Contributing Factors to American Indian/Alaskan Native Elders’ Quality of Life

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Background

Oral health and sense of hearing are important components of an elder’s general health and well-being. The Oral Health of Older Americans found that more elders are keeping their natural teeth than ever before; however, there are sharp differences in natural tooth retention that vary by race and economic status (Center for Disease Control and Prevention, 2011). Clinical data from the Indian Health Services (IHS) shows that American Indian elders account for less than three percent (3%) of the Native American dental patients (Jones, Nienдорf, & Broderick, 2000). In 2006, 37.6 million adults in the United States had trouble hearing (ranging from a little to trouble to deaf). Men (4.3%) were more likely than women (2.4%) to be deaf or experience more trouble hearing. Non-Hispanic American Indian or Alaskan Native (AI/AN) adults had the highest rates of reported trouble hearing amongst any race/ethnicity groups studied by the Center of Disease Control in the study of Health Disparities Among Adults With Hearing Loss United States, 2000-2006. The purpose of this poster is to highlight the reports of contributing factors to the quality of life among AI/AN elders participating in the survey by the National Indian Council on Aging.

Methods

The survey was conducted at the 20th Biennial Conference of the National Indian Council on Aging (NICOA). NICOA is a council advocating for AI/AN. The survey assessed areas such as general information, economic well-being, aspects of health, and home and community based services. Participants in the conference were given a survey form and asked to complete it. A box was placed at the registration desk, and receive a ticket for a prize drawing. A total of 668 surveys were completed and returned.

A Memorandum of Understanding (MOU) was established between NICOA and the University of North Dakota (UND) Seven-Generations Center of Excellence in Native Behavioral Health (SGGoD) and the National Indigenous Elder Justice Initiative (NIEJI) toenter, analyze, and develop dissemination materials for the data. The data was entered using SPSS version 22 by the Tribal Undergraduate Research Training and Learning Experiences Program (TURTLE) students of the SGGoD. The data was cleaned, checked and analyzed. The completed data set included data from 335 males and 533 females with ages from 23 years to 89 years of age. Only those participants over 40 years of age were included in the analysis. Variables used in this analysis included:

- Age group
- Gender
- Health status
- Do you have trouble hearing
- Have you seen a dentist or dental hygienist in the past year

In this analysis we attempt to identify significant variables that may correlate with AI/AN Elders’ overall health and the services they provided to them.

Results

- Participants age >74 with “Good Health” reported the highest percentage (44.9%) of trouble hearing.
- Males with “Good Health” reported the highest percentage (39.7%) of having trouble hearing than females.
- Males with “Good Health” reported a higher percentage (37.5%) of seeing a dentist or dental hygienist in the past year than females.
- 90.9% of >74 age group reported having Medicare and seeing a dentist or dental hygienist in the past year.
- Males reported a higher percentage (61.8%) of having Medicare and trouble hearing than females (27.8%).
- Males reported a higher percentage (52.7%) with no health care coverage and having trouble hearing than females (42.0%).

Discussion

About one-third of Americans between the ages 65 and 74 have hearing problems. Dental problems in people age among the most common health problems experienced by the elderly (Vargas, Kramarow and Yellowtts, 2003). In 1981, the NCODA Survey, Health Status of Urban Indian Elders, elders self-reported their health status as poor (33%) and fair (33%). This includes dental problems (33.2%) and hearing problems (21%) (Kramarow 1999). Some possible reasons that men have a higher rate of hearing problems are lifestyle and occupation. Men are more likely to work in professions such as manufacturing and construction where they may be exposed to high levels of noise. More men also engage in hobbies such as hunting and woodworking where they are exposed to even damaging levels of noise. (Professional Hearing Association, 2015). Although this project displays that oral health has improved, hearing problems continue to be a contributing factor on AI/AN elders displaying a continued need for services. Warning signs for dental problems include changing bad breath, dry mouth, canker sores, receding gums, tooth cavities and hypersensitivity and discoloration of the teeth. Prevention is key when it comes to oral health, steps to prevent dental problems include brushing at least twice a day, flossing and mouth washing, and regular check-ups which contribute to maintaining good health (Hall, Stensland, and Marin-Cartier, 2014). Warning signs for hearing loss are ringing or buzzing in your ears after exposure to noise, experiencing fullness in your ears after leaving noisy area, and being able to hear people talk but not understanding them after exposure to noise. Steps to prevent hearing loss would be to avoid loud noises, make sure you have regular hearing tests, and wearing hearing protections such as earplugs when near loud noises. (Professional Hearing Association, 2015). It’s recommended that future research look in depth at dental and hearing problems on elders’ quality of life.

References


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