Successful Aging Through the eyes of Alaska Native Elders. What It Means to Be an Elder in Bristol Bay, AK

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Purpose: Alaska Natives (ANs) view aging from a holistic perspective, which is not typical of the existing successful aging literature. One of the challenges of conducting research with cultural groups (e.g., ANs) is the lack of data, or research, on culture and aging and its impact on how we view successful aging. This research explores successful aging from an AN perspective or what it means to reach “Eldership” in rural Alaskan communities, which is an area of successful aging where there is very little research.

Design and Methods: Data were gathered from 26 elders aged 61–93 years in 6 Bristol Bay communities in Southwest Alaska. An Explanatory Model approach was used and adapted to gain a sense of the beliefs about aging and establish an indigenous understanding of successful aging or what it means to attain “Eldership.”

Results: Rather than establishing a definition of successful aging for AN Elders, this study highlights the four elements of “Eldership” or what AN Elders believe are important characteristics to becoming a respected elder. The four elements of “Eldership” are emotional well-being, community engagement, spirituality, and physical health, which are the characteristics of ANs who have reached “Eldership” and become a respected Elder in their community.

Implications: This research seeks to inform studies on indigenous aging that prioritizes the perspectives of elders to affect positively on the delivery of health care services in rural Alaska.

Key Words: Successful aging, Alaska Natives, Rural, Community, Health

This article explores the concept of successful aging, or Eldership, from the perspective of Alaska Native (AN) Elders (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.) in the Bristol Bay region of Alaska. This region of Alaska was chosen for the location of this study because it is the home region of the author and where his family originates. The successful aging literature has predominantly focused on nonindigenous populations, emphasizing factors related to successful aging, such as independence. As this field continues to expand and become more prevalent with the growing elderly population worldwide, it will be important to include the perspectives of the Elders to have a better understanding of the aging process and how Elders live their later years in optimal health and well-being.

This study provides a more comprehensive picture of the characteristics of AN Elders or those who have attained “Eldership” in their respective communities and the experiences of aging in rural Alaska. Western society tends to focus on the negativity associated with aging:
The Concept of Culture and AN Cultures

The State of Alaska is home to various AN cultural groups, including the Aleuts, Athabascans, Eyak, Inupiaq Eskimos, Tlingit/Haida/Tsimshian, and Yup’ik Eskimos. 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. When working with culturally diverse populations, such as ANs, 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 (Geertz, 1973).

AN cultures are unique and complex in nature and could be defined as Geertz (1973) 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, and 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 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 indigenous populations. These classical sources of the meaning of culture have been chosen for this study because they reflected the level of meaning to be discovered in this research.

The Research Question

The original research question was how AN Elders subjectively defined a successful older age and what it meant to age well in Bristol Bay, AK. As this study progressed, the question evolved from defining successful aging to determining the characteristics associated with attaining Eldership. Much of the literature on successful aging and health is based on the biomedical model, which emphasizes health status and disease. It was discovered in the current study that the AN cultural groups in Bristol Bay (Aleuts, Athabascans, and Yup’ik Eskimos) approach health and well-being from a holistic approach, which differs from the biomedical approach in that it involves the individual’s health and well-being, their family, and community well-being. Much of the literature on successful aging is theory driven from a Western perspective (Strawbridge, Wallhagen, & Cohen, 2002; Rowe & Kahn, 1997), which does not include indigenous Elders’ perspectives in the data collection. Without their perspective, we cannot fully understand what it means to age successfully in their respective home and community.

Literature

Although the concept of successful aging goes back more than 50 years (Butler, 1974; Baker, 1958; Pressey & Simcoe, 1950), the term only received 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 et al., 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 a concrete definition of successful aging makes it challenging to operationalize this concept.

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 concepts being reconceptualized by older adults themselves (Dillaway & Byrnes, 2009). Alongside other critical gerontologists, Dillaway and Byrnes 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. As previous studies have stated, developing a definition of successful aging that includes the perspective of older adults would be useful. “First, the perspective 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, Lynda, LaCroix, & Larson, 2004, p. 211).

One of the challenges of conducting research on successful aging with culturally distinct groups (e.g., ANs) 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, 2006; Tate, Leedine, & Cuddy, 2003; Ikels et al., 1995; Keith et al., 1994; Keith, Fry, & Ikels, 1990), but challenges still exist. For example, the aging population in the United States is not homogenous, and there are cultural and gender differences that contribute to the different aspects of successful aging and how the concept is defined.

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 et al. (1990) found that how older people understood successful aging was based primarily on their country of origin. European Americans, for example, associated it primarily with self-sufficiency and the ability to live alone, whereas 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, and Bengston (1992) challenge researchers to generate a culturally relevant theoretical framework for the study of the relation between culture and aging.

