attitudes, values, beliefs, and behaviors shaped by a group of people, communicated from one generation to the next via language or some other means of communication" (p. 4). Cultural anthropologists argue that culture is a sociopsychological construct in that values, attitudes, beliefs, and behaviors are shared across a group of people, but there are no set rules to determine who belongs to a specific culture. It is important to note that culture does not equate to race in this study. Matsumoto makes the argument that being born into a particular race does not mean that you automatically harbor the cultural values associated with that race. What is important about people is their underlying psychological culture, not the color of their skin (Matsumoto, 1997). When working with culturally diverse populations, it is also important to understand that individual differences exist within cultures; people differ according to how they adhere to the values, standards, and morals of that culture.

One of the most influential scholars of culture, Clifford Geertz (1973), sees culture as equivalent to a text in that it is something to be interpreted. Geertz argues that culture must be seen as "webs of meaning" within which people live, meaning encoded in symbolic forms (language, artifacts, rituals, etc.) that must be understood through acts of interpretation analogous to the work of literary critics. Greg Urban (1991) adds the

useful perspective of culture as localized and connected to discourse. Culture is useful in understanding and contextualizing peoples' narratives and other instances of discourse, but no one has a clearly defined "culture" that serves as a boundary to contain him/herself. "We all negotiate, build, and refashion our cultures as we live our lives" (Urban, 1991, p. 3). Culture among ANs plays a role in their everyday lives, from their knowledge and skills to how they teach the younger generations the importance of the land and environment.

Alaska Native cultures are unique and complex in nature and could be defined as Geertz defines culture, in that they are a web of meanings. AN cultures in this study, which are the Aleut, Athabascan, and Yup'ik Eskimo, are the source of identity of the AN Elders, as well as the essence of life, how and why they do certain things, and how they view their lives and environment. An important aspect of culture is that it is flexible and continues to change. DeMallie (1988) developed a definition of culture that emphasizes its dynamic and fluid nature. He notes that both symbols and their associated meanings change over time and according to outside, as well as inside, influences. Culture, and cultural expressions, are to be discovered, created, and recreated by each generation, each of which new generations will come to an awareness of and connection to their past. Some of the unique characteristics of AN cultures are that the AN Elders live in multigenerational homes, continue to live a subsistence lifestyle, raise their grandchildren, and contribute to the well-being of their community. These are also aspects of culture that can differentiate and define those characteristics of successful aging among minority populations. I have chosen these classical sources of the meaning

of culture because they reflect the level of meaning that I sought to discover in my dissertation research.

The Research Question

A majority of the literature on successful aging and health is based on the biomedical model. I discovered in the current study, however, that among the AN cultural groups, the concept of health and well-being is holistic in its approach, involving all aspects of an individual, including emotions, spirituality, physical health, and engagement in the community. A majority of the literature on successful aging is theory-driven from a Western perspective (Strawbridge, Wallhagen, & Cohen, 2002; Rowe & Kahn, 1997), which does not include the Indigenous Elders' perspective in the data collection. Without their perspective, we cannot fully understand what it means to age successfully in an Indigenous community.

There is very little research on American Indian/Alaska Native (AI/AN) Elders and how they define a successful older age; nor is there is a well-accepted definition or explanatory model of successful aging for racial/ethnic minorities. Developing a definition of successful aging that includes the perspective of older adults would be useful. "First, the perceptions of older adults may help researchers develop their own definitions of successful aging. Second, the knowledge of older adults' beliefs would improve the ability of providers to offer patient-centered care" (Phelan et al., 2004, p. 211). According to Jeste (2005), there are difficulties in studying successful aging. For example, there is no agreement on the nomenclature, let alone the definition and criteria for this entity. The terminology used includes not only successful or healthy aging but

also productive aging, effective aging, aging well, robust aging, and positive aging. However, none of these terms is entirely satisfactory because they all suggest that people who do not meet the specified criteria have somehow failed to age successfully. In addition to the absence of rigorous definitions of what it means to age successfully, there is very little research on Indigenous Elders and how they subjectively define a successful older age. The lack of a definition of successful aging for minorities risks labeling them as aging less successfully than their nonminority counterparts. This dissertation is intended to provide a better understanding of successful aging among AN Elders in Bristol Bay, Alaska.

Method and Procedures

To achieve the purposes of this study, a purposive sample of 26 AN Elders from Aleut, Athabascan, and Yup'ik Eskimo tribal groups was interviewed to determine what successful aging means in Bristol Bay. The Explanatory Model (EM) Interview Protocol of Kleinman (Kleinman, 1980) was adapted to collect data. Although the EM has been primarily used to study models of pathology and disease cross-culturally, I used it to discover a cultural model of health. Rather than being driven by Western theory, which dominates the gerontology literature, this study employed a grounded theory (Glaser & Strauss, 2006) approach. This methodology works best for this study because I am presenting the view of Elders about the elements of successful aging.

Gaining the perspectives of the AN Elders in each community and working collaboratively with each participating community represents a Community-Based Participatory Research (CBPR) perspective. Using this perspective, consensus was

reached with the tribal communities on a shared research question, gaining permissions and refining methods, and creating culturally compatible data and collection methods by using cultural experts in the University and community. This research process also involved entering the setting and gaining the trust of the community and Elders, involving the community in the process, sharing early results and asking for input, and disseminating data to tribes and the Native health corporations.

Understanding the diversity of cultural models for aging is a first step to establishing a knowledge base that can lead to other studies testing whether the model is shared across larger samples, to determining what health outcomes and quality of life variables it is related to, and eventually to designing appropriate policy and practices for caring for AN Elders.

Significance to the researcher

My interest and involvement in AI/AN gerontology stem from my childhood visits with my great-grandparents each summer in Naknek. Looking back on their lives and their influence on my life, I realize they are examples of successful aging, being resilient Elders who lived traditionally while incorporating modern technologies that enabled them to remain independent as they lived off the land and remained active in their community. My great-grandparents are, to me, role models for living successful and healthy lives while holding onto traditional values and beliefs, yet being flexible enough to adjust to social and cultural changes. Also, my grandparents taught me about life in rural Alaska, the importance of respecting our Elders and families, and the value of pursuing a higher education. My grandparents believed in me and encouraged me to

continue my education as far as possible, and it is because of my great-grandparents' strong connection to their cultural values and my grandparents' encouragement to pursue higher education that I continued my studies in the field of gerontology. My family members have provided me with the tools to live a successful and healthy life and instilled a sense of respect for our Elders as well as respect for our Native culture, which I wish to continue exploring through research and education.

As I progressed through my bachelor's and master's degree in social work and continued my education in the field of gerontology, I was amazed at the resiliency of our Elders, but most of the literature focused on the negative aspects of aging. In today's society, we try to avoid evidence of aging: we dye our hair, use Botox to remove wrinkles, and have plastic surgery to keep our youthful look. When I look at pictures of my relatives, with their smiles surrounded by wrinkles and with a twinkle in their eyes, I see only wisdom and life experiences that I am fortunate enough to learn about from my family. In contrast to my direct experiences with working with Elders, the literature tends to emphasize the losses we experience as we grow older: death of loved ones, chronic illness and disease, frailty, and eventually institutionalization. On television and in books in gerontology, the picture for our Elders is bleak; it is apparent why one would fear aging.

Being Alaska Native and believing that family should care for their elderly family members, it is amazing to me that families can institutionalize their loved one and forget about them. It is because of these experiences and the lack of positive aspects of aging in the literature and media that I chose to focus this research on successful aging and find

out what our AN Elders are doing in that regard that can be passed down to future generations.

As an Aleut, I bring an understanding of AN cultures and sensitivity to the unique characteristics of rural communities. Being from Bristol Bay, I am familiar with the culture of the region where this research took place, and being a member of the region helped me gain access to, and the trust of, community members.

Significance to Alaska Native Elders

One of the challenges of AN Elders wishing to remain in their community is the fact that many younger individuals have moved to urban centers, leaving the Elders to take care of themselves without adequate support. It will be important to address the external sources of support for the Elders in each community and how these sources of support contribute to the sustainability of each Elder. As the AN population grows older, it is important to determine the role Elders play in the health and well-being of rural communities to ensure that our younger generations are able to learn their Native language, culture, and values.

Significance to the Literature

Much of the literature addressing successful aging focuses on nonminority populations, establishing a broad definition of what it means to age successfully. The lack of literature on minority and rural successful aging indicates the need for a more in-depth analysis. In the literature, there is a lack of understanding on why, and how, Elders age successfully, and no definition adequately describes a successful aging process. This

study will clarify the needs of rural AN Elders in Bristol Bay and determine whether villages can meet the needs of their Elders and enable them to live their remaining years as they wish.

This research broadens the participation of underrepresented groups by focusing on AN Elders and how they define successful aging. It contributes to different disciplines (anthropology, community psychology, sociology, gerontology), paving the way for future researchers interested in minority aging. The research findings have the potential to influence health and social policy in Alaska and how health care programs and services are delivered to Elders in rural communities. This kind of health care delivery could be through providing home and community-based services and utilizing the resources that currently exist in each community to enable Elders to remain in their homes and communities.

Chapter 2: Literature Review

Psychosocial Aspects of Later Adulthood

Aging is a multidimensional process that involves biological, psychological, and social factors that interact to determine an individual's course of life. Most of the research on psychosocial processes in old age focuses on the adaptation to some form of change, such as decline or loss. Examples of issues that are addressed in this area include the effect of age on personality, adaptation to later adulthood, characteristics of families in old age, and coping with dying and with bereavement (Quadagno, J., 2008; Atchley, R.C., 1997; Hooyman & Kiyak, 1996). Another aspect of aging that plays an important role in how elders define later adulthood is the idea of Generativity, or leading the younger generations. This Generativity provides the old with the feeling of being needed and contributing to the improvement of their community (Keyes & Ryff, 1998).

The Concept of Generativity

The psychoanalyst Erik Erikson has a theory of affective, or emotional, development that complements the theory of Sigmund Freud, who also studied human development. Erikson identifies eight stages of development, and this dissertation focuses on the seventh one, Adulthood, which includes the concept of Generativity, or leading the next generation (Erikson, 1982). During this stage of development, the individual is focused on being a contributing member of society and being concerned for the well-being of future generations. Lerner (1976) explains that during this stage of development an individual successfully plays the role society expects of him; if he is contributing and

producing what is expected, the person will have a sense of Generativity. Generativity, broadly defined, refers to not only the creation of children, but also to the production of things and ideas through work. Most of Erikson's work, however, focused on the generation of children. Notably, Erikson does not require that individuals have their own children to achieve this idea of Generativity. The concept of Generativity is important in most AN cultures, that is, caring for the future, or Seventh, generation. But this outlook is in direct contrast to how mainstream Americans view life. Crain (1992) explains that in the United States, our values emphasize independent achievement to the extent that people become involved in themselves and their successes and neglect the responsibility of caring for others. It is important to note that Generativity is a personal resource given to others and is not used to eliminate the elders' own stress and life events (Keyes & Ryff, 1998), but instead is used to improve the quality of society. The concept of Generativity also contributes to the elders' quality of life and how they rate their health and well-being.

Studies have found that Generativity differs between men and women and their contributions to society (Pratt et al., 2001; Keyes & Ryff, 1998). For example, older men and women show the same amount of generative concerns, but women tend to define and perceive themselves as more generative than men (Keyes & Ryff, 1998). Women tend to think more about, or be more concerned for, their generative acts; they extend their generative acts beyond immediate familial relationships to the larger society (Pratt et al., 2001; Keyes & Ryff, 1998). Men tend to demonstrate more agentic forms of generative activity, whereas the women demonstrate more communal acts, which may be due to the

shifting and changing roles of women as parent, wife, and employee (Keyes & Ryff, 1998). The authors argue that women view parenting more as a communal activity than career investment, thus the reason they see themselves as more generative than men, who focus on their careers and supporting their families (Pratt et al., 2001). They go on to explain that traditionally women have been more invested in parenting than have fathers in North America, and so their expression of Generativity may be more focused within the family than that of the father. Most older adults, regardless of gender, believe Generativity is important to a sense of purpose, a feeling that one has something valuable to give to society and is able to help others. Keyes and Ryff (1998) explain these feelings as reflecting and promoting one's own feelings of social integration and gaining the feeling of being integral to perpetuating their community and making positive change.

This concept of *elder,* according to Erikson (1982), was formulated in our middle years, a time when we had no intention of imagining ourselves as old. Erikson (1982) goes on to state, "One could still think in terms of 'elders,' the few wise men and women who quietly lived up to their stage-appropriate assignment and knew how to die with some dignity in cultures where long survival appeared to be a divine gift to and a special obligation for a few" (p. 62). The lifespan of AN Elders today continues to increase with improvements in health care technology and services, and this longer lifespan may have a direct impact on the recognition and respect of Elders in rural communities (Baltes, Reese, & Lipsitt, 1980). How elders are viewed in society today is vastly different from the past, and our views of the elderly will continue to shift with social and cultural changes. In addition to changes in how society views its elders, family dynamics are

shifting. The idea of Generativity is grounded in elders' being involved in their families and teaching their grandchildren. It will be important to ensure there are other avenues in which Elders can be active in sharing their knowledge with youths to enable them to continue experiencing Generativity. Erikson (1982) explains that old people can and need to maintain a grand-generative function, for there can be little doubt that today the discontinuity of family life as a result of dislocation contributes greatly to the lack of involvement in old age, an involvement that is necessary for staying active. Rural communities are experiencing their own form of discontinuity of family life with the out-migration of families, and this trend directly affects the role of Elders in both their families and communities.

Erikson's theory is known as a stage theory for the following reasons: (1) the stages describe general issues; (2) the stages refer to different behavior patterns; (3) the stages unfold in an invariant sequence; and (4) the stages are cultural universals (Crain, 1980). Erikson believes his stages can be applied to all cultures and remain relevant, but other psychologists and researchers are skeptical of this claim. One of the main arguments by Erikson is that cultures vary in numerous domains, but he explains that all cultures experience the same issues. For example, a majority of cultures ask their children to learn the tools and skills of their technology to find a workable adult identity, to establish bonds of intimacy, to care for the next generation, and to face death with dignity (Crain, 1980). All cultures attempt to achieve these goals because they are a part of the evolutionary process; cultures attempt to get their members to sacrifice some of their independence for the needs of others (at the autonomy stage), to learn the skills and tools

of the society (at the industry stage), and to care for the next generation (Generativity stage). Without achieving and completing these goals, cultures would not survive; teaching others these goals ensures the survival of the culture, language, and community.

Longitudinal Studies of Development

Although psychology has a long history of interest in life-span development, particularly in Austria and Germany (Thomae, 1981; Reinert, 1970; Baltes, 1968), the large-scale rejection of the traditional distinction between development and aging only came about in the United States in the late 1960s (Havighurst, 1968, 1963; Baltes & Schaie, 1973; Goulet & Baltes, 1970). The psychological study of age and age-related phenomena has traditionally been placed in the context of categories of age. Such researchers believe that the individual's psychological functions mature during childhood and adolescence, reach a plateau in adulthood, and begin to decline during old age (Baltes, Reese, & Lipsitt, 1980).

Today, more and more people are destined to live into old age, and the challenge of successful aging becomes more important; we need to decide from whom to gain knowledge of the aging process and how to use it to advance our understanding of successful aging, or aging well. The longitudinal studies of human development explore how elders age as they do, whether as octogenarians who become role models or as those generative great-grandparents who raise their grandchildren. George E. Vaillant, director of the Harvard Study of Adult Development, has studied the basic elements of adult human development, analyzing the health and well-being of individuals from various backgrounds (Vaillant, 2002). His study attempts to answer the question of what you can

do to increase the likelihood of living a happy, healthy, fulfilling life into old age. Vaillant studied the lives of the well, and not the sick, to understand how octogenarian role models have been able to live as long as they have. One way to gain a better understanding of how and why elders age well is to follow them from adolescence, which is the purpose of most longitudinal studies on aging and human development.

Social development, in Vaillant's study, is based on the ideas of both Erik Erikson and Sigmund Freud and charts the maturation of involuntary coping mechanisms, such as defense mechanisms. Through a sequence of four stages, Erikson wrote that adults participated in life with a widening social radius; life after age 50 was no longer led downward but was a path leading outward. "Adult development passed through four stages of 'Identity vs. Identity Diffusion,' 'Intimacy vs. Isolation,' 'Generativity vs. Stagnation,' and 'Integrity vs. Despair'" (Vaillant, 2002, p. 43). Vaillant agreed with Erikson's model of development, but he used the term *developmental tasks*, which is more scientifically correct than Erikson's *stages*. Vaillant explains that in theory, the social radius of each task fits inside the next; adult developmental tasks are more often, but not always, sequential.

Vaillant's (2002) model consists of six sequential tasks: Identity, Intimacy, Career Consolidation, Generativity, Keeper of the Meaning, and Integrity. Mastery of the fourth task, Generativity, involves the demonstration of a clear capacity to unselfishly guide the next generation. Generativity reflects the capacity to give the self, which can only be completed through the mastery of the first three tasks of adult development. Vaillant describes Generativity as the capacity to be in relationships where one cares for the

younger generation and respects the autonomy of others (Vaillant, 2002). In addition to caring for younger individuals, Generativity also involves caring for communities and community building. Vaillant explains that it depends on the opportunities made available in the community, but Generativity can also mean serving as a consultant, guide, mentor, or coach to younger adults.

The fifth task, Keeper of the Meaning, focuses on the conservation and preservation of the collective products of mankind (Vaillant, 2002). For example, the culture in which one lives and its institutions, rather than the development of the children, is the focus. One difficulty associated with accomplishing this task is rigidity; preserving one's culture involves developing concern for a social radius that extends beyond one's immediate family and community. Vaillant explains further that the fifth task, Keeper of the Meaning, represents past cultural achievements and guides groups, organizations, and bodies of people toward the preservation of past traditions. This sequential task aligns with the notion that AN Elders are the keepers of knowledge, or Wisdom Bearers. Just as this task is to preserve culture, so are the roles of the Elders in their communities. Vaillant's and Erikson's models of human development both support this model of successful aging and providing opportunities for Elders to both care for the future generations and preserve the culture of their people and community.

Robert White, a psychologist, studied the natural development of human personality and explored how and in what ways man understands himself. White (1952), who was also interested in the role of culture in how man views himself, explains that it is impossible to understand a person without understanding the social environment in

which he lives. His study on the natural growth of personality began by focusing on the social forces, in this case culture that shape personality. The term *culture* refers to a society's way of life, the heritage of accumulated social learning that is shared and transmitted by members of that specific society (Torres, 1999; White, 1952). White (1952) defines culture as "a set of shared plans for living, developed out of the necessities of previous generations, existing in the minds of the present generation, taught directly or indirectly to new generations" (p. 15). These definitions are similar to the Erikson's concept of Generativity, or leading and teaching the new generations. White explains the important aspects of studying and understanding personality, which are found in the plans for living and have to do with the socialization of children and the setting of ideal standards of behavior. Culture among AN Elders plays a role in the knowledge and skills taught to the youth; it includes knowledge of how to live off the land and subsist and care for others in your family and community. White's concept of what everyone's goal in life should be is very similar to how AN cultures view life and how people should present themselves. For example, respecting their elders and the land, caring for others, and teaching the younger generations their traditional values and language. White states that the goal of life is to be pleasing, generous, and cooperative; to put people at their ease and avoid all signs of arrogance or strong emotions (White, 1952). These characteristics align with the cultural values, or characteristics, that exist among the AN cultures and are also the values taught by the Elders.

Sociological Theories of Aging

In contrast to earlier stages of life, development in late adulthood and old age is often characterized by a shift in the direction of less resource gains and more resource losses. Individuals may continue to gain in social status, material belongings, knowledge, and professional expertise. On the other hand, other resources such as physical fitness and health, sensory acuity, and functional brain efficacy decrease as one grows older (Lindenberger et al., 2008). The decrease in the gain-loss ratio proposed by Lindenberger et al. (2008) across the lifespan does not necessarily compromise adaptive functioning in all domains of an individual's life. Most models and theories of successful lifespan development identify person-environment constellations that promote adaptive functioning in old age, and these continually change with time.

One of the first sociological theories of aging was the Disengagement Theory (Cumming & Henry, 1961), the primary assumption of which is that as people age they gradually withdraw, or disengage, from their social roles and participate in passive activities until death. Today, this theory is outdated and unacceptable to a majority of older adults, as well as gerontological researchers. In contrast to that first theory, the most widely accepted sociological theory of aging is the Activity Theory (Havighurst, 1963), which supports the notion that people stay engaged in various activities of daily living and they age in a healthier and happier way (Fisher, 1995; Lemon, Bengston, & Peterson, 1972). These two theories are no longer in use, and have been replaced by ideas that reflect changes and advances in gerontological health and theory. For example, Baltes and Baltes (1990) provide another perspective on the determinants of successful

aging in their theory of Selection, Optimization, and Compensation (SOC). According to this theory, successful aging has to do with the ability of older adults to adapt to physical, mental, and social losses in later life through various mechanisms. There has been a paradigm shift in gerontology research away from a deterministic negative view of aging toward a search for an understanding of why some age well and other do not (Franklin & Tate, 2009).

The role of management has been ignored in theories of successful aging, with the exception of the Selection, Optimization, and Compensation (SOC) model established by Baltes and Baltes (1990). The SOC theory supports the notion that elders wish to remain active as they age and tailor their participation as their needs and abilities change. The SOC model builds on the assumption that throughout the life span, people encounter certain opportunities, as well as limitations in resources, that can be mastered adaptively by an orchestration of three behavioral life management strategies for maintaining functional independence in later life: (1) focusing on high priority areas of life, such as areas that result in feelings of satisfaction and personal control (selection); (2) optimizing personal skills and talents that people still have that will enrich and enhance their lives (optimization); and (3) compensating for losses of physical and mental functioning by using various strategies and technological resources (compensation)(Baltes & Baltes, 1990). Baltes and Baltes (1990) present findings from their SOC model and highlight the fact that the more resources elders have, the better they can engage in the use of SOC, in particular the compensation and optimization strategies. Another study based on the SOC model found that even elders with many resources as they approach the end of their

lives seek emotionally meaningful experiences in their everyday experiences (Lang, Reickmann, & Baltes, 2002). The availability of resources in their lives facilitates strategies of adapting to aging losses in everyday life and makes the most of the resources available. Hillton, Kopera-Frye, & Krave (2009) state that older adults set goals based on resources available or those that can be acquired; when they are faced with insufficient resources, older adults orchestrate the three SOC processes to maximize their gains and minimizes their losses.

Although the Disengagement Theory and the Activity Theory had impacts on policy and practice in the field of gerontology, neither theory accounts well for the empirical findings in the literature. Carstensen (1992) states that contrary to Activity Theory, social activity levels do not predict physical or psychological well-being. As regards the Disengagement Theory, Carstensen (1992) also noted that strong emotional connections in late life have been found to predict happiness and adjustment, a finding that contradicts the original notion that older adults withdraw from society as they grow older. A more recent theory, the Socioemotional Selectivity Theory (Carstensen, 1992), maintains that reductions in social contacts across the lifespan reflect increasing selectivity in one's choice of social partners. She goes on to argue that although the rate of interaction with acquaintances declines steadily from early adulthood, the rate of interaction with close relationships increases as people age.

Social interaction provides older adults the context for a broad array of basic human needs and goals, ranging from the transmission of culture to feelings of emotional embeddedness (Carstensen, 1995). This lifespan theory of Socioemotional Selectivity by

Carstensen (1992) focuses on the psychological processes that mediate observed changes in social preferences and social behavior. According to this theory, specific goals or functions of interactions range from basic survival to psychological goals. This idea is similar to Maslow's Hierarchy of Needs and the premise that people meet their basic needs before other higher-level needs. It could be argued that a limited future (i.e., reaching an advanced age) results in increased attention to and preferences for meaningful interactions. When future social opportunities are limited, according to Carstensen (1995), the salience of emotion appears to increase, and the motivation to pursue novel social contacts decreases as one grows older. This theory offers an explanation for the same phenomenon that prompted earlier gerontological theories on social aspects of aging, which focused on age-related decreases in social interactions. It is important to note that this theory is different from previous age-related theories in that the activation of a particular social goal is based on the social, psychological, and cognitive conditions that the individual elder perceives in the situation (Carstensen, 1995). Although this theory speaks to age and growing older, it is not specifically a theory of old age; rather, it helps understanding of social preferences and behaviors across the life span.

The fields of cross-cultural psychology and developmental psychology are diverse in their studies and viewpoints. Traditionally, developmental psychology was neither cross-cultural nor interdisciplinary, and cross-cultural psychology was not developmental in its approach (Matsumoto, 2001). Development across the lifespan, as well as culture,

plays an important role in understanding such diverse behaviors as emotion, moral development, social influence, and cognition.

Anthropology and Aging

It is important to note that the first four decades of anthropological theory about age are remarkable for their paucity of research, but the last two decades are abundant in theory and research. Anthropological theory, as it relates to aging, is holistic and approaches the topic of life span development by including all aspects of the elder's life. A holistic anthropological theory tends to mean considering an entire context, which includes ecology, social life, culture, and human variation and historical context (Bengston & Schaie, 1999). The most explicit theory on aging from the anthropology literature addresses the impact of modernization on the elderly population, focusing on the negative impacts. In *Aging and Modernization*, Cowgill and Holmes (1972) propose a quasi-evolutionary theory linking marginalization of older people to modernization. Their theory relates to the experiences of elders in rural communities and the changes they are experiencing due to modernization, or Westernization. This theory does not specifically address culture and society, but does remind us of the diversity that exists in our country and among our elderly citizens. Bengston and Schaie (1999) explain that this theory has done more than any other to remind us of the diversity of cultures in which humans live and grow old and the impact of modernization on our views of growing older.

Definitions of Successful Aging

Although the concept of successful aging goes back more than 50 years (Butler, 1974; Baker, 1958; Pressey & Simcoe, 1950), the term received only minimal use until popularized in a 1987 article in *Science* by John Rowe and Robert Kahn, who argued that what many viewed as effects of aging were, in fact, effects of disease. They proposed that those aging successfully would show little or no age-related decrements in physiologic function, whereas those aging "usually" would show disease-associated decrements, often interpreted as the effects of age (Strawbridge, Wallhagen, & Cohen, 2002). The most common definition of successful aging focuses on the lack of disease and disability and healthy mental well-being, as defined by Rowe and Kahn (1987). According to von Faber et al. (2001), the concept of successful aging lends itself to more than one interpretation. "Two main perspectives exist: one that looks at successful aging as a state of being, a condition that can be objectively measured at a certain moment; and one that views it as a process of continuous adaptation" (p. 2694). A study by Knappe and Pinquart (2009) found that successful aging is highly valued and often associated with control over one's daily life, better health status, and higher levels of well-being. Currently, the absence of set definition of successful aging makes it challenging to operationalize this concept.

Rowe and Kahn's (1987) definition of successful aging is based on the biomedical model of aging and focused on three components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and an active engagement with life. This definition, which has served as the basis of other research on

successful aging, was criticized as being less focused on the entire person and the person's physical and social environments (Strawbridge, Wallhagen, & Cohen, 2002). This definition has also been criticized for being overly biomedically deterministic, not taking into account the whole person (e.g., emotional, spiritual, cognitive dimensions). Even though Rowe and Kahn's model is the most widely used approach to successful aging by researchers and psychologists, it fails to address the implications of the fact that a disease-free older age is unrealistic for most people. Bowling and Dieppe (2005) state that while the biomedical model emphasizes absence of disease and the maintenance of physical and mental functioning as the keys to aging successfully, sociopsychological models emphasize life satisfaction, social participation and functioning, and psychological resources. In order to capture the complete picture of successful aging, all aspects of the individual's life need to be taken into consideration, including the physical, emotional, cognitive, and spiritual dimensions.

According to Dillaway & Byrnes (2009), an important and growing critique of the successful aging definitions is that it can only speak to privileged groups' experiences of aging in the United States. For example, most of those studied in this field are male, white, relatively affluent, better educated, and healthier than those who aged less well. In addition to concerns about its comprehensiveness and applicability to other populations, there are other critiques about how Rowe and Kahn's definition of successful aging was developed. One of the main limitations of the Rowe and Kahn (1987) model of successful aging is that it was developed by nonelders and nonminorities, but has been applied to the elderly population as well as minority elders; as a result, this model does not take into

consideration the unique characteristics and circumstances of minority elders. For example, two studies (Parker et al., 2002; Whitfield et al., 1997) illustrate that African American elders have generally fixed definitions of successful aging that do not fit the mainstream definition. One study that explored the importance of spirituality in African American elders' perceptions of successful aging (Parker et al., 2002) has brought other researchers to examine the relationship between spirituality and successful aging.

As the literature demonstrates, there is a lack of understanding of why and how ANs and other ethnic minority elders age successfully, and no definition adequately describes a successful aging process. Incorporating the perceptions of older adults will help researchers develop their own definitions of successful aging, and the knowledge of older adults' beliefs would improve the ability of providers to offer elder-centered care (Phelan et al., 2004). Recent critics of the successful aging paradigm challenge mainstream gerontology and biomedicine to avoid using successful aging terminology as currently defined and emphasize the importance of the concept's being reconceptualized by older adults themselves (Dillaway & Byrnes, 2009). Alongside other critical gerontologists, Dillaway & Byrnes (2009) argue that the academic use of "successful aging" terminology has limited the scope of aging research because the concept has been defined from the outside, rather than by the elders themselves.

According to Phelan and Larson (2002), the validity of successful aging and an empirical understanding of its utility and relevance could be enhanced if the beliefs of the older adults were obtained and incorporated into researchers' definitions. Asking individuals about the meaning and relevance of successful aging would enrich the

theoretical definitions that have predominated. While it seems clear that gerontologists remain uncertain about the definition of successful aging, the term appears to have face validity for elderly people. In one study, only 2% of older persons could not define successful aging (Fisher, 1995), suggesting that elders have particular perspectives on what aging well means for them. One of the critiques of the term "successful aging" is that it is ethnocentric; the definition by Rowe and Kahn (1987), for example, is characteristic of the dominant American culture (Torres, 2003). An elder-centered definition is essential for future research in the field, for it would more appropriately inform understandings about successful aging within a particular population (Phelan & Larson, 2002).

One of the challenges of conducting research on successful aging with cultural groups (e.g., Alaska Natives) is the lack of research on culture and aging and the impact of a given culture on how successful aging is viewed. Some studies have attempted to understand what successful aging means in different cultures (Torres, S., 2006; Tate, Leedine, & Cuddy, 2003; Ikels et al., 1995; Keith et al., 1994; Keith, Fry, & Ikels, 1990), but challenges still exist. There have also been studies of successful aging that considered what role culture plays in this construct. Clark and Anderson (1967) were among the first to recognize that the realities of minority elders have been neglected when sorting out successful and unsuccessful agers. Keith, Fry, & Ikels (1990) found that how older people understood successful aging was based primarily on their country of origin. North Americans, for example, associated it primarily with self-sufficiency and the ability to live alone, while those living in Hong Kong could not understand why one would want to

be self-sufficient in old age. Torres (1999) states that the ideal successfully aging elder "cannot be fully understood if we do not have culturally relevant insight into that which is considered to be desirable" (p. 47). Burton, Dilworth-Anderson, & Bengston (1992) challenge researchers to generate a culturally relevant theoretical framework for the study of the relation between culture and aging.

Rossen, Knafl, & Flood (2008) state that successful aging appears to be multidimensional and depends on the interpretation of life circumstances, but successful aging does have some universals, which are well-being and health. Culture, race, gender, and lifestyle all appear to play a role in delineating the characteristics of successful aging (Rossen, Knafl, & Flood, 2008). They conducted a study on women's perceptions of successful aging and also found that aging successfully is to a large extent a deliberate decision, a mental choice to accept change and continue to engage with life and others (Rossen, Knafl, & Flood, 2008). Both research and theory have pointed to the important role of adaptation in successful aging (Bryant, Corbett, & Kutner, 2001; Baltes & Baltes, 1990).

Independence is a characteristic that is regarded as an indicator of successful aging for non-Native elders; those elders who are able to remain in their own homes and not depend on assistance are seen as aging successfully. Within minority cultures, such as ANs, multigenerational homes are common and the idea of living together, surrounded by family and community, is considered a characteristic of successful aging. Torres (2003) argues that there are various ways in which the term *successful aging* can be conceptualized and that some type of relationship exists between the cultural values the

elders prefer and the understanding of successful aging that they possess. Torres (2003) states that theoretical frameworks focusing on successful aging should allow for 'within-cultural' variation since it is antiquated to think that one culture equals one understanding of aging.

Although researchers have operationalized the term in a variety of ways (Strawbridge, Wallhagen, & Cohen, 2002; Rowe & Kahn, 1987), successful aging remains a value judgment for many. Beliefs about the meaning and relevance of successful aging have not been systematically documented, and it is important to get the perspectives of successful aging from ethnic minority groups and determine how they differ from mainstream perceptions of aging. Doing so will aid in the development of culturally appropriate health and social service programs targeting elders who wish to remain in their homes and communities. It will also address the gap in the literature on successful aging and establish culturally appropriate models of successful aging. An expanded definition of successful aging and health, to include high levels of physical as well as mental and social functioning, is needed to advance the literature.

Studies of Successful Aging

We are all aging as individuals, and we are also aging as a society. It is less clear whether we are aging well, either individually or societally, or whether aging well as individuals necessarily implies aging well as a society. We need to understand how we can come to age well (or at least better) at both the individual and societal levels, and to identify factors that can help us to do so (Herzog & House, 1991). This is important as our communities change and elders live longer; they can then live as examples of elders

aging well and promote healthy communities. Just as the concept of aging has been applied to individuals, larger groups, and societies, so must the concept of aging well, or successful aging. Successful aging is dependent on the interplay of such factors as genetics, personal and social environment, lifestyle behaviors, attitudes, and social support systems. One key to successful aging is to integrate positive physical, social, mental, emotional, and spiritual activities into the daily lives of elders (Pelletier, 1994).

A current trend in the literature on successful aging has been to expand Rowe and Kahn's (1987) model of successful aging to include the subjective experiences of aging adults using a "strengths of aging" or "gerotranscendance" model that focuses on the growth potential and subjective experiences of aging individuals (Hillton, Kopera-Frye, & Krave, 2009). In addition to focusing on the positive aspects of growing older, Stephen Post (2003) believed spirituality, or attaining a sense of purpose and meaning, is a fourth domain of successful aging that needs to be added to Rowe and Kahn's model. In spite of the growing interest in obtaining the subjective experience of aging from elders, few studies have encouraged elders to express their views on successful aging in their own words (Hillton, Kopera-Frye, & Krave, 2009). Jopp and Smith (2006) explain that while successful aging, or aging well, is difficult to define, there is consensus on two categories of predictors of well-being: personal resources (i.e., income, education, health, social networks) and self-regulatory processes (i.e., goal adjustment, control beliefs, coping skills).

Seeman et al. (2001) conducted a study on the relationship of social ties and support to patterns of cognition and found that cognitive functioning is a key determinant

of quality of life and the ability to maintain independence as older adults. Social integration and support networks have been linked to protection against adverse physical and mental health outcomes, such as heart disease and depression, which are associated with cognitive decline (Seeman et al., 2001). They point out that those older adults with better cognitive skills engage in more frequent and complex social interactions, which in turn promote cognitive well-being. These elders may also have more access to resources that enable them to engage in social activities, which strengthens their support networks. Baltes and Lang (1997) compared resource-rich and resource-poor older adults and found that negative aging effects are less pronounced among individuals who are rich in resources. Using the SOC model to further understand the impact of resources on everyday functioning, they argue that sensorimotor, cognitive, personality, and social resources are important for successful aging because they facilitate the three processes of the SOC. For example, the more resources older adults have, the more able they are to anticipate, confront, and adapt to aging-related losses. It could be argued that older adults with fewer resources are less active and not as engaged in social activities as those with access to more resources and support networks. Even though older adults may have access to resources, there are still some who do not believe they will age successfully due to their past or current living conditions.

In a study by Sarkisian, Hays, & Mangione (2002), the authors found in their sample that many older adults do not expect to achieve the predominant model of successful aging. They found that about half of the older adults in their study regarded worsening physical health and cognitive function as normal parts of the aging process.

These beliefs were found predominantly among the older patients and those with poor health-related quality of life (Sarkisian, Hays, & Mangione, 2002).

Community Engagement and Aging

As the AN population grows older, an important question is how to ensure that elders are able to remain active in their communities in the face of adversity and change. The most useful strategy for facilitating health and well-being among older people is to provide opportunities for productive involvement that permits them to tailor their participation according to their health limitations and preferences for a balance of work and leisure and that allows for a choice among specific productive activities (Herzog & House, 1991). Herzog and House go on to state their general proposition that individual and societal aging could benefit from increased productive participation of the aged, but options that are flexible in quantity and format need to be available in the communities.

One goal of future research must be to bring together psychological and biological perspectives, not only combining the variables observed in each case, but also integrating them in a theoretical sense (Greve & Staudinger, 2006). It will be important to address the external sources of support for the elders in each community and how these sources of support contribute to the sustainability of each elder remaining in his or her community.

Explanatory Model Research Design

Arthur Kleinman, psychiatrist and anthropologist, used the term *explanatory model* (EM) to explain that the patient and healer may have very different conceptual

understandings of the nature of illness, its cause, and its treatment. EMs contain explanations of any or all of five issues: etiology, onset of symptoms, pathophysiology, course of sickness, and treatment (Kleinman, 1980). EMs are tied to specific systems of knowledge and values centered in the different social sectors of health. Kleinman's (1980) original approach to explanatory models involved asking questions through an exploratory process of qualitative enquiry. He believed that obtaining the patient's view of the world and of his or her illness within that world gives rise to a better understanding of the illness, including its perceived meaning within a certain culture or society. Kleinman's original concepts, which examined health and sickness from an anthropological perspective, formed the basis of the semistructured interview used in this dissertation. Kleinman explains one approach to understanding health and illness is to learn about Indigenous systems of healing and EMs, which are common to specific cultural groups. This understanding of the patient's experience can be achieved before attempts are made to connect diagnostic categories to related care pathways (Bhui & Bhugra, 2002). The subjects are encouraged to talk openly about their attitudes and experiences with the aim of eliciting concepts held and their relationships to current situations and culture (Lloyd et al., 1998). EMs can be defined as cultural knowledge, beliefs, and attitudes with respect to a particular illness or other aspect of health; they also contribute to research with emic perspectives of illness and elicit local cultural perspectives on sickness episodes (Lloyd et al., 1998).

Grounded Theory

The term *grounded theory* and explanations of the theory's characteristics have been with us hardly more than three decades. The term was introduced in 1967 by Glaser and Strauss in *The Discovery of Grounded Theory.* In their book, the authors contrasted (a) creating theory during the process of gathering information with (b) bringing to the research project a theory that was the result of speculation about how and why social phenomena occur as they do (Thomas & Smith, 2003). Grounded theory, according to Monette, Sullivan, & DeJong (2002), "is a research methodology for developing theory by letting the theory emerge from the data or be 'grounded' in the data" (p. 226). Two primary characteristics of this design are the constant comparison of data with emerging categories and theoretical sampling of groups to maximize the similarities and the differences of information. With the use of this methodology, there is a continual interplay between data collection, data analysis, and theory development. Theory development occurs in the midst of data collection, rather than taking place after the data collection, and those who use grounded theory often do qualitative research by making direct observations or conducting interviews in field settings. Strauss and Corbin (1998) define grounded theory as a theory that is derived from data, systematically gathered and analyzed through the research process. When working with grounded theory, a researcher does not begin a project with a preconceived theory; rather, the researcher begins with an area of study and allows the theory to emerge from the data. Using this methodology, the theory derived from data is more likely to resemble the 'reality' than is a theory derived

by putting together a series of concepts based on experience or assumptions (Strauss & Corbin, 1998).

This research methodology appears to be easier than others in that the data and observations direct the research, but there are challenges with using grounded theory. According to Creswell (1998), there are four main challenges when using grounded theory. The first challenge is that the researcher must set aside theoretical ideas or notions so the analytical theory may emerge. The second challenge is the inductive nature of this methodology. The researcher must recognize that this is a systematic approach to research with specific steps in data analysis. Third, the researcher faces the challenge of determining when categories are saturated or when the theory has been sufficiently detailed. The last challenge is to recognize that the primary outcome of this study is a theory with specific components: a central phenomenon, causal conditions, strategies, conditions and context, and consequences.

Barnes (1996) discusses grounded theory and the concept of culture and the challenges researchers face when conducting research in a culture different from their own cultural background. Grounded theory is recognized as one of the major qualitative research approaches currently used by health care researchers (Barnes, 1996). The major difference of this method from other qualitative methods is its emphasis on theory development, which makes it unique among qualitative methods (Barnes, 1996). Dey (1999) emphasizes Glaser's insistence that the main task of grounded theory is to generate hypotheses, not to test them. Grounded theorists also observe patterns in data, in whichever form it is observed, and establish concepts and hypotheses based on these

patterns. It is not the job of a grounded theorist to report on a respondent's viewpoints, but to interpret what is being observed, heard, or read in order to establish meaning and create categories of meaning (Barnes, 1996). Denzin and Lincoln (2000) state that the main focus of grounded theorists is to construct an objective image of a reality. It is the job of researchers to take a world that is unknown to the reader and make it real based on their observations and experiences in the environment.

Charmaz (2006) argues that preconceived theoretical concepts provide starting points for looking at data but do not offer automatic codes for analyzing these data. It is safe to assume that all grounded theorists approach their data and code it on the basis of their previous knowledge or area of study. One could argue that if researchers were completely objective and documented exactly what they observed without any preconceived notions, they would have to be devoid of any previous knowledge. It could be argued that a researcher using grounded theory to observe a behavior, or phenomenon, will bring his/her own interests, theory, assumptions, and values. If researchers did not have any interest or theories supporting what they assumed they would find, they would not expend the time and energy needed to conduct the study.

There are many critiques of grounded theory and how it is used to gather data and explain behaviors. One of these critiques is the fact that the "authors choose evidence selectively, clean up subjects' statements, unconsciously adopt value-laden metaphors, assume omniscience, and bore readers" (Denzin & Lincoln, 2000, p. 521). One could argue that researchers highlight what they believe to be important for the reader, based on their existing knowledge and experiences. According to Glaser and Strauss (2006), the

researcher should highlight his observations and what he knows best from the experience. There are ways that the researcher's observations could be contested, but it is challenging to argue with someone who has first-hand knowledge of the experience. There may be instances where other researchers have studied the same community or phenomenon and have different experiences and findings. These differences support the argument that there is no way to observe the same thing and come up with the exact same findings; each researcher will have his own observations and experiences based on his personality, background, culture, and so on.

Researchers may differ on their experiences and come to different conclusions, but they can stand strong in their beliefs and experiences when contested by other researchers or individuals. The many ways of supporting one's findings are discussed in Glaser and Strauss's (2006) book, *The Discovery of Grounded Theory: Strategies for Qualitative Research.* They describe using direct quotes, dramatic segments, or summarizing events that provide descriptions, or detail personal experiences, relevant to the study findings and conclusions.

These supporting statements and examples do not necessarily mean the researcher is correct in his observations; it just highlights his experiences and what he believes, or observed, to be true. It is through this process of gathering data, observing patterns, and illustrating these findings to the readers that the researcher has established a theory.

When researchers determine they are going to use grounded theory as a research methodology, they have automatically brought in their bias. How researchers approach research and the type of methodology they choose are based on their experiences and

what they hope to gather and answer with their data. Many researchers believe they are able to remain objective and conduct research without bringing in their area of expertise or pre-existing theories on the topic. One characteristic of researchers that may not be addressed, or researchers made aware of, when beginning a study with grounded theory, is the researcher's background, or culture. Most researchers focus on their educational background, area of research expertise, or experience in the field, but many do not realize their cultural background creates a filter through which they view their research. Barnes (1996) discusses the role of culture and emphasizes the fact that many ethnographers are studying cultures different from their own and do not realize the influence their background has on their interpretations. Barnes (1996) does not state explicitly that being from a different culture negates the research or observations or that the researcher should select a different methodology, but that "the grounded theory method may have some limitations when the researcher's and respondent's culture differ significantly" (Barnes, 1996, p. 431). One of the challenges of not being from the same culture is whether the researcher can understand the cultural meanings and behaviors, but this can be challenging even for researchers who are from the same culture. Barnes emphasizes the importance of understanding the respondent's culture in order to fully understand his or her behavior, experience, or language, especially in the health care field. The background and experiences of researchers will directly affect how they explain cultural dimensions and differences in the data.

Grounded theorists create a story based on their observations and experiences; this story reflects the viewer as well as the viewed (Denzin & Lincoln, 2000). It is

important to understand that this research methodology should not be used with longitudinal research because grounded theories can only portray a moment in time (Denzin & Lincoln, 2000). The benefit of grounded theory is that it can be used to study social processes to understand connections between events or better understand a phenomenon, but one of the challenges of conducting research of any kind is the continual changes in society. Denzin and Lincoln (2000) explain that the social world is always in process of change and the lives of the research subjects shift as their circumstances and they themselves change continually. It is through the researcher's experience and knowledge that the reader is able to understand and learn about another culture.

In an ideal world, grounded theory would be completely objective, devoid of pre-existing ideas about the research questions and hypotheses about what the researchers will find in their data. Every researcher brings a set of ideas, or theories, that drive their epistemological and ontological theories of why certain things are the way they are. To be devoid of ideas about why certain things exist as they do is to lack passion or imagination in understanding the social world. Researchers, or grounded theorists, are able to document their observations and allow the data to emerge without directly influencing the meaning, but every researcher brings his own background, heritage or culture, and experiences that will shape how he views the data. Research is a multicultural process; class, race, gender, and ethnicity shape the process of inquiry (Denzin & Lincoln, 1994). Grounded theory may have many critiques and criticisms and

may never be completely objective, but it works for qualitative research studies where the participants' words and experiences drive the research agenda.

Community-Based Participatory Research

This study shares a set of core principles and characteristics of community-based participatory research (CBPR), such as being participatory and cooperative, being a co-learning and empowering process, and achieving a balance between research and action (Minkler & Wallerstein, 2008; Israel et al., 2005). The first two principles of CBPR acknowledge the community as a unit of identity and builds on the strengths and resources within the community, which are evident in this study. The third and fourth principles, facilitating a collaborative, equitable partnership with co-learning in all phases of the research, are also instrumental in this study. To obtain entry into the community and meet with nominated Elders, the tribal councils served as excellent resources who had firsthand of their community and its residents, which is an example of the CBPR principles adhered to in this study.

The fifth principle, achieving a balance between knowledge generation and intervention, was addressed as the communities discussed how they use the members' knowledge to improve programs and services that enable their elders to remain in their homes and communities. Many community members had a working knowledge of the challenges of growing older in a rural community, but they primarily thought of the negative changes associated with aging. The Elders in this study highlighted the positive aspects of becoming an Elder and taught the community members that aging does not have to be something to dread. The final two principles were also addressed in this study

in that the results were disseminated to the participating communities and other interested parties in the region, and it is the hope of this investigator that future research will be conducted with these communities and that the relationships will continue to grow. This study has moved effective, community-based research forward in the Bristol Bay region, where most of the previous research has been biological in nature and did not involve people. This study demonstrates the fact that community-based research can be done effectively and in a timely way, and that communities will continue to be involved once the data are gathered and disseminated.

CBPR is about conducting effective and culturally appropriate research that keeps the community's perspectives in mind. From the creation of the questionnaire to the focus groups, community input was vital in ensuring it was culturally appropriate and reflective of each community's unique culture and history. CBRP is a timely process that involves people and eliciting their responses and experiences, which is unlike other forms of research. A successful CBPR project is one built on trust and rapport with the community and its residents, which is a long-term process and one that was the foundation of this study. It is important to note that the research process associated with CBRP is more important than the research product because it is based on the essence of community participation and capacity building. The community is most likely less familiar with the research process, and so it is important they understand the process and know what they can contribute to the project. This type of education effort is important when establishing relationships with the community, especially when research has been damaging to Indigenous communities in the past.

Historically, few American Indians and Alaska Natives (AI/AN) have taken part in research studies and little has changed in the last decade (Trimble & Fisher, 2006). There are various reasons, but efforts are under way to encourage research with tribal communities, as well as to protect AI/AN participants so they become more willing to participate in research studies. This lack of research with tribal communities has created gaps in the knowledge and understanding of health disparities in Indigenous communities. The Institute of Medicine (IOM) recently encouraged participation in research as one strategy to eliminate health disparities experienced by the AI/AN population. Conducting research with a tribal community involves numerous steps, especially when gathering data on sensitive subjects, such as health behaviors and practices.

Conducting research with tribal communities poses unique challenges due to the context of the research, the methods of inquiry employed, and the potential implications of the findings (Trimble & Fisher, 2006). Numerous safeguards have been put in place to protect ethnic minority communities because of past unethical or culturally insensitive research practices, which have been damaging for both the community and the researcher. Vine Deloria (1988) states that researchers "derive all the benefits and bear no responsibility for the ways in which their research is used" (p. 457). Too many times researchers have worked in minority or tribal communities with the intention of boosting their career or solving a social problem that would improve their reputation or make advances in science. In order to overcome the barriers faced by researchers wishing to work with tribal communities, it is important to demonstrate that the researcher has the

community's interest at heart. Fisher and Ball (2003) state that since the 1970s, numerous researchers working with AI/AN participants and communities have commented that, for investigations to be successful, certain issues outside of conventional science must receive attention. One research methodology that is appropriate for working with tribal communities is CBPR. The CBPR process is defined as a partnership approach to research that involves community members, organizational representatives, and researchers in all aspects of the research process (Minkler & Wallerstein, 2008; Israel et al., 2005).

Holkup et al. (2004) explain that CBPR, with its emphasis on partnering with communities, provides an alternative to traditional research approaches that assume a phenomenon may be separate from the focus of the study. When proposed research projects with tribal communities show relevance to local priorities, the community has the right of review and approve publications prior to dissemination. When they claim ownership of the data generated by the study, they are more willing to support and approve the project (Manson et al., 2004). Other terms associated with this type of research include tribal participatory research (Fisher & Ball, 2003) and participatory action research (Fisher & Ball, 2003). Other names for this methodology include action research, participatory research, participatory action research, community-based research, action science, action inquiry, and cooperative inquiry (Holkup et al., 2004). These terms are used interchangeably in research articles, but CBPR will be used consistently in this study.

CBPR recognizes the community as a unit of identity, builds on the strengths and resources of the community, promotes co-learning among research partners, and emphasizes the relevance of community-defined problems (Holkup et al., 2004). The strengths and advantages of CBPR are that it allows for the adaptation of existing resources, explores local knowledge and perceptions about the problem, empowers people by allowing them to participate in their own research investigation. The community is also permitted to provide input to bring credibility to the project and align it with what the community perceives as healthy goals (Holkup et al., 2004). Researchers who approach the community prior to implementing a research project are apt to be more successful in implementing and completing their project than someone who enters the community without any knowledge of or support from it.

By engaging community stakeholders in a discussion, the investigator can translate widely held concerns into a research question and design a project that will benefit the needs of the community and not the needs of the researcher. In order to get to this step, the investigator must work collaboratively with the community multiple times, sometimes over several months or even a year. Manson et al. (2004) explains that this professional exchange requires multiple site visits along with phone and written correspondences prior to submission of a formal research protocol. These interactions are crucial so the researcher and community are clear about what the community will gain in terms of practical applications of the results. It is important to note that CBPR is a time-consuming process and not something that can be completed in a few weeks, or even months and requires a long-term commitment on the part of the research team. One way

to ensure you have the commitment of the research team is to involve community members as part of the team. Fisher and Ball (2003) support the inclusion of community members as members of the CBRP team because of their acceptance within and understanding of the community and because of their potential commitment to projects that may have positive effects on the community. Manson et al. (2004) emphasize the importance of visiting the community multiple times prior to beginning the actual research project because it helps the researcher determine who would be best to approach about joining the team, as well as determining who the key informants for the study would be. It was also important to visit each community, establish relationships, and locate key community members because local personnel can shed light on methodological and substantive issues, including the cultural appropriateness of the research design (Manson et al., 2004).