Developing these frameworks from the perspective of the elders themselves is necessary if we are to understand the ways in which culture shapes the experiences of aging (Torres, 1999). This study contributes to the discussion on culture-specific approaches to successful aging and attempts to establish an AN perspective of successful aging that steers away from the ethnocentric focus this definition has in mainstream gerontology literature.

**Design and Methods**

Gaining the perspective of the AN Elders in each community and working collaboratively with each participating community represents a Community-Based Participatory Research approach (Appendix B). Using this approach, 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 communities (Fisher & Ball, 2003). 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 communities, Elders, and the Bristol Bay Area Heath Corporation.

**Demographics**

This study took place in Bristol Bay, AK, which is the Southwest region of Alaska on the Alaska Peninsula and is approximately the size of Ohio. Bristol Bay is a culturally diverse region and home to the largest red salmon harvest in the world as well as the home region of Alaska for the author. 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. This region is rich in history and continues to thrive, and the AN peoples carry on their traditional subsistence lifestyles, participate in the commercial fishing industry, and live off the land and sea.

To achieve the purposes of this study, a purposive sample of 26 AN Elders from Aleut, Athabascan, and Yup’ik Eskimo tribal groups were interviewed to determine what successful aging means in Bristol Bay (Southwest region of Alaska). Participants ranged in age from 61 to 93 years and were Aleut, Athabascan, and 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. The participant criteria were (a) to self-identify as AN and (b) to be considered an Elder by their respective communities. Of the 26 Elders in this study, 5 listed English as their first language and had learned their Native language after they were grown. The Athabascan and Yup’ik Eskimo Elders listed their Native language as their first language and the Aleut Elders listed English as their first language. Twelve Elders in this study were widowed (10 women and 2 men), and more men were married than women (8 men vs. 6 women). In regards to education, 17 participants had some high-school education and 1 Elder had finished high school. Four Elders received their General Education Diploma (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 attended formalized school. The Elders’ household size ranged from living alone to 10 people living in their home, the average household size being 4. Most Elders owned their own home (n = 21), and the remaining Elders lived with their families or in the assisted living facility in the region’s hub community.

Instrument

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 diseases cross-culturally, it was used in this study to discover how AN Elders define successful aging. Fifteen questions covered topics such as how AN Elders would define successful aging, how their aging process affects their emotional, spiritual, and cognitive well-being, as well as whether or not they believe their community is supportive of them aging successfully (Appendix A). To gain a clear picture of successful aging, the questionnaire also asked what it means to age poorly in their community and how they personally avoid poor aging. A grounded theory approach was chosen for this study because of the lack of an existing relationship between AN culture and perspectives on successful aging.

Data Analysis

Data were analyzed with the use of Atlas Ti, a qualitative research program. 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 in each community and transcribed, I open coded, recoded, and analyzed the qualitative data (e.g., interview transcripts) to establish codes and patterns in the response (Strauss & Corbin, 1998). I worked with another graduate student with experience and knowledge of qualitative data analysis who also coded the transcripts. The resulting kappas ranged from an average for all codes of .80 for the first transcript coded to .88 for the fifth and to .90 for the 10th transcript. The range for kappas over all three transcripts by all codes was a low of .60 to a high of .99. Kafka is a measure of the amount of agreement between two coders after statistically adjusting for agreement due to chance (Fleiss, 1981). For example, total agreement between two coders yields a kappa of 1.00, and any disagreement produces a value less than 1.00, with lower values indicating larger discrepancies (Fleiss, 1981). 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 transcripts and computing the kappa statistic for every fifth transcript, the codes were continually redefined and discussed as to how they related to each other and their contribution to the definition of successful aging or Eldership. This analysis resulted in 32 codes that supported the establishment of an AN model of successful aging and a better understanding of what it means to attain Eldership or be considered a respected Elder in their respective communities.
Study Characteristics

One of the limitations of this study is the hunches and ideas I have gained in my life experience as an AN from the Bristol Bay region and through the knowledge of the successful aging literature. 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 author’s knowledge of successful aging and of which theories are most appropriate when working with indigenous elders.

A second limitation to this study is the fact that the results cannot be generalized to AN Elders across the state of Alaska or other indigenous groups. 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 study are only reflective of the Bristol Bay region and should not be generalized to AN 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 study developed a better understanding of successful aging to test, not prove, and should be considered discovery research. It is also limited in generalizability by the small $n$ of tribal participants. EMs has indicated that typically saturation is reached after about 17–20 interviews, but this study did not have that many in any one tribal group or gender group (Asbury, 1995; Kreuger & Casey, 2000). Due to these limitations, the study is heuristic and suggests directions for future research.