Putting the research under the control of the community leaders and members gives them a sense of empowerment and strengthens their self-determination; the researcher provides the knowledge and skills to conduct the research project and the community provides the passion and commitment to bringing the research project to fruition. Once the community determines how to most effectively address its concerns, the research team moves forward with recruitment of research participants in the community. When conducting interviews with community members, some individuals may feel more comfortable being interviewed by the researcher or may wish to be interviewed by one of the community members. It is important to recruit individuals who have an interest in the study and wish to see positive social change made in their

community because it will also ensure that the response rates obtained are high enough to make the research project worthwhile.

Alaska is unique in having many distinct Native cultural groups (e.g., Aleut, Athabascan, Eskimo, Yup'ik, and Tlingit/Haida), and each possesses characteristics and lifestyles that distinguishes it from the others. For example, each group engages in subsistence economies, cultural practices, and rituals that are unique to their region of the state (Trimble & Fisher, 2006). Camic, Rhodes, and Yardley (2003) emphasize the importance of learning as much as you can about the community in which the study will be conducted. Ensuring that your research represents fairly and comprehensively the contexts and people under study requires two things: a representative sample and complete community engagement in the research process. These two methods will also ensure that the research conducted will be respectful of the participants, be responsive to their concerns, and will not stir up controversy or create other difficulties.

One of the first questions asked by many Indigenous communities when approached about participating in a research study is what they will gain from the study. When conducting research with ANs, it is important to have justification of why a specific cultural group or community has been selected and to demonstrate that the researcher has their permission or approval. It is important to understand that certain ethnic minority groups are hesitant to participate in research. Trimble (2003) discusses the shortage of ethnic minorities in psychological research, which has been the focus of the NIH Revitalization Act. Some groups may have a healthy skepticism about the value

of research for their communities, which may reflect a distrust of academic researchers and concerns regarding how the findings will be used, or misused (Trimble, 2003).

One of the unique characteristics of ethnographic research is that the researcher is the primary instrument of data collection (Schensul, Schensul, & LeCompte, 1999). Unlike other research methodologies, ethnographies are susceptible to researcher's bias and critique of the community; all the information collected is being filtered through the subjective opinions and experiences of the researcher. There is no way to completely eliminate researchers' bias in their studies, but soliciting feedback is one way to ensure that the findings are more reflective of the community at large. One way to measure the validity of this research is to take the final results of the interviews back to the communities and determine if the respondents agree with the data analysis and write-up, and the observations and study report reflect their reality.

There are numerous aspects of conducting research with minority communities to be taken into consideration, starting with fair representation, respect for participants, and avoiding controversy and future injustices. Over the years, researchers and ethnographers have learned new cultures and languages, documented their experiences through notes and photographs, and given readers an insight into another world. They have also introduced obstacles along the way because of unethical research, poor judgment, and a lack of understanding of the culture, but this is changing through the use of CBPR.

Chapter 3: Methodology

The Research Setting

This study took place in Bristol Bay, Alaska, which is the Southwest region of Alaska on the Alaska Peninsula. The study used six data-collection sites—Dillingham, Manokotak, Naknek, Nondalton, Perryville, and Togiak. These communities are representative of the three AN cultural groups that originated in this region: Aleuts, Athabascans, and Yup'ik Eskimos. Dillingham, the regional hub and largest community in the Bristol Bay region, is the center for the health services that serve the 34 villages in this region, with the Kanakanak Hospital serving the region (Figure 1).

Bristol Bay Borough

Bristol Bay is a culturally diverse region and home to the largest red salmon harvest in the world. This region is rich in history and continues to thrive, and the Native peoples carry on their traditional subsistence lifestyles, participate in the commercial fishing industry, and live off the land and sea.

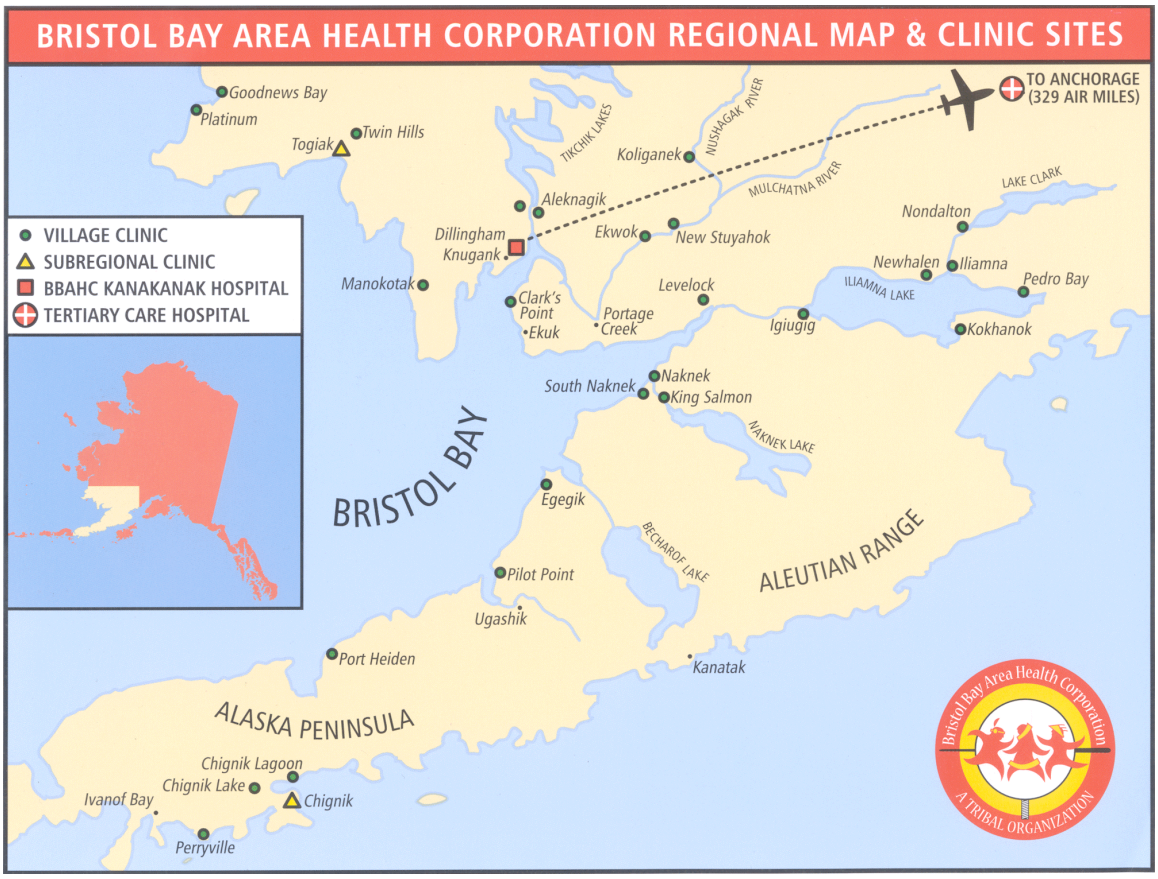

Figure 1 Bristol Bay Regional Map, courtesy of Bristol Bay Area Health Corporation

Dillingham

Dillingham, at the northern end of Nushagak Bay in northern Bristol Bay, at the confluence of the Wood and Nushagak Rivers, was incorporated in 1963. It lies 327 miles southwest of Anchorage; it is a 90-minute flight to Anchorage and a 6-hour flight to Seattle. Dillingham's primary climatic influence is maritime; however, the Arctic climate of the Interior also affects the Bristol Bay coast (State of Alaska Community Database, 2008).

The area around Dillingham was inhabited by Aleuts, Athabascans, and Yup'ik Eskimos and became a trade center when Russians erected the Alexandrovski Redoubt

(Post) in 1818. Local Native groups and Natives from the Kuskokwim Region, the Alaska Peninsula, and Cook Inlet mixed together as they came to visit or live at the post, making this a melting pot of AN cultures. The community was known as Nushagak by 1837, when a Russian Orthodox mission was established. The 1918–19 influenza epidemic struck the region and left no more than 500 survivors. After the epidemic, a hospital and orphanage were established in Kanakanak, 6 miles from the present-day city center. The community has a federally recognized tribe, the Curyung Native Village Council, which serves the Native community in Dillingham and surrounding communities. Presently, 60.9% of Dillingham's population is Alaska Native or part Native. Traditionally a Yup'ik Eskimo area with Russian influences, Dillingham is now a highly mixed population of non-Natives and Natives. The commercial fishing opportunities in the Bristol Bay area are the focus of the local culture and a primary source of income for many families (Bristol Bay Native Association, 2008). Most residents in Dillingham rely on fishing (commercial and subsistence) and hunting and gathering as their sources of income and food (State of Alaska Community Database, 2008).

Dillingham serves as the hub for the villages in the Bristol Bay region, and the Dillingham and King Salmon airports are the main transportation centers for the region and the Alaska Peninsula villages. Food and supplies are flown into these two airports to be distributed via small commuter planes to the surrounding villages. The Bristol Bay Area Health Corporation (BBAHC), through Kanakanak Hospital, provides the health care services in Dillingham and in the regional and subregional clinics in the villages.

Kanakanak Hospital is a 16-bed facility providing 24-hour medical, pediatric, and obstetrical care. Offices for a number of BBAHC's ancillary departments, such as Alcohol & Drug Abuse, Community Health Aide Program, Emergency Medical Services, Women-Infants-Children, and the Infant Learning Program, adjoin the hospital. Also located on hospital grounds are Aanamta (Our Mother's) House, a prenatal boarding home, and the Bristol Bay Counseling Center (in a building completed in 2006). Dillingham is also home to the region's only Native-run assisted-living facility, Grandma's House (Bristol Bay Area Health Corporation, 2008).

Manokotak

Manokotak, located 25 miles southwest of Dillingham on the Igushik River, is a Yup'ik Eskimo village with a fishing, trapping, and subsistence lifestyle. Manokotak is one of the newer villages in the Bristol Bay region. This community became a permanent settlement in 1946–47 with the consolidation of the nearby villages of Igushik and Tuklung; people also migrated from Kulukak, Togiak, and Aleknagik. Many residents of Manokotak now use Igushik as a summer fish camp.

Until a new school was built in 1958–59, classes were conducted in a church constructed in 1949. A post office was established in 1960. The city of Manokotak was incorporated in 1970 and is the fourth most populous village in the Dillingham census area. Approximately 95 residents hold commercial fishing permits for salmon and herring fisheries. In addition to commercial fishing, many residents also trap fox, beaver, mink, and otter. Most village residents depend heavily on fishing and subsistence activities, and they usually move to Igushik or Ekuk each summer to fish. Salmon, herring, sea lion,

beluga whale, trout, ptarmigan, duck, and berries are also harvested. Sharing relationships exist with several area villages, especially Togiak and Twin Hills. The local government provides 83% of the year-round employment in the community, and the sale, importation, or possession of alcohol is banned in the village (State of Alaska Community Database, 2008).

Naknek

Naknek is a fishing community with a mixed population of non-Natives, Aleuts, Athabascans, and Yup'ik Eskimos. Yup'ik Eskimos and Athabascan Indians first settled this region of Bristol Bay more than 6,000 years ago. In 1821, Capt. Lt. Vasiliev noted the original Eskimo village of Naugeik and by 1880 the village was called Kinuyak; it was later spelled Naknek by the Russian Navy. The first salmon cannery opened on the Naknek River in 1890, and by 1900 there were approximately 12 canneries in the Naknek area. The Homestead Act of 1862 enabled canneries to acquire land for their plants and also made land available to institutions and individuals. The parcel owned by the Russian Orthodox Church on the north bank of the river was the first land recorded in Naknek. Squatters built shelters on the church property, which was eventually sold as lots in what became the present-day center of Naknek. Naknek has developed as a major fishery center and is now considered the commercial fishing capital of the world. Naknek is accessible only by air and sea and connects to King Salmon via a 15.5-mile road, where the airport hub is located for large jet service (State of Alaska Community Database, 2008).

Nondalton

Nondalton is the Tanaina Indian name first recorded in 1909 by the U.S. Geological Survey. It is a Tanaina village with a fishing and subsistence lifestyle. The sale of alcohol is prohibited, although importation and possession are allowed.

The village was originally located on the north shore of Six Mile Lake, but in 1940 wood depletion and growing mud flats caused the village to move to its present location on the west shore. Presently, Nondalton is between Lake Clark and Iliamna Lake, 190 miles southwest of Anchorage. The post office, established in 1938, relocated with the villagers. Nondalton formed an incorporated city government in 1971.

Fishing is an important source of income in Nondalton, and fourteen residents hold commercial fishing permits. Another source of summer employment is firefighting. The community relies heavily on subsistence hunting and fishing, with many families traveling to fish camp each summer (State of Alaska Community Database, 2008).

A current controversy is the proposed Pebble Mine, located 17 miles away from the community. Community members in Nondalton are split on whether this mine will financially benefit the community and the region by providing employment opportunities. Half of the community members are working on the current exploration activities for Pebble Mine, and the other half of the close-knit community oppose the development (State of Alaska Community Database, 2008).

Perryville

Perryville was founded in 1912 as a refuge for Alutiiq people driven away from their villages by the eruption of Mount Katmai. Perryville is on the south coast of the

Alaska Peninsula, 275 miles southwest of Kodiak and 500 miles southwest of Anchorage. Captain Perry of the ship *Manning* transported people from the Katmai area to Ivanof Bay, and later to the new village site at Perryville. The village was originally called Perry, but "ville" was added to conform to the name of the post office, established in 1930 (State of Alaska Community Database, 2008).

Today the village maintains an Alutiiq culture and a subsistence lifestyle, with commercial fishing providing a cash-based income. Perryville is accessible only by air and sea. There is a state-owned 2,467-foot gravel runway and a seaplane base. Scheduled and charter flights are available from King Salmon, which has the nearest large airport. Barges deliver fuel and supplies each spring, preparing residents for the fishing season. A small-boat harbor serves the fishing community, and all-terrain vehicles and skiffs are the primary means of local transportation (State of Alaska Community Database, 2008).

Togiak

In 1880, Old Togiak, or Togiagamute, was located across the bay from present-day Togiak and had a population of 276. Heavy snowfalls made wood gathering difficult at Old Togiak, and so gradually people settled on the opposite shore, where the task was easier. Togiak is a traditional Yup'ik Eskimo village with a fishing and subsistence lifestyle. Today, Togiak is at the head of Togiak Bay, 67 miles west of Dillingham. The village lies in the Togiak National Wildlife Refuge and is the gateway to Walrus Island Game Sanctuary (State of Alaska Community Database, 2008).

Many residents of the Yukon-Kuskokwim region migrated south to the Togiak area after the influenza epidemic in 1918–19. A school was established in an old church

in 1950, and a new school building and a National Guard armory were constructed in 1959. A flood in 1964 destroyed many fish racks and stores of gas, fuel oil, and stove oil. Three or four households left Togiak after the flood and developed the village of Twin Hills, which is upriver from Togiak. The city government of Togiak was incorporated in 1969. The sale, importation, or possession of alcohol is banned.

Togiak's economic base is primarily commercial salmon, herring, and herring roe-on-kelp fisheries. Today, 244 residents hold commercial fishing permits; fishermen use flat-bottom boats for the shallow waters of Togiak Bay. There is one on-shore fish processor, and several floating processing facilities operate in or near Togiak during the fishing season. The entire community depends heavily on subsistence activities; salmon, herring, seal, sea lion, whale, and walrus are among the species harvested. A state-owned lighted gravel airstrip with a crosswind airstrip is available for the scheduled and chartered flights that arrive daily from Dillingham. Freight is brought in by air or barge. Skiffs, autos, ATVs, and snow machines are used for local transportation (State of Alaska Community Database, 2008).

Sampling

Participants consisted of a purposive sample (n = 26) of AN Elders in six Bristol Bay villages recruited through the traditional village councils. In this study, there were six Aleut Elders from the villages of Naknek and Perryville; 19 Yup'ik Eskimo Elders from the villages of Dillingham, Manokotak, and Togiak; and one Athabascan Elder from the village of Nondalton. Only one Elder agreed to participate in the study in Nondalton because the community was experiencing interview fatigue due to the proximity of

Pebble Mine and the community's having been interviewed repeatedly over the past year. The Bristol Bay Area Health Corporation (BBAHC), the regional tribal health organization established by the 34 Bristol Bay tribes in 1973, determined the study selection criteria. The BBAHC wanted the study to include all the area's Alaska Native tribal groups (Aleut, Athabascan, Yup'ik Eskimo) and residents of both the hub and remote villages, but it was not possible to include a sufficient number of Athabascans. Consequently, the study examines what "successful aging" means to a sample of Yup'ik and Aleut tribal members. The participant criteria were (1) to self-identify as Alaska Native and (2) to be considered an Elder by their respective communities. The BBAHC, as well as the individual village councils, nominated the Elders for this study. I did not want to interview just any "elderly" person who was available, and so I used a nominating process with each participating village council to select individuals who were considered an Elder by their respective community and were willing to participate.

Study Demographics

Participants ranged in age from 61 to 93 years and were Aleut, Athabascan, or Yup'ik Eskimo from one of the six villages that participated in the study. More than half of the Elders in this study lived independently with their spouses, or partners, and a majority of the widowed women lived with their extended family. It is important to note that the Elders in the assisted-living facilities in Dillingham were less willing to participate in the interviews than those Elders who lived in their own homes. The institutionalized Elders were less enthusiastic about the study and did not consider

themselves as aging as well as those who were independent, or living with family members.

Of the 26 AN Elders in this study, five listed English as their first language and had learned their Native language (Aleut and Yup'ik Eskimo) after they were grown. Twelve Elders in this study were widowed (10 women, 2 men), and more men were married than women (8 men versus 5 women). In regards to education, 17 participants had less than a high school graduation and one Elder had finished high school. Four Elders received their GED later on in their life, and two Elders had taken some college courses, but had not completed a college degree. Only two Elders did not respond to this question, or never attend formalized school. The Elders' household size ranged from living alone to 10 people living in their home, the average household size being four. Most Elders owned their own homes (n = 20) and the remaining Elders lived with their extended family. One Elder in Dillingham lived by himself in the senior apartments.

Data Collection Procedures

All procedures were structured through the CBPR framework. Figure 2 shows how this was conceptualized in this study and each of the stages that will appear in the methods section. Scheduling and conducting interviews were at the discretion of the individual village councils and the availability of the Elders. The participating communities in this project served as co-researchers and contributed to the implementation, development, and dissemination of this research. The communities, and Elders taught me how to work effectively in each respective community and how these data should be presented. The communities, and Elders, were involved in the research

process as much as they felt necessary, and they felt they were adequately represented in the research process as well as the findings and data analysis.

Gaining Access and Approval

Within the perspectives of CBPR, my dissertation began by determining whether the research question was important and beneficial to the communities in Bristol Bay. Before contacting individual communities, I spoke with the BBAHC Ethics Committee about my proposed project, its importance, and relevance to the communities in Bristol Bay. In April 2008, I presented my dissertation proposal at the Western Alaska Interdisciplinary Studies Conference (WAISC) in Dillingham to receive feedback from community members and other researchers working in Western Alaska.

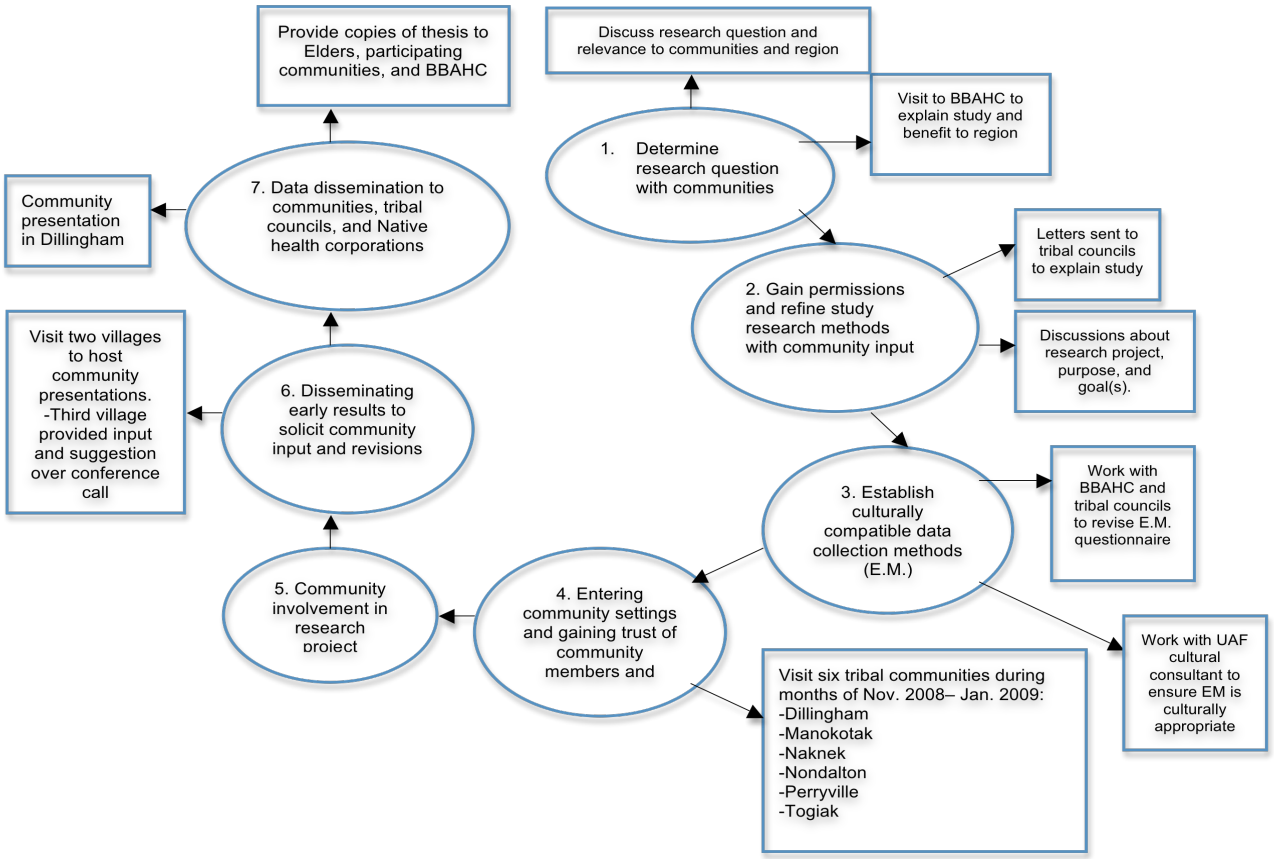

Figure 2 CBPR Process: Developing a co-researcher methodology

The BBAHC Ethics Committee expressed interest in the project and believed it would be an important contribution to the region and its residents. During this approval process, we worked collaboratively to identify specific communities with whom I would work directly and determined the best way to present my study to them. The BBAHC approved a list of communities, all located in different areas of Bristol Bay in order to reflect the cultural diversity of the region, and I began the process of establishing rapport with each community.

Because the BBAHC had never dealt specifically with a student researcher, they asked me to submit my research proposal to the Alaska Area Institutional Review Board (AAIRB) for its approval. After I obtained AAIRB approval, the BBAHC would permit me to begin the introductory process with the participating communities.

Introductory letters were sent to the presidents of the traditional village councils of the selected communities to explain the purpose and goal of this research. Follow-up phone calls were made to answer any questions and schedule visits with the traditional village councils and Elders selected to participate in the study. From November 2008 to January 2009, visits were made to each of the participating villages to meet with the traditional councils and to conduct interviews with the selected Elders.

Upon my arrival in their community, respondents were interviewed in their homes, tribal office, or wherever else they felt most comfortable. Establishing rapport with the Elders is an important aspect of this research project; this established a level of trust needed to gain insight into what it means to age in rural communities in Bristol Bay and how these Elders age successfully. During the individual interviews, I was invited

into the Elders' homes, where I was served meals and tea. Visiting with the Elders and their family was crucial to establishing rapport and trust with the Elders and help them open up and share. In both Manokotak and Togiak the use of a Yup'ik translator was needed as most of the Elders had very limited English-speaking skills.

Approval Process

The data collection procedures from the University of Alaska Fairbanks IRB, Alaska Area IRB (AAIRB), and Bristol Bay Area Health Corporation Ethics Committee (see Appendices 4, 5, & 6) were followed during the interviews. The semistructured questionnaire consisted of closed and open-ended interview questions that focused on aging in Bristol Bay, the aging process from a holistic perspective (physical, mental, emotional, and spiritual), how one views getting older, ideas of what it means to age well, as well as what role their community plays in their ability to age well and remain in their homes and community. To gain a broader perspective, the questions also focused on the Elders' subjective definition of poor aging and what this means to them and their community (see Appendix 2).

The purpose of these questions was to gain a holistic perspective on aging in rural Alaska, what it means to age well, how aging impacts their bodies, emotions, and spirituality, and their perspectives of the community. The questions in the study were designed based upon findings from the pilot study in which Elders and nonelders provided input and guidance on the relevance, importance, and cultural appropriateness of the questions and study overall.

Interview Schedule

During fall 2007 a pilot study was conducted with a purposive sample of eight Elders and seven nonelders in order to determine the feasibility and cultural appropriateness of using the cultural consensus model (CCM) (Romney, Weller, & Batchelder, 1986). The pilot study used the CCM to explore whether there was agreement on the concept of successful aging among Alaska Native cultural groups. Dressler (2004) states that the "degree of consensus on a model and the degree to which individuals share in that consensus can be estimated quantitatively using the cultural consensus model" (p. 27). He argues that working from the pattern of agreement regarding some domain, in this case successful aging, using a relatively small population size, this model provides a reasonable inference that the individuals share a model of that domain. Romney, Weller, & Batchelder (1986) believe that culture is most usefully studied in terms of knowledge and that the most important characteristic of cultural knowledge is that it is shared among those being studied.

Before the pilot study, the hypothesis was that AN Elders would define successful aging as being able to continue living their traditional lifestyle, engage in subsistence activities, eat their traditional food, pass down knowledge to younger generations, live among close family and friends, and have access to health care services. In most of the literature on successful aging, access to quality health care services was important in an Elder's view of whether he or she was aging successfully. After interviewing AN Elders about what would be required for them to age successfully, there was hardly any mention of health care, let alone access to or quality of care.

Elders were volunteers from the Fairbanks area that represented four (Aleut, Athabascan, Inupiaq, Yup'ik Eskimo) cultural groups with a mean age of 75 and an age range of 62 to 84. In addition to interviewing the eight Elders, I interviewed a purposive sample of seven nonelder Alaska Natives representing four (Athabascan, Inupiaq, Tlingit, Yup'ik) cultural groups in this younger age group, who ranged in age from 33 to 52 years. The CCM methodology (Bernard, 1988) was used in this study to gain a sense of cultural beliefs about aging from AN Elders, which consisted of 23 questions with opportunities to utilize probing questions.

Eight interviews were conducted with Elders who indicated that much of how people view whether they are aging successfully is based on personal responsibility and cognitions. Most Elders stated that reaching a certain age (e.g., 65 years) does not determine their status as an Elder, but rather it is determined by the wisdom and experiences they gain throughout life. After analyzing the results of the interviews with Elders and nonelders, I found that the nonelders placed more emphasis on their current health status and how it will impact their aging process, whereas the Elders emphasized their ability to give back and take personal responsibility of their health and well-being. A majority of the participants, both Elders and nonelders, indicated that they followed examples of aging well from their family members and close friends. All mentioned an Elder in their life who served as an example of what it meant to age well and how their family, friends, and community respected them. Everyone in this pilot study emphasized the importance of respecting others and taking care of themselves. No one stated it

specifically in his or her interviews, but it seems that everyone who participated hopes to serve as an example of successful aging for future generations.

The findings of the pilot study between the Elders and nonelders varied greatly in their perceptions and definitions of successful aging. Because of these differences, the larger dissertation utilized an Explanatory Model (EM)(Kleinman, 1980) questionnaire rather than the CCM used in the pilot study. Kleinman (1980) used the term *explanatory model* to explain that the patient and doctor may have different understandings of the nature of the illness, its cause, as well as the prescribed treatment. Jezewski and Poos (2002) explain that EMs are stories that people construct to better understand an illness within the context of their own culture. The EMs used in other studies (Jezewski & Poos, 2002; Poos & Jezewski, 2002) developed culturally specific EMs of diabetes from the perspective of Mexican Americans; the EMs in these studies focused on emic perspectives of illness. Rather than focusing on emic perspectives of illness, this dissertation study focused on the subjective experiences of aging in Bristol Bay.

The interviews consisted of open- and closed-ended questions, allowing time to gather demographic information as well as to ask open-ended questions that enabled the Elders to share stories and elaborate on their answers. The format of the interviews was more like a visit in their home than a formal interview, giving the Elders a relaxed environment and allowing them to share as much as they wanted. Being more comfortable, the Elders were more likely to share and provide more details of the benefits and challenges of growing older in their community. Examples of questions on the EM interview schedule are: At what age do you think a person becomes an Elder in your

community? What do you think successful aging means? Do you think there are differences in how people age when it comes to living an urban community versus a rural community? And, How does getting older affect you as a person (bodily, spiritually, emotionally, and cognitively)? To gain a clearer picture of successful aging, there was a question about the signs, or symptoms, of poor or unhealthy aging.

The final questionnaire was shaped by what was learned from the pilot study. For example, questions focused more specifically on the role the community plays in how they view aging as well as to differentiate between aging in rural versus urban communities. For example, a question asked whether there were differences in how people age well in rural or urban communities; an additional question was added which asked about the role of their community in whether someone can grow older in a healthy and positive way. This question focused on the role of the community in how Elders' viewed their ability to remain independent in their home and community. The original interview schedule consisted of 21 questions, which the elderly participants said were too long and repetitive, and so the final questionnaire was shortened to 15 questions. One of the key findings of the pilot study was to avoid directly asking the Elders to talk about themselves, which makes many feel uncomfortable. To overcome this problem, vignettes were used to illustrate examples of hypothetical situations in which elders are either aging successfully or poorly. Most of the elderly participants were more comfortable talking about role models who served as elders in their lives and communities.

Conducting this pilot study provided me data on how to change the interview to be more culturally appropriate, as well as how feasible it is to do this type of interview

with Elders. Based on the findings of the pilot study, the measurement instrument was slightly altered to reflect the recommendations of the elders and ensure cultural appropriateness.

Interviewing Procedure

Upon arriving in each community, I met with each tribal council president and translator to introduce myself and learn more about the community and the Elders I would interview. In each community a tribal council member or the translator took me to the Elders' homes to introduce me and explain my study in further detail. Each of the interviews was conducted either in English or in the Native language of the Elder with the assistance of a translator from the community. Elders who participated received an honorarium for their time, as well as tea and smoked fish.

After introductions and visiting, the respondents signed a consent form explaining the scope of the study, the voluntary nature of their participation, their right to stop or withdraw from the study at any time without any consequences, and the importance of confidentiality. To begin the interview, a biographical questionnaire was administered to gather basic demographic information about the participant and to get a richer understanding of their background and connection to the community (see Appendix 1). After the semistructured Explanatory Model (EM) questionnaire (see Appendix 2) developed for this project was administered, discussions followed for clarification and participants were given an opportunity to ask further questions. The interview took an average of one hour to complete, with the shortest interview lasting 45 minutes and the longest interview lasting 75 minutes. The mean length of time for the interviews was 55

minutes and most frequent length of time, or the mode, was 65 minutes. There was only one Elder who discontinued the interview and withdrew from the study because that person was uncomfortable with the questions and believed I was visiting her home to remove them from their family and send them to Anchorage and discontinue their public assistance.

Upon completion of the individual interviews, focus groups were conducted in four of the six communities in an Aleut, Athabascan, and Yup'ik Eskimo community to discuss the results of the interviews and summarize the responses and experiences of the Elders. The focus groups allowed the participants to share their experiences and feelings, offer comments and suggestions on the AN model of successful aging, and share anything else they felt was pertinent to the discussion and study.

Data Analysis

Data were analyzed with the use of Atlas Ti, a qualitative research program (www.atlasti.com). This software, meant for large bodies of textual, graphic, audio, and video data, offers a variety of tools for accomplishing the tasks associated with any systematic approach to "soft" data—that is, material that cannot be sufficiently analyzed using formalized, statistical approaches. This software enables the researcher to manage, extract, compare, explore, and reassemble qualitative data in creative, flexible, and systematic ways to establish meaning—in this case, to reassemble the data to establish a working definition of successful aging. The qualitative data received during the interviews and focus groups provided information on aging in rural Alaska, what aging means to Elders, and what needs must be met to ensure they age successfully in their

community. An inductive research strategy was used in which ideas, concepts, and themes emerged from the data by beginning an inquiry without a priori definitions or hypotheses about what will be discovered (Yegidis, Weinbach, & Morrison-Rodriguez, 1999).

Once the interviews were completed and transcribed, the researcher open coded, recoded, and analyzed the qualitative data (e.g., interview transcripts) to establish codes and patterns in the response; this process is known as open and axial coding (Strauss & Corbin, 1998). This process enabled the researcher to find recurring themes and begin to infer meaning from the data and understand the aging process in rural Alaska.

The kappas (Table 1) ranged from an average for all codes of .80 for the first transcript coded, to .88 for the fifth, and to .90 for the tenth transcript. The range for kappas over all three transcripts by all codes was a low of .60 to a high of .99. The majority of kappas for codes were above .70. We saw our reliability improve in each code and the kappas were within the range of substantial to almost perfect (Landis & Koch, 1977). Average for all kappas was .87 and exceeds the recommendation of .85 for a substantial reliability.

After reviewing the interview transcripts and checking every fifth transcript to compute the kappa, I discussed with another graduate student who had been my other coder how the codes related to each other and their contribution to the definition of successful aging. To obtain patterns in the qualitative data, the three phases of analysis were (1) coding themes that emerged, (2) categorizing them, and (3) identifying patterns occurring in each of the interviews. Categories and themes were integrated with

information gathered from an extensive literature review to begin to generate a theory of successful aging.

A list of the codes and how the themes define successful aging and how one relates to others is listed in Appendix 3. Following the coding and recoding, the analyses were taken back and the results were presented to the community for commentary. During the focus groups, the participants were asked if the AN model of successful aging reflected their views and perspective on successful aging in their community, and what they would like to see added; we also discussed any findings that they said did not reflect their views. These sessions were recorded to refine the model to reflect the consensus across the groups, which established the definition of successful aging articulated in this dissertation.

Table 1 Kappa statistics

CODES	Transcript 5	Transcript 10	Transcript 15	**AVERAGE**
Alcohol	0.80	0.96	0.99	0.92
Being active	0.81	0.89	0.90	0.87
Optimism	0.80	0.89	0.90	0.86
Busy	0.78	0.80	0.85	0.81
Chronological age	0.97	0.97	0.99	0.98
Communication	0.73	0.75	0.82	0.77
Community support	0.85	0.83	0.89	0.86
Dependent	0.86	0.89	0.90	0.88
Elders	0.89	0.89	0.95	0.91
Family	0.87	0.92	0.94	0.91
Food	0.85	0.89	0.90	0.88
Government assistance	0.86	0.93	0.94	0.91
Health (good)	0.85	0.90	0.92	0.89
Health (poor)	0.75	0.89	0.90	0.85
Health insurance	0.80	0.85	0.99	0.88
Inactivity	0.83	0.89	0.90	0.87
Independent	0.80	0.86	0.89	0.85
Institutionalization	0.85	0.90	0.91	0.89
Mixed ethnicity	0.90	0.91	0.91	0.91
Outmigration	0.83	0.97	0.94	0.91
Poor aging	0.84	0.89	0.90	0.88
Religion/Church	0.89	0.93	0.93	0.92
Rural/Urban	0.93	0.96	0.96	0.95
Sense of purpose	0.60	0.75	0.80	0.72
Subsistence activities	0.94	0.90	0.90	0.91
Technology	0.65	0.89	0.85	0.80
Traditional knowledge	0.70	0.75	0.80	0.75
Wasteful	0.75	0.77	0.77	0.76
Western influence	0.85	0.90	0.90	0.88
Worry	0.80	0.94	0.94	0.89
Youth	0.75	0.83	0.83	0.80
SUM	25.38	27.29	27.91	**0.87**
AVERAGE KAPPA	0.82	0.88	0.90	**0.87**

Insider/Outsider Research

As an Alaska Native (Aleut) from the Bristol Bay region, I bring knowledge and familiarity with the region and cultural groups. This region is diverse in that it is home to three Alaska Native cultural groups (Aleut, Athabascans, and Yup'ik Eskimos), and this study compares across those groups. As an Alaska Native, I have access to the communities that a non-Native would not necessarily have, but there are also boundaries, or challenges, that must be addressed as an "insider." One of the challenges of being an insider in Bristol Bay is obtaining objective data. "Those who conduct research must be aware of their positionality in relation to their research participants, their lack of objectivity in getting, analyzing, and reporting data, and how 'traditional' methods may influence their work" (Brayboy & Deyhle, 2000, p. 168). On the other hand, there are benefits associated with being an insider. Swisher (1998, 1986) states that, "the very position of being an insider in American Indian communities enhances the validity of the research process, data collection, and analysis" (quoted in Brayboy & Deyhle, 2000, p. 166). Breen (2007) lists three advantages of being an insider to the research domain: "a superior understanding of the group's culture; the ability to interact naturally with the group and its members; and a previously established, and therefore greater, relational intimacy with the group" (p. 163).

One of the benefits of being an "outsider" is the ability to detach yourself from the research setting and findings. "The 'detachment' of the Outsider allows her to see what others take for granted" (Griffith, 1998, p. 364). It is important to note that all researchers approach their research with certain hypotheses, or assumptions, about what

they anticipate finding. “All researchers begin data collection with certain assumptions about the phenomenon being investigated, situations being observed, and people to be interviewed. The more one is like the participants in terms of culture, gender, race, socio-economic class, and so, the more it is assumed that access will be granted, meanings shared, and validity of findings assured” (Merriam et al., 2001, p. 406). It has been commonly assumed that being an insider means easy access, the ability to ask more meaningful questions, and the ability to project a truer understanding of the culture being studied. On the other hand, insiders have been accused of being inherently biased and too close to the culture to be curious enough to raise provocative questions. In regards to the outsider, their advantage lies in the curiosity with the unfamiliar and the ability to ask taboo questions, thus getting more detailed information (Merriam et al., 2001).

I believe my status as an insider from the region, but an outsider to the participating communities, provided me access to the community members but gave me enough distance to remain objective in my interviews and analysis. This study allowed me to be engaged as an insider, but to remain detached from each specific community and not permit myself to become overly involved in the community; this enabled me to remain objective and not be swayed by involvement in the community. Hewitt-Taylor (2002) states, “engagement, not detachment, is required of the qualitative researcher, and that objectivity of the findings, not the researcher, is paramount” (p. 34). The accuracy of my findings was checked through the triangulation of my data with the use of focus groups. Upon completion of the interviews and my analysis of the data, I returned to three communities in Bristol Bay (one each of the following: Aleut, Athabascan, and

Yup'ik Eskimo community) to share my findings and conclusions to ensure that my findings are reflective of the Bristol Bay region.

Limitations

One of the limitations of this study is the hunches and the ideas that I, the student, have gained in my life experience and through the literature reviews on successful aging. This research is not, therefore, a "pure" or "naïve" study with few if any assumptions. This research study could be considered a hybridization of grounded theory; it allows the theory to emerge from the qualitative data, but it is also driven by the student's knowledge of successful aging and of which theories are most appropriate when working with ethnic minority elders.

A second limitation to this study is the fact that the results cannot be generalized to Alaska Native Elders across the state of Alaska. The region of Bristol Bay is culturally diverse in that it is home to three distinct cultural groups, but their environment and traditional practices are unique and not similar to any other cultural group in Alaska. The findings of this dissertation study are reflective of the Bristol Bay region and should not be generalized to Alaska Native Elders across the state, which limits the scope and replicability of the study. This study also cannot be generalized to Elders across the state or the entire Bristol Bay region, because it does not have a random sample with an adequate *n* size for each group being studied. This dissertation study is developing a theory of successful aging to test, not prove and can be considered discovery research. It is also limited in generalizability by the small *n* of tribal participants. CCM has indicated that typically saturation is reached after about 17 to 20 interviews, but I did not have that

many in any one tribal group or gender group (Kreuger & Casey, 2000; Asbury, 1995). Because of these limitations, the study is heuristic and suggests directions for future research.

One of the limitations of this study is the fact that I worked with a purposive sample of AN Elders who live in the Bristol Bay region; it is not guaranteed I interviewed an equal number of Elders who are aging successfully or who are aging poorly.

Potential Benefits

It is assumed that this study will have positive impacts for the Bristol Bay region and its elderly population, either through improvements to the delivery of health care services to rural elders or through adding curriculum material to the Community Health Aide Program (CHAP) and teaching the aides how to work with Elders who are aging successfully and wish to remain in their homes and communities. It is also assumed this dissertation research will shed light on the positive aspects of aging in Bristol Bay and highlight the positive aspects of aging. This study has been approved by the University of Alaska Fairbanks (UAF) Institutional Review Board (IRB), as well as the Alaska Area IRB, and the Bristol Bay Area Health Corporation (BBAHC) Ethics Committee (see documents in Appendices 4,5, & 6).

Chapter 4: Results

"They seem to do better when they don't leave their village" (P1 interview).

"Because the mind controls the body" (T3 interview)

An Alaska Native Model of Successful Aging

This chapter describes successful aging through the perspectives of Aleut, Athabascan, and Yup'ik Eskimo Elders in Bristol Bay that were given during interviews in each of the participating communities. The major themes emerging from the transcribed and analyzed data and supported by focus group discussions will be presented and discussed.

Eldership

The purpose of this section is to discuss what it takes for a person to attain Eldership and then describe how Elders perceive successful aging. The concept of *Eldership,* a cultural and social construction, serves as one primary model of successful aging among AN Elders in Bristol Bay. Successful aging can be defined as becoming an Elder, i.e., achieving a respected role in one's community. In these AN communities, becoming an Elder is not defined by reaching a specific chronological age, but rather by having certain characteristics, wisdom, and life experiences. When asked how Elders define who is an Elder, knowledge was more important than a person's age or status in the community. An Elder in Togiak summarizes it by saying, "The knowledge, more so than age" (T6 interview). An Elder in Naknek defines whom she considers an Elder in

her community: “Well, for what they did for the community, you know, they had soft hearts, always helping, and they were very lovable people” (Na2 interview).

The concept of *Eldership,* rather than *elder,* is used in this study because the results of this study highlight more of the characteristics that communities view as important to functioning as an Elder and focus less on the status of Elder, which is inferred with the term *Elder.* In the gerontology literature, the idea of Elder is based on benchmarks: reach age 65, retire, and receive Social Security benefits. It is important to note that the AN Elders did not mention these benchmarks as determining who is considered an Elder in their community. When first asked how they determine who is an Elder in their community, they would jokingly give a chronological age (e.g., 65), which I believe is what they thought I wanted to hear. Further into the discussions, the characteristics of whom they considered an Elder were more important than the chronological age.

In addition to helping their communities and being loving individuals, Elders were also considered to be hard workers who persevered through difficult times. The Elder in Naknek expands on her definition by stating, “Like they say, they weren’t lazy people. They were working people and togetherness” (Na2 interview). An Elder in Perryville explains what she considers important aspects of being considered an Elder: “They work and are healthy. They very seldom get spells” (P3 interview). These statements highlight a key aspect of aging successfully, which is remaining active to the best of one’s ability. A majority of the Elders in this study emphasize the importance of remaining active in their homes and communities, regardless of their physical health.

This act of remaining active also contributes to their sense of mental well-being, or being optimistic about life and being engaged in their community. Activity theory supports the notion that remaining active in later life contributes to physical and mental well-being. From their life experiences and hardships, most of the Elders learned to never give up. An Elder in Togiak states, "They don't give up. Because they grew up with that, from their elders and their grandfathers. We keep those in mind, to focus every day" (T3 interview).

Another characteristic that distinguishes Elders from other elderly people is their leadership skills, which includes leading by example and sharing their knowledge with the younger generations. The Elder from Togiak explains what it means to be a silent leader:

> You see, I am a silent leader. I am telling my kids, my grandkids, without saying anything. My kids and grandkids will be doing what I have been doing while I am gone, or while I am alive. For example, honesty, appearance, friendliness, being considerate. Those things I am telling my kids without saying anything. Every parent, every person is doing what I am doing (T3 interview).

Learning from the words and experiences of the Elders was important to the participants in this study. Most of the Elders mentioned another Elder, or role model, who had shared his or her knowledge on how to live a healthy and productive life. The words and experiences of the Native Elders on how to age well differ from the findings of what it means to age well in non-Native communities. The mainstream definitions of successful

aging are based on the medical model, whereas the ANs approach successful aging and health from a holistic perspective. An Elder in Togiak states, “Through the mouths of those people, through the people who spoke to me. I used to think, whenever they spoke to me, ‘if I follow what this person is saying without forgetting it, I will be like that’” (P28 interview). An Elder from Naknek states, “That is a good way, from the Elders that you know and how they lived and look at how they are getting along. You try to do likewise” (Na2 interview). An Elder from Dillingham summarizes learning from his Elders by stating, “Well, I would compare what I was doing with people who were making an effort to live a better life, and so, my understanding became in that area, a little more effective” (D1 interview).

Native communities believe in educating others, especially the youth, and this knowledge sharing contributes to the health and well-being of the community. The Elders in this study emphasize the importance of sharing their knowledge and educating their community and youth. An Elder in Naknek states, “Being active in contributing to society and making your knowledge available to everybody and still having a effect, still providing information to, and helping, your community” (Na3 interview). All of these aspects of Eldership focus more on the characteristics and life experiences of Elders in each community and less on the physical aspects of aging.

The following discussion will define and explain in further detail the domains of Eldership in Bristol Bay. Based on the data analysis and interviews, there are four themes of Eldership that will be discussed in this dissertation.

Domains

During the analysis of the interview data, four domains emerged, each of which highlighted important aspects of successful aging. These domains became nodes that together define Eldership in Bristol Bay: 1) emotional well-being; 2) community engagement; 3) spirituality; and 4) physical health (see Figure 3, which is illustrated as an Explanatory Model).

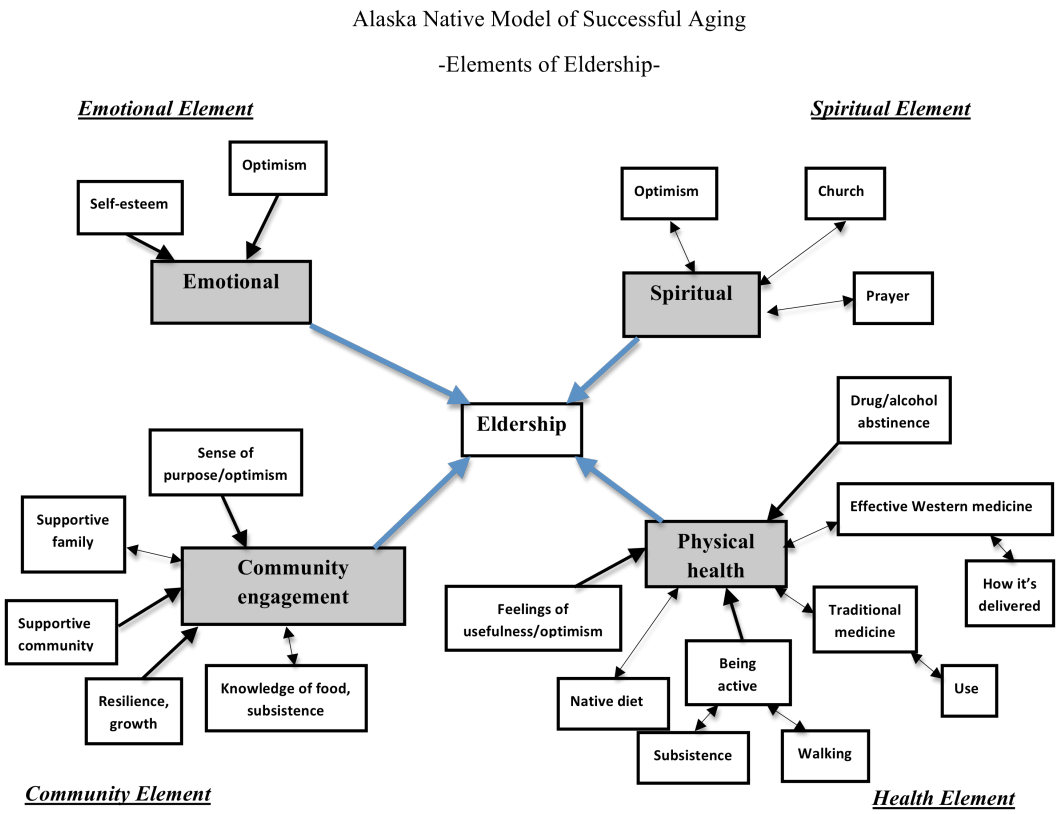

Figure 3 AN Model of Successful Aging

Domain 1: Emotional—Maintaining Positive Self-Esteem and Being Optimistic

"It's just the attitude of that person. Being positive is #1 for aging well. Positive and active." (Na3 interview)

The emotional theme is found throughout each of the domains and serves as one aspect of enabling someone to age successfully. It is primarily defined by what was coded as optimism. Although the Elders do not use the term *optimism*, they do describe a positive outlook that might be called optimism. For example, the Elder from Nondalton states, "Well, there's times you feel good. Very good" (N1 interview). In addition to being happy and feeling good, optimism also involves having a positive attitude. An Elder in Togiak explains, "yes, much better attitude" (T3 interview) when asked about the impact of aging successfully in Togiak. This theme is central to the four main domains that support the concept of successful aging and will be discussed along with its relevance to each one and how it enables Elders to age successfully. This illustrates the important interactions among the four domains. They are not entirely separate.

This theme is central to the health and well-being of AN Elders in that they focus on remaining optimistic in times of change or personal challenges, such as limited mobility or a chronic illness. An Elder in Togiak states, "People that are friendly and have a cheerful outlook, seem to age better; view aging as another phase and are not bothered. It is just something that happens" (T6 interview). The Elders in this study emphasized the importance of remaining optimistic and not dwelling on negative aspects in their life, worries, or mistakes. An Elder in Manokotak states, "Ones that don't worry too much stay young. Ones that worry too much age faster" (M6 interview).

In addition to maintaining a positive outlook, it is also important to have emotional balance and control and not act irrationally. Keeping a clear head and not reacting without thinking through the situation was important to them as well as how the community views them. Elders explained the importance of forgiving others and not letting mistakes and damaged relationships stay bottled inside, but expressing your feelings and moving forward. An Elder in Togiak says, "Forgiving people and talking about my worries" (P26 interview). Another Elder from Togiak emphasizes the importance of thinking through her feelings and not acting rationally. "By not doing what first comes to mind. Even though I may be angry I try not to do what I really want to do. And holding back what I want to say to others if it will hurt them. This is how I become an elder" (P27 interview). An Elder in Manokotak states, "Even when people upset me, I stay still" (M1 interview). Another Elder in Togiak states, "Well, a person who does whatever comes to mind sometimes brings them to something not so good. But trying to live a good life is much better" (P28 interview).