Discussion of Findings

The purpose of this section is to discuss what it takes for a person to be considered an Elder by their respective community or achieve Eldership. The concept of Eldership, a cultural and social construction, serves as one primary model of successful aging among AN Elders in Bristol Bay in this study. Successful aging can be defined as becoming an Elder, that is, achieving a respected role in one’s community for the participants in this study. 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 AN 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 characteristics associated with being regarded as a respected Elder or achieving Eldership in their respective community. The concept of successful aging, or Eldership, from the perspective of AN Elders had not been studied prior to this research study.

During the analysis of the interview data, four elements emerged, each of which highlighted important aspects of successful aging, referred to as Eldership in this paper. These elements define Eldership in Bristol Bay: (a) emotional well-being, (b) community engagement, (c) spirituality, and (d) physical health. It is important to distinguish between successful aging and Eldership in this study. The term “successful aging” served as the foundation of this study in that I wished to establish an AN definition of successful aging to gain a clearer picture of what this means to Elders in Bristol Bay. As I worked with the Elders and analyzed the interviews, it became clear that rather than defining successful aging for themselves, they were describing characteristics of Elders in their communities they felt demonstrated what they believed to be successful aging. Rather than provide one definition of successful aging for Bristol Bay Elders, this study highlights the characteristics found admirable in Elders who served as role models, or attained Eldership, and were considered as successful elders by their community.

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 findings of this study are limited to the Southwest region of Alaska, involving the three cultural groups, and should be not be generalized to all AN or indigenous cultural groups. The following discussion will provide more insight and context into each of the four elements of Eldership and its relevance to successful, or healthy, aging among AN Elders in Bristol Bay, AK.
Element 1: Emotional Well-Being

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

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 stable emotional well-being and positive attitude. 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.

It could be argued that Elders have maintained positive emotional well-being 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, all of which contribute to their emotional well-being. 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, and serve as role models, acting in ways that are desirable to both themselves and others. It could be argued that the Elders have maintained a positive outlook 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 emotional well-being.

Element 2: Community Engagement

“We get company. Like, when you are sick, they’ll help you. They don’t leave you to be by yourself.” (P1 interview)

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

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 in this study. 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 participants. 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.

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.

Element 3: Spirituality

“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)

Spirituality, or religion, is one of the guiding principles of successful aging and leading a healthy lifestyle. 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, Parker, Achenbaum, Larimore, and Koenig (2002), the concept of spirituality among older adults has not been integrated into any promising intervention models that promote successful aging.

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. 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.

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 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 emotional well-being and positive attitude 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.

Element 4: Physical 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)

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 et al., 2002). It could be argued that the Elders’ emotional well-being 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 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 or engaging in subsistence activities, helps improve quality of life, both mentally and physically, of the AN Elders in this study.

Conclusions

The aim of this research was to establish perceptions of successful aging that reflect the experiences of AN Elders in Southwest Alaska. It is not the aim of this research to establish a definition of successful aging that would meet the needs of every AN but rather provide a better understanding of successful aging, or more appropriately, Eldership. The lack of literature on the subject of AN Elders and successful aging in rural communities requires a more in-depth analysis of successful aging among indigenous 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 (Phelan et al., 2004), and no definition exists that adequately describes a successful aging process. There are current studies exploring other characteristics and lifestyle choices that affect
successful aging and how elders view their aging process, and this study is one step toward gaining a clearer understanding of aging in rural Alaska. This study did not establish a definition of successful aging for the Elders in Bristol Bay but rather highlighted the four elements of eldership that are important to achieving Eldership, which are emotional well-being, community engagement, spirituality, and physical health.

As the AN population continues to grow older in rural communities, it will be important to address the issues facing AN Elders and determine what they need to age successfully and remain in their own home and community. As White (1952) points out, it is important to understand the culture and environment in order to fully understand the experiences of the Elders. 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, Knaff, and 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.

As cultures and communities continue to evolve, it will be important to establish a broader understanding of the Elders’ roles in community health 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.

References
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Appendix A. Explanatory Model (EM) 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 B. CBPR process: developing a coresearcher methodology.

1. Determine research question with communities
2. Gain permissions and refine study research methods with community input
3. Establish culturally compatible data collection methods (E.M.)
4. Entering community settings and gaining trust of community members
5. Community involvement in research project
6. Disseminating early results to solicit community input and revisions
7. Data dissemination to communities, tribal councils, and Native health corporations

Visit two villages to host community presentations.
- Third village provided input and suggestions over conference call.

Provide copies of thesis to Elders, participating communities, and BBAHC.

Discuss research question and relevance to communities and region

7. Data dissemination to communities, tribal councils, and Native health corporations

Visit to BBAHC to explain study and benefit to region

Letters sent to tribal councils to explain study

Discussions about research project, process, and goals.

Work with BBAHC and tribal councils to revise E.M. questionnaire

Work with UNF cultural consultant to ensure E.M is culturally appropriate