In addition to being optimistic and maintaining an emotional balance, it is important to avoid negative thoughts and negativity. An Elder from Togiak states, "It's good for the elders not to follow the negative thoughts. Avoid the negative and bad" (P24 interview). Many of the Elders valued their relationships with their family and community members, so they continually mentioned the importance of maintaining harmony and improving relationships. The Elders in this study emphasized the importance of being optimistic and continuing to strengthen their relationships with family and community members. Maintaining positive relationships with others enabled

them to maintain a positive outlook on life and view their community in a positive light. This idea of maintaining harmony in the community directly relates to the health of the community. An Elder in Manokotak sums up maintaining positive relationships by stating, “As long as a person doesn’t make enemies around them and live right, they seem to live longer” (M4 interview).

The mention of maintaining a positive outlook on life is found throughout the interviews. An Elder from Naknek states, “I am going to have to be happy with exactly what I have done in my life and I am happy now” (Na3 interview). Another Elder from Naknek states the importance of remaining positive about life and not letting others determine how you are going live: “I think we all can, how do you say . . . we could still learn. They always say you can’t teach an old dog, but I don’t believe in that. I think old dogs can learn just as well as young dogs” (Na2 interview). It serves as the basis for healthy relationships with family and community members, as well as coping with challenges, such as age-related changes and family troubles. One Elder from Togiak talks about the importance of her family in her ability to remain optimistic and age well in her home: “But when they keep seeing their relatives, when I see my relatives regularly I am grateful. Some people give me strength when they come and talk to me and they bring happiness, I would become happy again after not being so happy” (P1 interview).

An Elder from Togiak talks about the importance of maintaining positive and healthy relationships with others and how this contributes to successful aging: “The attitude toward people is another thing. When you have a better attitude toward the people, you have an easier life” (T3 interview). The Elders maintained a positive attitude,

demonstrating the ability to accept life as it happens, making the most of every situation, and serving as an example to others. Many of the Elders in this study accepted the fact that they were aging and that biological changes were a part of this life process, yet they were not afraid of growing older. “I am okay with aging. It doesn’t bother me” (Na2 interview), states one Elder from Naknek. “I just take things as they come” (Na2 interview). Having a positive attitude and not giving up oneself regardless of the circumstances is central to successful aging. An Elder in Togiak states, “They don’t. They don’t give up. Because they grew up with that, from their elders and their grandfathers. We keep those in mind, to focus every day” (T3 interview). The Elders made a conscious decision every day to maintain a positive attitude, either through their decisions or prayer. He goes on to emphasize having a positive attitude toward life. “Positive mind. Positively, every morning when I become aware” (T3 interview).

One Elder in Naknek summarizes the attitude of the AN Elders in this study and across the region: “I think our elders always will be optimistic” (Na3 interview). The Elders put a lot of emphasis on the importance of maintaining a positive attitude to their ability to age successfully in their own homes and communities. One Elder from Naknek states, “They are happy, otherwise they wouldn’t be here” (Na3 interview).

Domain 2: Community Engagement—The Social Domain

“We get company. Like, when you are sick, they’ll help you. They don’t leave you to be by yourself.” (P3 interview)

“Because I don’t see people are not being sent home. Family, support systems are there.” (P25 interview)

The community serves as the focal point of this study, which examines the community's role in whether Elders are able to age successfully. For this study, there are two levels to the concept of community well-being: personal well-being and community well-being. The first domain, personal well-being, directly involves an Elder's sense of purpose, which is directly influenced by the Elder's family and how well the family supports that Elder and includes him or her in activities.

Family Support

Family support, or engagement, gives the Elders a sense of purpose; it gives them a meaningful role in their family and community as a bearer of traditional knowledge, leader, or caretaker. This sense of involvement contributes to the Elders' sense of well-being and optimism. It is in these roles that the Elders feel needed and respected. Based in part on his study of Sioux Indians, Erik Erikson became aware of the massive influence of culture on behavior and placed more emphasis on the external world; he felt the course of development is determined by the interaction of the body, mind, and cultural influences, which is one of the main reasons this model is used in the present study. Erikson's seventh stage of development, Generativity versus Stagnation, focuses on the older adults' desire to teach and lead the future generations, a central feature of being considered an Elder by a community. The ability and opportunity to share their knowledge and wisdom of living a traditional lifestyle with their family was an important aspect of aging successfully. When asked about who is aging successfully in Manokotak, an Elder states, "Ones that like to give advice to others and help direct the right way by

talking" (M2 interview) Another Elder in Manokotak states, "As they age they like to share about awareness and acknowledge what obstacles they are facing" (M3 interview).

One of the Elders from Naknek states, "They are happy with their families here, they are being helped by everyone. Having family and being old is probably the best thing for an elderly person" (Na2 interview). An Elder from Naknek states, "A long line of success comes from a family-oriented people. Like growing up with grandma and grandpappy, them passing on their knowledge of what a good life is, you know" (Na3 interview). A majority of the Elders mentioned family members, such as their parents or other relatives, who preceded them and now serve as role models of successful aging. "My brother was an elder" (P3 interview), states one of the Elders in Perryville. He goes on to discuss the role of family in how he learned to age well. "We were brought up by our parents and our elders" (P3 interview).

An Elder from Togiak discusses the importance of families in the Elder's health and well-being and the reciprocal relationship that must exist. "There are a lot of family members with them, supporting them, and they're supporting their families" (T6 interview). In addition to supporting one another, another important aspect of aging in their own home and community is having a support system that prevents the Elders from having to relocate. An Elder in Togiak states, "Here, they pretty much care for them, even to the stage where they are bed-ridden, need to be changed" (T6 interview). One of the Elders in Togiak states, "Family support, family visiting makes them age better" (P25 interview).

The prominent role of family in the health and well-being of the Elders is different from the mainstream view of Elders in non-Native communities. The mainstream culture sees elders in terms of becoming dependent on others, suffering from poor health, and being institutionalized, which is in direct contrast to the view of Elders in AN communities. AN Elders base part of their identity on their community, whereas Elders in urban communities place more emphasis on being independent and less connected to a community. Extended families and communities contribute to an Elder's sense of well-being, which is not an important aspect of growing older in non-Native communities. This idea of being considered a burden on their families is more prominent in urban communities and the Elders are more likely to live alone, or in a facility, whereas AN Elders live with extended family and continue to be an active member of their community. A quote from an Elder in Manokotak sums up how Native communities view their elders: "We encourage our elders to die here in our village" (M6 interview). Another Elder in Manokotak states, "We keep our elders here" (M8 interview). Manokotak is one of the villages in the study that prides itself on keeping its Elders in the community, even when suffering from poor health.

Most of the families in Bristol Bay keep their Elders in their homes and care for them until the end; institutionalization is the last resort. All Elders in this study reported wishing to remain in their own home and not relocate, regardless of their health; they expressed an interest in Bristol Bay providing homes in their communities for Elders who wish to live in their community near their families, culture, and subsistence foods.

One of the study's interesting discoveries is the difference between the more traditional communities and those that are more affected by Westernization and its views on family. In the more traditional communities, such as Togiak and Perryville, family played a more prominent role in support and enabled the Elders to live independently. "It seems to be better to become an elder around relatives instead of leaving them" (P27 interview). An Elder in Togiak discusses the traditional role of the family and its continued relevance in how families should function today: "In olden days, when the money was scarce you could commute with the family, the whole family because they were little families. When the widow had nothing, the husband, no husband, group of people go fishing for that widow to get food for that widow, so that widow would have everything throughout the winter (T3 interview)." He goes on to emphasize the importance of the reciprocal nature of family relationships. "It has to work both ways. See, the elders have to be supported by the family and he has to support his family" (T3 interview). In conclusion, "Having family and being old is probably the best thing for an elderly person" (Na3 interview).

In the discussion of differences between aging in a rural versus an urban setting, urban communities were associated with less family support and being homebound. One Elder in Togiak states, "I think the ones that have a poor relationship with their families, or with the community, or a lot of times, you see people that are, not necessarily housebound, but they never get out and never join in any activities. If I just laid in the house and had nothing to do, I think I would be depressed" (T6 interview). An Elder in Togiak discusses the disadvantages of living in an urban community: "In Anchorage they

don't have the help of their families too, unless if they bring them with them. Change of food, I noticed that too really somehow. When I'm in Anchorage my daughter has to drop me off at the store. When I need to go to the store and if it's a couple blocks away I walk, but it's scary" (P25 interview). In addition to the lack of activities for Elders, the lack of security and the feeling of community are missing in urban communities. Many of the Elders are unfamiliar with the large cities, like Anchorage, and do not feel safe. Even the dynamics between family members is different in urban communities; Elders report that younger family members are constantly working and visit only in the evenings. An Elder in Naknek explains her experience when visiting her daughter in Anchorage: "So, but then, she leaves to work at 6:30 a.m. and returns home at 7:30 p.m. at night over at the hospital, so she is not home until almost 8:00 p.m. When I cook there, I wait for her and we eat late and I do nothing but lay around" (Na1 interview). The Elders do not have a sense of purpose or usefulness in the cities; they do not have tasks they can participate in as they do in their home communities. The inability to get around town without a car limits activities, such as shopping or visiting with friends and relatives. Overall, they are less active than they were at home.

Another significant difference between rural and urban communities is the lack of a sense of community found in urban communities. The Elder in Nondalton discusses her preference: "It would be better here. Because, in Anchorage, I know when I go out there, just to visit, I don't hardly get enough exercise. I usually go in the car, go in the house. There is nothing to do in there but watch TV" (N1 interview). It is also easier for an Elder to grow older in a rural community because of the support that exists and a more laid-

back approach to life. An Elder in Togiak discusses that thought: “An elder would be easier for him to live in a rural area because in an urban area, the things you do in rural is not there. For instance, your neighbors, your family, the people that share food with you, fish, things like that. In urban, you struggle” (T3 interview).

Food, such as subsistence foods, plays an important role in successful aging, and this was mentioned periodically as one of the main differences that keep Elders in their rural communities, regardless of the challenges. An Elder in Togiak says affordability of food is why he chooses to remain there:

> Here, I get about 75% of what we eat from the surrounding area. Only 25% of what we eat is store bought, which is very expensive. But if I was in urban, I have to buy 75% of what I eat and 25% from rural areas. Here, I don’t have to pay for everything, especially food, which is expensive. In urban, you practically have to buy your friendship (T3 interview).

Another Elder from Togiak, when asked where she would like to grow older, insisted on remaining at home, which is the sentiment felt among most of the elders in this study. She states, “When I become an old woman I will refuse to go from here. I’m not going to a big city even when I become an old woman” (P1 interview).

Supportive Community

On the community level, the community’s interaction with Elders and providing opportunities for them to engage in activities were important to an Elder’s definition of successful aging. The second domain of community engagement, community well-being,

involves the Elders' inclusion in community events and activities and feeling they are supported beyond their immediate family. One Elder from Perryville discusses the role of his community in his sense of belonging and well-being. He states, "Here, here, here. Safer. Somebody to watch them, take care of them, you know. Especially those helpless people, oldest people. We help them here" (P25 interview). An Elder from Togiak echoes this sentiment, stating, "I think as an elder, you are a part of the family here, an important part in most cases." He adds, "I think, and it is not necessarily the elders, but also adults, and even kids, you need to have more of a community togetherness, whether it is a potluck, a church activity. I think the elders would be very appreciated if they could pass on their knowledge, like with skin sewing classes, kayak building classes, where an elder can teach others" (T6 interview).

An Elder from Perryville discusses the importance of having community members who provide support that enables her to remain independent in her own home: "I get help and some young people pick me up on my way home. And some people bring me food" (P2 interview). Another Elder from Perryville reiterates this feeling of community and Elders receiving assistance to remain in their community. "And in these small villages they don't ignore the other people and they keep bringing them food. Even though we can't go hunting now, the people give us different kinds of food almost every day. We eat all kinds of fresh food almost every day" (P1 interview).

Within both of these constructs, incorporating traditional knowledge and providing opportunities for the Elders to share this knowledge were instrumental in their personal health and well-being. "Like, even in my age, I am still pretty active in hunting,

but there are a lot of hunters that want to go do this traditional lifestyle, but maybe an elder can have a class to show them how to build a harpoon, or the right way to put together a sled. Have more activities where they can get out and about and show their skills" (T6 interview). References to Elders sharing their traditional knowledge is directly associated with the Elders' concerns about the youth not learning their culture and history. Many of the Elders believe that if the youth learn traditional knowledge and traditional medicine, they will do well in life. For example, an Elder from Dillingham states, "Well, I think, uh, young people would begin to understand their grandparents' way of life. And follow the pathway of getting your food, and learn the better food values for themselves, I think this would do them well" (D1 interview). An Elder from Naknek discusses how we can learn from our Elders and their lifestyle, stating, "That is a good way, from the elders that you know and how they lived and look at how they are getting along. You try to do likewise" (Na2 interview).

This sense of giving back to the community and educating the youth is strong among the Elders and contributes to their sense of well-being and knowing they have taught the future generations how to live a traditional and healthy life that will continue their culture and traditions into the future.

Knowledge of Native Foods and Subsistence

Traditional knowledge is acquired through a lifetime of living off the land by engaging in subsistence activities, such as hunting, gathering, and fishing. This knowledge serves as the foundation of the community and is passed down through the generations, which gives the Elders a sense of purpose and a role in the community.

Many of the Elders in this study practice traditional medicine, which they teach to others in the community, paying particular attention to the youth. An Elder in Togiak discusses her continued use of traditional medicine to cure common ailments. She says, "When I get a cold I cook plants and medicate myself. Since my husband has a cold I give him juice from the plants for medication" (T1 interview). She states where she learned about traditional plants and medicines: "I do what I heard from our ancestors and I take native medications" (T1 interview).

Much of the traditional knowledge shared today occurs between Elders talking with one another and sharing stories. The Elder in Nondalton talked about some of the Elders sharing stories: "I think it is by talking, the elders talk to each other. Ummm . . . telling each other what it feels like when you are getting old" (N1 interview). An Elder from Naknek talks about the importance of traditional knowledge in his life and what was taught to him by his elders: "I learned it from Grandpappy, something that was passed down through the ages. Learning what is good, what is bad, what you need to do to age well and the big thing is staying healthy, being outdoors, the fresh air, and being active" (Na3 interview).

In regards to traditional knowledge, many of Elders expressed interest in sharing their knowledge but said few opportunities exist in the communities. Most of the Elders live a traditional lifestyle and wish to pass this knowledge on, but the interest among the youth and community members is very low. This lack of interest is important to mention because this transmission of knowledge ensures that traditional medicine and knowledge are preserved and practiced in the future. This generation of youth will be the last

generation who will be able to learn from traditional Elders who grew up living off the land and engaging in subsistence activities that they learned from their elders. How youth today are learning to hunt and subsist differs from how the Elders learned as youth, but living off the land and engaging in subsistence activities is still as important to survival as it was in the past. Elders discussed the importance of passing on their knowledge to the youth and its role in their health and well-being; the sense of Generativity is important to the Elders and is one of the tenets of Alaska Native cultures. The Elders in this study have also demonstrated how to integrate traditional medicine and knowledge with Western medicine; Elders use traditional medicine to cure common ailments (e.g., flu, diarrhea) but also take prescription medications from their health clinics and doctors. The Elders also discussed their desire to share their knowledge through classes, or gatherings, in their community, and each community should provide a way for these Elders to share their knowledge before it is lost.

Resilience and Community Sustainability

The concept of resilience has not been widely applied to the aging literature, even though most Elders demonstrate resilience in their later years. Lebowitz, Pearson, & Cohen (1998) state that old age holds the potential for positive and creative growth. Elders are able to develop new skills for adaptation (e.g., resilience) and learn new strategies in the face of loss (e.g., plasticity); these capabilities promote potential for maintaining independence. For example, many Elders face stressful events, health problems, loss of loved ones, financial insecurities, and isolation, yet they continue to live their lives to the fullest; this ability can be attributed to their resilience. In the context

of this study, resilience can be defined as "the ability to bounce back or to overcome adversity" (McCubbin, 2001, p. 2). For example, AN peoples and communities have overcome adversity such as the in-migration of non-Natives and missionaries seeking to further educate Natives and assimilate them into Western society. A specific example is the missionaries who imposed Western education on ANs and required them to speak English. An Elder in Dillingham discussed the impact of this in his interview:

> I begin to realize that, the way the people have been told not to speak their Native tongue. Now, its begin to be realized the mixture of young people not being able to learn properly and also we hear a lot of suicides, suicides and I think that is because the mind is all mixed up, but uh, why they should not speak their culture's way of learning and also, it's Westernized, we learned that Westernization is different than what they realize about their own cultural ways of life (D1 interview).

Today, partly in response to land-claims legislation that recognized Native rights, ANs have shown greater determination to revive their cultural traditions and languages while adapting to changes, seeking to establish a balance between traditional and modern institutions. This is an example of resiliency and adaptation that blends the traditional ways with the Western ways.

Elders display resiliency in that they have survived the onslaught of Western expansion and have adapted to rapid changes in the rural communities. The Elders are also an important source of Indigenous knowledge in addressing resilience, which can be

integrated with Western science to enable Native communities to hunt and fish to meet their needs for food and to maintain traditional ties to the land and sea. For example, AN Elders in Bristol Bay, which is known for its fisheries, have adapted fishing technology; fishing boats are now equipped with refrigeration units that allow fisherman to be at sea for longer periods. As Native Elders relocate to urban centers for health care reasons or to be near family and as they pass on, it becomes increasingly challenging to maintain traditional culture and language to ensure that AN cultures are not assimilated or lost over time.

AN Elders possess many characteristics and life experiences that contribute to their resilience and growth. They have frequently overcome various forms of adversity, such as the colonizing efforts by the Western society, and they still wish to remain in their own homes and community, passing down traditional knowledge and stories of their childhood. AN Elders also have experiences of bridging the traditional and modern worlds, sharing their knowledge with younger generations so they may continue to live their traditional lifestyle within a modern mixed cash-subsistence economy. Ferrario et al. (2008) contend that successful aging is an elder's ability to grow and learn by using past experiences to cope with present circumstances while maintaining a realistic sense of self, which supports the idea of Bowling & Dieppe (2005) that successful aging is a dynamic process and the outcome of a lifetime of development.

Providing health care that enables AN Elders to age successfully in their communities will sustain their resiliency and enhance community sustainability by strengthening connections with traditional culture and language. One Elder in Togiak

discusses the importance of having community activities for the Elders and youth, such as a potluck or skin sewing class taught by the Elders. This not only engages the Elders in the community, but also strengthens the sense of community that exists in these rural communities. For example, the Elders in Togiak all discussed their desire to remain in their community and the community's need for a senior's home. One of the Elders in Togiak states:

> I think it would be better to make an elders' home here and people without jobs could go to them and take care of them. That would be better if they make a house for elders and put those who can no longer care for themselves and have their relatives and even if they were not their relatives, can go to them and care for them. It would be better that way if they make a home for the elders here in Togiak since there are a lot of people here (T1 interview).

It will be important to ensure that Elders feel accepted and able to participate in community activities and to share their knowledge. When Elders are involved in their community, they feel a sense of belonging, impacting their psychological well-being; the lack of social stimulation negatively impacts the health and well-being of elders (Cook et al., 2007). An Elder in Togiak shares stories of elders in the community who were happiest when they were involved in the community and doing what they enjoy. He states, "The most fun I have seen elders that have passed on have is if they can go out and spend a day doing what they knew how to do best; gathering, collecting berries, or whatever" (T6 interview). If we are to preserve our culture, language, and traditions we

must have AN Elders involved in these collaborative efforts. Without adequate social and health programs targeting our AN Elders, we will begin to see a loss of AN cultures, which is the antithesis of resilience and growth.

Domain 3: A Spiritual Foundation

"You know that the old people who are religious keep going to church until they can't make it anymore. The ones I've seen were into their 90s, who were still going to church."

(P1 interview)

Religion, or spirituality, serves as one of the guiding principles of successful aging and leading a healthy and optimistic life. It is important to note that religion does not ensure successful aging, but rather it enables Elders to maintain a positive and healthy mental well-being. The use of prayer and attending church enables Elders to place their worries out of their mind each morning or evening and focus on what is important. Religion also plays a role in the health and well-being of the AN Elders, but how it influences Elders' views of aging and well-being is beyond the scope of this study, and this study focuses on how aging impacts the Elders' spirituality. One of the Elders in Naknek mentions the role of religion in her outlook on life. She states, "Maybe because I pray to myself all the time and hoping and praying for everybody, that they have good health. I am not afraid of aging. In fact, I don't feel my age, I feel young" (Na2 interview). It is important to note spirituality is a separate domain in this study but is directly related to emotional well-being and optimism, which were discussed earlier as another domain of Eldership. Spirituality plays a significant role in the health and well-being of the Elders in this study and serves as one of the principles to their definition of

whom they consider an Elder in their respective community. Their relationships with their family and community members are based on spiritual principles, such as respecting and forgiving others.

Optimism

"I give my worries to God. When I think positive, I do well" (P22 interview). One of the main reasons Elders attend church and pray is because it was their belief in a higher power that enabled them to overcome difficult times and reach old age. "It is important for me now, especially since I've been going through with alcohol and uh, getting into wellness through the understanding of God" (D1 interview).

Prayer

It is important to note that not all the Elders attend church regularly, but they consider themselves religious because they pray regularly and maintain a personal relationship with God:

> I always turn to God every evening, at midnight, and also in the morning, and call God's name all the time. It feels like I'm looking at Him and when I am about to pray it feels like a person embraces me. I am grateful for this and I tell it to the people around me and to my grandchildren that if a person thinks about good things that this will happen (P23 interview).

Many of the Elders discussed the role of prayer in dealing with everyday challenges, or when they were in a bad mood. Prayer played a part in Elders' maintaining their optimism and good mood and helped them focus less on their worries and more on

staying positive. “I pray every night, every morning. When I’m upset I pray every night and I began to feel better. And I pray for something, I pray for it without stopping, although it may not be something easy” (Na2 interview). One of the interesting findings of this study is that religion seems to mainly be about how the Elders can continue to relate to their community rather than about their individual fate (i.e., heaven or hell) when they die. This is in keeping with the holistic community perspective, rather than the individual achievement perspective that exists in Western communities.

Church

In each of the communities in this study the church served as a focal point and gave the Elders an activity to look forward to each week. The church played an important role for the Elders who attended on a regular basis; it contributed to their sense of purpose and being an active member of their community. The Elder from Nondalton discusses the role of the church in her life. She states, “It’s always more important to them, the ones that, you know really into religion. They want to go to church all the time as they are growing older. Or like, um, like me, I like to go to church. I like to explain to them about, uh, praying, and going to church and everything” (N1 interview).

One of the interesting findings that was mentioned periodically during the interviews was the fact that what is taught in the church has been traditionally taught by the Elders. An Elder in Togiak discussed the importance of church today and how the Elders believe in the Bible and follow its teachings because it is similar to what Elders traditionally taught them. “You can listen to same lectures, what elders used to preach, which is in the Bible” (T3 interview). These references to spirituality and the teachings

by religious leaders and Elders are important for demonstrating continuity across generations. Religion is a thread that weaves through each of the generations, being passed down either through church sermons of traditional stories. It can be concluded in this study that the aspects of being a prayerful person and attending church define spirituality.

Domain 4: Maintaining Good Health

"It's just the attitude of that person. Being positive is number one for aging well. Positive and active." (Na3 interview)

"First of all, it's got to do with the food. That's one of the big factors. In the olden days, when Alaska Natives were eating their own food, like vegetation, meat, or too much caffeine, they would be a lot healthier because at the time, the people were using themselves as a motor, or a kayak, or like, as a machine." (T3 interview)

This theme, maintaining good health, serves as the foundation of what it means to age successfully. The Elders highlighted numerous aspects of maintaining good health: traditional diet, being active, traditional medicine, effective Western medicine, drug and alcohol abstinence, and optimism. It is important to note that it is not required that an individual have all these components to ensure a successful older age, but these were all mentioned during the interviews as the most important aspects of their lives that has enabled them to age successfully in their community.

Traditional Diet

Traditional foods, or a Native diet, are one of the key factors in maintaining good health. Following such a diet is proving more challenging in rural communities because

Western foods are more accessible and easily obtained in the stores. Most of the Elders indicated that the decreased reliance on subsistence foods has resulted in poor health and is responsible for health problems such as obesity and chronic diseases. “First of all, it’s got to do with the food. That’s one of the big factors. In the olden days, when Alaska Natives were eating their own food, like vegetation, meat; they would be a lot healthier because at the time, the people were using themselves as a motor, or kayak, or like, as a machine” (T3 interview). An Elder in Manokotak states, “The first people I seen lived longer, they ate only our traditional foods. People nowadays age faster because of Western foods” (M4 interview). Another Elder in Manokotak also discussed the importance of traditional foods in maintaining health and well-being. “Our people used only what they know, plants and traditional foods made them live longer. Not using Western meds; the ones that use them die early” (M8 interview).

Most of the Elders in this study eat subsistence foods throughout the year, obtaining the food on their own or receiving it from family and community members. “When people who eat what they grew up on, they do better” (P21 interview). There was a direct connection between eating Native foods and being able to remain in their own communities versus being placed in a nursing home or institution. “Here, they last a lot better and have a better standard of living in the home, with the family taking care of them. It’s also the food they eat here they don’t get in the nursing home” (T6 interview). Some Elders discussed the negative impact of being placed in a home, such as declining health or earlier death. One of the main reasons for this decline is the lack of Native foods in the urban communities, as well as the disconnection from their culture, language, and

community. “The elderly women love to eat their own Native foods and cannot go without eating them and can’t eat the Kass’aq food. When they are sent away they eat what’s not their food and end up not wanting to eat at all and I think they age fast because of that” (P1 interview).

Being Active

“Those that get out and do a lot of hiking, walking, they seem to have better health than those that stay at home.” (Na2 interview)

“Well, like I said, being active, getting involved in a lot of things, getting along with the grandkids and the other people. That’s about it.” (T3 interview)

Most of the discussions regarding traditional foods also involved being active, such as hunting, fishing, and gathering. An Elder in Manokotak states, “One that keep themselves active, they age slower than those who don’t” (M3 interview). The Elders discussed the importance of remaining active, such as walking to the post office or picking berries. An Elder in Manokotak says Elders stay healthy “just by seeing how active they are. Some when sickness gets to them, they don’t go anywhere” (M2 interview). These activities that get the Elders out of their homes and into the community or the environment directly relate to their optimism and mental well-being. The Elders are concerned that the youth are not learning how to understand the environment and participating in subsistence activities, but instead purchase their food in the stores. The Elders discuss how the harvest from the water and land is important to their health and well-being; being outdoors and active contributes to their ability to age successfully. “I usually stay out in the wilderness all day, leave in the morning and stay out there all day

and come home in the evening. Also, during the summer it's better to go picking berries or to clean fish. I work on fish during the summer for my winter food" (P1 interview). Many of the Elders in this study learned the importance of being active from their ancestors and understood its importance because those ancestors lived long, and healthy, lives (you could say they serve as role models of successful aging). "I learned it from Grandpappy, something that was passed down through the ages. Learning what is good, what is bad, what you need to do to age well and the big thing is staying healthy, being outdoors, the fresh air, and being active" (Na3 interview).

The Elders in this study have a lifetime of experience living off the land, reading the environment, and understanding what plants and berries are used for nourishment and medicinal purposes. They emphasize the importance of being free to roam, which comes with living in a rural community, and continuing to participate in subsistence activities. Most of the Elders in this study have stories and experiences that come from their time on the land and water, either hunting or gathering plants and berries. The concept of being active in subsistence activities contributes to their well-being and identity; as a Native people they are directly connected to the land and water, and their identity and knowledge derives from their experiences with the land.

Traditional Medicine

Like traditional diet, traditional medicine is important to the health and well-being of Elders and how they view growing older. Many of the Elders prefer traditional medicine to Western medicine because it is familiar and they understand its ability to heal their ailment. During the interviews a few Elders discussed how their parents, or

grandparents, taught them how to use plants to cure an ailment, such as a cold. Knowledge of traditional medicine has been passed down through the generations, and the Elders continue these practices and hope to pass the knowledge on to the youth. “That is a good way, from the elders that you know and how they lived and look at how they are getting along. You try to do likewise” (Na2 interview).

Elders are trying to teach the community and youth about traditional plants and medicines because they have proven effective in their lives, but traditional medicine is not being used as much as it was in the past:

> Although some elders, for instance, are trying to teach what vitamins we can get from surrounding area. There are many many medicines and, uh, a lot of things we used to use which you don’t use anymore. Very simple thing, like if I have the diarrhea, my grandma used to make me have seal oil, a spoonful of it. If you think about it, it make it worse, it does. It will wash your intestines out by using that, uh, the seal oil is all the vitamins except C. You drink that, you have the seal oil, it will flush you out. My grandma says now it is time to stop, don’t overdo it. They know (T3 interview).

There seem to be generational differences in how community members view both traditional and Western medicine. The younger generations are more comfortable with Western medicine and go the clinic or regional hospital for their health care needs, but the Elders rely more on traditional medicine. Elders see Western medicine more as a cure; you take a pill to cure your ailment. They see traditional medicine as a holistic

approach to health; it involves the mind, body, and spirit. “We were taught to be clean, and that’s the whole body and mind” (T3 interview).

Western Medicine

One of the barriers to effective use of Western medicine in an aging population is the lack of support, such as deciphering and understanding the labels on medications. “It isn’t because they don’t have it, it is because there are elders, that um, that can’t read and write. Or forget to take their medication” (N1 interview). In a few of the interviews there was discussion about the health care system and the lack of available health care professionals in the villages. Many of the Elders are required to go to Dillingham (the regional hub) or Anchorage to receive health care services. Elders who are unfamiliar with Western medicine may not understand the importance of taking their medication as prescribed because they are under the assumption it will immediately cure them of their ailment. “Even though the doctors wanted to see her or medications were prescribed to her, she didn’t take them and she suddenly was gone. She was one of us here in Togiak. She didn’t want to take them saying that they were giving her bad medication, she wasn’t doing what the doctor had told her to do; when old people do that they disappear suddenly (T4 interview). Many of the Elders in study correlated Western medicine and doctors with poor health and having to move to Anchorage. An Elder in Naknek states, “When you are too unhealthy to live here, you will have to move to Anchorage” (Na3 interview). The Elders associated medications and doctors with the hospitals in urban communities; the Elders who went to the hospital in Anchorage rarely returned to the community in better health. The Elder in Nondalton explains, “If they are in and out of

hospital sometimes they don't come back. I mean, they come back, but they're not with us anymore" (N1 interview).

Another concern about Western medicine is the high cost. Many of the Elders in these communities are on a fixed income and unable to afford the high price of certain medications, and so they do not take them or fail to renew their prescription. One Elder in Naknek discusses the high costs of health care: "Well, if they have an ailment they can't afford to take care of themselves. If they don't have any money to buy pills they need, or whatever, what they need. Can't afford to go see a doctor" (Na2 interview). It seems the Elders in smaller, more remote, communities relied more on traditional medicine and used Western medicine as a last resort.

Drug and Alcohol Abstinence

Each community has faced the hardships brought about by alcohol and drugs. Many Elders in this study have been through challenges of alcohol or drug abuse. Many abstain from alcohol and drugs having experienced firsthand how it destroyed their lives and family relationships. Another reason they decided to stop using drugs and alcohol was their family; they wanted to be around long enough to see their grandchildren grow up. The Elders said their relationship with God helped them overcome their addiction and be a role model for their family and community. "It is important for me now, especially since I've been going through with alcohol and uh, getting into wellness through the understanding of God. And I think, uh, if people were not concerned about spirituality, like for instance, different religions that would be better for the learner to learn spirituality" (D1 interview).

Alcohol and drugs remain a concern, especially among the youth. In each community I visited, there were always references to some families that were harmed by drugs and alcohol and were unwilling to accept help. “Another thing that really destroyed a lot of families is alcohol. Before, years ago, they had it, but they made homebrew, but they didn’t have it all over. Another generation was learning about it, they can get alcohol, go to the grocery store, liquor store. Now that’s destroyed a lot, is alcohol” (Na2 interview). The Elders in this study were concerned that youths are destroying their health with drugs and alcohol. “Well, one major factor is alcohol and drugs, which is ruining our young people. They become lazy” (T3 interview).

One of the recurring themes in my discussions with the Elders is they saw themselves as “silent leaders.” Many of the Elders believed in teaching others how to live a clean and healthy life through role modeling:

> It is very difficult for me to tell my kids about these things. The example is, if I was a drinker, you know drinking a bottle, I cannot tell my son that drinking is bad, because I am holding a bottle at the same time. Because he will question me, if it is bad how come you are holding a bottle at the same time? I have to think like that. You can’t tell others to not do something if you are doing it yourself. You have to clean yourself first and then tell him why it is wrong. I am telling him because I have experience, I have the knowledge (T3 interview).

One Elder in Dillingham explained that some people need to learn their lesson from their own experience; he can be a role model but others need to learn firsthand the

negative aspects of alcohol and drugs. “Except those that get into alcohol. What I can see is that those people begin to understand that alcohol is not good for them, and living that way I think that they are better off than those who just can’t get out of alcohol. From my understanding in that area, because I have been through the worries of alcohol, they got to let God help them” (D1 interview).

Gender Analysis

In this study, 58% of the participants were female and 42% were male, which reflects the population in Bristol Bay. The main focus of this study was to establish an Alaska Native definition of successful aging, but there are some differences in how men and women view that process (see Table 2). It appears that there are gender differences in which men consider alcohol, being active, and communication as more important than do women. On the other hand, women see family as more important than do men, and slightly fewer men consider involvement with youth as important to successful aging. Western influence was equally important to men and women, but women considered it more influential in their communities because they see the impact in the homes. The codes in Table 2 were selected because they were the most frequently discussed and considered most important to the AN Elders as they discussed successful aging and the role they play in their community.

Table 2 Gender Code Frequencies

CODES	Alcohol	Being active	Communication	Family	Poor health	Western infl.	Youth
Women	30%	86%	2%	80%	100%	47%	60%
Men	45%	100%	9%	64%	100%	45%	54%

Women

One of the distinguishing characteristics of the AN elderly women is their role in the family as caretaker. Because of this responsibility, they tend to worry a lot more than men about their spouses and family members. They worry about their kids and grandkids when they get into trouble, such as being involved with drugs and alcohol, or are out hunting. For example, an Elder in Togiak says, "And worrying about the kids I adopted and raised, my grandchildren, who are being disobedient" (T8 interview). This worry has a direct impact on their health and well-being. Another Elder in Togiak stated, "You know when you think of some things it stresses you out. In mild years it used to never bother me and then if my grandkids they are somewhere when they have to be home I worry like crazy (T5 interview). Many of the women recall not being able to eat while their family was in trouble or out hunting in bad weather. An elderly woman in Togiak explains:

> When I'm alone here and don't feel like eating, I have my friends come over, when I can't eat, I invite them and we eat and I began to feel better when I have my friends with me. I don't have any close relatives; it's just me, only my friends and cousins. When I have a hard time eating like that, there's one I love who is in

> jail because of alcohol. When I think too much about that I get kind of weak, so when I can't eat anymore I invite my friends and that's when I'm able to eat. Also, when I worry I ask my friends to help me, to help me through their prayers. That is what I do (T7 interview).

Many of the elderly women in the study discuss their sense of purpose, or being needed, by their family. Their family played a vital role in their health and well-being and gave them a sense of purpose. One Elder in Togiak describes how her family needs her and how she views her relationship with her family: "All these people, my grandchildren eat here. I'm a restaurant. I'm a restaurant" (T7 interview). It is also important to note that family not only gives these elderly women a sense of purpose, but also enables them to remain in their homes and communities and serve as a source of support. "Well, I only have my sister and son-in-law here. I don't think so, because if you don't have any relatives here, I don't think you get very much support" (Na1 interview). An Elder in Togiak cites the importance of family, stating, She stated, "Family support, family visiting makes them age better" (T1 interview). One of the Elders in Naknek sums it up by stating, "I like being . . . somebody to need me" (Na1 interview). The women in this study were most concerned about poor health and not being as active as they would like; they were afraid of not being able to continue caring for their family and keeping the household together.

The role of religion, or being spiritual, was very important to the elderly women in this study, helping them cope with family members in trouble, worrying about their

family, and getting through everyday challenges, such as ill health. An Elder in Naknek states, "It's always more important to them, the ones that, you know really into religion. They want to go to church all the time as they are growing older. Or like, um, like me, I like to go to church. I like to explain to them about, uh, praying, and going to church and everything" (Na1 interview). One of the Elders in Togiak discussed the role of prayer and religion in her health and well-being: "Let's keep praying and give it to God. Giving him the negative/bad thoughts in me (T4 interview).

The community members also provide support to the women, who may be living alone or unable to participate in subsistence activities. In most communities, this support came from their children and grandchildren, but for those women who lived alone, the community members ensured they were taken care of and had Native foods. For example, an Elder in Togiak states, "I get help and some young people pick me up on my way home. And some people bring me food" (T1 interview). Another Elder in Perryville describes the support the Elders receive from their community, explaining, "And in these small villages they don't ignore the other people and they keep bringing them food. Even though we can't go hunting now, the people give us different kinds of food almost every day. We eat all kinds of fresh food almost every day" (P3 interview).

Men

Men and women in this study shared similar past experience with, and concern about, alcohol and drugs in their communities, especially among the youth. They emphasized the importance of sobriety. An Elder in Dillingham states, "Except those that get into alcohol. What I can see is that those people begin to understand that alcohol is

not good for them, and living that way I think that they are better off than those who just can't get out of alcohol. From my understanding in that area, because I have been through the worries of alcohol, they got to let God help them" (D1 interview). Much of the discussion about the dangers of substance abuse was directed toward the youth. The Elder in Dillingham is adamant about educating the youth about drugs and alcohol and his fears of the youth getting into trouble. He states, "What I see now for a good example is, staying clear from alcohol and drug abuse. I think this is, a value in the way of life that the young people don't understand, the difference in sobriety and alcohol and drug abuse. And what I can understand now in the drug abuse, is crack. Young people don't understand the danger of getting addicted to that" (D1 interview). An Elder in Togiak also expresses his concern for the youth, stating, "Well, one major factor is alcohol and drugs, which is ruining our young people. They become lazy" (T3 interview).

The men in this study discuss their role in educating the youth in their family and community through example, or being silent leaders. For example, an Elder in Togiak describes what he meant by being a silent leader:

> "But, it is uh, very difficult for me to tell my kids about these things. The example is, if I was a drinker, you know drinking a bottle, I cannot tell my son that drinking is bad, because I am holding a bottle at the same time. Because he will question me, if it is bad how come you are holding a bottle at the same time? I have to think like that. You can't tell others to not do something if you are doing it yourself. You have to clean yourself first and then tell him why it is wrong. I

> am telling him because I have the experience, I have the knowledge" (T3 interview).

He goes on to explain, "You see, I am a silent leader. I am telling my kids, my grandkids, without saying anything. My kids and grandkids will be doing what I have been doing while I am gone, or while I am alive. For example, honesty, appearance, friendliness, being considerate. Those things I am telling my kids without saying anything. Every parent, every person is doing what I am doing" (T3 interview).

A characteristic that was often discussed by the elderly gentlemen was being a provider and active member in the community. Both the elderly men and women in this study discussed the importance of their role in the community and serving as a role model for both their family members and community, but men mentioned it more frequently than women. An Elder in Togiak states, "Until I get physically unable to, I am still going to participate in my community, help as a walrus captain, I help with subsistence" (T6 interview). The Elder in Naknek states, "Being active in contributing to society and making your knowledge available to everybody and still having an effect, still providing information to, and helping, your community" (Na3 interview). The elderly men also express their concerns for their family when they pass on and how their family members will take care of themselves. One of the Elders in Togiak states, "Mostly, most about the future. What's going to happen if I kick the bucket? What's going to happen to my family?" (T3 interview).

Of note in this study is the difference between the number of men and women. One Elder in Naknek explains why villages had more women in the past, which can also explain the gender differences: “They had a rugged life and 20 years ago, the people, because it was such a hard life, didn’t live to be in old age because they were, some people froze to death, or got lost because they were out active and got lost in the weather. Back then, people were healthier longer than they are now” (Na3 interview).

Tribal Differences

It appears there are cultural differences between the Aleut and Yup’ik Eskimo Elders in this study. The Aleut Elders are primarily concerned about alcohol in their community and its impact on the youth and about family who may have relocated or are in trouble with drugs and alcohol. Communication, or the visiting of youth with the Elders, was a concern expressed by every Aleut Elder in this study. On the other hand, the Yup’ik Eskimo Elders were primarily concerned about being active and engaging in subsistence activities. Both cultural groups, however, were concerned about the impact of Westernization on their communities and their youth. Both groups were also concerned that the youth are not involved in the community and are increasingly involved in drugs and alcohol. The codes in Table 3 were selected because they were the most frequently discussed codes and considered most important to the AN Elders when discussing the role they play in their community and the challenges of living in rural Alaska.

Athabascans

This study only had one interview with an Athabascan Elder, and so there are not enough data to include them in the data analysis.

Table 3 Tribal Code Frequencies

Table 3 **CODES**	**Alcohol**	**Being active**	**Communication**	**Family**	**Subsistence**	**Western infl.**	**Youth**
ALEUT	67%	83%	67%	100%	50%	50%	67%
Yup'ik	31%	100%	0	89%	42%	47%	58%

Aleut

In the Aleut communities of Naknek and Perryville, religion is a main focal point of the Elders' lives. The Russian Orthodox Church still has a strong presence. One Elder in Perryville states, "Oh yeah, we have a Russian Orthodox Church. We go to Orthodox Church all the time" (P2 interview). Most of the Elders in this study were raised in the Russian Orthodox Church and worked in the church in some capacity. The Aleut communities and Elders participate in formal church activities, in contrast to other AN communities that mainly express their religious ties through prayer.

Each of the Aleut Elders in Perryville describes a sense of community that comes from having visitors frequently. This sense of community was found in the other participating communities, but was more frequently mentioned in the interviews with the Aleut Elders. For example, an Elder in Perryville states, "We take care of each other. And we visit each other, you know" (P3 interview). They explain, "We get company. Like, when you are sick, they'll help you. They don't leave you to be by yourself" (P3

interview). I would like to note that more than once during my interviews with Aleut Elders, community members or family stopped by to bring Native foods or check on the Elder.

The Aleut communities were primarily concerned with communication, which entails the youth being involved with the Elders and taking time to visit and learn, and they mentioned this frequently. The Aleut communities saw their youth as being involved with school and working in the community, but their concern was just a lack of opportunities, or activities, that bring together the Elders and youth.

Yup'ik Eskimo

The concerns of the Aleuts and Yup'ik Eskimos were similar, but certain issues were discussed more frequently during the interviews with the Yup'ik Elders. For example, being active and family responsibilities were mentioned more frequently, which connects to their reliance of subsistence activities and caring for their family. Both the Yup'ik men and women discussed their role as provider and caregiver for their families, and being active was key to remaining independent and capable of fulfilling those roles. As in the Aleut communities, food is an important aspect of the Yup'ik communities and their identity. One Elder in Togiak states, "I don't eat a lot of Kass'aq food. I eat mostly Yup'ik food, my husband, also" (T8 interview). An Elder in Togiak describes how she continues to be active and eat Native foods. She explains, "I usually stay out in the wilderness all day, leave in the morning and stay out there all day and come home in the evening. Also, during the summer it's better to go picking berries or to clean fish. I work on fish during the summer for my winter food (T1 interview).

Among the Yup'ik Elders, remaining active in their communities also contributed to their sense of being independent. Being able to get around, pick berries, and pick fish enabled Elders to remain in their own homes, which is important to their sense of well-being. One of the Elders in Togiak explains, "While I am still able to do things, I do them myself. And when I don't have someone to do something for me, I clean around the house (T4 interview).

As in the Aleut communities, the Yup'ik communities of Manokotak and Togiak worked to keep the Elders in their communities. One Elder in Togiak discussed how the village views sending their elders away, saying, "We do not send them away to a place where they have no relatives" (T7 interview). She goes on to explain in detail how she would like to see the community keep its Elders in the community:

> I think it would be better to make an elder's home here and people without jobs could go to them and take care of them. That would be better if they make a house for the elders and put those who can no longer care for themselves and have their relatives and even if they were not their relatives can go to them and care for them. It would be better that way if they make a home for the elders here in Togiak since there are a lot of people here (T7 interview).

In contrast to the Aleuts, many of the Yup'ik Elders in this study mentioned having a role model who taught them how to live healthy lives. Most of the Elders described a family member or community member who exemplified a successful older age and explained how they followed their advice and stories. An Elder in Dillingham

states, “Well, I would compare what I was doing with people who were making an effort to live a better life, and so, my understanding became in that area, a little more effective” (D1 interview).

This study found very few differences in how each cultural group defines successful aging. This study is aimed at establishing an AN definition of successful aging based on the experiences of AN Elders in the Bristol Bay region. This study did not ask specific questions that would enable me to provide specific examples of gender and cultural differences in successful aging, but it would definitely be an area for future research. One of the interesting findings of this study is the larger number of AN elderly women in the communities; future research could explore what makes Native women more resilient than Native men in rural communities. Subtle differences exist in the data, but it would require more analysis of the data, which is beyond the scope of this study.

Summary

The four domains of Eldership emphasize the importance of a holistic approach to health, adhering to the values of AN Elders and communities. Figure 3 illustrates the four domains of Eldership and the supporting aspects of each one. This model of successful aging provides an illustration of what AN Elders in Bristol Bay consider as important to aging successfully in their respective communities.

Each of the four domains in this study is supported by an optimistic approach to life and believing that health and well-being are directly related to one’s outlook on life and taking control of one’s behaviors. Every AN Elder in this study discussed the importance of maintaining a positive outlook, which directly impacted their view on life,

overcoming diversity and hardships, their continued engagement with the community, and maintaining a spiritual foundation in their life. Each of the four domains is interrelated, yet the presence of all four does not automatically ensure a successful older age. The Elders repeatedly discussed their roles in the community and their desire to continue giving back, or teaching, the younger generations. This concept of generativity is a value associated with AN cultures, and other Indigenous cultures, and it directly impacts the Elders sense of being needed by their family and community. The presence of AN Elders in the community, as role models, contributes to the community's health and sustainability; active involvement in their culture is one of the foundations of their well-being and identity. As our Elders continue to engage in their community, teach the youth, and serve as role models, it will be important to ensure these four domains of Eldership are supported and the Elders have an outlet to pass on their knowledge.

My initial research question was what is an AN definition of successful aging, but as the research progressed the focus of the research was less on successful aging and more on the characteristics of an "Elder" as defined by the community, residents, and family members. It was during the interviews that it became apparent that most AN Elders were not familiar with the concept of successful aging, nor did they know how to define it; rather they defined a person in their community who was considered an "Elder," based on the community's concept of "Elder." As I began analyzing my data, recognizing themes, and gaining a better understand of what it means to be an Elder, the participants changed my thinking, leading me to refine my initial research question.

Chapter 5: Discussion and Recommendations

After reviewing the literature, I noted the lack of an Indigenous perspective on aging and was interested in examining successful aging from an AN perspective. The view of aging from a disease-model is in direct contrast to the view of aging from an AN perspective in Bristol Bay and the focus of this study. Most Native cultures hold Elders in high regard and consider them role models and respected members of the community. The literature on successful aging has focused primarily on research based on the biomedical model, chronicling the health effects of growing older, such as loss and decline, but there have been shifts in our views of aging and the aging process. In contrast to the negative focus on aging, this study focused on the positive aspects of aging and how AN Elders are successful when faced with change and decline. The concept of successful aging from the perspective of Indigenous, or Alaska Native, Elders had not been studied prior to this research study.

The purpose of this study was to establish perceptions of successful aging that reflected the experiences of AN Elders in Bristol Bay, with the goal of establishing an AN definition of successful aging. The findings of this study are limited to the Southwest region of Alaska, involving the three cultural groups, and should not be generalized to all Alaska Native or Indigenous cultural groups. For this study I conducted a pilot study with community members (Elders and nonelders) from around the state of Alaska to test the feasibility of the Cultural Consensus Model (CCM) on successful aging and upon completion of the interviews, many revisions were made. I found that a few of the questions received similar answers, resulting in the elimination of some questions in the

final EM questionnaire. One of the reasons I decided to use an EM rather than the CCM for this study is because it focused on the experiences of AN Elders and was not a comparison between two groups of individuals, such as the pilot study. In regards to the questions on the spiritual, emotional, and cognitive aspects of successful aging, almost all pilot study participants informed me that these concepts should not be separated; successful aging consists of all these concepts and are all inter-connected. Without conducting the pilot study, the larger study would have resulted in duplicative data, confused participants, and redundant questions.

As I progressed through my research and study, revising the EM, I was more able to focus on the individual and community characteristics and their contributions to successful aging, resulting in a more focused dissertation study. One of the challenges with this research and individual interviews was the language barrier; not all of the participants spoke English or understood the concepts associated with successful aging, resulting in misleading questions and uncertain responses. The larger study used Yup'ik translators for those who had limited or no knowledge of the English language. One of the interesting findings of this study was the richness, and quality, of data that came from the interviews conducted by the translator versus the interviews conducted in English. Further research should be conducted on the role of translators in the research process and how questions are translated that result in richer data and more detailed responses that provide more insight into the role of culture and tradition in the aging process.

The results of this study provide a way to better understand the experiences and needs of the AN Elders and what it means to them to age in rural Alaska. The Elders told

their stories, their challenges and successes in maintaining an optimistic attitude on life, and how they have successfully reached an old age. The Elders shared stories of learning how to live off the land, using the wisdom and knowledge passed down to them; they also spoke of the importance of their culture, subsistence, and community in their health and well-being. They gave us their recommendations on how to improve the community and environment to enable other Elders to age successfully, as well as describing what is currently happening in their communities and expressing their concern for the youth.

In Chapter 4, thoughts and experiences of successful aging from the perspective of the AN Elders were organized and presented as domains of Eldership, along with subthemes. The AN Elders in this study highlighted four domains they considered essential to aging successfully, or being recognized as an Elder in their community. These four domains were highlighted in all three cultural groups and mentioned by both the men and women.

The four domains discussed in Chapter 4 addressed not only physical health, but also spirituality, emotionality, and community engagement. It is also important to note that these four domains of Eldership involved optimism, or having a positive outlook on life. The Elders in this study mentioned this characteristic repeatedly in the interviews and attributed their health and well-being to their optimism, along with spirituality and community engagement.

One way this study differs from other aging studies is the positive focus on aging. Much of the aging research and literature is based on the disease model, or the degenerative aspects of growing older. Our Western society tends to focus on the

negativity associated with aging; wrinkles, chronic illness and disability, and the loss of independence and mobility. Rather than approaching the study from a negative viewpoint, this study focused on the things AN Elders have done properly in their lives to ensure a successful older age.

Domain 1: Emotionality and Successful Aging

Optimism is a key player in the Elders' ability to maintain good physical health, and they also discussed the role of religion in their recovery. Martin Seligman, a pioneer in the field of positive psychology who has studied the connection between optimism and health, argues that one of the main reasons optimists have better health is their social support (Seligman, 2006). He goes on to state that having friendships and love seems to directly impact an optimistic person's health and health behaviors. According to studies on optimism (Angner et al., 2009; Seligman, 2006; Snyder & Lopez, 2005; Achat et al., 2000; Ingledew & Brunning, 1999; Scheier & Carver, 1992) they experience less distress when dealing with difficulties in their lives and recover in a shorter period.

A majority of the Elders experienced hardships earlier in life and credit a higher power, or religion, to their recovery and remaining sober, as well as their positive outlook on life. A recurring topic of discussion in the interviews was why they chose to abstain from drugs and alcohol—they wished to live long enough to see their grandchildren grow up, as well as be a positive role model for the youth. The Elders discussed their worry about the youth involved in drugs and alcohol, and this worry has escalated as more of the youth become involved with video games and the Internet; they are not visiting with their Elders and learning how to live a healthy and successful life as their ancestors did.

Peterson and Bossio (2001) explain that optimism encourages individuals to believe their behaviors will affect outcomes. Scheier, Carver, & Bridges (2001) also state that optimism is directly related to self-efficacy and psychological adjustment. These two studies explored the connection between optimism and positive health outcomes, enabling older adults to recover at a faster rate, or overcome physical ailments at a faster rate than pessimists. Peterson and Bossio (2001) argue that optimism is directly related to the idea that good health can be controlled, maintained, and promoted. They go on to explain that optimistic people have larger social networks and are not as isolated; pessimists tend to be isolated which results in poorer health. Optimism, in these two studies, is synonymous with living well, which is also referred to as wellness. They define wellness as a "zest for ongoing life, fulfilling career, and satisfactory relationships with family members and friends" (Peterson & Bossio, 2001, p. 139). The Elders in this study were not only optimistic, but also placed great value on their relationships with their family members and communities.

Ranzijn (2002) talks about the interconnectedness of social networks in communities and the elders' connections in their community. He goes on to state that the quality of life of the elders declines if they are worried about the well-being of their children and grandchildren. It is this passion to care for and teach the youth, serve as role models, and live their lives to the fullest that has enabled these elders to become Elders in their community.

The theme of optimism was significant in the data and was also found in each of the other three themes. Psychological wellbeing is a subjective sense of overall

satisfaction that is thought to be an indicator of positive self-esteem or ego strength (Malatesta & Izard, 1984). Malatesta and Izard (1984) state that psychological well-being includes elements of positive morale, happiness, and life satisfaction. These elements were used to describe successful aging (Neugarten, Havighurt, & Tobin, 1968) and life satisfaction, which referred to a balance of personal well-being, enthusiasm for life, acceptance of responsibility for one's own life, a positive self-image, and cheerful mood (Malatesta & Izard, 1984).

Ranzijn (2002) conducted a study on older adults' ability to improve the community's quality of life and highlighted the importance of optimism. He discussed the need to change our views of older adults from a burden to a resource and that this idea of proactive aging can also enhance an elder's quality of life. Tapping into the unique talents and wisdom of the Elders in each respective community contributes to the community's well-being, as well as strengthens their sense of well-being and Generativity. It important to note that optimism is not always related to physical health and well-being. Achat et al. (2000) state the beneficial effects of optimism are most evident in the domains of psychological well-being (mental health), self-rated health, and freedom from bodily pain. They state that optimism is associated with health status because it reflects a disposition to be free of negative emotions and cognitions, which has been directly linked to poor health status. The Elders in this study discussed their worry and the impact this has on their health and well-being, but their optimism and spirituality enabled them to move forward.

There are numerous studies on the connection between optimism and well-being (Peterson & Bossio, 2001; Scheier, Carver, & Bridges, 2001; Achat et al., 2000; Ingledew & Brunning, 1999; Chang, Maydeu-Olivares, & Zurilla, 1997; Scheier & Carver, 1992), which are directly related in how people make lifestyle choices and their expectations about the consequences of those actions.

Even though many Elders discussed the challenges and changes caused by Western influence, such as the Internet and video games, they remained optimistic about the preservation of their subsistence culture. According to Carver and Scheier (2005), "Optimists are people who expect to have positive outcomes, even when things are hard" (p. 233). The Elders in this study believed they have been able to age successfully and remain active in their community because they have not given up on all aspects of living and continue to be optimistic. Carver and Scheier (2005) believe that optimists experience less distress than others, such as pessimists, when dealing with difficulties in their lives, such as alcohol and drug abuse in the family or community or the loss of loved ones. They go on to state optimists report greater satisfaction in their relationships and their jobs, and their quality of life is rated higher than others. The Elders in this study faced their challenges head on and did not avoid them. Optimists are more likely to engage in active coping and learning from mistakes and challenges, characteristics the Elders in this study have demonstrated.

It could be argued that Elders have remained optimistic because they believe things will improve and they have goals to see that happen. The Elders in this study continue working with the youth, teaching them traditional values and lifestyles, and

incorporating Western technology with subsistence activities. Having goals enables individuals to have a focus and engage in behaviors that are desirable. The Expectancy-Value Theories suggest that the behavior of individuals is organized around the pursuit of goals and that people fit their behaviors to what they see as desirable and stay away from what they view as undesirable (Carver & Scheier, 2005). The Elders in this study engage in behaviors, such as traditional leader and teacher, to serve as role models, acting in ways that are desirable to both themselves and others. It could be argued that the Elders have remained optimistic because they have achieved personal goals, such as sobriety and raising a family. The attainment of these goals has given them a sense of accomplishment, and they will continue to reach their goals if they engage in behaviors that are favorable to their overall psychological health and well-being.

Domain 2: Community Engagement and Successful Aging

The community, a focal point in this study, serves an important role in the Elders' lives. Community engagement provides the Elders with a sense of purpose and a role in the community. The quality of life for elders is directly related to the quality of their social network, which is an important aspect of the lives of the AN Elders in this study. A few of the elders discussed the changing role of Elders in villages once the Western form of government was introduced; the tribal chiefs were replaced with tribal council members, such as presidents and vice presidents. It was not until recently that communities realized the importance of involving Elders in community government and activities. The establishment of Elder councils has occurred in villages throughout Bristol

Bay, and the Elders expressed gratitude for being included at various levels of the community.

The community's interaction with the Elders and providing outlets for them to share their knowledge were important to the Elders' definition of successful aging. The Elders emphasized that this must be a reciprocal relationship; they demonstrate a desire to be involved and the community must provide activities and opportunities involving the elderly. These elders have earned the status of Elder or they would have not been selected by the village councils to participate in this study. One reason for their selection could be their accomplishments and contributions to the community. Erikson identifies a developmental stage in later life, Integrity versus Despair, which may be too limiting in describing these Elders, but achieving integrity results from the elders reflecting upon their life and gaining a sense of accomplishment, acceptance of death, and a future that is based on continuity through the youth.

The roles of the Elders in their community also contributed to their sense of Generativity. Almost every Elder discussed the importance of passing down their knowledge to the youth. A majority of the communities in this study valued their Elders and understood the importance of their wisdom and experience, providing opportunities for them to participate and educate those who were interested. There were only two communities where the Elders discussed the lack of support and interest in supporting and involving the Elders, and it was these Elders who recommended strategies to improve these relationships.

Maslow, who established the Hierarchy of Needs, suggested that man has a number of primary motives ranging from lower to higher on an assumed evolutionary level of need. For example, the first motive is physiological, like hunger, and the last motive is for self-actualization. He argues that the lower the motive, the more crucial it is for survival. The Elders in this study have achieved all the lower motives and now work toward self-actualization. The Elders in this study serve as role models, leaders, and teachers. Chiang and Maslow (1969) explain that these individuals have a feeling of belongingness and rootedness, they are satisfied in their love needs, have friends and feel loved, have status and place in life and respect from other people, and have feelings of worth and self-respect. Each of the characteristics was mentioned as important to the Elders in this study. They had, or wanted, a sense of purpose in their community, experienced love from their family, had friends and networks in their community, achieved Elder status in their community, and had feelings of worth and self-respect, which they felt from themselves, their family, and their community. I would argue that the Elders were self-actualizing and finding a place in their family and community. One explanation for their ability to age successfully is they are putting energy into self-actualization and their lower needs are being met and they do not seek to exceed these needs in terms of accruing fancier food, more wealth, and personal security (as opposed to security provided by the community). In much of Western society, people get engaged in accruing these things in excess of their minimal needs, so they never get to the self-actualization stage.

Maslow states, “Self-actualizing individuals are dedicated people, devoted to some task outside themselves, some vocation or duty or beloved job” (Maslow, 1971, p. 12). Pursuing a goal suggests that one is not merely reflecting back on life, but that one also has a sense of self that is oriented both to the present and the future (Fisher, 1995). Achieving a sense of purpose is one of the six key features identified by Ryff (1989) as critical for successful aging, and it is a large aspect of the Elders’ role in this study. Results from my research point to engagement with community and the communal nature of human development. Rather than self-actualization, the goal in some ways is actualizing a sense of community. Many of the Elders in this study discussed the importance of their community, not only as a source of support but also as part of their culture and identity. The Elders contribute to the community’s sustainability and sense of community. The Elders could be viewed as the foundation, or backbone, of the community and are the keepers its wisdom, stories, and direction.

Domain 3: Spirituality and Successful Aging

Spirituality, or religion, is one of the guiding principles of successful aging and leading a healthy and optimistic lifestyle. This theme is similar to optimism in that it is found in each of the four themes, but it was important enough to the Elders to be separated from the other themes. There have been a few studies on the positive impact of spirituality on health, but this has only been a recent phenomenon. According to Crowther et al. (2002), the concept of spirituality among older adults has not been integrated into any promising intervention models that promote successful aging. One of the criticisms of Rowe and Kahn’s model of successful aging is that it does not include

any of the literature exploring the connection between spirituality and health outcomes. Crowther et al. (2002) discussed findings that spirituality has been linked with positive states of well-being, a reduction in depression and morbidity, and an increase in the life span of older adults. Crowther et al. (2002) expanded Rowe and Kahn's model to incorporate spirituality, which enhanced the percentage of older adults who are aging successfully; it also takes into consideration an important and positive aspect in the lives of many older adults. The Elders did not state specifically that they understood the positive effects of spirituality, or religion, on their health and well-being, but they discussed how it alleviated their worry, which is known to cause adverse effects on a person's health. Just as the study by Crowther et al. (2002) explored the concept of spirituality as an addition to Rowe and Kahn's model, further studies should explore the concept of spirituality in AN Elders and how they have turned Western religion (which was forced on them) into a positive element in their lives.

It is important to note that spirituality does not ensure successful aging. Spirituality played a significant role in the health and well-being of the Elders in this study and served as one of the principles to their definition of whom they considered an Elder in their community. Attending church was one way for the Elders to socialize and be active in their community, but their definition of spirituality was not confined to church attendance. Most of the Elders explained that they were spiritual all day and prayed for their family and community throughout the day. Church attendance was more prevalent among the Aleut communities where the presence of the Russian Orthodox Church was more strongly felt. Spirituality is also directly connected to the Elders

feelings of optimism about their lives and the youth; the Elders demonstrated resilience through the incorporation of Western religion (i.e., Russian Orthodox) into their daily lives and weave their traditional beliefs with their church practice.

Domain 4: Physical Health and Successful Aging

Maintaining good physical health was the largest and most frequently discussed theme in this study. It is important to note that even though physical health was instrumental in Elders' perceptions of successful aging, poor physical health did not eliminate them from being included in the study. Most of the literature on successful aging among minority populations found that elders with a chronic illness or disability still viewed themselves as aging successfully (Strawbridge, Wallhagen, & Cohen, 2002). It could be argued that the Elders' optimism and spirituality kept them from thinking negatively about their health status and being unable to engage in social and physical activities.

The concept of physical health encompassed numerous facets of life for the Elders, such as eating a traditional diet, being as active as they are able, and abstaining from drugs and alcohol. An article by Brown (2005) in the Harvard magazine (November–December 2005) discusses the importance of physical activity throughout life and says that it goes hand in hand with successful aging. "Exercise, one of the best tools we can give our older adults to take charge of their own health, mentally and physically" (Brown, 2005, p. 28J). Brown says exercise can help ease feelings of stress, depression, and loneliness. She urges elders to look at the typical form of exercise, such as jogging or running, "but to find personal alternatives as well, ballet, canoeing and

rowing, hiking, moderate trails, or even bird-watching and berry-picking outings" (Brown, 2005, p. 280). Even moderate exercise, such as staying busy in the community, helps improve quality of life, both mentally and physically.

Cultural Differences in Data

There were subtle differences between two of the three cultural groups in this study, the Aleuts and Yup'ik Eskimos. It is difficult to explain specifically why these differences exist without having data to support the differences, but they might be attributed to geographic location, subsistence lifestyles, and the impact of Westernization on each community in the large Bristol Bay region. For example, the Aleuts are more dependent on the water for food and survival, whereas the Yup'ik Eskimos live more on the mainland and use both sea and land animals. The impact of colonization was different for the Aleuts of Perryville than for the Yup'ik Eskimos of Manokotak.

There were also gender differences in how the Elders viewed successful aging, and they can be attributed to the specific roles men and women play in their home and community. One helpful theory is the psychological development theory proposed by Carol Gilligan. She posits that women, in direct contrast to men, live in connection with others, yet give up their own voice and abandon who they are, for the sake of becoming a supportive spouse and having a relationship (Brown & Gilligan, 1992). The Elderly women in this study discussed themselves and their role as being directly associated with their family and community. One of the reasons for this abandonment of the self is to be selfless and protect others. "Identity is defined in a context of relationship and judged by a standard of responsibility and care" (Gilligan, 1993, p. 160). Gilligan (1993) goes on to

explain that women do not describe themselves as sole providers, or as an individual entity, but rather as a part of a relationship; they describe their identity in connection with being a future mother, present wife, or past lover. The Elderly women in this study were living with their extended family, and that is whom they associated themselves with and whom they were responsible for. There was rarely any mention of an Elderly AN woman discussing her independence and pursuing a life of her own; they were married to their husbands, raised his children, and provided for him so he could go out and hunt and gather. The women in this study viewed their family and community as a social support network, particularly the women whose husbands had passed away. The women relied on their family and community to provide food and shelter and enable them to remain healthy and independent as long as possible. Their identity and well-being were directly connected to their home and community.

On the other hand, Gilligan (1993) found that men describe being in a relationship as a qualification of identity. “Instead of attachment, individual achievement rivets the male imagination” (p. 163). She states that achieving a status and separation secure the man in an identity that can be achieved only through work but that give him distance from others (Gilligan, 1993). Most of the AN Elderly men in this study described themselves as providers, community leaders, and teachers, but rarely did they describe any close relationships. They would mention they had a family, but they would distance themselves from the family by discussing their role as provider and being out on the land in every season. These two gender differences are subtle, but they warrant a discussion because as the gender roles continue to change in the villages, further research will need

to explore how the caretaker role of women changes as they become providers and the head of household for their children and grandchildren.

The present study, in contrast to Gilligan's work, focuses on community and multigenerational families, which are characteristics of the AN cultures. Gilligan's work does address the role of culture in how women perceive, or define, their roles in their families and communities, paying particular attention to the responsibilities for raising children. Cross-cultural evidence in Gilligan's study (1988) indicates that tremendous variation exists in the ways work and mothering are organized. She goes on to explain how culture provides a script, or a cultural set of ideas, about how and what should take place so that members of that specific culture can be guided through major life events and changes. "A script works well when clear cultural expectations are supported by appropriate social structures that make it possible for people to carry out their roles in accord with the culture's expectations" (Gilligan, 1988, p. 226). This notion that culture provides a script supports the fact that AN cultures have certain expectations, or rules, on the role of women and men in the household. The women were raised to know how to care for others (i.e., parents, siblings, and relatives), and many families raised their children among family members in a multigenerational home. The AN Elders in this study continue this cultural norm in caring for their grandchildren. These differences in roles and expectations noted between men and women were described earlier in the graphs and support the notion that women are following the cultural script in how to raise and care for their children and maintain their household.

Resilience and Culture

This study did not examine resilience among the AN Elders specifically, but resilience as a concept is evident among each of the participating Elders in their words, passion, and dedication to preserving their culture, language, and history. These individuals have demonstrated resilience in their ability to survive off the land, hold on to traditional values and teachings despite Western education, and pass down their culture and values to the youth despite the introduction of modern technology, such as cable television, video games, and the Internet. The Elders' desire to preserve their language and culture places them in the position to be considered "culture and knowledge bearers" and to be viewed as key players in cultural resilience, which is one aspect of this study.

The concept of resilience has not been widely applied in the aging literature, even though most Elders have demonstrated resilience throughout their lives. For example, the Elderly men in this study continue to teach traditional hunting and survival skills to the youth and prefer to provide for their families off of the land; the AN women have continued to subsist and harvest, as well as raise their families with their traditional values. The Elders in this study serve as examples of individuals who have experienced change and adversity and remain resilient and optimistic, living their lives to the fullest and serving as role models.

For the purposes of this study, resilience is defined as the "ability of a community to establish, maintain, or regain an 'expected' or 'satisfactory' level of community capacity in the face of adversity and positive challenge" (Bowen, 1998, p. 14). This definition is particularly relevant in that it focuses on the positive aspects of resilience,

indicating growth of the system. It can also be directly applied to the AN Elders and their capacity to face positive and negative challenges, to grow from adversity, and to adapt to change. Most of the Elders in this study have been through challenging times, such as drug or alcohol abuse and displacement of children to boarding schools, yet they have remained optimistic for the future generations as they pass along their culture and language and live healthy, productive lives. The explanatory model in this study shows, at the individual level, numerous examples of resilience in terms of elasticity. The Elders in this study continually demonstrate individual resilience in their ability to overcome change and adversity, adapt to Western influence, and remain connected to the land and their values.

Just as the AN Elders in this study are self-actualizing, so are the communities in their ability to remain culturally viable and adapt Western influences to ensure the continual evolution of their culture and traditions. A second concept in this study, cultural resilience, is defined as "a culture's capacity to maintain and develop cultural identity and critical cultural knowledge and practices" (Neill, 2006). A resilient culture also copes with other challenges such as natural disasters and encounters with other cultures (Neill, 2006). I would argue that the three cultures in this region of Alaska have remained resilient and continue to grow stronger; they continue to exist despite the thriving fishing industry and other Western influences, and the communities are recognizing the importance of Elder councils and Native languages being taught in the schools.

Native communities in Bristol Bay are strengthening their traditional cultures and values, whether through Elders teaching in the classroom or leading workshops on how to

create dogsleds, or through the inclusion of traditional knowledge in school-based curriculums. One of the Elders' challenges with engaging the youth is technology and Elders feeling replaced by the television and Internet. Many of the youth have not been taught or exposed to traditional hunting or fishing practices, and so they do not have the desire to learn from their Elders. All of the AN Elders in this study are the key actors in passing down and sustaining traditional knowledge and values.

Although Native communities and individuals will continue to face adversity and external forces (e.g., television) that will force them to shift, or change, I argue that the Elders in this study are better able to withstand the external forces and strongly influence the pathways of change. Most of the Elders in this study are proud of their capacity to adapt and have been framed as being highly adaptable to changing environments, such as accepting technology to assist with hunting and fishing (e.g., snowmachines). Another example is the integration of Western medicine with traditional medicine. Many Elders, primarily the women, continue to gather and use traditional herbs to heal common ailments, such as colds.

The AN Elders in this study possess many characteristics and experiences that contribute to resilience, and they continue to overcome various forms of adversity. They still wish to remain in their own homes and community, passing down traditional knowledge and stories. The Elders, particularly the women, have support systems that enable them to remain there, and thus contribute to the community's resilience and well-being.

Rural communities in Bristol Bay are experiencing changes that directly and indirectly affect the role of Elders. Alaska Native Elders have continually demonstrated resilience and adaptation, but as more of youth out-migrate, Elders are left to adapt to these changes alone. One of the more noticeable changes is the introduction of technology. As more activities and jobs are replaced by technology, many Elders feel less relevant. A few of the Elders in this study had suggestions for including Elders in the community, such as having the Elders teach classes, volunteer in the schools, have Elder/youth activities, and serve on Elder councils.

Many Alaska Native Elders have adjusted to their changing roles in the community, such as taking the initiative to teach a course, take youth to culture camp in the summer, or serve on tribal councils. The Elderly women in this study also discussed their new role as caretaker for the grandchildren, which gives them a sense of purpose and makes them feel needed. The Elderly men in this study discussed their need to continue working and volunteering to provide for their large extended family, and to continue serving as a role model for their families. One of the findings in this study is that when Elders are involved in their community, they feel a sense of belonging and feel needed. Research demonstrates that this feeling impacts their psychological well-being whereas the lack of social stimulation has a negative impact on elders (Cook et al., 2007). In order for Elders to strengthen community sustainability, it will be important for them to have a positive self-esteem supported by their community.

One of the challenges today, according to the Elders in this study, is convincing the younger generations to learn from their Elders and understand the traditional ways of

knowing and living (i.e., subsistence hunting and gathering). Numerous Elders in this study voiced their concern about youth who do not visit the Elders or take an interest in helping the Elders, such as by chopping wood or hauling water. Two communities have programs and activities that bring together Elders and youth, serving as a model for other communities.

A majority of the Elders in this study believe it is important for the survival of the community and culture for the Elders and youth to work together and for there to be opportunities for the Elders to share and document their knowledge before they pass on and it is completely lost. The role Elders play in cultural and community resilience is the continued sharing of their knowledge and living their traditional lifestyle so that others may follow in their footsteps and understand the complex social-ecological systems. This explanatory model, in resilience terms, is also a complex adaptive system (Levin, 1999) in that each theme of Eldership is interconnected; when one aspect of Eldership is not present, the rest of the model does not function properly. For example, if good health is not present, the ability to engage in religious activities or subsistence activities is impaired. Each of the domains of Eldership must be present in order to ensure successful aging, and without one, the model is not as functional in defining who is an Elder in Bristol Bay.

As the Alaska Native elderly population increases, it will be important for communities and agencies to support this population in ways that avoid the overexploitation of resources yet enable the elderly to remain at home. It takes various agencies and programs (e.g., BBAHC) to enable our Elders to remain in their community,

and these entities need to work collaboratively to ensure the sustainability of the communities and elders. The presence and support of elders in their communities provides a sense of stability, contributing to the resilience of their community and culture. Bristol Bay is a diverse region with different Native cultures, values, and languages, and the elders are critical to the social and cultural values of each community.

Discussion

This study highlights the experiences of AN Elders and their aging process. It is reflective of the Bristol Bay region only and may not represent the experiences of elders across the State of Alaska. This dissertation study also highlights the domains of successful aging for AN Elders in Bristol Bay and what is needed in rural communities to ensure they are able to live their lives as they wish. The literature on successful aging highlights the importance of generativity and its impact on the elders' health and well-being. This concept is a cultural value among AN Elders and communities and continues to be taught to the younger generations. This idea of leading and caring for the next generation, or the Seventh generation, has been documented among other minority and Indigenous groups, and has a direct impact on the Elders' sense of purpose and also builds community capacity. This notion of feeling needed by your family and community is directly related to this study and impacts the elders' feelings of worth and optimism. Directly related to feeling needed and having a role in the community, according to the literature, is the importance of maintaining an optimistic outlook on life. Having a role in one's family and community and believing things will improve through

conscious decisions to live a healthy and productive life are key to successful aging in this study, and they derive from having an optimistic outlook on life.

Researchers have studied the benchmarks of successful aging among various groups, and the fact that most minority groups define successful aging as living in a multigenerational home and being surrounded by loved ones is in direct contrast to the mainstream gerontology literature, which emphasizes independence. The AN Elders in this study highlighted the importance of their family and how they provide them with a feeling of being needed and gives them a role; taking care of the grandchildren and serving as a role model for their family and community, which are key characteristics of becoming an Elder. Previous studies on social networks have also highlighted the importance of relationships (i.e., support networks) on one's health and well-being, and they are also important to AN Elders and their ability remain in their home and community. Having a role in the family and community positively impacts their health and cognitive functioning, enabling the elders to remain active in their homes and communities and contributes to the their optimistic attitude toward life.

Conducting this study has expanded my knowledge of successful aging and what it means from an AN perspective and it will contribute to the literature on successful aging. The mainstream literature on successful aging has focused primarily on non-Indigenous populations. This study demonstrates that AN Elders' experiences directly impact their views on aging and how they have been able to age successfully, a view that is more holistic than the biomedical approach to successful aging. One of the challenges with this study was engaging in the data analysis without bringing in the literature and

my own theories and hypotheses on what AN successful aging means. As the successful aging literature continues to expand and include more minority groups, the domains of Eldership highlighted in this study will become more prominent and may serve as a starting point for future research with minority, and Indigenous, elders. As White (1952) points out, it is important to understand the culture and environment in order to fully understand the experiences of the Elders. As cultures and communities continue to evolve, it will be important to establish a broader understanding of the Elders' roles in community sustainability, or resilience, and provide them opportunities to continue passing down their knowledge, stories, language, and history. Our AN Elders continue to demonstrate resiliency, and it is the Elders today who possess the knowledge that will enable AN communities to continue to thrive.

Application of CBPR

Before I began this research project in Bristol Bay, I established relationships with the approved communities, introduced myself to the tribal councils, and answered questions they had about this project and my interest in their community.

When I approached the communities and tribal councils, there was a useful exchange of information; the community members informed the investigator about their views on aging and the researcher offered his professional knowledge and skills (Manson et al., 2004). Working with the BBAHC and village tribal councils enabled me to gain their trust and establish working relationships that will continue beyond this study. As an outsider to each participating community, I was not aware of the communities' experiences with researchers, nor was I cognizant of what their most pressing concerns

were in regards to their Elders. Most research designs and measurement tools are not created with tribal communities in mind, and so they had to be modified to reflect the community's concerns and experiences.

This study adhered to many of the CBPR principles (Israel et al., 2005), such as the first principle, acknowledging the community as a unit of identity, such as a family or social network. The second principle, building on the strengths and resources within the community was adhered to in this study; in this case it was the tribal councils and Elders who served as the resources. To allow me to obtain entry into the community and meet with nominated Elders, the tribal councils served as excellent resources who had firsthand knowledge of their community and its residents. The third principle, facilitating a collaborative, equitable partnership in all phases of the research, was also instrumental in this study. Working alongside BBAHC and the tribal councils and enabling them to determine where and with whom I could work gave them a stake in the project. I conducted the research and was provided an opportunity to work with the communities, strengthening my research skills and relationships. Both the communities and I were invested in the research project and wanted to protect the privacy and integrity of the participants. One of the learning experiences for me, as well as the communities, was discussing the results of my study and the model of successful aging that was the result of my analysis and its application to the Elders and community. This alludes to CBPR principle 4, or fostering co-learning and capacity building among all involved partners. The relationships established with these communities have grown. They wish to continue being involved in health research, as they begin to see its importance and benefits.

The fifth principle, achieving a balance between knowledge generation and intervention, was addressed as the communities discussed how they would like to use the Elders' knowledge to improve programs and services that enable their Elders to remain in their homes and communities. Many community members had a working knowledge of the challenges of growing older in a rural community, but they primarily thought of the negative changes associated with aging. The Elders in this study highlighted the positive aspects of becoming an Elder and taught the community members that aging does not have to be dreaded. This study highlights the positive aspects of Elderhood and what we have to look forward to as we grow older. The final two principles were also addressed in this study in that the results were disseminated to the participating communities and other interested parties in the region, and it is the hope of this investigator that future research will be conducted with these communities and that the relationships will continue to grow. This study demonstrates the fact that community-based research can be done effectively and in a timely way, and that communities will not be forgotten once the data are gathered. Many of the communities were happy to hear that I wanted to return to share what I learned from the Elders, as if it were a new concept to them. It is my hope that this study will serve as an example for other social science researchers wishing to work in the region.

The CBPR literature taught me a lot about conducting effective and culturally appropriate research that keeps the community's perspectives in mind. From the creation of the questionnaire to the focus groups, community input was vital in ensuring the EM questionnaire was culturally appropriate and reflective of each community's unique

culture and history. This process was very important in this study because I wanted to explore successful aging and allow the Elders' experiences and views—not my own perceptions and theories—to direct the study.

Summary

It was not the aim of this study to establish a definition of successful aging that would meet the needs of every AN; rather, it was intended to provide a better understanding of successful aging. The lack of literature on the subject of minority aging and successful aging in rural communities required a more in-depth analysis of successful aging among minority Elders and how Elders age in rural settings. As the literature demonstrates, there is a lack of understanding on why and how Elders age successfully, and no universal definition adequately describes a successful aging process for Elders. As the AN population grows older in rural communities, it will be important to address the issues facing AN Elders and determine what they need in order to age successfully in their own communities. Insight into how successful aging is defined by AN people will inform the factors that determine whether villages are able to meet the needs of their Elders and enable them to live their remaining years as they wish. This study has demonstrated through its findings that almost all AN Elders wish to remain in their homes and communities for as long as they are able. The following section of this chapter discusses recommendations, and the use of home- and community-based services is the main focus. There are communities in Bristol Bay that serve as examples of how to include and support our Native Elders, and they are resilient entities in that they continue to strengthen their culture and well-being through various programs and activities.

Recommendations

It is hoped that this study will help health care providers (e.g., Native health corporations, community health aides, nurses) better understand the needs of Elders and what is required to keep them in their homes and communities. Without understanding the challenges of aging in a rural community, it is difficult to provide appropriate services for Elders.

Understanding of successful aging was enhanced in this study because beliefs and definitions were elicited from the public and incorporated into researchers' definition of successful aging, or concept of Eldership. Asking AN Elders about the relevance and meaning of successful aging not only resulted in a culturally appropriate definition, making it more applicable to the diverse aging population, but it also allowed for a more Elder-centered approach to successful aging. This study focused less on establishing an AN definition of successful aging than on highlighting the domains of Eldership. Establishing an Elder-centered definition, or approach, to successful aging made for an increased understanding of local needs and can lead to a more effective application of health care services.

This research contributes to the literature on rural aging through its focus on the specific needs and cultural characteristics of AN Elders in Bristol Bay. Understanding the unique health care challenges of growing old in the circumpolar North and how the United States, as a nation, are meeting the health care needs of our AN Elders was one goal of this study. As our nation's population grows older, we need to understand the challenges and benefits of remaining in a rural community and tailor our health care

programs and services to meet the needs of these residents. The unique characteristics of our rural Elders and communities contribute to the diversity that exists in Alaska and the United States, and it is important to ensure the AN Elders are able to remain in their communities through the delivery of culturally appropriate health care programs and services. This research will directly impact the rural health programs and enable the regional health corporation in Bristol Bay (Bristol Bay Area Health Corporation) to better understand the needs of their Elders, who are the Wisdom Bearers and foundation of our state's culture and history.

The state of Alaska is facing a large increase in the number of people over the age of 65, in both rural and urban communities. Many of our rural communities face the challenge of providing health care services and recruiting health care professionals, and our Elders are faced with the difficult decision of whether to leave their home and community to receive adequate health care. This study found that many Elders are able to live on their own and remain healthy, and they wish to remain in their homes and communities for as long as they are able. Our Elders, who share the stories and language of the community, pass down what it means to be AN and live off the land; they are the Wisdom Bearers and traditional leaders. Preserving and passing down history is left to our Elders, who are the last generation to have lived off the land before televisions and four-wheelers. For rural communities to preserve their history and culture, it is vital that our Native Elders be given the opportunity to remain in the homes and communities where they have lived most or all of their lives.

As the elderly AN population increases, the prevalence rates of chronic conditions in Indian Country will rise dramatically, as well as the need for long-term care services such as Home and Community-Based Services (HCBS). However, as mentioned earlier, the Indian Health Service (IHS) does not directly fund long-term care for AI/AN Elders. While the Medicaid program is the primary source of funding for the majority of long-term care services, it reimburses only the Indian health and tribal programs funded under P.L. 93-638. This has led to a lack of consolidation and coordination of services for elders. As our country and state continue to debate the feasibility of a universal health care system, one has to ask how this will directly impact the IHS and those it serves. One way of enabling elders to remain in their homes and community is through the provision of HCBS. These are health care services provided in the homes to enable elders and individuals with disabilities to remain independent as long as possible. Currently, there are challenges to the delivery of HCBS with federal budget cutbacks and the rising cost of health care services. Another challenge with HCBS and long-term care (LTC) services is that the IHS has not historically provided funding for those services. Most of the HCBS and LTC services haven been funded and provided by state agencies, and more tribal health agencies are beginning to notice the need for these services in rural communities across Alaska. States may offer a variety of services to consumers, such as AN Elders, under an HCBS waiver program, and the number of services that states can provide is not limited in scope, but is affected by the amount of allocated funding for these services. These HCBS programs may provide a combination of traditional medical services (e.g., skilled nursing services) and nonmedical services (e.g., respite). One of the main

purposes of the HCBS waivers and services is to keep care recipients (i.e., elders) out of costly residential facilities and in their own homes and communities.

In the past few years there has been an increase in the number of tribal health agencies providing LTC services, but they are continually faced with budget cuts and low staff retention. According to the Alaska Native Tribal Health Consortium report, "Elder Needs Assessment Interim Report: Planning for Long-Term Care in the Alaska Tribal Health System (Branch, 2004), "the Bristol Bay region could have an over-65 population of 649 by 2018" (p. 14).

Given the increasing number of Elders reaching age 65 in Southwest Alaska, the demand of Elders to remain in their homes and communities, and the increasing costs associated with health care services and delivery, here are my recommendations for the Bristol Bay region:

- **Establishment of community centers throughout Bristol Bay:** Most Elders in this study discussed their interest in a community center where they could socialize, visit a doctor or nurse, and hold classes and activities during which they could share their knowledge.
- **Activities for the community (Elder/youth interaction):** Sharing stories, traditional knowledge, and teaching the Native language benefits both the Elders (provides them with a sense of purpose) and the youths (learn their history and culture).
- **Advocate consumer-driven health care:** Putting family members and Elders in charge of selecting their health care services, who should deliver them, and how

they want them delivered will result in improved health care utilization by the care recipients.

- **Integrate traditional medicine with Western medicine:** Many AN Elders use traditional medicine to cure common ailments, as well as adhere to Western medicine from their community health aide or doctor. Providing programs and services that incorporate both traditional and Western medicine would give Elders a sense of having more control and understanding of their health care services.

The need for long-term care services, such as HCBS, is increasing in rural Alaska as the number of Elders with chronic disease and disability grows. There are various sources of funding for long-term care services, such as Medicare, Medicaid, and the Indian Health Service, but no coordination of LTC services exists. Acquiring health care services in rural communities is difficult, where many AN Elders live and a majority of them prefer to receive care at home. The recommendation to encourage, support, and provide funding to family members caring for their elderly family members is key to maintaining our AN Elders in their communities, thereby strengthening the culture of the region. The other recommendations provide opportunities for the community and its members to strengthen their sense of community, support their residents, and preserve their history and culture.

Future Research

This study has expanded my knowledge and understanding of the diversity that exists in the field of successful aging. As I reflect on the findings of this dissertation, the

lifestyle choices and knowledge of our AN Elders continue to be relevant and serve as models of healthy aging for the up and coming AN Elders. This study highlights the four domains of successful aging for the Elders in Bristol Bay, and it lays the foundation for a statewide model of successful aging. The population of ANs is increasingly growing older and the challenges to healthy aging persist, especially in rural communities; it will be important to understand these challenges from the perspective of the Elders themselves.

AN Elders are faced with the challenges associated with remaining in their rural community, with or without support (i.e., family and community), but the benefits far outweigh the challenges, as highlighted in this study. The AN Elders who elect to relocate to an urban setting, such as Anchorage, do so primarily for health care reasons or to be near family for support. Despite the fact that AN Elders continue to live in their homes, rural communities are seeing an increase in the outmigration of people because of high fuel prices, lack of available employment opportunities, and an unstable economy. These exacerbate the issues associated with communities being able to provide support and health care services to the AN Elders who wish to remain at home. It will be important to create individual, and community, changes that also promote heath and well-being to prevent further outmigration and avoid the rising costs of delivering health and social support services needed in the rural communities. Further research needs to be conducted to determine the amount, and type, of services needed to support the increasing number of AN Elders in Alaska and enable them to age successfully in a supportive environment.

There is evidence that interventions, and programs, improve the health and well-being of older adults, but as this study demonstrates, there are gender differences in how AN Elders view aging. Moreover, the studies in successful aging have found that, age, gender, income, education, and marital status were not associated with successful aging. Further research needs to explore the gender differences in how AN Elders define successful aging and how they perceive their family and community's role in enabling them to age successfully or not.

Many AN Elders living in rural Alaska make periodic visits to urban communities for health reasons, such as doctor appointments, and eventually relocate permanently because of poor health. For those AN Elders who live in urban communities, it would be important to explore the reasons they do not return to their home community where they believe they are able to age successfully. The ANs currently living in urban communities in Alaska face different challenges to healthy aging and the AN Model of Successful Aging created in this study will serve as a model, or framework, to explore successful aging from an urban AN Elder perspective. Future research should also be aimed at developing and testing interventions, or health care promotion programs, that promote, support, and reinforce personal, social, and behavioral factors that lead to successful aging. These interventions, established through collaboration among multiple community stakeholders, would specifically target the challenges associated with living in rural communities, but then could be expanded to address successful aging for urban Alaska Native Elders.

Further research needs to be conducted on the current support services available in rural communities to determine the needs of rural AN Elders. Mobilizing and supporting communities who wish to maintain, and support, Elders in their homes strengthens the sustainability of the culture and health of the community. Many rural communities understand the role, and value, of their AN Elders and it will be important to work collaboratively with each community to assess the current services, and needs, within the community and provide recommendations to the Native health and regional corporations. Rossen, Knafl, & Flood (2008) sum up what research on successful aging should do: successful aging from the elders' own words and descriptions that will provide the contextual knowledge for developing interventions and health care programs.

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Appendix 1: Demographic Questionnaire

Demographic Questions

Name: _____

Participant code: _____

Directions: Please answer the following questions.

1. Date of birth: _____
2. Where were you born? _____
3. Where did you grow up? _____
4. Where do you live? _____
5. How long have you lived there? _____
6. What is your preferred language? First language? _____
7. What is your current marital status?
    a. Single
    b. Married
    c. Separated
    d. Divorced
    e. Widowed
8. What is the highest grade of school you have completed?

    ___ Less than high school

    ___ Some high school

    ___ High school graduate

    ___ Some college

___ College graduate

___ Graduate school

___ Trade or technical school

___ Refused

9. How many people, including yourself, are in your household? _____

10. Where do you want to live your remaining years? Grow old?

_____

11. Mailing address:

_____

Appendix 2: Explanatory Model Questionnaire

Interview Guide: Explanatory Model of Successful Aging

Participant ID #: _____

Date: _____

1. At what age do you think that a person becomes an elder in your community?
2. How do you know if someone is regarded as an elder or not?
3. Is there anything that happens to mark this transition?
4. Do you think things have changed for elders these days, as opposed to say, 20 years ago? If so, in what ways? (Probe different comments by participant.)
5. What do you think successful aging means?
6. Why do some Elders age well and some do not?
7. What are the signs of an Elder who is aging well? For example, can you think of someone in this community who is aging really well? (Allow a response, and then follow up with: How can you tell they are aging well, as opposed to someone who is not?)
8. What are some of the signs, or symptoms, of poor aging? Or unhealthy aging?
9. Can poor aging be prevented?
    a. If yes, what can people do to prevent poor aging?

b. What does a person need to do to age well? (Is doing the same as being?)

10. Do you think there are differences in how people age when it comes to living an urban community versus a rural community? How so?
    a. Why do you think this/these difference(s) exist? (if applicable).
11. What role do you think your community plays in whether or not someone grows older in a positive and healthy way?
12. How does getting older affect you as a person? Give example(s).

Probing questions:

a. How does aging impact your body? **Bodily impact**
b. How does aging impact your spiritual well-being? **Spiritual impact**
c. How does aging impact your emotions? **Emotional impact**
d. How does aging impact your thoughts? **Cognitive impact**

13. Do you think elders in your community are aging successfully?
14. How does someone in your community learn about aging successfully? Are there ways that people share this knowledge?
15. Is there anything about aging or being elder that you want to tell me, that I haven't asked about yet?

Appendix 3: Coding Manual

Alcohol: This concept includes a history of alcohol abuse, or use. For this definition, there's no distinction between types of alcohol; it is used as more of a general reference to alcohol use and abuse. Includes drug use and smoking because these primarily occur together.

Being active: This concept is defined as never being lazy and engaging in activities as well as you are able and doing things outside the home. This concept includes engaging in subsistence activities, walking, hauling water, emptying the honey bucket, and chopping wood for the smokehouse. This concept also includes walking and engaging in mild exercise, as well as the elder is able.

Better attitude/optimism: This concept is defined as having an optimistic, or positive, attitude toward life. This includes being okay with aging and the changes that occur as you age.

Busy: This concept is defined as having no time to visit or care for elders, or provide assistance. This also includes family members who work full time to afford living in a rural area and are unable to care for elderly family members.

Chronological age: The concept "elder" is defined as anyone over age 50. A chronological age is used as the basis for elders to receive various benefits.

Communication: This concept is defined as the younger generations visiting with the elders in the community. Includes sharing stories, experiences, and visiting. This concept

is primarily referenced when discussing the decrease in visiting in rural communities due to technology.

Community support/places: This concept is defined as communities who provide services, or activities, for community members and elders. This includes social activities, games, and community gatherings and places, or centers that serve as a focal point in the community.

Dependent: This concept is defined as those elders who are dependent on others, including family members, for care and other services/activities that prevent institutionalization. Also includes those who are unable to live alone in their own home.

Elders: This concept is defined as anyone who is considered an "Elder" by their community. This includes those who have lived a traditional lifestyle, experienced hardships in life, live a clean and healthy life, and continue to pass on their traditional knowledge, stories, and skills to the younger generations. This concept also includes role models, silent leaders, and acquiring wisdom, which are seen as characteristics of being an Elder.

Family: This concept includes immediate family members, such as children and grandchildren. This also includes brothers, sisters, aunts, and uncles. Family members are seen as a source of support. This code also includes Volunteers, who are primarily family members, or community members.

Food: This concept is defined as food that is directly related to overall health and well-being, including subsistence foods.

Government assistance: This concept is defined as assistance programs provided by the government, such as food stamps and energy assistance.

Health (good): This concept is defined as being free of disease or ailment(s) and being able to function to the best of their ability. For this concept, health includes the whole person, not just physical health, but emotional, psychological, and spiritual. This concept also includes subsistence foods from water and land, which contribute to good health.

Health (poor): This concept is defined as the presence of a disease, chronic illness, or other ailments that prevents an elder from participating in everyday activities. Includes the whole person, not just physical ailments, but the emotional, psychological, and spiritual aspects.

Health insurance: This concept is defined as out-of-pocket private health insurance, not to include Indian Health Service. This concept includes being unable to pay, as well as taking preventative measures.

Inactivity: This concept is defined as being lazy, or not engaging in community activities. This includes the lack of available community activities, or giving up on remaining active due to health decline. This concept is referenced primarily with the youth, but has been referenced by everyone, young and old.

Independent: This concept is defined as those elders who are able to function independently in their own homes and care for themselves. Not to include those elders who live with their extended family for support.

Institutionalization: This concept is defined by those elders who have left their community to receive adequate health care services in an URBAN community. Not to include those elders who reside in the facility in Naknek or Dillingham on their own free will.

Mixed ethnicity: This concept is defined as Alaska Natives who are of mixed ethnicity, or race. Includes Caucasian, African American, and other races found in rural Alaska.

Outmigration: This concept is defined as the reasons why families, and elders, relocate to an urban community outside of Bristol Bay. This includes families and elders who relocate for health care reasons, high cost of living, employment, or any other reason. Not to include institutionalization.

Poor aging: This concept is defined as not living a healthy life, or giving up on taking care of oneself. Includes abandoning traditional values and not following advice of elders. Individuals who suffer from poor aging would not be defined as an "Elder." This concept is different from poor health in that it references the elder status.

Religion/Church: This concept is defined as attending church on a regular basis, or as able, and daily prayer. Religion plays a role in elders dealing with the changes of growing older.

Rural/Urban: This concept is defined as the overall health impacts of living in rural versus urban communities, including: health, natural environment, pollution, access to subsistence foods and activities, costs of living, and community support networks.

Sense of purpose: This concept is defined as feeling needed, or wanted, by your family and community.

Subsistence activities: This concept is defined as activities that are directly related to the traditional Alaska Native lifestyles in Bristol Bay. Includes subsistence fishing, hunting, and gathering. There is a noticeable decrease of these activities in the communities—too busy making a living to participate. This concept is referenced when discussing how subsistence culture is changing.

Technology: This concept can be defined as technological devices that can be used to preserve the culture and identity of the community. This includes video recorders, tape recorders, and digital recorders (this definition only occurs in one interview transcript). Home-related; not to include 4-wheeler, snow machine, boats. This definition includes technological devices that lead to the destruction of culture and active lifestyles; the traditional role of elders in community is being replaced by technology.

Traditional knowledge: This concept is defined as knowledge gathered through a lifetime of living off the land, hunting, gathering, and fishing and is passed down through cultural transmission. This includes traditional medicine (including medicinal herbs and plants that were used traditionally to cure common ailments), traditional lifestyles (i.e., subsistence lifestyle), and telling stories of how we age.

Wasteful: This concept is defined as those individuals who have less respect for animals during hunts. Includes those individuals who hunt and leave behind a majority of the meat, only taking what they want.

Western influence: This concept is defined as outsiders moving into the community and bringing about changes, positive and negative, that have changed the culture of the people and community. Examples include: food and dietary changes, religion, and education.

Western medicine: This concept is defined as medications and prescriptions that are prescribed by doctors to improve mental and physical health and ailments.

Worry: This concept is defined as worrying about the health and well-being of grandchildren and family members. This includes worrying about what will happen to their spouse or family once the elder passes on.

Youth: This concept is defined as the younger generations, ranging in age from infant to college-age children. Includes getting into trouble and not knowing their own culture and history.

Appendix 4: UAF Institutional Review Board (IRB)

University of Alaska Fairbanks Institutional Review Board
(907) 474-7800
(907) 474-5444 fax
fyirb@uaf.edu
www.uaf.edu/irb
Institutional Review Board
909 N Koyukuk Dr. Suite 212, P.O. Box 757270, Fairbanks, Alaska 99775-7270

July 17, 2008

To: Gerald Mohatt, Ph.D
Principal Investigator

From: Bridget Stockdale, Research Integrity Administrator
Office of Research Integrity

Re: IRB Protocol Application

Thank you for submitting the IRB protocol application identified below. This protocol has been administratively reviewed and determined to meet the requirements specified in the federal regulations regarding human subjects' protections for exempt research under 45 CFR 46.101(b)(2) for research involving the use of educational test, survey procedures, interview procedures or observation of public behavior, unless: (i) information is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, and (ii) any disclosure of the human subjects' responses outside of the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing employability, or reputation.

Protocol #: 08-59

Title: "*Successful Aging through the eyes of Alaska Natives" The health and wellbeing of Alaska Native elders in Bristol Bay, AK*

Level: Exempt

Received: July 15, 2008

Review Date: July 17, 2008

Appendix 5: Alaska Area Institutional Review Board (AAIRB)

Alaska Area Institutional Review Board

December 16, 2008

Jordan Lewis, MSW
Gerald Mohatt, EdD
Center for Alaska Native Health Research
Institute of Arctic Biology
University of Alaska Fairbanks
Box 75700
Fairbanks, AK

Dear Dr. Mohatt and Mr. Lewis;

The Deputy Chairperson of the Alaska Area Institutional Review Board (AAIRB) reviewed the protocol and accompanying documents of the protocol **2008-09-023 Successful Aging Through the Eyes of Alaska Natives.** The AAIRB has given expedited approval of the protocol with **an expiration date of October 28, 2009.** As a reminder, the protocol and all accompanying documents **may not have modifications** for this decision to remain valid. It is your responsibility as Principal Investigator (PI) to maintain the status of your project by tracking, and monitoring all activities related to the protocol. Tribal approval for the protocol is required in addition to approval from the AAIRB.

All research approved by the Alaska Area IRB is subject to 45 CFR 46 "Protection of Human Subjects" regulations and the principles of the Belmont Report. Investigators are expected to be familiar with these provisions and adhere strictly to all requirements. **You are required to have all personnel involved in the research** complete the online research ethics course located at www.citiprogram.org once every 36 months. Please retain your completion certificates from the Collaborative IRB Training Institute (CITI).

Prior to making any changes to the protocol you must receive approval from the Alaska Area IRB. Please request the Status Report and Renewal Application forms from the IRB Administrator at **least 6 weeks prior to the protocol expiration date.** Please ensure that project renewal information is complete and submitted to the IRB Administrator at least four weeks prior to expiration. The continuing review information should include but not be limited to the Alaska Area IRB Status report and renewal application form, a current copy of the consent/assent forms, a cover letter to the IRB with a project summary and an electronic copy of all items to be sent to the IRB members. The submission date for the monthly IRB meeting is the first day of each month. Inform the IRB by letter when the protocol is complete/closed.

As a reminder, the IRB must review and approve all human subjects research protocols at intervals appropriate to the degree of risk, but not less than once per year. Per 45 CFR 46.109(e), there is no grace period beyond one year from the last IRB approval date unless the protocol approval period is shorter than one year. It is your responsibility as Principal Investigator (PI) to maintain approval status for your project by tracking, renewing and obtaining IRB approval for all modifications to the protocol and the consent form.

4315 Diplomacy– RMCC, Anchorage, AK 99508
Phone: (907)-729-3924

Please keep this approval in your protocol file as proof of IRB approval and as a reminder of the expiration date. To avoid lapses in approval of your research which will result in suspension of participant enrollment and/or termination of the protocol submit the protocol continuation request at least 4 weeks prior to **expiration date of October 28, 2009**.

This IRB action does not constitute review or compliance with HIPAA requirements. Prior to access and/or use of data, you must receive approval from the appropriate institutional officials releasing this information under the current HIPAA requirements.

All research involving staff, patients or resources at the Alaska Native Medical Center (ANMC) must be submitted to the Board(s) of Directors of ANMC's parent organizations after Alaska Area Institutional Review Board approval is obtained. The parent organizations of ANMC are the Southcentral Foundation (SCF) and the Alaska Native Tribal Health Consortium (ANTHC). Your point of contact at ANTHC is Kathy Koller, RN, MSN at kkoller@anmc.org. Your point of contact at SCF is Dr. Ruth Etzel at raetzel@southcentralfoundation.com. Please send a copy of your approved research protocol and a copy of the Alaska Area IRB approval letter to each of them. In addition all research protocols must receive tribal approval.

If this protocol utilizes information from the Alaska Native Medical Center you must submit any manuscripts, reports, or abstracts for consideration for publication or presentation to the Abstracts Manuscripts and Publications Committee (AMP RC) for review. In addition the ANTHC and SCF Board of Directors approval must be obtained. To ensure timely review, please send an electronic copy of these items to both Dr. Etzel and Mrs. Koller at least 8 weeks before the deadline for submission.

If you require further information from the Alaska Area IRB you can contact me at tjpowell@anmc.org or call (907) 729-3924.

Sincerely,

Terry J. M. Powell

Terry J. M. Powell
IRB Administrator
Alaska Area Institutional Review Board
Alaska Native Health Campus
4315 Diplomacy Drive RMCC
Anchorage, Alaska 99508

Appendix 6: BBAHC letter of support

25 April 2008

The Executive Committee of the
BBAHC Board
P.O. Box 130
Dillingham, AK 99576-0582

RECOMMENDATION: Jordan Lewis, MSW

Mr. Lewis is a doctoral student at the University of Alaska Fairbanks (UAF). Under his doctoral committee's supervision, he is requesting to do human subjects social research involving some of our region's Native elders.

The Bristol Bay Area Health Corporation (BBAHC) Ethics Committee has reviewed and discussed with Mr. Lewis, his proposed research and methodology with regard to safeguarding the privacy and dignity of those elders involved. They recommend to the BBAHC Board that Mr. Lewis be allowed to pursue his project, entitled "Successful Aging through the Eyes of Alaska Natives."

The BBAHC Board concurs with this recommendation that Mr. Lewis' proposal proceed to be evaluated by the Anchorage IRB. BBAHC does defer to their recommendations

H. Sally Smith, Board Chair

Robert Clark, CEO BBAHC

Cc: