"WE DID LISTEN." SUCCESSFUL AGING FROM THE PERSPECTIVE OF ALASKA NATIVE ELDERS IN NORTHWEST ALASKA

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Abstract

Alaska's older adults are growing faster in proportion to the overall population creating concern regarding how adequate care will be provided in the coming years. Statewide, rural community members are looking for innovative, culturally appropriate ways to promote successful aging for their growing population of elders, allowing them to age in their home communities. This qualitative, phenomenological study sought to establish a deeper understanding of how Alaska Native Elders in Northwest Alaska understand and experience successful aging to inform program development and service delivery. The present project was embedded within a larger community-based participatory research study and conducted in collaboration with community members and an Alaska Native Elder Advisory Committee. The 14 community-nominated Elder participants universally identified engagement with family and community, self-awareness and care, and a sense of gratitude as essential elements of successful aging. Elders who age successfully listened to and learned from their Elders, enact their traditional values and practices, and pass their wisdom and knowledge to future generations. The results provide a culture and context specific understanding of successful aging that will help communities develop Elder-centered programs and service delivery and contributes to field of successful aging by presenting a perspective of successful aging that is not currently represented in the literature. Finally, by recording the Elders' knowledge and stories of successful aging this project also helped preserve some of the traditional cultural knowledge held by Elders in this region to be shared with generations to come.

Table of Contents

Page

Title Page ..... **i**

Abstract ..... **iii**

Table of Contents ..... **v**

List of Figures ..... **xi**

List of Tables ..... **xi**

List of Appendices ..... **xiii**

Acknowledgments ..... **xv**

Chapter 1: Introduction **1**

Brief Overview of the Study 1

Research Question (Specific Aims) 3

Brief Overview of the Methodology 3

Significance of the Study 4

Chapter 2: Literature Review **5**

Introduction 5

History of Successful Aging 6

Critiques of Successful Aging 9

Culture and Aging 12

Indigenous Aging 13

Alaska Native Aging 19

Defining Elder 19
Alaska Native Successful Aging 21
Norton Sound Sub-region Culture and Context 26
Background of Present Study 28
The Present Study 30
Chapter 3: Research Design and Methodology 31
Overarching Study Design 31
Qualitative methodology rationale 31
Philosophical Underpinnings 32
Constructivist-interpretive paradigm 32
Phenomenology 32
Conducting research with Alaska Natives 34
Context 37
Research setting 37
Gaining access 38
Elder advisory committee 38
Data Collection 38
Participants 38
Instrument 39
Procedures 42
Analytic Strategy 45
Phenomenological reduction 45
Delineation of meaning units 46

Formation of themes 46

Thematic codebook development 47

Formation of composite summary of themes 51

Trustworthiness 51

Dissemination of Findings 544

Chapter 4: Results 57

Family Engagement 57

Community Engagement 59

Gratitude/Humility 61

Self-Awareness and Care 62

We Did Listen (Learning from the Elders) 64

Subsistence (Traditional Practices) 65

Passing on Knowledge 67

Forgiveness/Patience 69

Keep Going 70

Stay Active 71

Traditional Values and Beliefs 72

Effects of Aging 73

Grief and Loss 74

Alcohol and Other Drugs (AOD) 75

Believe in Something 76

Change 76

Chapter 5: Discussion 79

Introduction 79
Relationality 81
Experience 81
Understanding 82
Corporeality 87
Experience 87
Understanding 87
Emotionality 90
Experience 90
Understanding 90
Spirituality 93
Experience 94
Understanding 94
Spatiality 95
Experience 95
Understanding 95
Temporality 97
Experience 97
Understanding 98
Materiality 101
Experience 101
Understanding 102
Study Implications 103

Limitations of the Study 106

Researcher bias 106

Conclusion 108

References 113

Appendices 133

List of Figures

Page

Figure 1. Map of Norton Sound Region. 26

Figure 2. Map of Alaska Native Cultural Regions. 27

Figure 3. Interview Selection Process. 48

List of Tables

Page

Table 1. Strategies to Ensure Trustworthiness 54

List of Appendices

Page

Appendix A. UAA Institutional Review Board Approval Letter 133

Appendix B. Alaska Area Institutional Review Board Approval Letter.....135

Appendix C. NSHC Research Ethics Review Board Approval Letter 139

Appendix D. Sub-regional Community Letter of Support.....141

Appendix E. Interview Protocol 143

Appendix F. Informed Consent 147

Appendix G. Demographic Questionnaire 151

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Chapter 1: Introduction

Brief Overview of the Study

In Alaska, adults over the age of 65 are the fastest growing segment of the population. These numbers are expected to more than double in less than 30 years (Howell, 2014). The population of Alaska Native (AN) adults over 65 is projected to double in less than 10 years (Howell, 2014). Older adults in rural and urban areas are living longer (Depp & Jeste, 2006) and growing faster in proportion to the overall population in Alaska creating concern about meeting their needs. In this climate of limited fiscal resources, with "painful cuts to senior programs" expected (Walker, 2016), it is essential to keep older adults as healthy as possible, and channel the funds we have into programs most impactful for older adults. Rural communities across the state are looking for innovative, culturally appropriate ways to promote successful aging for their growing population of Elders that would allow them to age in place. In the literature (Gonyea & Burnes, 2013; Tang & Pickard, 1979), and in this study, "aging in place" is a term referring to the Elders' preferences as to where they wish to live their remaining years. In recent years, there has been a movement in the Indian Health Service (IHS) to fund the development and management of nursing homes and long term care facilities across Indian Country. This specific response attempts to address the growing demographic of older adults who are living longer with more chronic illnesses than ever before, but also in response to the shift in mainstream society to institutionalize older adults because of dual income households and the sandwich generation (i.e., middle aged adults caring for both children and parents; Hilton, Kopera-Frye, & Krave, 2009). Participants identified "aging in place" as their preference in the Bristol Bay (Lewis & Boyd, 2012b) and the Norton Sound sub-region needs assessments (Boyd & Lewis, 2011). There

is currently no model of successful aging that exists in the Norton Sound Sub-region upon which to develop Elder programs.

This study is an extension of a Community-Based Participatory Research (CBPR) project that began in 2010 when members of the Native Village of Unalakleet (NVU) approached Dr. Lewis to collaborate with them on building a comprehensive program of care for the elders in their sub-region. CBPR is a research methodology that emphasizes an equal partnership between researchers and community members aimed at providing a collaborative context that allows for a culturally grounded study rather than a top down approach (Lambert, 2014). It is the recommended methodology for conducting research with AN populations because of prior mistreatment by past researchers who viewed themselves as the experts and discredited local ways of knowing (Lewis & Boyd, 2012a; Mohatt, 1989; Smith, 1999). Dr. Lewis and I worked with our community partners to design and implement a mixed-methods Elder needs assessment in this sub-region to begin addressing the request of the community members. Our work resulted in the establishment of a trusted working relationship with the region and the foundation for the present study. This study explored the phenomenon of successful aging as experienced by AN Elders in the Norton Sound Sub-region (NSSR). The study is part of a larger community-driven project led by Dr. Lewis that will compare the experiences and characteristics of AN Elders in Northwest Alaska with those in Bristol Bay, and explore the impact of relocation from traditional rural villages to urban or hub community settings. This project adds to the emerging model of AN successful aging and provides a deeper understanding of what it means to age successfully and how successful aging is experienced by the Elders in NSSR.

Research Question (Specific Aims)

The overarching goal of this study was to contribute to the developing model of AN successful aging. More specifically, this study employed qualitative methods for data collection and analysis to explore and understand the phenomenon of successful aging as experienced by NSSR Elders in order to enhance Elder-centered service delivery in the region. This study sought to answer the following research questions:

1. How do AN Elders from the Norton Sound Sub-region understand successful aging?
2. How is successful aging experienced by AN Elders in the Norton Sound Sub-region?

Brief Overview of the Methodology

This study was exploratory in nature and accordingly employed qualitative research methodology rooted in the constructivist-interpretive paradigm. Further, the present study was designed using a phenomenological framework to explore the phenomenon of successful aging as it is understood and experienced by AN Elders living in Northwest Alaska. This project was embedded within a larger CBPR study and as such worked in collaboration with the communities within which it was carried out. Additionally, the procedures for carrying out this study and the methods used to gain knowledge of the phenomenon were determined in consideration of the unique context and culture of these rural communities and sought to prioritize local practices and ways of knowing through consultation with an Elder Advisory Committee (EAC).

The aim of the study was to explore the phenomenon of successful aging as it is understood and experienced by AN Elders living in Northwest Alaska. To achieve this, we recruited 14 AN Elders living in one of the five communities who were identified by the community council president (or designee) as an Elder who is aging well. Elders who agreed to meet with us participated in a 20-60 minute in-depth, semi-structured interview. The interviews took place in the home community of the Elder in the location of their choosing (e.g., Elder's

home, Tribal office). The interview questions were developed based on a phenomenological framework and were used in conjunction with a phenomenological analytic strategy to elicit a context and culture specific understanding of what successful aging is and how it is experienced by the Elders in this region. The preliminary findings were presented to our EAC for validation, elaboration, and feedback, which was then incorporated into the final results. Final results of the study will be provided to each of the communities who participated.

Significance of the Study

This dissertation study contributes significantly to the field by presenting a view of successful aging from the perspective of Norton Sound AN Elders, which is not currently represented in the literature. The results of this study helps the Norton Sound sub-region design and develop AN Elder programs that are meaningful and valuable to its Elders, thus, eliminating unnecessary waste of unused, or underutilized "cookie cutter" programs. Additionally, by recording the Elders' knowledge and stories of successful aging this project also helps preserve some of the traditional cultural knowledge held by Elders in this region to be shared with generations to come. I am also hopeful that this project provides unique and innovative approaches and strategies for aging successfully that can improve and enrich the lives of all of Alaska's older adults, their families, and communities. This study, the second of its kind in Alaska, may serve as a catalyst for future research on successful aging in neighboring areas of the Northwest Arctic.

Chapter 2: Literature Review

Introduction

Aging is a universal experience and 'older adult' is the only minority group everyone will potentially be a part of; to be alive is to experience aging. While we have many similar experiences that unite us in the aging process, how we age - including our beliefs and views about aging - are grounded in our different lived experience and are, therefore, more unique. As our population increases in age with longer life expectancy and, consequently, a growing proportion of older adults (Howell, 2014), the cultural nuances of successful aging become more important (Torres, 1999). As we continue to look for ways to age better, healthier, and more successfully, it is important to first consider what is meant by successful aging.

In this chapter, I begin with a brief history of successful aging and its emergence in the literature, followed by the past and current critiques of the successful aging literature and how these critiques played a role in shaping this study. Next, I will discuss the integration and importance of culture in the successful aging literature and the cultural influences that have shaped how aging is understood. I will then narrow the focus on culture and highlight how Indigenous peoples' historical and cultural context influences their views on successful aging. The following section will narrow the focus further to AN aging and the cultural values that serve as the guiding principles and characteristics needed to age well. One of the unique contributions of the Indigenous and AN literature on successful aging is the cultural definition of Elder, which differs greatly from western definitions of older adult or elder, and serves as the following discussion. Next, I will discuss the limited, but growing, literature on AN successful aging, predominantly written by the PI (Lewis), which lays the groundwork for this study. Following the discussion of the literature, I provide a description of the research setting (Norton

Sound Sub-region). To conclude the chapter, I present the specific aims of the current study within the context of the literature reviewed as well as the research questions guiding the study.

History of Successful Aging

The concept of successful aging first emerged in the literature more than 60 years ago (Baker, 1958; Pressey & Simcoe, 1950), but did not gain popularity until Rowe and Kahn's 1987 article in *Science*. In their article, Rowe and Kahn differentiated between *usual aging*, which emphasizes typical deficits of aging, and *successful aging*, which highlights exceptional, above average aging (1987). This publication emerged at a time when Congress was beginning to recognize the rapidly growing aging population as a result of the *Baby Boom* generation (born 1946-1964) and the anticipated subsequent growing "burden" of the aging population on the Social Security and Medicare systems that were already showing signs of strain (Dillaway & Byrnes, 2009). Additionally, the belief that aging is a purely negative process consisting of steady physical and mental decline, dependence, and ultimately death was common amongst the public as well as the field of gerontology (Rowe & Kahn, 1998). The popular model of aging at the time was a model of disengagement, characterized by a gradual disengagement with different areas of one's life overtime and with age (Williams & Wirths, 1965), despite a sprinkling of articles that called for a reconceptualization of aging in more positive and proactive terms (Baker, 1958; Pressey & Simcoe, 1950; Ryff, 1982).

In 1984, the MacArthur Foundation provided funding for a long-term, multidisciplinary study aimed at developing a theoretical grounding for gerontology. The research team included a group of 16 scholars from multiple disciplines related to aging including: biology, neuroscience, neuropsychology, epidemiology, sociology, genetics, psychology, neurology, physiology, and geriatric medicine (Rowe & Kahn, 1998). This long-term, interdisciplinary research program was made up of dozens of studies with participants who met specific criteria for the study, including

independent living, absence of disease and disability, certain level of annual income, and other characteristics commonly viewed in western society as markers of success. The many individual research projects were all aimed at gathering information about the most successfully aging adults to improve the physical and mental functioning of older Americans. Rowe and Kahn's 1987 article in *Science Magazine*, based on their work on the MacArthur Foundation study, marked the beginning of a paradigm shift in the field of gerontology from a disease model to a strength-based model of aging deemed successful aging.

Rowe and Kahn presented a model of successful aging that is the intersection of three components: disease and disability free, high cognitive and physical functioning, and active engagement with life (1987; 1998). They explain that to age successfully, an older adult must go beyond acceptance of *usual aging* by taking an active role in prevention of typical age-related declines in each of the three component areas. According to Rowe and Kahn (1998), aging successfully, first and foremost, means being free of disease and disease-related disability including being free of risk factors for disease. Secondly, a successfully aging older adult must maintain their cognitive and physical functioning, meaning that they do not experience cognitive impairment, are able to remain independent, and carry out the activities of daily living without assistance. The final component of successful aging, active engagement with life, is the maintenance of close social relationships (e.g., family, friends, spouse) and engaging in meaningful, productive activities (e.g., volunteering, caring for family, running a household; Row & Kahn, 1987; 1998). Rowe and Kahn (1998) describe a hierarchy of importance to the three components of successful aging noting, "the absence of disease and disability makes it easier to maintain mental and physical function. And maintenance of mental and physical function in turn enables (but does not guarantee) active engagement with life. It is the

combination of all three. . . that represents the concept of successful aging most fully." (Rowe & Kahn, 1998, p. 39).

The Rowe & Kahn (1998) model of successful aging prioritized physical health and lack of disease as a primary marker of successful aging. They were elemental in the breaking of several strongly held myths about aging as an irreversible, dreadful decline in functioning and championed the idea that aging can be a positive experience. They asserted that lifestyle plays a larger role in successful aging than previously thought and began exploring those lifestyle choices that enhance, prevent, mitigate, slow, or reverse the negative physical effects of aging. They noted the responsibility the older adult has on his or her aging process, yet, as will be discussed further in the critiques section, they failed to consider the social, political, and economic forces that limit some older adult's opportunity to make the lifestyle choices necessary to achieve successful aging by Rowe & Kahn's 1998 standards.

Many terms for the positive approach to the study of aging have appeared in the literature following Rowe and Kahn's (1987) popularizing of successful aging including: *healthy aging* (Peel, McClure, & Bartlett, 2005), *optimal aging* (Brummel-Smith, 2007), *productive aging* (Butler, 2002; Kerschner & Pegues, 1998), *resourceful aging* (Heil & Marks, 1991), *active aging* (World Health Organization [WHO], 2002), and *balanced aging* (Butler, Fujii, & Sasaki, 2011) each with its own variation on what it means and how it can be achieved. Some authors use the terms interchangeably and others make a clear distinction between them, contributing to the continued debates on the correct term and the lack of a universal definition for the concept. Despite these criticisms and proposed alternative or compensatory models of successful aging, Rowe and Kahn's (1998) biomedical model remains the primary model of study in the scholarly literature (Dillaway & Byrnes, 2009), with noted influence on popular culture (Lamb, 2014;

Scheidt, Humpherys, & Yorgason, 1999), the World Health Organization (Lamb, 2014), the Institute of Medicine of the National Academy of Sciences' National Research Agenda on Aging, National Institutes of Health (Rowe & Kahn, 1998), as well as the U.S. congressional subcommittee on Aging's discussions of Medicare Reform, Social Security, and long-term care (Dillaway & Byrnes, 2009). For the present study, I use the term and concept of successful aging because of its popularity in the aging literature, to remain consistent with the AN aging literature, and because it is the preferred term used in the larger parent study to which this study is connected.

Critiques of Successful Aging

As the successful aging field of study has grown in prominence within social gerontology research, so has the corresponding critical literature. Critiques range in severity from a challenge of the entire foundation of the construct, to suggestions of minor adjustments to existing models (Martinson & Berridge, 2015). The main critiques are briefly reviewed below, with particular attention paid to those most relevant to the current study.

One major critique of successful aging as a discipline is that the concept has not been adequately operationalized with very little agreement in the field about how to define successful aging (Cosco, Prina, Perales, Stephan, & Brayne, 2013; Depp & Jeste, 2006; Martin et al., 2015). This lack of consensus has resulted in inconsistencies across successful aging studies, making comparisons challenging and the formation of meaningful conclusions or recommendations difficult. Others have argued that the term 'successful' creates an unnecessary dichotomy that implicitly labels most older adults as unsuccessful (Dillaway & Byrnes, 2009; Rubinstein & De Medeiros, 2015). This dichotomy is further accentuated depending on the specific way researchers define or operationalize success in aging.

Many critiques of successful aging focus on the popular biomedical model developed by Rowe and Kahn (1998) specifically, because it is the model most frequently used by researchers. Critics of this model note that the model effectively excludes most aging adults by having criteria that are too narrow (Bowling & Iliffe, 2006; Depp & Jeste, 2006; Hank, 2011; McLaughlin, Connell, Heeringa, Li & Roberts, 2010; McLaughlin, Jette, & Connell, 2012). The model has been shown to have a bias toward the younger, wealthier, better educated older adults with more readily accessible resources (McLaughlin et al., 2012), and it leaves out important aspects of the aging experience including forces outside an older adult's control (e.g., social, political, economic factors) that impact the aging process (Katz & Calasanti, 2014; Lamb, 2014). For example, older adults who did not have the opportunity or access to higher education or white collar positions and instead worked in fields requiring more physical labor (e.g., construction, housekeeping, subsistence) will likely see an increased physical toll over time than their white collar working counterparts, which, by the Rowe and Kahn definition of successful aging, excludes them from being deemed 'successful' as they age (1998). This overemphasis on the biomedical aspects of aging also excludes those with disabilities from the hope of achieving success in aging (Minkler, & Fadem, 2002; Morley, 2009).

Another important critique of the biomedical model of successful aging was pointed out by Strawbridge, Wallhagen, and Cohen in their 2002 study that compared older adults' subjective rating and objective (i.e., Rowe and Kahn's 1998) rating of successful aging to their overall well-being. They found that not only was there a discrepancy between the subjective and objective ratings (about half rated themselves as aging successfully, while less than 20% met the Rowe and Kahn 1998 criteria), but they also found that the older adults' subjective ratings were more positively associated with their overall well-being on 14 of 15 measures used. This study

prompted a shift in successful aging research toward the inclusion of the subjective or lay perspective of what it means to age successfully as a vital piece of the successful aging puzzle (Cosco et al., 2013; Jeste, Depp, & Vahia, 2010; Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010; Strawbridge et al., 2002).

To account for the shortcomings of the Rowe and Kahn model (1998), some researchers have proposed an expansion of the existing model criteria (Bellingtier & Neupert, 2016; Blazer, 2006; Bowling & Iliffe, 2006; Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002; Hill & Turiano, 2014; Jeste et al., 2013; Lewis, 2010; Ouwehand, de Ridder, & Bensing, 2007; Parker et al., 2002; Tovel & Carmel, 2013). Other researchers have gone further and developed alternative models that expand Rowe and Kahn's 1998 model by including additional elements of successful aging including a model by Depp and Jeste (2006) that consists of 10 component areas, Kahana and Kahana (1996; Kahana, Kahana, & Kercher, 2003) offers a five factor model, and the Phelan and Larson's 2002 model includes seven dimensions of successful aging. Additionally, Baltes and Baltes developed a model they called Selective Optimization with Compensation (SOC) in 1990, emphasizing the *process* of aging successfully rather than the ultimate attainment of successful aging.

Successful aging researchers have noted that the inclusion of the older adult perspective in researchers' definition of successful aging allows for more meaningful research on successful aging, as well as improving providers' ability to offer patient- or elder-centered care (Phelan, Anderson, LaCroix, & Larson, 2004; Rossen, Knafl, and Flood, 2008). Furthermore, many cultural differences exist in the way older adults conceptualize successful aging (Dillaway & Byrnes, 2009; Laditka et al., 2009) rendering the predominant model of successful aging ineffective and in some cases contradictory (Torres, 1999) in cross-cultural contexts. The case

for a culturally grounded, older adult defined understanding of successful aging is thus well supported.

Culture and Aging

There are many ways of defining culture or elements that make up culture, but the concept has no unified definition. Geertz (1973) noted that our culture is so much a part of us that it cannot be parceled or separated out. He explains that, "culture is best seen not as complexes of concrete behavior patterns – customs, usages, traditions, habit clusters - … but as a set of control mechanisms - plans, recipes, rules, instructions (what computer engineers call "programs") - for the governing of behavior (Geertz, 1973, p. 8)." Fiske and colleagues (1998) expand on this by noting that cultural models are the meanings and practices of people including our values, how we make inferences, decisions, and associations. Geertz (1973) goes on to suggest that there is significant variability within cultures as well as between them. And while there are few cultural universals, there is much to be learned about the underlying processes of a phenomenon by studying the particular. Said differently, understanding the diversity of a phenomenon across particular cultures allows for a fuller understanding of the phenomenon in general (Geertz, 1973).

Ryff (1982) pointed out that the study of aging is inherently values-laden and care must be taken when developing a model of successful aging. Evidence for differences in conceptualization of aging across culture and context has been provided by several cross-cultural studies (Cosco et al., 2013; Fry et al., 1997; Laditka et al., 2009). In their cross-cultural study of aging, Löckenhoff and colleagues (2009) found the largest differences associated with cultural level factors in participants' views of aging (e.g., negative, positive, or neutral attitudes toward aging) and perceptions of socioemotional changes (e.g., received respect, family authority, and life satisfaction) and the smallest culture-related differences were found in perceptions of

physical (e.g., attractiveness, ability to perform daily tasks) and cognitive changes (e.g., new learning, general knowledge, wisdom). An important exception to a near universal similarity in perception of physical aging is within the Indigenous populations as noted by Laditka and colleagues (2009). They found that American Indian group participants did not identify physical health as an important factor of aging well unlike the other cultural groups in their study. As noted above, some researchers have suggested alterations to the dominant model of successful aging to accommodate these cultural differences; however, Burton, Dilworth-Anderson, and Bengtson (1991) argue that this method provides only a surface level modification, while a truly culturally grounded conceptualization of a phenomenon will ideally emerge from within the culture and context being studied.

The role of culture is significant in conceptualizing aging and what it means to be successful in aging. Perspectives of aging in general as well as the elements that are necessary to age well appear to be culturally constructed (Tam, 2014; Torres, 2002). As such, it is important to use research methodology that elicits the emic (lay) perspective rather than apply an existing model of successful aging to a particular population. In the next section, I provide a review and critique of the existing literature on successful aging within Indigenous populations of North America. The section begins with a discussion of Indigenous aging then narrows the focus to AN aging. This discussion includes a discussion of the concept of Elder and a review of the successful aging research conducted with Alaska Natives. Finally, I briefly describe the culture and context of the Norton Sound sub-region and the AN needs assessment project to provide the background and context of the present study.

Indigenous Aging

Research on aging in North American Indigenous communities and populations is limited (Jervis, 2010). The continent is home to hundreds of Indigenous tribes often referred to the larger

grouping categories of American Indian, Alaska Native, Canadian First Nations and Aboriginal people. Many Indigenous older adults have lived through significant historical events including colonization, massive death due to influenza and disease epidemics due to colonization, required boarding school attendance for children where they were often punished for traditional cultural practices including speaking their language, and the imposition of organized religion (Napoleon, 1996; Graves, Rosich, McBride, Charles, & LaBelle, 2010). The hundreds of individual traumatizing experiences that made up these significant historic events is said to have had a cumulative emotional and psychological impact on many AN and American Indian people spanning several generations, referred to as historical trauma (Brave Heart, Chase, Elkins, & Altschul, 2011). Historical trauma has been linked to behavioral health disparities in AN and American Indian populations (Gone, 2013). Recent studies on adverse childhood experiences (ACES) have linked the experience of trauma to increased risk of several physical health problems in addition to mental or behavioral health problems across the lifespan (Monnat & Chandler, 2015), which may extend the impact of historical trauma and account for some of the physical health disparities as well. Health disparities in Alaska Native and American Indian (AN/AI) communities have also been linked to more general social factors including lower levels of education, growing up in poverty, and living without access to resources (Braun & LaCounte, 2015). Many of the older adults in AN/AI communities are therefore likely to be excluded from the popular model of successful aging, regardless of the recommended preventative health and lifestyle choices, supporting the need for a locally defined understanding of successful aging.

Despite some similar experiences among Indigenous populations, Trimble and Dickson (2005) note that researchers must be cautious about *cultural glossing* or making overgeneralizations about ethno-cultural groups, noting that terms such as 'Indigenous' are often

used to represent over 500 distinct tribal groups with unique worldview and contexts. While this is sometimes done to provide a larger sample size to effectively demonstrate health disparities and needs for grant funding and publication, it limits the utility of the information to develop context and culture specific programs and services to promote successful aging. Researchers conducting successful aging research, therefore, are beginning to address both the specific (culture specific) and general (combined Indigenous) conceptualization of the construct. Below is a review of the limited successful aging research conducted with North American Indigenous populations, with a review of the AN successful aging research to follow.

Collings (2001) conducted a qualitative study of successful aging in a Canadian Inuit community to develop an understanding of the concept within the cultural and contextual factors of this setting. He interviewed 38 Inuit adults about their perspectives of successful and unsuccessful aging and found that the young (under 40 years) and old (over 40 years old) had very similar views, while men and women had some differences in how they viewed aging. The researcher found that participant responses fell into four general categories: *Natural, economic, attitudinal,* and *domestic.* Themes in the *natural* category were responses about physical health, activity, and ability to remain independent as a result of physical health. *Economic* responses included references to finances, access to country food, and employment or productive activities. Responses in the *attitudinal* category included mental health, substance use, transmission of knowledge or wisdom, having community respect, and engagement with friends and community activities. *Domestic* themes were in any references to family, spouse, children, and household relations. Although Collings did not provide a formal hierarchy of the importance of each category, he did note that physical functioning was a priority among the men, and women favored domestic and attitudinal elements (2001). He reported that in general, success in old age

had a lot to do with a person's attitude toward aging and willingness to engage with others and impart their wisdom to younger generations. Physical health was seen to decline as a course of nature and that continued physical health was the result of luck and refusing to slow down despite natural declines. Finally, Collings reported that the Inuit participants in this study accepted aging as a period of decline and disengagement in general, but as one participant stated, "If you got everything, it's good enough (2001, p. 152)."

To continue the study of Indigenous views of aging, Abonyi and Favel (2012) co-authored a brief case study of one aboriginal older adult from a Métis community in Saskatchewan, Canada. This older adult and co-author, Marie, noted that she has moved through the four quadrants medicine wheel (i.e., a symbol of harmony used as a guide to education and healing in some Indigenous cultures) as she has progressed through her life including the mental, emotional, spiritual, and physical. She indicated the importance of community engagement and sharing what she has learned with younger generations. The authors note that it is important to consider the context of colonialism along with culture and agency in any aging framework for understanding aboriginal aging. This case study consisted of only a single participant, who appears to be well connected to her Indigenous culture and belief system, however the findings of this study are not generalizable to the entire Métis population. The perspective is perhaps best used in consideration with additional studies or for elements to keep in mind while conducting future studies.

Another study of Aboriginal aging conducted by Baskin and Davey (2015), consisted of 12 Aboriginal older adult women living in Toronto, Canada. These researchers offered a unique study of urban Aboriginal women, most of whom lived in the same senior housing complex. The participants were provided a list of topics in advance and invited to talk about any or all of them

in their "storytelling circle" to avoid the intrusiveness of many direct interview questions. Five main themes were reported from the sharing circles and individual talks, including: *use of humor and laughter, ongoing processes of teaching and learning, effects of residential school system, value of kinship and community relationships,* and *friendships.* The women reported the use of humor to cope with difficult life events and to increase enjoyment of their day-to-day lives. They noted the importance of continuing to seek opportunities for learning as they age in addition to their traditional role of imparting or sharing their knowledge with others. Several of the women grew up attending boarding schools, which impacted their identity development as they were "stripped" of their culture, language, ceremonies, and family structure. Participants noted that they later filled the "empty spaces" with cultural knowledge and traditional spirituality. The theme of kinship and community included references to time spent with family, their roles as grandmothers, becoming more dependent on family members, and developing or continuing community connections. Finally, participants spoke highly of the role of their friendships as they age, noting the meaningfulness of mutually supportive adult relationships. The findings of this study, while not generalizable beyond Aboriginal women in community living contexts, provide an example of the diverse experiences and perspectives of Indigenous older adults in North America.

Laditka and colleagues (2009) conducted a study on attitudes about aging well with several cultural groups across America, holding 42 focus groups to gather information. Four of the 42 focus groups were made up of American Indian people ($n = 34$). While the study had a stated focus of "brain health," the participants were asked to comment on what it meant to age well. The American Indian participants in the study noted that people who are aging well live to an older age, they are very active socially and with leisure activities, they have a positive outlook

on aging, good physical and cognitive health, and some element of spirituality. The American Indian participants did not link aging well to health behaviors like maintaining healthy diet and physical activity. The authors of this study noted the many differences found between the various ethnic groups and supported the need for a culture specific understanding of what is meant by aging well to effectively tailor health promotion programs (Laditka et al., 2009).

The study of successful aging with Indigenous populations in North America is clearly early in its development with fewer than a dozen studies available for review (Pace & Grenier, 2016). The studies available have employed qualitative methodology including a single case study, focus group discussions, and individual interviews. The qualitative approach is an appropriate start for studying a little-known phenomenon; however, the small sample sizes severely limit the generalizability of the findings. Pace and Grenier (2016) attempted to consolidate the findings of 12 identified Indigenous aging studies to suggest a unifying model of successful aging. While this is an excellent start to a foundation of successful aging literature with Indigenous populations, there are still many areas to explore and understand within the North American Indigenous cultural groups. The results of Colling's (2001) study suggest a possible gender difference in views of aging. Baskin and Davey's (2015) findings illuminate possible differences in rural and urban Indigenous peoples' attitudes toward and beliefs about aging as well as the contribution of independent, group, and institutional living environments on aging. As these researchers and others have demonstrated, Indigenous aging encompasses a variety of contexts and topics. Although there are some similar characteristics and features of Indigenous communities and cultures, it is also important to respect the unique and diverse perspectives subsumed under the broad term.

Alaska Native Aging

The term "Alaska Native," is an umbrella term that encompasses 11 distinct cultural groups and 229 federally recognized tribes (Bureau of Indian Affairs, n.d.). Mohatt and colleagues (2004) noted, "Within each of the groups there is a wide variation in language dialects, acculturation, history of contact with 'outsiders,' subsistence practices, migration patterns, religion, and cultural traditions. Thus, any brief description is but a simplification of a very complex and heterogeneous population (p. 265)." Despite the many differences between and within the AN cultural groups, there are some values that are consistent across groups. Kawagley (2006) described some of the shared characteristics of a traditional AN worldview including living in harmony with nature, being aware of surroundings, attitude and intention are as important as actions, the value of reciprocity, and a highly developed sense of responsibility and social conscience. He further explained that AN people seek a balance between the human, natural, and spiritual worlds with ceremonies and rituals around child rearing, motherhood, care of animals, as well as hunting and trapping practices aimed at maintaining this balance. Additionally, the ability to innovate and adapt to a changing environment are strong within AN people, and Kawagley explained that AN cultural practices and beliefs have continually adapted along with these changes (2006). In addition to the values of balance and reciprocity with nature, other humans, and the spirit world, Native people across the state hold their Elders in high regard as the holders of ceremonial and traditional knowledge that maintains balance (Kawagley, 2006). As times change and traditional culture gives way to integration of traditional and non-traditional ways, the Elders will continue to bridge the old and new ways of being (Collings, 2001).

Defining Elder. The term Elder is sometimes used interchangeably with older adult, elderly, or aged in the literature; however, within Indigenous populations, the term takes on a much more significant meaning. Arden and Wall (1990) referred to Elders as *Wisdom keepers*,

explaining that they are "the fragile repositories of ancient ways and sacred knowledge going back millenniums. They don't preserve it. They live it" (p.8). Collings (2001) suggests that the term Elder and the concept of *Eldership* may continue to hold cultural themes despite the massive changes to traditional culture by colonization and acculturation. While each family and community may have different criteria of how they define "Elder," the following section provides a general definition of "Elder" for Alaska Natives that has been applied to successful aging research in Alaska.

As discussed in greater detail in the next section, AN Eldership consists of emotional well-being, engagement with community, spirituality, and physical health (Lewis, 2011). Although Western society and some AN youth define Elders as being a certain chronological age (e.g., 65), the traditional AN understanding of Elder has more to do with having and sharing traditional knowledge, life experience, and wisdom (Kawagley, 2006; Lewis, 2010). This determination is made informally by community members based on their perception of those individuals who are role models for living a good life (Lewis, 2010). Madsen noted that a true Elder possesses a "quiet dignity and understanding" despite the experiences of grief and suffering (Napoleon, 1996, p. ix). Just as the role of an Elder is implicitly understood within AN communities, so are the expectations of treating an Elder with respect by listening carefully and learning from their experiences (Kawagley, 2006). Elders teach by example, by engaging in healthy behaviors, participating in subsistence and community activities, and maintaining a positive outlook on life (Lewis, 2013b).

In this study, the term Elder is capitalized to differentiate between the Indigenous Elders of Alaska and those who are simply aged 65 and older. Additionally, in keeping with the

methods of previous research with Alaska Natives and successful aging, this study also focuses specifically on those Elders recognized by their family and community as aging well.

Alaska Native Successful Aging

An initial search of the PsycINFO database using the search terms "successful aging" and "Alaska Native" returned a total of 4 relevant articles, based on one dissertation, and one editorial introducing a special edition of a journal on the topic Indigenous aging and health (Jervis, 2010). Another two studies were identified through a review of cited sources. Based on this search, I would argue there is an apparent paucity of literature within the AN successful aging content area. In this section, I will review the available research on successful aging with AN populations to provide background and context to support the present study.

Hopkins, Kwachka, Lardon, and Mohatt (2007) conducted an exploratory study with 15 Yup'ik and Cup'ik women, ranging in age from 38 to 89, who were living in the Yukon-Kuskokwim Delta of Southwest Alaska to define health and well-being and what factors contribute to healthy aging from their perspective. The researchers identified four main themes including: *keeping busy, walking, eating subsistence foods,* and *respect for elders.* The participants in this study spoke frequently of *keeping themselves busy* with subsistence activities and crafts (e.g., sewing, knitting, basket weaving) to stay physically and mentally healthy, noting that laziness and giving into physical limitations contribute to illness by getting in the way of keeping busy. Along the same lines, women in this study identified *walking* as contributing to physical and mental health as well as being a necessary part of most subsistence activities. *Eating traditional foods* (e.g., dried fish, seal oil, wild game) were also identified by all participants as essential to health and well-being, expressing concern for younger generations who appear to prefer store-bought foods, which were seen by participants as less healthy than subsistence foods. Finally, *respect for Elders*, as demonstrated by engaging, listening to, sharing

with, and caring for Elders was reported as an important part the transmission of traditional knowledge including how to live a good life. The findings of this study paralleled some of the dominant models of successful aging with the emphasis on productivity and activity in aging, but have distinctive features including respect for Elders and eating subsistence food that ground the findings in the unique culture of the women participants. Hopkins and colleagues call for continued research on aging in minority populations to support culture specific health promoting practices and policies (2007).

Lewis (2010) explored AN perceptions of successful aging. In this study, he conducted qualitative semi-structured interviews with 15 AN adults age 24-84, from across Alaska. He explored AN perspectives of successful aging across generations and the impact of community on the aging process. Lewis found participants' idea of aging well focused on the concept of *Eldership* (2010). Eldership involves expectations for how to be an Elder and how to interact with an Elder. *Elder* was described by participants as a title given to an individual of no particular chronological age who has wisdom, experience, and has made contributions to the community. Participants demonstrated generational differences in how successful aging is conceptualized. Specifically, younger participants' emphasized mental and physical health and highlighted the important role of technology in successful aging. Finally, Lewis (2010) noted that demographic changes in urban and rural communities impact notions of healthy aging and lifestyle. Participants noted benefits to living in rural AK including access to subsistence activities and traditional foods, but fewer healthcare resources.

These findings were further echoed in Lewis' 2013(a) article focused on participants under age 50, (n = 7). He reported that these AN participants found that their inactive, urban lifestyle (e.g., going to school, working a desk job) prevented them from being as active as they

would be in a rural context, which they believe would enable them to age more successfully. They mentioned that their understanding of how to age well was gained through listening and watching their elders, but the urban lifestyle is not always compatible. These younger participants also stressed the importance of good physical and mental health as important components of successful aging, noting that it is important to take care of themselves, actively work on problems, and engage with their community. This young adult, urban perspective of AN aging illuminated the challenges facing AN people who relocate from their community of origin as they try to apply what they have learned about successful aging to their new environment. This generation is tasked with adapting to the urban setting while maintaining their cultural identity and values (Lewis, 2013a).

Lewis (2009; 2011) further explored AN perspectives of successful aging, or Eldership, in the Bristol Bay region of Alaska. In this Community-Based Participatory Research study, Lewis, in collaboration with community partners, identified and conducted interviews with 26 AN (Aleut, Athabascan, and Yup'ik) older adults (aged 61 to 93) in six Bristol Bay communities (2009; 2011). Using grounded theory to study the concept of Eldership, Lewis developed the most comprehensive model of successful aging among AN Elders in this region (2009; 2011).

Lewis's 2011 model of Eldership is comprised of four elements: 1) Emotional Well-Being; 2) Community Engagement; 3) Spirituality; and 4) Physical Health. The first element, *Emotional Well-being,* or a person's ability to maintain emotional stability despite hardship, includes a positive attitude, hope for the younger generations, a sense of accomplishment, and a desired to continue attaining future goals. The second element, *Community Engagement*, is the Elders' reciprocal relationship with their social network and community, whereby Elders shared their knowledge, wisdom, and support and received care and support in return. *Spirituality,* the

third element of Eldership, was described as the principles that guide a person toward healthy aging and includes going to church and praying, often weaving together elements of traditional cultural beliefs with organized religion. Finally, the Bristol Bay Elders in this study identified *Physical Health* as an element of Eldership and successful aging. Physical health was conceptualized as staying active despite health status, eating traditional foods, and abstaining from alcohol and drugs. It is important to note that the occurrence of illness, disease, or disability did not exclude a person from Eldership, contrary to what is highlighted in the mainstream successful aging literature where optimal physical health is priority for successful aging.

Lewis (2013b) further elaborated on the importance of optimism in the model of AN Eldership in Bristol Bay. He noted that the theme of optimism was central to each of the four elements of Eldership (i.e., *Spirituality, Emotional Well-being, Physical Health, and Community Engagement).* Elders in his study noted that their religious beliefs, practices, and *Spirituality* allowed them to overcome difficult times and maintain a positive attitude as they age. This optimistic attitude was carried into the element of *Emotional Well-being* as it provided Elders with hope and forgiveness to maintain balance and mastery of their emotions. Elders noted the importance of optimism as an aspect of *Community Engagement* and being a good role model to the younger generations. Finally, the Elders in this study expressed that their optimistic attitude allowed them to continue being active despite *Physical Health* limitations and illness. Maintaining optimism throughout the aging process emerged in this region as a crucial ingredient to each of the four elements of Eldership and provides insight as to how to become and maintain *Eldership* within this context (Lewis, 2013b).

In his 2014 article, Lewis elaborated on the role of *Social Engagement* in the definition of successful aging developed in the Bristol Bay region. Elders in his study highlighted the

reciprocal relationship between themselves and their community and family. Elders noted the sense of purpose they felt at being able to pass on traditional knowledge to family and community members as well as the respect and value they felt by receiving care from family and community in return. The Elders in the study preferred to remain in their home communities as they age, and noted the increased opportunity for social engagement at home relative to an urban setting, which to these Elders was a vital part of aging successfully.

The small sample size, and therefore, the lack of generalizability of the findings is the major limitation of each of the Indigenous studies reviewed. Similarly, the model of AN successful aging, or Eldership, developed by Lewis (2011), is only representative of the Elders, communities, and cultures from which it emerged. It does not provide a complete definition of what successful aging means to all Alaska Natives, but it does provide an in-depth understanding of several important elements for this region's Elders. Lewis's research on successful aging highlights the importance of region-specific perspectives of this complex concept of successful aging as well as the need for additional studies that address the gap in the literature (Lewis, 2016; Lewis, 2013a). Additionally, Lewis (2009; 2011) provides a much-needed example of how to conduct successful aging research with AN Elders that is culturally grounded without sacrificing methodological rigor.

What it means to age successfully in AN communities appears to coincide with the concept of achieving Eldership. AN successful aging encompasses four elements including Spirituality, Emotional Well-being, Physical Health, and Community Engagement, which are intertwined with an optimistic perspective and spirit of generativity. Elders enjoy staying active and participating in traditional cultural activities, eating Native foods, and engaging with family and community. Our understanding about what it means to age successfully as an AN Elder is

growing; however, only a small sample of the diverse AN population is represented. As evidenced in this brief discussion on AN successful aging, there is a need for further scholarship in other regions of AK to build up on Lewis' 2011 model.

Norton Sound Sub-region Culture and Context

The present study took place in five communities within the Norton Sound Region located in Northwest Alaska on the Bering Sea (see Figure 1).

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Figure 1. Map of Norton Sound Region.

The five communities are made up of two distinct cultural groups (Yup'ik, Inupiaq; Figure 2). Around 160 years ago, small groups of people from the North migrated south to the Norton Sound area in response to famine, loss of local caribou herds, and massive deaths from a smallpox epidemic. These Inupiaq migrants joined with the Yup'ik people and settled in several of the Norton Sound communities, while others remain primarily Yup'ik (Bering Straits Native Corporation, n.d.).

Figure 2. Map of Alaska Native Cultural Regions.

Each of the cultures has unique and distinct beliefs and practices; however, their close proximity and frequent contact in this sub-region may have resulted in some shared beliefs and practices. For example, it is common for Elders in this sub-region to speak or understand both languages (Yup'ik and Inupiaq).

According to the 2010 United States Census, the population of the Norton Sound sub-region is 2,228 with people over age 55 making up 15% of the population in the sub-region. Based on a 2016 survey of 53 older adults in one community in the Norton Sound sub-region, the older adults generally experience similar or lower than national average rates of several diagnosed diseases including arthritis, depression, diabetes, high blood pressure, but almost double the rate of stroke, colon cancer, and cervical cancer (Hub Community, 2016). It is important to note that these are rates of *diagnosed* diseases, which may vary based on differences in level of access to medical care. To attend to the needs of the older adults in the Norton Sound Sub-region, the five communities joined together and pooled resources to apply for funding to

develop Elder programs locally. In the following section, I describe the beginning of my work with this sub-region and the background to the present study.

Background of Present Study

My work with the Norton Sound sub-region began fall 2010, when Lewis and I were approached to conduct an Elder needs assessment in five communities from the region. The hub community took the lead in securing a Social Development Project grant through the Norton Sound Health Corporation. The grant was meant to support workforce development, but a portion of it was also allocated to determining what sort of workforce was needed in the sub-region. Dr. Lewis and I met with the hub community representatives and developed a three phase Elder needs assessment that combined both qualitative and quantitative approaches.

The project was conducted in three phases: quantitative, qualitative, and dissemination of findings. The first phase was quantitative and included 134 Elder participants living in the sub-region. The Elders answered the "Identifying Our Needs" (ION) questionnaire in an in-person interview format to explore their physical and mental health status, needs, and attitudes. The ION was developed by the National Resource Center on Native American Aging at the University of North Dakota Center for Rural Health and used to acquire information on the needs of Indigenous older adults throughout the United States as they age. The second phase consisted of qualitative, semi-structured interviews with 22 Elder participants that explored the benefits and challenges of aging in rural Alaska as well as their support preferences. The third phase consisted of presenting preliminary findings at community meetings and gathering additional feedback and information from Elders and community members to include in our final report.

The general findings of phases I and II were that most Elders in the sub-region preferred to remain in their home and/or community as they grow older. The primary source of Elder care was informal support provided by family and friends in their communities. While many of the

Elders acknowledge the need for more intensive health care services for Elders as they age, few would choose to live in a long-term care facility outside of their community. In order to age in place, the Elders identified concerns with financial resources, transportation, access to Native foods, and help with household chores. The needs identified by community health aides were more physical health related and functionally oriented including increased personal care assistance, home modifications and equipment, escorts for traveling, translation during doctor/hospital visits, and respite for family caregivers. They also reported the need for more specialized training for Elder caregivers, physical therapy equipment and staff to do more frequent home visits and home care.

The purpose of the needs assessment was to provide a description of the physical needs of the Elders and to determine the size and training needs of a village-based workforce. However, the Elders emphasized not only their physical needs, but also their social needs and what they felt their communities were doing right. Many of the Elders interviewed expressed the desire for more Elder and youth interaction opportunities, a desire to maintain a connection to subsistence practices, and wish to pass on their traditional cultural knowledge to younger generations.

Following the successful collaboration on the Elder Needs Assessment, the hub community representatives expressed their interest in further understanding successful aging from their Elders' perspective. They were familiar with the previously mentioned successful aging studies conducted by Lewis, and asked him to conduct a similar study in the sub-region. The successful aging project with the Norton Sound sub-region was developed in collaboration with the hub community partners and Lewis over the course of several years. The project was expanded to include a comparison of the experiences and characteristics of AN Elders in

Northwest Alaska with those in Bristol Bay and an exploration of the impact of relocation from traditional rural villages to an urban setting (Anchorage). Recently, the project was awarded funding by the National Science Foundation (NSF) and will be conducted over a three-year period. The present study was an extension of the larger NSF-funded study and included a qualitative analysis of a subset of the rural data collected to explore and understand the meaning of successful aging to AN Elders in the Norton Sound sub-region.

The Present Study

The aim of the present study was to explore what it means to age successfully in the Norton Sound sub-region from the perspective of AN Elders. The study used a qualitative approach to explore the depth of the construct as understood and experienced by the Elders of this region. The findings of this study add to the Indigenous successful aging literature, contribute to the developing model of AN successful aging, and most importantly, provide the sub-region with a culture and context specific understanding of successful aging to inform meaningful and useful Elder and community programming.

Chapter 3: Research Design and Methodology

Overarching Study Design

This project was an exploratory phenomenological qualitative study meant to explore successful aging as experienced and understood by Norton Sound AN Elders. The study addressed the research questions:

1. How do AN Elders from the Norton Sound Sub-region understand successful aging?
2. How is successful aging experienced by AN Elders in the Norton Sound Sub-region?

The exploration of these two questions occurred through the use of qualitative research methods and consisted of 12 semi-structured interviews with 14 AN Elders in the five Norton Sound Sub-region communities. The Elders were nominated by representatives from each respective community's tribal council. The participating Elders' responses were transcribed, coded, and analyzed using an inductive, phenomenological framework to identify themes relevant to the essence of successful aging. Preliminary findings were presented to an Elder Advisory Committee (EAC) for validation and approval prior to the final presentation of the study findings.

Qualitative methodology rationale. Qualitative research is the study of the world through the interpretation of naturalistic representations including interviews, field notes, conversations, and photographs to interpret the meaning of a phenomenon (Denzin & Lincoln, 2005). It emphasizes the qualities of phenomena, meaning, and processes rather than experimental design or measurement as in quantitative methodology. Qualitative methodology aims to capture an individual's subjective experience and perspective, employing rich description of the social world and participant perspectives, while acknowledging the contextual limitations of those perspectives (Denzin & Lincoln, 2005). Qualitative methodology is appropriate for

exploring the subjective experiences of diverse individuals (Auerbach & Silverstein, 2003), small unheard populations (Denzin & Lincoln, 2005), and to add depth of understanding of a phenomenon (Onwuegbuzie & Leech, 2005). This approach has also proven useful with previous research with AN Elders (Braun, Browne, Ka'opua, Kim, & Mokuau, 2014; Hopkins et al., 2007; Lewis, 2009; 2010; 2011). The qualitative methodology of the present study provided an opportunity for Elders to describe their understanding of successful aging in their own words to inform future Elder program development and service delivery.

Philosophical Underpinnings

Constructivist-interpretive paradigm. The present study sought to explore the phenomenon of successful aging from the subjective experience of AN Elders. The constructivist-interpretive paradigm served as the philosophical and conceptual framework for this exploratory study. Within this paradigm, the nature of reality (ontology) is seen as relative (Denzin & Lincoln, 2005) and socially and contextually constructed in the present interaction between researcher and participant (epistemology) with no "true" or objective reality (Ponterotto, 2005). Within this paradigm, researchers often focus on the *process* of interaction between individuals, including between researcher and participant (Creswell, 2012). Researchers in this paradigm acknowledge their values and the inevitable influence on the research process (axiology; Creswell, 2012; Denzin & Lincoln, 2005). Rather than attempt to eliminate bias, constructivist researchers make their values explicit and attempt to "bracket" or minimize the influence on the researcher-participant interaction (Ponterotto, 2005).

Phenomenology. Phenomenology is a tradition within the constructivist-interpretive paradigm (Creswell, 2012). As such, it adheres to the same ontological, epistemological and axiological assumptions as constructivist-interpretive and provides a framework for applying the

paradigm to research, or putting it into action (Denzin & Lincoln, 2005). Phenomenology as a research tradition has its roots in the field of philosophy and maintains that connection through the various approaches subsumed under the umbrella of phenomenology (Flood, 2010). Finlay (2012) describes phenomenology as, "a way of *seeing* how things appear to us through experience" which, "demands an open way of *being* (p.173)." It is aimed at understanding the *essence* of a universal experience through the lived experiences of the individual (Creswell, 2012).

Within this tradition, the researcher approaches the phenomenon from a "fresh" perspective without expectations and while suspending judgments (Creswell, 2012). As such, no hypothesis is formed or tested within the phenomenological approach, nor is an abstract theory developed (Flood, 2010). Instead, researchers "bracket" their prior knowledge, theory, judgment, and personal experiences of the phenomenon to *see* it within the present context (Van Manen, 2014). This approach stands in contrast to the positivist paradigm goal of objectivity in that the phenomenological researcher merely attempts to *suspend* values and beliefs at times during the research process in order to be fully present with the participant or text and allow for a new or richer meaning to emerge (Flood, 2010). This phenomenological stance or attitude is maintained through the use of reflexive journaling and explicit acknowledgement of that which is being suspended throughout the research process (Finlay, 2012). In the context of this study, I attempted to suspend what I have read in the literature about AN models of successful aging, my experience working with AN Elders in this and other regions of Alaska, and my personal beliefs about what successful aging look like in my own life.

The phenomenological researcher attempts to enter the participant's lifeworld to understand not only what they explicitly and consciously say, but also the implicit meaning and

how the meaning is being communicated (Finlay, 2012). Flood (2010) noted that this approach extends beyond description of the meanings to an understanding of the influence these meanings have on the choices, judgments, and behaviors of the participant. (Note: this is similar to the description of where culture lies within a person offered in the previous chapter Geertz, 1973.) This understanding happens in an interactive process between participant and researcher, where the meaning and experience of a dynamic, complex phenomenon is co-constructed (Flood, 2010). The act of listening by the researcher combined with the felt sense of being heard by the participant elicits a deeper understanding of the phenomenon for both (Finlay, 2012).

According to Creswell (2012), this approach is best used to study a phenomenon shared by many to develop a deep understanding of its complexities and to inform practices and policies. This sentiment is echoed by Struthers and Peden-McAlpine (2005) who further note that it is an appropriate method for use with Indigenous people because it is able to capture implicit cultural meanings of Indigenous experiences. Therefore, the phenomenological tradition was an appropriate approach to address the aims of the present study, which were to explore experiences of AN successful aging to gain a richer understanding of this phenomenon in order to inform future program development and service delivery.

Conducting research with Alaska Natives. In many Indigenous communities, the word research is synonymous with colonization (Smith, 1999). Within AN communities, there are also many examples of research that harmed rather than helped the Native people (Braun et al., 2014; Smith, 1999). Many of the researchers were likely good intentioned; however, a lack of understanding of the context and culture combined with a high level of motivation to publish (or perish) resulted in (at best) careless mistakes (Lewis & Boyd, 2013), and (at worst) exploitation and stigmatization of AN communities (Foulks, 1989). In an attempt to conduct more ethical,

respectful, and culturally-attuned research with Indigenous populations, several approaches to research have been developed including Indigenous research methods and participatory research approaches (e.g., tribal and community-based participatory research; TPR and CBPR respectively).

Indigenous research methodology emerged from within the Indigenous populations and apart from Western, colonizing research paradigms and approaches (Kovach, 2009). A colonizing research approach is one that diminishes Indigenous ways of knowing in favor of Western knowledge systems (Smith, 1999). What is unique about Indigenous research methodology is the tribal epistemology and relationality as the foundation of the approach and its aim of decolonization of research (Kovach, 2009; Smith, 1999; Wilson, 2008). The tribal epistemology, or way of knowing, is unique to the tribe of one's origin and is not transferrable from tribe to tribe (Kovach, 2009). It embodies a worldview and way of knowing that is relational in essence (Wilson, 2008). The relationality goes beyond the relation of person-to-person and includes the relationship between person and all living things, the land, and the cosmos across time (Kawagley, 2006; Wilson, 2008). Indigenous research methodologies emphasize a relational tie between researcher and participant with a shared responsibility for the research (Kovach, 2009; Wilson, 2008). Collaboration, respect, and a deep sense of responsibility guide the Indigenous researcher. It is rare that a non-Indigenous person like myself would be able to employ true Indigenous research methods. However, both Kovach (2009) and Kawagley (2006) posit that a mix of Indigenous and Western methods may be adequately achieved and, at times, may be preferable or necessary (e.g., to meet the demands of academia).

Participatory research approaches prioritize collaboration with Indigenous communities throughout the research process from formulation of the research question, through data

collection and analysis, to dissemination of findings (Israel et al., 2010; Minkler & Wallerstein, 2008). This collaboration often occurs through researchers spending time with the community and developing relationships. Within this approach, the community is viewed as collaborator and often a committee is formed to help guide the research, ensure cultural appropriateness of procedures and methods, and to oversee how the data is used and results disseminated (Israel et al., 2010; Minkler & Wallerstein, 2008). Lewis (2017) suggests the use of an Elder Advisory Committee (EAC) to serve in this regard, particularly when conducting research with AN Elders. It is important to note that the EAC is seen as a research collaborator and as such is compensated for their time and expertise (Ellerby, 1999; Flicker et al., 2015; Whitewater, Reinschmidt, Kahn, Attakai, & Teufel-Shone, 2016). The use of qualitative or quantitative methods are considered appropriate within the participatory framework; however, qualitative methodology is often the starting ground because of its commitment to giving voice to people who have been historically disenfranchised. Indeed, Denzin and Lincoln (2005) state that as a field, qualitative researchers, "no longer have the option of deferring the decolonization project" (p. 22). Qualitative approaches have been identified by Indigenous researchers as appropriate for use with Indigenous populations particularly approaches within the constructivist-interpretive, critical/feminist/queer theory, and transformative paradigms because of their emphasis on the subjective and intersubjective experiences of the participants within their historical, social, and environmental context (Braun et al., 2014; Kovach, 2009; Wilson, 2008).

Additionally, in an act of self-determination, the AN people have developed guidelines (Alaska Federation of Natives, AFN, 1993; Alaska Native Knowledge Network, ANKN, 2000) and a complex, multi-level process of approval for conducting research in AN communities (see Lewis & Boyd, 2012a). This approval process goes beyond the typical University Institutional

Review Board (IRB) approval to include a review by the Alaska Area IRB housed at the Alaska Native Tribal Health Consortium (ANTHC), the regional health corporation ethics review board (Norton Sound Health Corporation Ethics and Compliance Board in this case), as well as each individual community's tribal council. The present study, as a part of the larger parent study, has undergone each of the levels of approval noted prior to any data collection (Appendix A, B, C, D).

The present study does not claim to have used an Indigenous research approach. Although the PI on the parent project is AN (Aleut), he is from a different region of Alaska and has developed his larger study guided by the principles of CBPR and employs traditional Western qualitative methodology. These approaches, as well as the present phenomenological study are appropriate for use in Indigenous populations, but were not derived from an Indigenous perspective. Nevertheless, several of the methodological and procedural decisions were made through careful consideration of Indigenous methodology, the AFN (1993) and ANKN (2000) guidelines for conducting research with AN people, and in collaboration with a local EAC. These considerations are noted throughout the remaining methods section of this study.

Context

Research setting. The setting for this project was a sub-region of Norton Sound in the Bering Strait region of Alaska and consisted of five communities. These communities participated in the Elder needs assessment described above and expressed interest in participating in this study when the parent project was being developed. All five communities are accessible (weather permitting) by small plane year-round, with travel between communities by boat and four-wheeler in the summer and snowmachine in the winter. The population of these communities is predominantly AN, made up Inupiaq and Central Yup'ik cultural and linguistic

groups. The village economies are a hybrid of cash and subsistence with very few formal employment opportunities available. Many residents live traditional lifestyles, and rely on bountiful natural resources (i.e., hunting, fishing, greens and berry picking) as their main source of food (State of Alaska, n. d.).

Gaining access. The relationship between the PI (Lewis) of the larger NSF study and the sub-regional collaborators is well established with a mutually agreed upon goal of improving the lives of AN Elders. The relationship originated when the hub community invited the PI (Lewis) and me to conduct research in their region after they learned of Lewis's dissertation study on successful aging in Bristol Bay. They were particularly interested in the engagement of Elders in the research process, obtaining their perspective on the phenomenon being investigated, and returning the findings and data to the community members.

Elder advisory committee. In accordance with Lewis' suggestion for collaborative research in rural, Indigenous communities, we formed an EAC and consulted with them as the study was being designed and conducted (2017). For this project, we consulted with an EAC during the data analysis phase to ensure that the major themes and interpretation of preliminary findings were valid. The EAC was based in the hub community because we could not afford travel expenses for an Elder representative from each community to come together in person. The EAC was made up of three AN Elders nominated by our community partner. The members consisted of two females and one male, all of whom were residents of the hub community, and currently serve on a larger EAC for that community.

Data Collection

Participants. Participants for this study self-identified as AN adults who were residents of the Norton Sound Sub-region and were identified by their respective community members as

"Elder." For this project, no age minimum was specified so as to preserve the local understanding/conceptualization of "Elder." The president of the tribal council (or a person designated by the president) served as representative of the community to provide nominations. In accordance with phenomenology, this study sought to interview individuals with direct experience of the phenomenon of interest (Creswell, 2012) and as such, we solicited nominations for "respected Elders" or an "Elder who is aging successfully" in the community. The focus on respected Elders and those who are aging successfully was an attempt at gaining access to people with direct experience of successful aging as is required to elicit the essence of the phenomenon (Creswell, 2012; Moustakas, 1994). Additionally, nominative sampling was consistent with Indigenous research methodology in that it established a relational tie between researcher and participant and increased the sense of responsibility of the researcher to represent the nominator, participant and community respectfully (Wilson, 2008). A limitation of this sampling strategy in this study is the possibility that "respected Elder" is defined differently in each community and the nominations include nominators' biases and preferences.

Within a constructivist-interpretive paradigm, the richness of the interview rather than the number of participants is emphasized (Ponterotto, 2005). As an exploratory, phenomenological study grounded in this paradigm, Creswell (2012) suggests a range of 10-15 participant (Elder) interviews. The number of interviews conducted in the present study (12) is further supported by Guest and colleague's suggestion for meeting saturation or, "the point at which no new information or themes are observed" (2006, p. 59).

Instrument. The instrument for the present study consisted of a subset of questions from the parent project interview protocol. The parent project used a strengths-based adaptation of the Explanatory Model (EM) Interview Protocol developed by Kleinman and colleagues (1978),

which was previously used with AN Elders in the Bristol Bay region to elicit a local understanding of successful aging (Lewis, 2011). The interview protocol was modified based on the ability of each item to elicit meaningful information in the previous study. The protocol was reviewed by our community partner, who was born and raised in the sub-region and has worked in various leadership positions within the hub community administration for nearly a decade and, at the time of this study, was the Tribal Administrator and Elder Services Director. We initially intended to consult with an EAC to review and potentially revise the semi-structure interview protocol upon arrival in the hub community to ensure that it was appropriate for use with Elders in the sub-region. However, our community partner experienced a family emergency that prevented her from connecting us with the EAC prior to our initial interview. Additionally, we were unable to pilot the interview with a local Elder and, instead, reworded and revised the protocol during and immediately following the initial interviews.

The wording of the questions was adjusted based on the feedback and responses of the initial participants for clarity and cultural attunement. Redundant items were deleted and others reworded, but no additional content items were added without appropriate IRB approval. The full protocol included questions covering concepts of Eldership, successful and poor aging, community impacts on aging, and changes in the concept of aging over time (Appendix E). The present study used approximately 10 of the larger study's main questions, with follow-up prompts, to answer the stated research questions. The revised interview questions for this study are provided below along with the corresponding research question, which they attempted to address.

1. **How do AN Elders from the Norton Sound Sub-region understand successful aging?**
    a. What do you think aging well/good means?
        i. What does it mean to you?
    b. How did you learn about aging well? From whom? Example.
    c. How can you tell an Elder is aging well?
        i. Can you think of an example?
    d. What does a person need to do to age well?
    e. Do you have any advice for people in your community who want to age successfully?
2. **How is successful aging experienced by AN Elders in the Norton Sound Sub-region?**
    a. How did you become an Elder?
    b. How does it feel to be seen as an Elder by your community?
    c. What is your day-to-day life like? Examples.
    d. Has aging changed your relationships?
        i. With family?
        ii. Friends?
        iii. The community?
    e. What helps you to age well? (How are you able to age well?)
    f. Is there anything else about aging or being an elder that you want to tell me that I haven't asked about yet?

In keeping with phenomenological methodology, these open-ended questions were meant to explore *what* successful aging means and *how* successful aging is experienced by AN Elders (Creswell, 2012). Although the interview had additional questions in other content areas, the

entire interview was analyzed in order to glean additional contextual information. The questions were chosen for this study in collaboration with Dr. Lewis, an established expert in the field of AN successful aging (Lewis, 2009; 2010; 2011; 2013a; 2013b; 2014; 2016; 2017).

Procedures. Once approvals were obtained, the PI (Lewis) and I contacted our community partner for the sub-region in the hub community to schedule our travel to the participating communities. The community partner indicated that the sub-regional communities were aware of the project and willing to provide Elder nominations upon our arrival. Our trip was scheduled for the last week of April 2017 in consideration of the upcoming high school graduation and subsistence activities. On this trip to the communities, we spent time in each community walking around, becoming familiar with the surroundings, introducing ourselves to the IRA staff and talking with any interested or curious community members about the purpose of our trip. We requested Elder nominations from each community's tribal council president (or designee) and contacted nominees in the manner suggested by the council (e.g., by telephone, in person) to schedule the interviews. This process happened differently in each of the communities and these differences were based on community preference. In three of the communities, the nominator contacted the Elders by telephone and invited them to the tribal office for the interview or offered to have the research team interview them in their home. In one community, the nominator drove us on a four-wheeler to the Elders' residences to introduce the research team and ask if the Elders were willing to be interviewed. Another community nominator contacted the Elders by telephone, then gave directions or drove the research team to their home if they were interested in participating.

Over the 10-day trip to the five communities, the research team (myself, PI, and a graduate research assistant) interviewed 39 Elders in teams of two or three. Due to the short

notice of the interviews, we were unable to identify local interpreters in advance; however, in the few instances that required interpretation, a family member graciously provided interpretation of interview questions and Elder responses. Only one interpreted interview with a Yup'ik-speaking Elder was included in this study sample. Although it is not ideal to use family members as ad hoc interpreters, Ho (2008) noted that the primary concerns with this practice include the ability to provide informed consent, confidentiality, and preserve quality of interpretation. She goes on to note that family may be preferable in situations where safety is not compromised and if the participant is satisfied or comforted by the use of a family interpreter (Ho, 2008). This was the case in this study as many of the Elders preferred to interview with family nearby and with the help of family interpreter were able to give more in-depth answers than would be possible otherwise. Ho (2008) noted that family interpreters make no more errors than professional interpreters and make fewer fluency errors than professionals.

Prior to conducting the interview, the nominated Elders were provided with written and verbal informed consent. The consent form included the purpose of the study, benefits and risks, eligibility, duration of interview, and limits of confidentiality (e.g., mandated reporting), with the opportunity to end the interview at their discretion (Appendix F). Each participant interview was assigned a participant code that corresponded to the location, year and order of the interview.

Once informed consent was obtained, the audio recorder was turned on and a demographic questionnaire (Appendix G) was administered to gather basic information about the participants including date of birth, where they were born, marital status, and education level. This portion of the interview also served to begin building rapport between Elder and researcher. The PI and/or I interviewed the Elder following the revised, semi-structured interview protocol.

The semi-structured interviews were consistent with a constructivist-interpretive paradigm and phenomenological approach and allowed the researchers to explore topics and go in depth with questions as needed (Creswell, 2012; Flood, 2010). The interviews were conducted in an informal, conversational style that attempted to mimic a common/traditional visit rather than a formal interview to maximize Elder comfort, support the oral tradition (Kovach, 2009; Mohatt et al., 2004; Wilson, 2008), and elicit more detailed responses. Due to the informal, semi-structured nature of the interview, the duration varied from 20-60 minutes. The Elder participants received an honorarium of $50 along with a small gift (e.g., tea, chocolate bars, apple slices, and pilot bread) as a token of appreciation upon completion of the interview as suggested by the hub community in our previous work in the region and Ellerby (1999). The honorarium provided the Elder participant compensation for sharing their cultural expertise and the amount was determined by the precedent set in previous studies with AN Elders as adequate, but not coercive (Lewis, 2009).

The interviews were audio recorded (Van Manen, 2014) and data files were transferred to an encrypted hard drive as soon as possible following the interview; no later than every evening. Following each interview, or daily at a minimum, I took field notes about the context of the interview in addition to reflexive journaling about my experience of the interview, values that may align or conflict with my own, and any emotional reactions observed or experienced as is indicated within the constructivist, phenomenological approach (Hycner, 1985; Ponterotto, 2005). The interviews were transcribed and de-identified into a MS Word document by a third-party transcription service (Verbalink). Transcripts were held on an encrypted hard drive and printed as needed for coding. Hard copies of the transcripts were held in a file cabinet in a locked

office. The selected transcripts were then uploaded to NVivo coding software program for final coding and analysis.

Analytic Strategy

In general, phenomenologists tend to bristle at the idea of applying a prescriptive set of analytic rules for analysis because it does not allow for the flexibility and responsiveness to the unique context of the present inquiry (Van Manen, 2014); however, Hycner (1985) and Groenewald (2004) advised that the novice phenomenological researcher begin with a more structured approach and then, with experience, a researcher can branch out to a more flexible and fluid approach to analysis.

The analytic strategy for the present study was guided by the structure proposed by Hycner (1985) and further demonstrated by Groenewald (2004). This iterative process of analysis consisted of six distinct stages including: *phenomenological reduction, delineation of meaning units, formation of themes, thematic codebook development,* and *forming a composite summary of themes* (Groenewald, 2004; Hycner, 1985). A detailed description of this process as it was carried out in the study is provided below. The interviews from the five communities were analyzed together as representative of the Elders of the sub-region. The PI for the parent project served as the second coder for this process. He is well trained in qualitative analytic strategies and helped to ensure reliability and reduction of drift during the analytic process. Additionally, his AN (Aleut) background lends credibility to the interpretations made during the analysis and assisted in de-colonizing the Western methodology employed.

Phenomenological reduction. In this first phase of analysis, I became familiar with the data by listening to the interviews, reading and re-reading the transcripts and reviewing the field notes that corresponded to the interview. During this phase, I enacted the phenomenological

stance described briefly above by suspending judgment and attempting to engage without meaning making or interpretation while reviewing the data. Assuming a phenomenological stance allows the researcher to attempt to enter the lifeworld of the participant and to understand the meaning of the participant's words rather than what the researcher expects to find (Hycner, 1985). There is no assumption of total objectivity at this stage (or any other); the researcher is instead approaching the data with an openness or sense of novelty to attempt to get a sense of the whole interview (Hycner, 1985; Moustakas, 1994). During this phase, I also employed the use of reflexive journaling (bracketing) to make note of any general impressions or issues related to the interview to assist with suspension of them in order to maintain the phenomenological stance.

Delineation of meaning units. The meaning units were made up of one unit of meaning of the lived experience being explored (Lindseth & Norberg, 2004). The meaning units ranged in length from part of a sentence to a paragraph, and were determined by the length needed to encompass one single unique meaning or concept related to successful aging. Therefore, the coders approached the length of the meaning unit by way of ensuring that the section or portion of the interview that was connected to a code or theme was adequate in capturing the participant's intended meaning. During this stage, the researchers interacted with the text as objectively as possible and meaning units were taken out of the context of the whole (Groenewald, 2004; Hycner, 1985).

Formation of themes. Next, each meaning unit was listed and then clustered into themes. This process is similar to the concept of *horizontalization,* described by Moustakas (1994) as when each theme "has equal value as we seek to disclose its nature and essence" (p.95). The themes were condensed into a short phrase that conveyed the essential meaning of all of the cluster of similar themes (Groenewald, 2004). This process involved moving back and

forth between the transcript and meaning units to place the themes into the context of the whole interview. In the present study, I used the participants' own words as much as possible to maintain the semantic integrity and reduce the introduction of my own bias (MacQueen, McLellan, Kay, & Milstein, 1998).

Thematic codebook development. A codebook of themes was developed in an iterative process and applied across all 12 interviews to elicit the essence of successful aging as expressed by the participants. There are no explicit guidelines for the number of interviews needed to develop a codebook; however, saturation (the point at which no new ideas emerge) is typically reached within the first six interviews with AN Elder populations (Asbury, 1995; Krueger & Casey, 2000; Lewis, 2009). This number was used as a guideline for the number of interviews to utilize for codebook development in the present study. As noted above, Lewis, the PI for the parent project, served as the second coder on the project. The process of codebook development and issues of inter-rater reliability are described below.

For the current project, only interviews that I conducted were analyzed to maintain a consistent interview style across transcripts and to ensure that any differences in co-created meaning of the phenomenon were likely to be attributable to the participant's experience rather than researcher influence. From the 24 interviews I conducted, I eliminated the first two, which were conducted before the revision of the interview protocol. This decision was made in order to ensure uniformity of questions across selected interviews. Then, I eliminated three interviews where the participant provided brief or no answer to more than half of the questions on the semi-structured interview protocol. One additional interview was eliminated due to poor audio quality on the recording. From the remaining 18 interviews, I categorized interviews by community and selected interviews from each of the five communities to ensure equal representation from each.

In communities A and B, I conducted only two interviews; therefore, both of those interviews were selected. In community C, three interviews were available to select; thus, all three of these interviews were included for a total of seven interviews. In the remaining two communities - D and E - , I selected interviews by gender in order to have both men and women equally represented in the sample. The remaining five interviews in community D were all women, so I selected two based on age (the oldest and youngest) to include in the sample. Finally, from five available interviews in community E, I selected the two interviews with men and one interview with a married couple to balance the overall participant sample (see Figure 3).

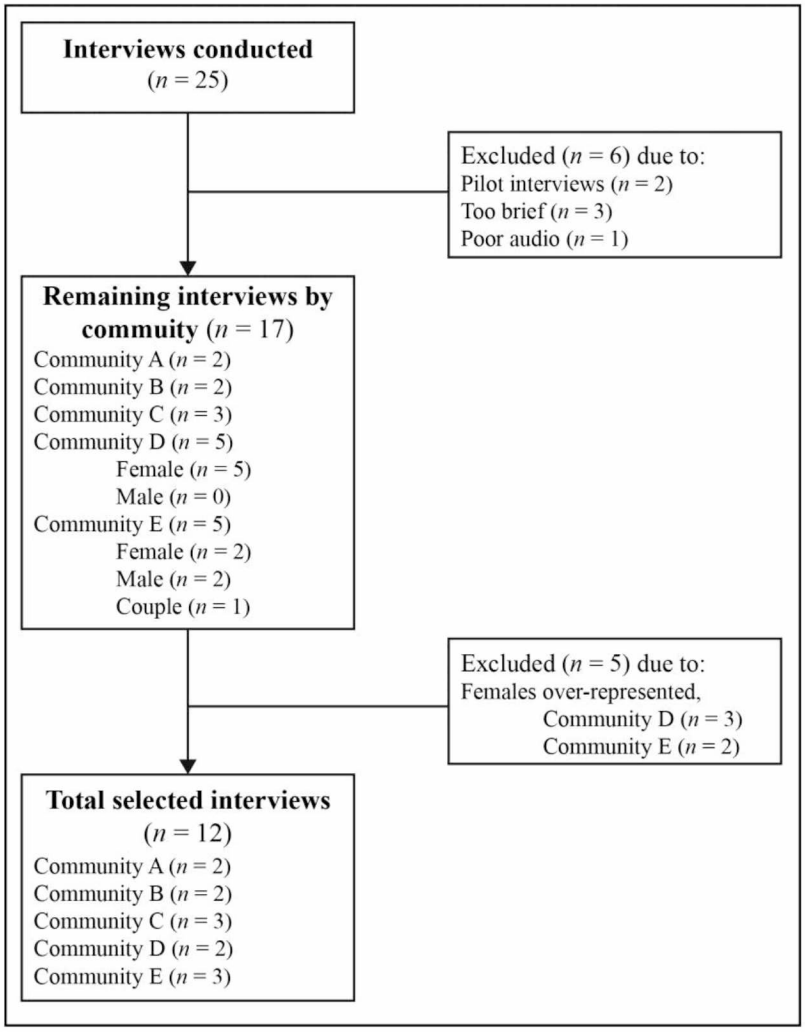

Figure 3. Interview Selection Process.

The total number of selected interviews was 12 with 14 Elders that included an even distribution of gender (male $n = 6$, female $n = 8$), ethnicity (Yup'ik, $n = 6$; Inupiat $n = 7$; Yup'ik & Inupiat, $n = 1$), and age (59-83, $M = 71.3$), and home community (Community A, $n = 2$; Community B, $n = 2$; Community C, $n = 3$; Community D, $n = 2$; Community E, $n = 3$).

To begin developing a codebook of themes, the second coder and I randomly selected one transcript from the 12 identified transcripts and, together, carried out steps 1-3 as described above. This method was followed to establish a consistent process for the development of meaning units and themes and to provide the opportunity to discuss and clarify the process as needed. Once the process for theme development was established and initial themes were developed, the process (steps 1-3) was repeated on our own with another randomly selected transcript. The second coder and I met again to discuss emerging themes, resolve any discrepancies, and began to develop a theme-based codebook. This process continued with the next three transcripts, meeting after each transcript to discuss new themes that had emerged, resolve any discrepancies, and update the developing codebook. Each time the codebook was updated, the previously coded transcripts were revisited and updated to reflect the changes so as to remain consistent with the current codebook.

We reached saturation with our 6th transcript, then coded a seventh to complete the codebook. After establishing the codebook, the second coder and I met to discuss the themes and their relationship to the research questions of the study. We grouped the themes under each of the research questions and formed a preliminary conceptualization of our findings thus far. A summary of these preliminary findings was presented to the EAC at this stage for validation and elaboration in lieu of individual member checks as suggested by Hycner (1985), which were not feasible because of time, distance, and financial constraints. The EAC provided additional

context to the findings, and they made suggestions to add, combine, or separate themes (Flicker et al., 2015) to aid in the final stages of analysis and formulation of results. Although there were some minor alterations to our codebook and preliminary findings, the EAC gave their approval to move forward with the analysis and write up of the results.

Following the EAC meeting, I adapted the codebook to reflect the suggestions and recoded 5 of the previously coded transcripts. The second coder and I then continued coding the remaining transcripts by independently coding transcript 6 with the updated codebook and meeting to discuss and resolve any discrepancies. I independently coded transcripts 7 and 8. Transcript 9 was coded independently by the second coder and I using the most current version of the codebook and we then met to discuss the coded transcript to consensus. At this meeting, inter-rater reliability was calculated as percent agreement (i.e., number of agreements divided by the total number of agreement and disagreements). Inter-coder agreement of .70 or higher is considered acceptable for an exploratory study and qualitative studies where subjective interpretation is expected (Campbell, Quincy, Osserman, & Pedersen, 2013). The use of a reliability assessment is debated within the qualitative research methodology literature (Armstrong, Gosling, Weinman, & Marteau, 1997; Campbell et al, 2013; Cook, 2012; Ponterotto, 2005); however within this study, it was used to limit the time commitment of the second coder (PI) and to expose and resolve coder drift (Campbell et al., 2013). Additionally, coding disagreements were discussed and resolved, and the codebook updated to reflect any changes. Previous transcripts were re-coded to reflect the updated codebook as noted earlier. This process continued in a similar fashion for the remaining interviews with every 3rd transcript coded by both researchers and inter-rater reliability calculated. Our calculated inter-coder agreement ranged from 51% initially to 78% at our final transcript consultation meeting.

Formation of composite summary of themes. Once all of the interviews were reliably coded, I uploaded the transcripts to NVivo and coded each based on the agreed upon codes noted on our printed copies. This step resulted in another re-read of each of the transcripts and the software simplified the process of determining which themes were common to all or most, and which themes were unique to just a few interviews (Hycner, 1985). The main and unique themes were considered in the context of the transcripts, field notes, and EAC suggestions and are presented in the following chapter.

Trustworthiness

Trustworthiness is a term used in qualitative research to describe methodological rigor (Hays, Wood, Dahl, & Kirk-Jenkins, 2016). There is no agreement in the field regarding the number of strategies that should be used to ensure trustworthiness; however, there are commonly used criteria for critiquing methodological rigor including: credibility, transferability, dependability, and confirmability (Hays et al., 2016). *Credibility* (the quantitative parallel is internal validity) refers to whether the research methodology accurately capture the phenomenon intended or not (Shenton, 2004). Some strategies that improve the credibility of a study include triangulation of findings, researcher reflexivity, external auditing, thick description, or member checking (Hays et al., 2016). In this study, credibility was addressed by triangulating the findings through the use of multiple coders, integration of multiple sources of data (e.g., interviews, observations, and EAC consultation). I also practiced reflexivity by maintaining a reflexive journal to consider my assumptions, judgements, and beliefs throughout the project, I provide a thorough rationale for decisions I made throughout the data collection and analysis process, and I debriefed with research peers who were not involved with the project. Although I did not conduct traditional member checking (i.e., participants review transcript for validation), I did

consult with our community partner throughout the project, presented preliminary findings to our EAC for approval, and provided summaries throughout interviews to ensure accuracy of our understanding of the participants' words. The entire project is also subject to an external audit to include the dissertation committee consisting of four doctoral level psychologists with various expertise as well as an outside reviewer provided by the graduate school. Finally, I addressed credibility in this study through the complexity of the analysis used, which included adaptation of the interview protocol during data collection based on participant feedback, daily memos and field notes of completed interviews, data analysis took place immediately following data collection, and the methodology chosen was appropriate for use with this population and for addressing the research questions.

Trustworthiness is bolstered further by clearly addressing how and if the study's results can be used to inform future research efforts. *Transferability* (generalizability) is the degree to which the study's findings are applicable to other populations or situations (Shenton, 2004). Although this is generally not the goal of a qualitative study, there are some strategies that help identify when and where the findings may or may not be applicable (Shenton, 2004) including provision of thick description and persistent, in-depth observation of the study context (Hays et al., 2016). In this study, transferability was addressed through persistent observation including the use of description of context and culture of the study as well as prompts throughout the interviews to encourage depth of the responses and focus toward the research questions. Thick description was also provided in the form of long participant quotes to allow readers to apply findings or replicate the study. Finally, triangulation (as described above) provided additional information about potential transferability of study findings.

The trustworthiness of a study is enhanced when the findings can be reproduced by another researcher following the same procedures. *Dependability* (reliability) is the extent to which another researcher following the study design in the same context would obtain similar results (Shenton, 2004). Strategies to increase dependability of a study include providing a detailed account of data collection and analysis procedures, triangulation of findings, reflexivity, and thick description (Hays et al., 2016; Shenton, 2004). Although this is not the aim of a phenomenological study, this aspect of trustworthiness was best addressed in this study through the strategies of triangulation, researcher reflexivity, thick description, and complexity of analysis as described above.

Confirmability (objectivity) refers to the extent to which the findings are a true reflection of the participants' experiences (Hays et al., 2016). Some strategies used to enhance the confirmability of study findings and reduce inherent researcher bias include prolonged engagement, triangulation of findings, negative case analysis, reflexivity, thick description, and external auditing (Hays et al., 2016; Shenton, 2004). In my study, confirmability was enhanced through prolonged engagement in the form of collaboration and relationship building with the sub-region over the course of 7 years, four trips to the communities to maintain engagement (i.e., data collection, presentation of preliminary findings to EAC, presentation of final results to EAC, and community presentations), and spending time engaging with the community beyond research related tasks (e.g., attending Elder lunches, going to local restaurants and stores, walks around the community). Additionally, triangulation, reflexivity, thick description, member checking, and complexity of analysis as described above all serve to improve this study's confirmability, and therefore, its trustworthiness. (See Table 1 for a description of the strategies I used to ensure the trustworthiness of the present study as they correspond to these criteria.)

Table 1. Strategies to Ensure Trustworthiness

Strategy and Description	Criteria Addressed
Prolonged engagement	Confirmability
Extensive engagement with the five communities over 7 years establishing relationships.	
Four trips planned to maintain the relationship during and after data collection.	
Trip 1: Data collection (Spring 2017)	
Trip 2: Presentation of preliminary findings to EAC (Summer 2017)	
Trip 3: Presentation of results to EAC for final approval (Spring 2018)	
Trip 4: Community presentations of parent project findings (Spring 2019)	
Engagement with community beyond interviews during visits (e.g., Elder lunches, going to local restaurants, walking around, going to the stores)	
Persistent observation	Transferability
Prompts throughout interview to increase depth and focus on research question (e.g., "How so?" or "Can you give an example?"	
Description of culture and context of study	
Triangulation	Credibility,
Use of multiple coders	transferability,
Interviews, observations, and consultation with EAC	dependability,
Comparison to existing successful aging literature with AN Elders	confirmability
Reflexivity	Credibility, dependability,
Constant consideration of researcher assumptions and relationship to the content, sample, and site through reflexive journaling throughout project	confirmability
Rationale for decisions in data collection and analysis process (Chapter 3)	
Peer debriefing with researchers outside the project	
Thick description	Credibility,
Long segments of participant quotes provided in results to allow for readers to apply findings or replicate the study	transferability, dependability, confirmability
Member checking	Credibility, confirmability
Consultation with community partner throughout the process	
Presentation and discussion of preliminary findings with Elders	
Use of summaries during interviews to ensure accuracy of meaning	
External audit	Credibility
Dissertation committee	
External reviewer	
Complexity of analysis	Credibility, dependability,
Interview protocol adapted during data collection based on participant feedback	confirmability
Memos completed daily upon completion of interviews	
Data analysis immediately following data collection	
Use of appropriate methodology	

Note. This table was created following the model provided in Hays et al. (2016).

Dissemination of Findings

Dissemination of research findings is an important aspect of conducting a collaborative research project such as this one (Israel et al., 2010; Lewis & Boyd, 2012a; Minkler &

Wallerstein, 2008; Whitewater et al., 2016). Previous research with AN communities has demonstrated a lack of care in this area, which resulted in harmful consequences for the community and understandable lack of trust in researchers (Foulks, 1989; Smith, 1999) The words and stories (data) collected in this study belong to the Elders and the communities and although the information was shared with me, it is my responsibility as a researcher to deliver their data back in a way that adds value. In order to ensure that the study findings are meaningful and useful to the community, I use several strategies to disseminate the findings. First, I will present the findings at an EAC meeting to be held spring 2018 and a copy of the full dissertation will be provided at their request. As recommended by Lewis (2017), I will solicit feedback about findings and suggestions for the most appropriate way to disseminate the findings more broadly (Lewis, 2017). Some of the intended dissemination strategies are provided below with the understanding that changes may occur based on final EAC consultation.

A project summary report that includes a brief overview of the study along with findings and recommendations will be provided to each of the tribal councils to guide program development and implementation. A newsletter will be distributed more broadly to the community members that provides an overview of the project and highlights the findings of the study. Finally, at the suggestion of the EAC berry buckets, calendars, and/or pencils with de-identified Elder quotations will be distributed to the youth in each community to encourage sharing berries or greens with an Elder to promote intergenerational relationships.

Chapter 4: Results

The purpose of the present study was to explore the phenomenon of successful aging as understood and experienced by AN Elders living in rural Alaska. Phenomenological research methods and analytic strategies were used to elicit the essence of successful aging with these participants. This chapter includes a description of the 17 themes essential to successful aging derived from the 12 interviews, researcher observations, and EAC guidance. Below, the results are organized by beginning with the themes that were present universally (in every interview), and this section ends with themes particular to some Elder interviews, the fewest of which were present in half (six) of the 12 interviews. For each theme, variations in the theme's meaning and understanding are discussed as well as the contradictions that emerged within each theme. Participant quotations are provided throughout this section to demonstrate, explain, or elaborate on the nuances of the themes.

Family Engagement

Family Engagement was perhaps the most often mentioned theme in this study. All of the Elders talked about their family as an essential part of their lives, both in the past and as they age. Some noted that they may have taken their family for granted when they were younger; however, they are now overflowing with gratitude for their family. Several of the Elder participants had family members in the room during the interviews, at times joining in the conversation, listening intently to the Elder speak, or simply going about their day. The Elder participants spoke highly of their parents and older relatives (Elders) and the values and life lessons they learned while growing up and throughout their lives with some noting they continue to look up to and learn from their older relatives. One Elder marveled at how her mother-in-law influenced her, "I learned lots from his mother and she was the one that teach me what to - how I

could put food away and how I could sew and stuff like that. That really helped me. And some Native words when I say them, 'Oh, Granny used to say that!' I think about them and I say them. Wow."

The Elders spoke of being near family (all living relatives) and keeping in touch as a crucial element of aging successfully. Several of the Elders noted their gratitude for family increasing with the loss of relatives, spouses, and other Elders. Many expressed that proximity to family allows the Elder to continue to care for their family members in various ways. A few of the Elders are caring for young children and/or have adopted and are raising grandchildren. Others care for their families by passing on their knowledge of preparing and putting away food, traditional practices and crafts, ". . . just makes me feel good that the things that you know you can do can be passed onto the next generation to the next. And I'll always be happy that my grandkids always call me and say, 'Gram, do you have recipe for this?' 'Yeah, come on over.'" Others focused on the importance of simply opening their home to family to share a meal and visit. One Elder reflected then stated, "Now I want to focus on my grandkids. And my home is always filled with nieces and nephews." A few Elders added that they even care for themselves better in order to better care for their family.

Most of the Elders also lit up talking about the ways their family takes care of them as they age, noting family often provides traditional foods, help with chopping wood, and providing transportation without having to be asked. One Elder expressed it this way, "I think it's good because they're starting to notice that I'm aging a little bit and getting a little slower. So that they're more willing to help me, you know, instead of putting me aside. And they're always telling me that, 'Mom, if you get old and can't do nothing, we'll take care of you.' And that's a real blessing. And even for them to check up on me all the time. I'm happy."

A couple of Elders underscored the importance of having a supportive family by noticing that other Elders in the community who did not have close or supportive family as they aged were forced to move away to a nursing home or larger community with more formal supports. The EAC confirmed this theme as important to aging well and went on to describe the relationship between family engagement and community health this way, "As long as you have strong families that care for one another you have a strong community when the families work in harmony, but when you get disharmony is when you start seeing cracks." This theme of family engagement was present in all 12 interviews and highlighted the importance of Elder influence across the lifespan, the reciprocal benefits that emerge by caring for one another intergenerationally, and the creation and maintenance of an infrastructure of support that comes by way of family engagement. Family engagement was discussed as vital for maintaining strong families and without it, the infrastructure of support for Elders is diminished.

Community Engagement

Along the same lines, the importance of engaging with the community was highlighted in all of the interviews as an essential component of Elder participants' experience of aging successfully. Community engagement was demonstrated by the Elders' interactions with the community including attending community and school functions, going to church, participating in Elder lunch programs, and visiting with friends. Occasionally, as the research team walked around the communities we would see the nominated Elders participating in activities and frequently the Elder participants reported during interviews that they were coming from or going to an event, activity, or visit.

The Elders also revealed that they enjoyed caring for their community by providing support and guidance through board memberships, putting away extra food to share, passing on

knowledge, and helping others in need. One Elder noted, "So aging well, you take care of yourself and your family and your surroundings. And just help each other out." Many of the Elders expressed feeling good when they see that what they are doing to help others is being passed on to the younger generations. One Elder explained, "Oh awesome. I can feel the warm coming on knowing that what I'm doing today, they realize that . . . somebody need help . . . he's got a health problem too, I would go over and chop wood for a month or so and then there were some high school boys that would go there."

One Elder noted requests for guidance and support from community and state agencies can be draining and noted, "I really don't want to be involved within that, and they always pull me in . . . I care for the people, but I think I want my own time with just my own family, my husband and I and my kids, our kids and families. I want that. I lost 17 years' worth. I'd go to work, come home, go to work, come home. We rarely went anywhere together."

The Elder participants also emphasized the importance of receiving support from their community in the form of safety, respect, provision of traditional foods, and help with chores. One Elder stated, "Oh I love it--oh my gosh--they treat you so good here. I mean, being an Elder, not only relative but other kids in the community, you know, that respect you. When they go out hunting they'll bring you gifts of whatever they catch. We still use wood stove . . . With my other son that lives here and his family, his buddies or the other kids will help out. L and I haven't had to haul wood in the past couple years. And we say, we still need to, we could still do it. But they'll do it before we go out."

One Elder noted some exceptions with regard to difficulty with systems of care including housing and medical services being difficult to access, care being sub-par, or unfair/preferential treatment that makes life more challenging for the community members including some Elders.

The EAC agreed that community engagement is important to aging well and expanded on the theme to include the need for Elder engagement in the schools to provide the traditional, cultural worldview to the concepts being taught. Similar to family engagement, community engagement was viewed as essential by all Elder participants. Once again, this theme appeared to be understood as reciprocal with the Elders contributing to the community and the community responding to their needs as well. This theme is further understood by considering the influence of high need with the community resulting in Elders being asked for help based on expertise, which can feel burdensome at times. Furthermore, the complexities of this theme are further understood when considering the interpersonal dynamics, present-day and historical, that could influence an Elder's ability to give, receive, and access care within the community.

Gratitude/Humility

Throughout all of the interviews, the Elder participants expressed gratitude and a sense of humility, which was also echoed by the EAC. This theme reflects the Elders' expressions of happiness, satisfaction, honor, and appreciation for the many aspects of life. Most of the Elders shared their gratitude toward simply being alive and for the abilities they still have as they age. One Elder noted, "If I can get out of bed, that's a blessing. If I can make it to the store, that's an added blessing. If I make it back home, that's a big, big blessing . . . the more things that I'm able to do while I can, I am so thankful for." Some of the Elders were honored and humbled to be thought of as Elders who are aging well and marveled at the respect offered by the community as they have approached this life stage. One elder stated, "I don't think we really are Elders, but the community thinks so. That's an honor." Another Elder added their appreciation for the support given by the community, "But to be able to eat our food, and you don't really understand

what the gifts of other people that are able to gather when they bring you a small portion--oh, that blesses my heart. Really big time."

The Elders further expressed gratitude at being able to give back to their family and community through sharing their wisdom and knowledge. One Elder explained it this way, "Oh yeah, I mean, I'm just, the benefit that I feel like I'm getting is I'm passing on my knowledge to them, you know? And I'm happy to be doing it."

A few of the Elders directed their gratitude toward their higher power, "I'm lucky. I consider myself lucky. I think God took care of me. I should have been dead a long time ago." This stance of gratitude allowed the Elders to appreciate what they have and focus on those aspects of life rather than what they do not have or what has been lost with age. Gratitude and humility emerged throughout each interview and appear to be tied to aspects of feeling grateful for what one can continue to accomplish each day, the gifts bestowed upon them by others within the community, the knowledge and wisdom they can pass onto others, and the care provided for them by God.

Self-Awareness and Care

All of the Elder participants in this study referred to the need to be aware of oneself and the importance of self-care. This theme, called Self-awareness/Care was defined as references to the ways Elders pay attention to their changing identity and needs and taking care of themselves. One of the Elders described it this way:

> My grandpa had a saying, my dad's dad. And [spouse] and I kind of live by it now. Early years in our culture, I guess you didn't have clocks and watches and radios and all that stuff. And he said, 'you just listen to your body.'. . .'you eat just when you're hungry and you eat just enough to fill your hunger. You sleep

> when you're sleepy, you rest when you're tired. You work when there's work that needs to be done. You don't overdo it, but you just do what you need to do.' So just that. You sleep when you're sleepy and if you're awake then it's time to get up. And at night, when you're sleepy go to bed. Don't force yourself to stay up. If you're thirsty drink water. You eat, you eat until you fill your tummy - until you're full. Until you're hungry no more.

The EAC confirmed this finding as well advising, "Be mindful of other people and mindful of yourself, and take care of yourself."

Several of the Elder participants spoke about eating healthy, being more careful, accepting their age, and wishing they had taken better care of themselves when they were younger. One Elder offered, "Like I told you, maybe I would have better health as I grow old if I didn't do the things I used to do like drinking and smoking cigarettes when I was young." Other Elders spoke of this self-awareness as more of an awareness of their own identity and who they are and stated, "Aging well in the community is just being who you are and believing in who you are." Another noted that it is, "Listening to who you are." A few Elders revealed that this reflection and self-awareness sometimes requires alone time. One Elder acknowledged, "Sometimes I want to be more like by myself to think, to think more clearly." Another stated, "I need time for myself."

This theme spoke to the Elders' acknowledgement of personal responsibility for successful aging, knowing who they are, how they are changing emotionally and physically, and making choices that help them to age well. At times, this required that the Elders assert themselves with family or community to alert them to their changing needs. One Elder noted that she is no longer able to care for her grandchildren alone and does not feel comfortable

babysitting. Another noted that she has become more sensitive and prefers to be spoken to with kindness and compassion.

We Did Listen (Learning from the Elders)

Nearly all of the participants credit their Elders as their teachers of aging well. They often mentioned that they learned what they know about life and living well by following what the Elders taught them. One Elder participant explained, "Each different Elder gave me some knowledge, for me, that I used in my lifetime . . . I used those as my guidelines." Members of the EAC confirmed that their Elders were the source of their knowledge about aging well stating, "The Elders are our guides." Almost all of the Elder participants spoke of their parents as their primary source of knowledge and role model for how to live well with one Elder noting, "I learned a lot from my dad. He was my, like I said, he was my inspirator (sic) and hero, my whole. When I was young and a young adult, he's the one that taught me."

Some Elder participants shared that they learned specific lessons about aging well from their Elders. For example, one Elder shared, "That's what mom used to tell me, 'Don't smoke, don't drink or else you're going to get old faster.' Don't think old, that's what she used to tell me." Others indicated that they learned about subsistence practices and traditional values. As one Elder proudly stated, "I think we are strong and we're aging well. It's because we still have our values and beliefs that were taught to us by our Elders and our parents when we were growing up." Still others credited Elders for teaching them how to parent, what it means to be an Elder and how to share what they know with others.

The Elders described learning these lessons through various methods including observation, "I remember those, just by playing, because we were told never to listen, 'Don't pay attention to adults when they're talking,' but we did. Even when we played, we did listen."

Others learned through storytelling, and some realized later in life that they learned something valuable through interactions with Elders or parents, "Hard at times during - when I was growing up. Especially my parents - they made me learn to do things and at the time I sure wasn't interested. I was not interested and but now that I'm older I understand why they made me do things against my will." This theme of We Did Listen captures the complexity involved in learning from one's Elders. It captures the Elders' and adults' investment of time in the youth, showing them, talking to them, and teaching them even when it was difficult or undesirable. It is through this theme, the Elders communicated how they learned to age well and how to be an Elder.

Subsistence (Traditional Practices)

The theme Subsistence was applied to references to subsistence activities, getting out onto the land, traditional foods, and traditional crafts and art. Subsistence practices were mentioned frequently by Elders, and echoed by the EAC as an important part of their lives. Many of the Elder participants talked about engaging in these activities, but even more Elders were seen around the community preparing for, engaging in, or returning from subsistence activities. Some of the nominated Elders declined to participate or were unavailable due to subsistence activities and one Elder participant plucked the feathers from a freshly harvested goose during our interview. Within the subsistence theme a range of traditional and subsistence practices were noted by Elders including getting outside, hunting and fishing, gathering greens and picking berries, and traditional handicrafts like skin sewing.

Subsistence was mentioned by some Elders as a healthy or good way of life. One Elder put it this way, "I think my husband and I live a good lifestyle - subsistence. For 80 years old he still goes out and does stuff. We do together." Another Elder simply stated, "The subsistence

lifestyle is good." Many of the Elders also explained some of the aspects of a subsistence lifestyle that make it good.

Elders pointed out that subsistence activities are a way to engage with their family. One Elder shared, "I lived in a home where we did a lot of subsisting, and I'm still doing that today. And I'm trying to pass it on down to - my kids know about it. Now my grandkids, I'm trying to show them how to go get masu and sura and make dried fish and smoked fish, and passing on my knowledge what I got from my dad."

Helping out with preparing the catch to be put away was mentioned by several Elders as a way they stay active. An Elder reflected on how these activities have evolved as she has aged, "Like I enjoy - I'm never too tired to cut fish. And when my mom used to have to sit down in her later to cut I used to say, 'I'll never do that.' Now, of course, I'm plucking sitting down or I'm cutting sitting down." Additionally, Elders noted that eating traditional foods was important to aging well with one Elder observing, "The traditional food that they gather that keeps them healthy too." One Elder also saw participating in subsistence activities as a way to connect to your identity and reflect. He revealed, "When you're out in the country walking, it gives you a lot of thought of who you are and who you, where you come from, and who you belong to."

Several of the Elders expressed frustration and not being able to participate in all of the subsistence activities they once enjoyed, "I would love to be able to go down to the river, chop a hole in the ice and fish. I'd love to be able to go to the berry patches when the berries come, but I can't do that anymore." A few Elders mentioned that they stay connected to their subsistence lifestyle through watching others. One Elder shared, "When you get to be my age and you can't do that anymore, you just watch everybody do that." Some Elders tell stories of subsistence activities as a way to relive the experiences and memories. One Elder explained, "Their way of

life that they have or have had, and they still have it too, because they still have the stories and that's what makes them age well."

Members of the EAC added that part of the importance of subsistence practices are the connections it provides to past generations and the environment through the rituals performed while hunting and gathering. For example, one EAC member shared that when they went mouse food hunting in the fall, they would leave behind a piece of dried fish to show gratitude for what the mouse provided. Likewise, it was noted that part of being on the land is caring for it; taking only what you need, using everything you take, and leaving the land as you found it. Subsistence appears to be understood as a way to connect to and care for self and others. It connects people to those before them and those who will go on after them. There is joy in being able to subsist and loss when that ability changes. Passing on the knowledge may be one way for Elders to resolve that loss.

Passing on Knowledge

Almost all of the Elder participants in this study including the EAC reported that passing on knowledge was an important part of aging well. This was apparent as many of the Elder participants made time in their schedules to meet with the research team and share what they know about aging. Passing on what they know was a way to stay engaged with the community and their family and enables Elders to stay involved with the activities they enjoy but may no longer be able to do. Passing on knowledge learned from their own Elders establishes a connection between the Elder and their ancestors as well as to present and future generations. One Elder explained it this way, "They taught me and now I'm trying to teach my children. I taught my children and now they're teaching their children - my grandchildren."

Some of what the Elders are passing on to younger generations include their knowledge of subsistence activities, arts and crafts, traditional values, and language. One Elder noted that her goal is, "To teach the little ones to continue to respect themselves and respect others, their parents. Honor their parents and honor their grandparents and to be more helpful to them. The more you give of yourself, the more you get. And share your knowledge and wisdom as you get older." A few Elders also expressed that sharing their religious and spiritual beliefs is an important part of their lives as they age.

The Elders passed on knowledge by telling stories, demonstrating activities, and giving advice. One Elder noted of her granddaughter who was present during the interview, "It's like right now she's learning. She hears everything we say and she'll remember one day." Several Elders spoke about sharing what they know with a sense of urgency. One Elder noted, "Some guys will say, '[Elder], if you die, well, they won't know what to do.' I mean, that's how come I'm teaching them how to do things."

Some of the Elders also noted challenges of sharing their knowledge with younger generations including the youth's preference for playing video games, use of alcohol and other drugs (AOD), and an apparent disinterest in learning from their Elders. One Elder stated, "You've got to tell them the same thing over and over and over. They absorb it for a few minutes and then it's lost." Some Elders shared that they struggle at times to remain patient with the youth as they learn, "I kind of forget that they don't know it sometimes."

This theme seems understood by the commitment Elders have to passing down what they know. At times, there appears to be pressure to teach what they know and an eagerness from others to learn. Sometimes, it seems there are challenges to teaching the youth who may be

otherwise engaged. The process of passing down knowledge can be both rewarding and frustrating, demonstrating the importance of approaching it with patience.

Forgiveness/Patience

Forgiveness and patience emerged as two concepts interwoven and intricately connected. They demonstrated the Elder's ability to slow down and reflect on alternative perspectives of a situation and continuing on in a manner that strengthens relationships. The Elders in this study often reflected on their lives and relationships, noting the need for patience and forgiveness for themselves and for others as they age. One Elder summed this up by stating, "You have to learn to forgive and accept forgiveness when it's offered to you."

Some of the Elders focused on the need to recognize and ask forgiveness for mistakes they've made, and one Elder stated, "I used to think raising my voice and yelling at them was a way to correct them, but I was so wrong. When I realized that, as they got older I had to apologize to them, explain to them, 'I'm so sorry. It was so, so wrong of me.'" Elders also discussed needing family to be patient with them as they age and described they are slower than they used to be or repeat themselves.

Other Elders noted the need to practice forgiveness and patience with others as they pass on knowledge. One Elder stated, "I kind of forget that they don't know it sometimes. I'm learning how to be more patient with showing them easier methods of doing things." A few Elders expressed this as unconditional love and one Elder stated, "I tell them [children] you know what's right, you know what's wrong, but I will always love you . . . I may not agree with the decisions you make, but I'll always love you. Unconditional love."

The EAC echoed this finding, noting that forgiveness was something that they found to be essential to aging well. They explained that everyone makes mistakes, but it is important not

to dwell on them. One EAC member expressed, "You learn to forgive so much easier . . . and you are forgiven if you forgive." Therefore, this theme of forgiveness and patience captured the Elders' experiences of reflecting on their lives and asking for forgiveness as needed. Further, they noted areas in their lives in which they extend patience and receive patience from others.

Keep Going

Most of the Elders in this study discussed the inevitability of hard times in life. Many noted the necessity of accepting life's challenges and continuing to move forward in order to age well. This theme of Keep Going was defined as accepting and overcoming physical or emotional challenges and included being hopeful, optimistic, and mentally strong. One Elder explained, "We have to accept and learn. Then you'll grow old gracefully." The Elders mentioned the need to keep going despite increasing physical health problems. Frequently Elders used humor as a way of coping with these changes. One Elder noted, "My advice is don't give up. I mean your body will, but your body will listen to your brain for a while." The strength to keep going was often talked about as mental strength such as, "I think it's a matter of mind over matter" and learning to accept things as they come. One Elder participant stated, "I think in every Elder's life there is tragedy. Every one of us go through that. I lost my husband [a number of] years ago and that was a major, major thing that I had to survive. And I lost my grandson when he should not have died, because of the healthcare system. He should not have died. Things like that--life--despite all these tragedies, life goes on."

Several Elders mentioned that they gain the strength to accept things and keep going for their families. One Elder noted about losing a family member, "Yeah, it was pretty hard, but I learned to accept it because I have other grandchildren to look after too. Make sure they're okay and . . . yeah, you have to. You can't just stop right there. You have to keep going continually."

A few of the Elders also acknowledged that they experienced times when it was hard to keep going. One Elder shared, "Don't give up, yeah. Don't give up. Sometimes I feel like giving up."

The members of the EAC validated the necessity of continuing to move forward regardless of what challenges you face in life. One member shared, "My mom always said this, 'as long as there's breath, there's hope.'" This theme of Keep Going captured the Elders' experiences of undergoing significant life challenges and learning how to move forward and encourage others to do so.

Stay Active

Nearly all of the Elders noted the importance of staying active as they age. The EAC confirmed this theme noting, "There is no reason to be bored." This theme was applied to references of any activity with varying purposes and benefits. Frequently, Elders stated that they generally "keep busy" and one Elder shared, "I always find something to do all the time." Another Elder explained, "I stay pretty busy. I mean if I have nothing to do, I will jump into something."

Some of the Elder participants talked about the physical activities they do, "I gotta walk so I can be strong." Others considered continuing to work or volunteer as a way to stay active, "I do a lot of volunteer work for the church." Almost all of the Elders who spoke about remaining active noted that caring for their home and family keeps them active with one Elder stating, "I would get up, make my two girls some breakfast or cook for them, and clean up the house and do things, laundry. After that I would go outside and spend the rest of my day out there."

Several of the Elder participants mentioned subsistence activities as an essential part of staying active and one Elder shared, "We take care of the game, cut it, dry it, freeze it, pack it. So we stay active." Another Elder explained that she keeps herself active by sewing, "Yeah, I do a

lot of sewing. I sew a lot." Her husband added, "She makes boots and mittens and yo-yos, whatever." One Elder summed up his thoughts on staying active this way, "Stay healthy with good, daily activity--whether it be mental or emotional or physical activity." The theme of staying active encompassed not only the Elders' drive to complete chores, do subsistence, and uphold familial responsibilities, but also included emotionally engaging and new and novel activities.

Traditional Values and Beliefs

Many of the Elders expressed the importance of traditional values and beliefs as important to living and aging well. These values and beliefs were often spoken of as being passed down from their parents and Elders. One participant explained, "Another Elder person on that spoke to me about the beliefs that we have, about little people, the meaning of it all, that kind of stuff." Traditional values were also mentioned as what the Elders are hoping to pass down to younger generations. One Elder called it, "Sowing my traditional values." Some of the Elders identified specific values that they found important including treating others and yourself well. One Elder advised that people should, "Respect themselves and others, their parents, grandparents, be helpful to them." Another Elder further explained, "Help the person that needs help. You help." The EAC members emphasized this theme as extremely important to Elders as they age, and the strength of these beliefs and values as holding all parts of successful aging together. In particular, they highlighted that taking care of Elders at home is a traditional value.

Other Elders described learning life lessons through watching and interacting with their Elders. One Elder shared a memory of his mother teaching him to be open and stated, "I remember trying a little bit, trying one, and my mom said, 'It'll taste good.' So I tried it and it taste good. And so that's how I learned from my Elders is to try." Another Elder emphasized the

merit of traditional values and beliefs this way, "The advice that they gave us through stories is still true today, even though we're in kind of a different world, but the knowledge of how to take care of things and how to respect people and stuff like that, it's all the same as it was a long time ago." The theme of Traditional Values and Beliefs included the explicit and implicit lessons passed down from one generation to the next that provide guidance to the Elders of this study on how to live and age well.

Effects of Aging

The Elders frequently noted experiencing some of the changes within themselves as a result of the aging process. Some Elders noted experiencing major physical health concerns. One Elder shared, "Old age hit me pretty fast. I was usually up and around. This year it's hard to take it. I slowed down quite a bit. Ailments hit me quite a bit. Even though I still believe I can do it, I've got some things I can't do." Others spoke of more minor physical effects of aging like arthritis, slowing down, or getting weaker. One Elder reflected, "When I was in my 20s and 30s I used to look at people my age now, and they sit on the floor and then they can't stand up. And I look at [laughter] myself in their shoes now. I said, 'Man, now I can relate to why they can't stand up well.' I'm starting to do that. Not that bad, but I'm getting there." A few of the Elders also noted a shift in emotional functioning as they've aged including feeling much more sensitive and vulnerable. One Elder participant described it this way, "It's easy to be hurt. We have to be you know, our, whoever takes care of us, they have to be nice people. When we get old, when I was younger, people [do something to me] I never mind. When I get older, [it] start[ed] hurting me." The theme Effects of Aging encompassed the Elders' experiences of the aging process and included physical, emotional, and cognitive changes.

Grief and Loss

Grief and loss was mentioned regularly by the Elder participants. The Elders did not shy away from bringing up and talking about grief and the many losses experienced in their lifetime. Many even acknowledged that they too will die and took on a very practical, pragmatic stance of acceptance of loss as a part of life. Many of the Elders spoke of losing family members and loved ones. For example, one Elder stated, "I've seen most of our parents die, seeing my brothers, two of my brothers passed on. But yet that is part of--that is part of life." One Elder also revealed, "After a while it gets hard to be emotionally attached to the community. They see everybody grow up and then they also see a lot of people die. And it--it's happened a lot. Within the last two years, there's been a lot of that."

Other Elder participants spoke about the loss of traditional culture, "And there's no more story months. They have died away, just like some of the culture that's dying away." Still others noted the loss of language, "It's completely different. They've lost their language totally. They've lost their culture and their language."

Several of the Elders also expressed a sense of loss from the activities they can no longer participate in due to the effects of aging. One Elder shared, "This time of year I have a sense of loss because I know we can't do the things we used to do together anymore." Another Elder explained about subsistence activities, "When you get to be my age and you can't do that anymore, you just watch everybody do that--'oh I wish I could go. I wish I could'--it's hard." The theme of Grief and Loss encompassed the Elders' experiences of loss including loss of culture, language, physical abilities or loved ones and the grief that accompanied the losses. Elders who are aging well are able to accept the losses and manage their grief in healthy ways, and they warned against using substances to cope with grief and loss.

Alcohol and Other Drugs (AOD)

Many of the Elders noted that they are able to age successfully because they are living a life free from AOD. "Healthy way of living is without alcohol and drugs. That's how I've been for 24 years." Another Elder stated, "We lead a sober life, a drug-free environment." One Elder admitted that he smokes marijuana as a harm reduction measure for himself stating, "I don't know, maybe it's just something I enjoy. It's something--well, to tell you the truth, it's better than having a drink every day of the week."

Several of the Elder participants shared that they had a history of alcohol, tobacco, or other drug use, but warned others against using them because of the impacts it had on their family and physical health. One Elder explained, "Maybe I would have better health as I grow old if I didn't do the things I used to do like drinking and smoking cigarettes when I was young. Right now, I would say that I know smoking is bad, drinking is bad, but I did all that when I was young. Like I told you earlier, how to do some things different, I know I would be--or if I knew I was going to get this old." Another Elder emphasized the impacts of AOD on his relationships, stating, "When I was drinking, that consumed everything that I worked for. After I quit, I got a new way of thinking. Our relationship became healthier. I think that had a lot to do--I'm lucky. I consider myself lucky." AOD were also frequently spoken about as causing community problems, family problems, and barriers to sharing traditional knowledge with the youth. The theme of Alcohol and Other Drugs captured the Elders' warnings about use of substances and the ways that use or misuse can impact physical health, relationships, and overall well-being. The Elders further expressed how their belief in something greater than themselves provided motivation for sobriety.

Believe in Something

About half of the Elders in the study expressed belief in something greater than themselves by mentioning that they go to church or help out with church, and some talked about religion as essential to their ability to age well. One Elder said, "You have to have strong belief in something, in religion or way of life or whatever." Another Elder noted, "Having a belief in God, having chosen our own religion and it not being forced on us. There's a difference." One Elder explained, "God is--he's my friend. He's my helper. And those that don't know him--they're missing out big time. And they're not aging well in my own worldly opinion [laughs]." The EAC also expressed the importance of believing in a force larger than oneself and referred to this force as the creator, God, or Ellam Yua. They explained that traditional values and practices are aimed at maintaining harmony with the environment, ancestors, community, family, and self. Belief in something encompassed Elders' spiritual beliefs and practices or references to God, Creator or organized religion and at many points overlapped with traditional values and beliefs.

Change

About half of the Elder participants reflected on the changes they have experienced over their lifetime. Some of the Elders emphasized the changes in technology through the years. A few spoke of the downside of technology on their family, community, and the youth. One Elder explained about the youth, "They're either stuck on TV or playing games. But that's not our culture. Our culture is out there." While others marveled at how technology has improved their lives, "We just can't get enough books. But now with the kindle you know, it's--the whole world is out there, which is what I love."

The EAC confirmed the impact of change on Elder's ability to age well, speaking primarily of colonization and the resulting changes to the traditional way of life. One of the EAC

members noted, "We've perpetually seen change and we've adapted to what's around us. Take what's useful and not pay attention, you know what the other is, but leave it alone and keep going."

The Elder participants of this study universally identified engagement with family and community, self-awareness and care, and a sense of gratitude as essential elements of successful aging. The way in which these elements interact with each other and are put into action was learned from the participants' own Elders and include participation in subsistence activities, passing on knowledge, remaining active, avoiding alcohol and other drugs. The overarching stance or mindset of an Elder who is aging well is one that is forgiving, patient, able to accept things as they come and keep going, enacts their traditional values, and has a belief in something beyond themselves. Elders who are aging well according the participants are not free from the effects of aging, grief and loss, or the challenges that come with changing environment and social structure. Instead, they gain wisdom from these inevitable life experiences that they happily and humbly pass onto future generations.

The following chapter discusses how these themes answer the research questions set forth by this study and how the AN Elder understanding and experience of successful aging fits (or not) within the broader successful aging literature.

Chapter 5: Discussion

Introduction

In this phenomenological research study, the phenomenon of successful aging was explored as it is understood and experienced by AN Elders living in Northwest Alaska. It is presumed that respected Elders in the selected communities would best represent a culturally grounded expression of successful aging in the sub-region (Lewis, 2009). The phenomenon of successful aging was explored in this study through a series of questions aimed at how the phenomenon is understood and experienced by those with direct access to it.

The previous chapter discussed the findings from the Elder participant interviews in detail. In the current chapter, I will discuss how the findings answer the two research questions that guided the study: **1) How do AN Elders from the Norton Sound Sub-region understand successful aging?** And **2) How is successful aging experienced by AN Elders in the Norton Sound Sub-region?** I will also discuss how the findings of this study support, elaborate on, or contradict the existing successful aging literature as well as their implications. Lastly, I will outline the limitations of the present study and concluding remarks including directions for future research.

The answers to the two research questions were formulated based on several sources of data. To answer the first research question about the Elders' understanding of successful aging, I included information gathered from the Elders' explicit statements and advice about aging well along with observational data and the feedback of the EAC. To answer the second research question regarding the *experience* of successful aging, I looked to the Elders' recounting of their day-to-day experiences including what the Elders said about themselves and the way their life is today rather than what they understood successful aging to be. Additionally, I considered field

notes that included my observations, impressions, and process notes to help with the interpretation of responses into descriptions of experience.

I found that as I attempted to answer the two research questions separately, the full phenomenon of successful aging was not adequately represented. In an attempt to maintain some integrity of the phenomenon as expressed by the Elder participants, I looked to the literature on phenomenological research methods to find a way of organizing the results that encompassed the essence of successful aging. Van Manen (2014) described one strategy for exploring and describing a phenomenon is to consider the phenomenon in relation to universal themes of life or "existentials." These existentials, according to Van Manen, are universal ways in which we experience our world and reality and are applicable in studies aimed at exploring "meaning aspects of our lifeworld (2014, p. 303)." I chose to organize the discussion of successful aging in accordance with Van Manen's existentials rather than by research question to capture the meaningful aspects of the Elders' lived experience. I use seven of the existentials suggested by Van Manen including: relationality, corporeality, spatiality, temporality, materiality, emotionality, and spirituality. Following a brief description of the existential, I will elaborate on the Elder's experience of successful aging followed by the understanding of successful aging derived from their lived experience as it relates to each existential category. I will then provide a comparison to the relevant existing literature.

It is important to note that the themes describing the Elders' experience and understanding of successful aging do not easily fit into the seven categories presented below. They are presented this way for the purposes of explanation and description, but it is important to note the Elders viewed the phenomenon of successful aging holistically and each of these seven existentials are inextricably linked with the whole being greater than the sum of its parts.

Because of this interconnectedness, there may be some repetition of themes across the existentials or descriptions that go beyond the bounds of the existential category within which it is being discussed.

Relationality

The first existential category described by Van Manen (2014) was that of relationality. This is the Elder's experience of the self and other within the context of successful aging. This includes the way in which people are connected: family, community, and even the experience of relating to oneself.

Experience. The Elders of this study held relationships in the highest regard. Many of them spoke of their family and relatives as being of primary importance to them as they age. They noted that spending time with family, grandchildren, and children was their highest priority and this goal often provided the motivation and direction for their lives. These successfully aging Elders often lived in the same home with family members or had family members visit frequently, including during the interviews for this study.

The Elders also talked about experiencing their relationships as reciprocal in nature with an equal amount of give and take from each person. They talked of sharing their knowledge and experience while receiving various kinds of support in return including a new relational experience of being highly prized, respected and recognized as an Elder. This was a surprising shift for many of the Elders who had spent the majority of their adult lives as the worker and provider for their family. Now, being the one provided for and the one sharing the knowledge and wisdom learned from the Elders before them presented a noteworthy shift.

The Elders also spoke of their community as an extension of their family and noted similar experiences of reciprocity with the Elder giving advice, guidance, and support to the

community while being respected, supported, and helped in return. Many of the personal qualities demonstrated by the Elders of this study (e.g., forgiveness, patience, generosity, gratitude) served to strengthen and maintain interpersonal relationships. The Elders of this study also noted a change in the relationship with themselves related to successful aging. They talked about reflecting more on who they are and thinking more about what they want and need as they age.

The transition that the Elders described is consistent with the stages of psychosocial development proposed by Erikson. According to Erikson (1982), the transition from one life stage to the next is characterized by the resolution of a psychosocial crisis. An adult must resolve the crisis of generativity (a duty to contribute to society) vs. stagnation (self-absorption). When an adult assumes the responsibility of generativity it demonstrates trust and hope for the next generation and solidifies the adult's ability to care. Erikson (1982) described this stage as ending upon reaching the next stage (old age), however, the Elders in this study maintain their sense of generativity, though it may look differently, well beyond middle adulthood. The final stage of development, according to Erikson (1982), is old age and is characterized by self-reflection and evaluation of one's life. An older adult will wrestle with the feeling of Integrity (sense of accomplishment in life) vs. Despair (meaninglessness), the resolution of this crisis results in wisdom. The Elders in this study described a similar period of self-reflection and coming to terms with their life, which is described in more detail in the emotional existential.

Understanding. Out of this experience came understanding of the relational aspects of successful aging. The Elders in this study talked about relationships as being essential to successful aging. They underscored relationships with immediate **family** as the closest and most valued to them as they age. They noted a reciprocal relationship between the family (past and

present) and Elder, with both giving and receiving care, support, knowledge and companionship. The Elders of this study expressed feeling it was their duty and honor to contribute to their family and felt proud and humbled when receiving care and support in return. Lewis (2009; 2011) explained that being with family provided a sense of purpose or meaning to Elders' lives. He went on to note that fulfilling their role within the family added to their sense of well-being and optimism. Fulfilling a social role, gives an older adult a sense of purpose, which has been linked to better physical health and well-being (Kim, Strecher, & Ryff, 2014). Further, Hill and Turiano (2014) found that having a sense of purpose can also reduce risk of mortality as one ages.

Community relationships and engagement are also an important part of the relational aspect of successful aging according to the Elders. They described Elders who are aging well as "out and about" in the community. They explained that relationship with the community is also mutually beneficial with the Elder sharing wisdom, traditional knowledge and experience with community members while receiving gifts of food, help with housework, rides, and respect in return. Many of the Elders spoke of their community members as extended family, and in many cases they are in fact relatives. These findings were similar to Lewis' findings that Elders are looked out for and appreciated by members of their communities and spoke of them as extended family (2009).

Engagement with family and community as essential aspects of successful aging is consistent with Lewis' model of AN successful aging (2009; 2011), in particular his element of community engagement. In his study, and this one, community engagement describes an Elder's reciprocal relationship with their family and community through which Elders share their knowledge, wisdom, and support while receiving care, support and respect in return. The concept

is also supported within the American Indian and Northwest Indigenous aging literature as an important element of aging well (Abonyi & Favel, 2012; Baskin & Davey, 2015; Collings, 2001; Laditka et al., 2009).

The benefits of social relationships and social support are well documented in the aging literature, particularly in regard to physical and mental health (Berkman, Glass, Brissette, & Seeman, 2000), well-being (Chen & Feeley, 2014), and cognitive health (Pillemer & Holtzer, 2016; Seeman, Lusignolo, Albert, & Berkman, 2001). Rowe and Kahn also reported the physical health benefits of social support and further noted that social isolation can increase risk of mortality (1987). It is also important to note that negative social relationships and unwanted social support are associated with poorer physical health particularly in older age (Hakulinen et al., 2016). This demonstrates the importance of tailoring support according to the wants and needs of the individual Elder to avoid potentially deleterious effects.

In the broader successful aging literature, this concept is often referred to as social engagement or as Rowe and Kahn refer to it, active engagement with life (1998). They explain that social connectedness can be with family, friends, community, or even plants and animals with the key feature being a sense of "mutual obligation (Rowe & Kahn, 1998, p. 157)." This concept closely resembles AN Elders' understanding of engagement as being necessarily reciprocal. However, the Elders of this study described reciprocity in terms of mutual benefit rather than obligation, which perhaps distinguishes between the underlying values present in either perspectives. Kawagley (2006) described the AN traditional values of reciprocity and social responsibility, which is consistent with the Elder perspective in this study and demonstrates the Elder's sense of generativity. Brown, Nesse, Vinokur, and Smith (2003) found that receiving social support was no longer effective at reducing mortality when giving social

support was factored out, indicating that this reciprocity, particularly the giving of social support, is a vital part of social engagement for successful aging.

Another subtle, but important difference in family and community relationships in AN communities when compared to Western concepts of relationships is the role of the older adult or Elder. In AN communities, Elders are revered as keepers of knowledge and are traditionally highly respected and honored (Lewis, 2011). In contrast, older adults in Western society are often viewed as a burden or as having nothing left to contribute (Calasanti, 2015; Sarkisian, Hays, & Mangione, 2002). This difference in opinions about older adults may even have a negative impact on the older adults' health. In fact, older adults who subscribed to negative stereotypes of aging performed worse on tests of memory (Levy & Langer, 1994), cognitive functioning (Nelson, 2016), and even cardiovascular health measures (Levy, Hausdorff, Hencke, & Wei, 2000) than older adults from cultures that viewed Elders as valuable.

For the Elders of this study, and many others (Abonyi & Favel, 2012; Baskin & Davey, 2015; Collings, 2001; Cosco et al., 2013; Laditka et al., 2009; Lewis, 2011; Phelan et al., 2004) relationships are referred to as the most important element of successful aging. Without these close, mutually beneficial relationships, an Elder would be unlikely to age successfully in their community. Rowe and Kahn, however, refer to this aspect of successful aging as third in their hierarchical model below physical health, and physical and cognitive functioning (1998). From their perspective, without physical health and optimal physical and cognitive functioning, an older adult would be unable to engage fully with life. Interestingly, research conducted from the older adult perspective does not align with the Rowe and Kahn model (Strawbridge et al., 2002).

The Elder participants also identified a change in their relationship with themselves as they age. They noted that aging successfully means taking care of themselves by eating

traditional foods, staying active, and being careful. They must also know themselves and where they came from and are confident and secure in who they are. The Elders expressed that participation in subsistence and enacting the values, beliefs and traditions learned from their Elders gave them a sense of identity and connection to themselves as well as providing the opportunity to connect with others. This aspect of successful aging fits within the elements of physical and emotional health in Lewis' (2011) model of AN successful aging. **Self-awareness and care** elaborates on his findings that personal choice in lifestyle is crucial to attaining Eldership (Lewis, 2009) and extends beyond the physical to acknowledge an aspect of personal responsibility on the part of the Elder for aging well. Rowe and Kahn (1987) also identify that personal lifestyle choices are nearly as important as biological inheritance in determining success in aging. For example, choosing to eat well, exercising regularly, and managing stress can mitigate, or reverse, age-related declines that would preclude someone from meeting their successful aging criteria. It is important to note, that although personal responsibility is an element of both conceptualizations of successful aging, the importance and specific meaning of this personal responsibility are a little different.

For the Elders of this study, self-awareness and self-care were essential to aging well; however, if an Elder is not aging well, they would also consider family or community system issues rather than putting the sole responsibility on the Elder. In the Rowe and Kahn model, the older adults' personal lifestyle choices are viewed as THE difference between usual (unsuccessful) and successful aging (1987). Whereas Katz and Calasanti (2014) and Lamb (2014) state that factors out of the older adult's control, such as access to resources, social injustice, political and economic factors are just as important for successful aging, if not more so, than their lifestyle choices.

Corporeality

The corporeality existential is described by Van Manen (2014) as the Elder's lived experience of the body. This includes the amount of attention paid to the physical body as well as the Elder's relationship with their body. Additionally, the way in which successful aging is expressed physically is included within this existential.

Experience. Most of the Elders in this study reported experiencing their body in terms of the physical effects of aging such as slowing down, developing arthritis or aches and pains, and some also shared experiencing more serious chronic illnesses, disease, or disability. They acknowledged the need for increased awareness of their physical body, and expressed the need to be more careful as they age. However, they also spoke of their body as if it was overly dramatic in its calls for rest and sleep and it was important to push themselves to stay active despite feeling aches or fatigue in order to stave off further decline. They noted they are now able to see the impact of their lifestyle on their bodies. A few Elders revealed that you can see in an Elder's eyes or on their face if they are aging well or not. The successfully aging Elders accept the present state of their body and stay busy and active despite it. This does not mean that they are happy to be aging or like slowing down, just that it is an expected part of life and they must do what they can while they can.

Understanding. The Elder participants of this study acknowledged the physical effects of aging, viewing them as an inevitable part of growing older. They described slowing down, experiencing aches and pains, being more emotionally sensitive, and even being more forgetful. Many Elders also noted the physical impacts of their lifestyle showing up more and more as they age. A lifetime of physically challenging subsistence activities (e.g., hunting, fishing), heavy household chores (e.g., hauling and chopping wood, household repairs), and even periods of

substance use (e.g., alcohol, tobacco) were identified by Elders as sources of current physical ailments. They described Elders who are aging successfully as remaining active, but explained that they pay more attention to themselves, slow down, exercise caution, or adapt to these aspects of aging. The adapted activities of these Elders included simply moving their body throughout the day via light chores, subsistence activities, taking care of children, going to church, or cheering their heart out at a basketball game.

Lewis (2011) reported similar findings regarding the concept of physical health in successful aging as being about activity and adaptability rather than a lack of disease or illness, or decrease in functioning. Hopkins and colleagues (2007) also found similar themes in their study with Yup'ik and Cup'ik women, which they referred to as walking and keeping busy. This finding is further supported in the previously reviewed studies including the cross-cultural study by Laditka and colleagues (2009) that found American Indian participants, unlike other cultural groups, did not identify physical health as an important factor of aging well. Further, Collings (2001) found that physical health was important to the Inuit adults in his study, but noted that it was more of a priority for men than it was for women and it was viewed as the result of luck, staying active, and adapting to changes in physical health. These findings are consistent with the findings in many of the successful aging studies that include the older adult perspective (Jeste et al., 2013; Reichstadt, Depp, Palinkas, Folsom, & Jeste, 2007; Stephens, Breheny, & Mansvelt, 2015; Strawbridge et al., 2002) and stand in contrast to the popular model of successful aging developed by Rowe and Kahn (1998), which does not allow for physical decline, disease, or illness. By their definition, older adults who experience any physical ailments or decline in functioning would not be considered successful agers, which would include many of the Elders in this study.

The benefits of physical activity on health and well-being are well documented. People who are physically active or exercise regularly have better overall health, physical functioning, more positive moods, and better quality of life than those who are inactive (Penedo & Dahn, 2005). The idea of adaptation rather than perfection bears some resemblance to the selective optimization and compensation (SOC) model presented by Baltes and Baltes (1990) whereby an Elder selectively optimizes certain areas or aspects of their lives as others become less accessible or functional. For example, Elders whose physical ailments may restrict them from participating in hunting or fishing may instead focus on processing the harvest, or even teaching or telling stories of subsistence activities to others.

Avoiding **alcohol** and, to a lesser extent, other drugs including tobacco was noted by nearly all of the Elders as being an important part of aging well. This was not a necessary aspect as some of the Elders acknowledged use in their younger years, and one or two admitted that they still do. This fits within the model of Eldership developed by Lewis (2009; 2011) under the element of physical health as a way an Elder can be physically healthy with benefits of abstinence extending into the realms of social engagement and spirituality. In this study, Elders also mentioned effects of alcohol and other drug use reaching beyond physical health to include impacts on relationships and mental health as well as the physical health impacts. This expanded conceptualization of the impacts of AOD abuse is further supported by the findings of Lewis and Allen (2017) in their study of AN Elder Recovery, which explored AN Elders' motivation for sobriety. Their findings noted the importance of family, having and being a role model, community and cultural engagement, and spirituality as motivators for sobriety. Similarly, Harold Napoleon (1996) conceptualized alcoholism as a spiritual illness rather than a physical one and the cure must necessarily address the spirit. In the broader successful aging literature,

alcohol is viewed more narrowly as related to physical health with Rowe and Kahn (1998) offering a recommendation that alcohol should be kept to limited or moderate use as a lifestyle choice that impacts physical health and functioning.

Emotionality

The emotionality existential is the Elders' lived emotional experience of successful aging. This existential encompasses the internal felt sense of the phenomenon. Motivation and mood, including complex and at times contradicting emotional experiences are represented in this existential. For the Elders of this study both grief and gratitude, patience and drive are all part of successful aging.

Experience. Many of the Elders in this study were excited to talk with us about their experiences and demonstrated a deep caring and sense of responsibility for their family and community. There was often a mix of nostalgia and pride while talking about what they learned and experiences they had with their Elders and parents. The Elders were mostly hopeful about the future and that hope compelled them to continue to share what they know, engage with community and family, and keep going despite the challenges they face in their daily lives. Many of the Elders shared about times of self-reflection as they age and needing to come to terms with how their life has been. They expressed their need to forgive and be patient with themselves as well as others. They expressed gratitude and humility about making it to Eldership and frequently mentioned the things and people they are grateful for. The Elder participants of this study demonstrated emotional maturity and appeared to be able to maintain perspective while also accepting the emotions they felt.

Understanding. The Elders of this study reported that an Elder who is aging successfully may experience some age-related changes in their emotions (e.g., becoming more sensitive), and

cognition (e.g., memory loss). They describe aging as a **humbling** experience, yet one they are grateful to have. Their reaction to being viewed as an Elder came with a mix of emotion I interpreted to be slight embarrassment at being identified as getting old, while also being honored by being considered an Elder. They often shared that they did not see themselves as Elders yet, but the recognition from family and community was a welcomed honor.

Despite the age related changes they experienced, Elders who are aging well remain emotionally and cognitively active. Similar to the conceptualization of physical health described above, Elders saw cognitive and emotional changes as inevitable and asserted that staying active in these areas (e.g., cheering your heart out at a basketball game, continuing to learn, doing creative crafts) was essential to successful aging. Research on cognitive and emotional health supports that remaining active through cognitive training programs (Naqvi, Liberman, Rosenberg, Alston, & Straus, 2013) can prevent declines in cognitive functioning (e.g., memory). The broader literature including Rowe and Kahn's 1998 model includes optimal cognitive functioning as necessary for successful aging; however, their model insists that cognitive health show no indication of dysfunction, whereas the AN understanding of successful aging does not require such narrow criteria.

Many participants noted that Elders who are aging successfully have lived through hard times. They have experienced a variety of **losses** and have persevered despite their **grief.** One of the defining emotional characteristics of an Elder who is aging successfully is their ability to **keep going**. According to the Elders of this study, to keep going means the Elder accepts life as it is, learns from challenges, and moves through difficult times. They have hope for the future and feel responsible to stay strong in order to support their family and community, which is consistent with traditional AN values as described by Kawagley (2006).

The ability to survive through hard times is also part of how Lewis defined Eldership in his studies (2009; 2011). He described an Elder's ability to accept things as they come and to not give up as optimism, which was an essential aspect of emotional health. Elders, according to Madsen, have strength of character even though, or perhaps because of, their experiences of hardship and loss (Napoleon, 1996). The ability to accept and cope with difficulties has been linked with improved well-being in older adults (Ranzijn & Luszcz, 1999). This mental strength, the ability to accept and cope with challenges, is considered important to successful aging as illustrated by the findings of one study on grief and mortality risk. Rowe and Kahn explained that grief can have a significant impact on an Elder's ability to age successfully and reported that mortality risk following the death of a spouse increases for the first 6 months, but gradually decreases with time and is back to normal five years after the loss (1998). It is not clear if they would consider someone within that 5-year period of increased risk as aging successfully or if they would be excluded because of it.

Perhaps one of the things that facilitates an Elder's ability to keep going is gratitude. The Elder participants expressed their **gratitude** for all the people and things they have in their lives and what they are still able to do. They did not dwell for long on what is missing from their lives. When comparing this aspect of successful aging to the model of Eldership developed by Lewis, this most closely resembles the element of emotional well-being (2009; 2011). Within this element, gratitude was seen as a part of optimism and an Elder's ability to appreciate what they have (e.g., family support) allowed them to maintain their optimistic attitude. Collings (2001) also found that attitude was important to aging well with Inuit adults he worked with in Northern Canada. There does not appear to be a direct correlate to gratitude or humility within the Rowe and Kahn model or description of successful aging (1987; 1998). This could be attributed to the

lack of emphasis Rowe and Kahn (1998) put on the experience of older adults and/or perhaps it is due to the difference in western society's view of older adults as a burden (Nelson, 2016) rather than honoring them as is done in AI/AN cultures. In fact, as previously mentioned, belief in negative stereotypes of aging has been linked to poor memory, lower will to live, increased difficulty with activities of daily living, as well as poor physical health (Nelson, 2016).

Elders in this study identified that successful aging also requires **patience and forgiveness**. This included being patient and forgiving with themselves as well as others. These personal characteristics coincide with Lewis' element of emotional health, specifically optimism (2009). The Elders in his study spoke of forgiveness as a way to maintain relationships and that once issues are expressed they could move past them. These aspects of successful aging, when considered as a way to move forward and maintain relationships fits within the broader values of AN people described by Kawagley (2006) and are consistent, though not explicitly mentioned in the Indigenous aging literature. Not only can forgiveness strengthen and heal relationships, Silton, Flannelly and Lutjen (2013) found that forgiveness may also indirectly improve physical health by reducing hostility, which has a well-established link to poor health.

Spirituality

Spirituality as an existential is the experience of the spiritual world as it relates to successful aging. This represents the sense of connection one feels toward something larger than self. The practices, rituals, ceremonies, and activities that lend themselves to maintaining or strengthening this connection are encompassed within this existential. For the Elders of this study, the experience of spirituality is a belief in something greater than themselves including organized religion and traditional beliefs and practices that provide a sense of connection and guidance on how to age successfully.

Experience. The spiritual experiences of an Elder who is aging well were not explicitly talked about by all of the Elders in this study. A couple noted that the connection was personal, meaning that it is unique to each person and their set of beliefs. This connection seemed to provide Elders with a sense of comfort, reassurance, and hope. It was a source of strength when times were tough, and the object of gratitude when times were good. For those who spoke directly of their spiritual or religious beliefs, their experience was seen as essential to aging well and without it an Elder is "lost."

Understanding. Elders talked about a belief in something that guides them as they make their way through the world. Some spoke of religious beliefs and organized religion, while others described a higher power, a belief in people, or traditional beliefs and values as fulfilling this aspect of their life. Lewis' (2009) model of successful aging explicitly includes an element of spirituality, which provided optimism and guidance for his Elder participants on how to age well. In his study, however, spirituality was primarily talked about as organized religion by the Elders with a few noting an integration of traditional and religious beliefs (Lewis, 2009). Wexler (2014) noted that the Elders in her study found the strength to get through hard times from their belief in God, their culture, or family. Baskin and Davey (2015) shared that the Elders of their study found comfort and a renewed sense of identity with continued study of traditional values and spirituality. The role of values and beliefs is not explicitly addressed within the Rowe and Kahn's model of successful aging (1998).

Studies conducted with other Indigenous populations also conceptualized spirituality as expanding beyond organized religion, and as an important part of aging well (Abonyi & Favel, 2012; Baskin & Davey, 2015; Laditka et al., 2009). The spiritual element of successful aging has appeared in the broader successful aging literature as well, and is considered by some a

"forgotten" element of Rowe and Kahn's 1998 model of successful aging (Crowther et al., 2002). According to Friedland (2014), spirituality and religion have been linked to many health benefits including: decreases in cognitive decline in Alzheimer's disease, depression and anxiety, hypertension, and even mortality.

Spatiality

The spatial existential represents the lived space of the successfully aging Elder. According to Van Manen (2014), this represents the way interior and exterior spaces are experienced, the way we shape or are shaped by spaces, and the experience of coming and going from spaces.

Experience. Most of the Elders in this study did not appear to need much indoor space, instead preferring the outdoor space to be expansive. They lived in smallish homes, often with more people than bedrooms or bathrooms. The homes were built close together, mostly without fences between them, and in most communities people walked, or drove open-air vehicles like snowmachines or four-wheelers. Homes and spaces were functional and shared rather than separate and decorative. In a few of the communities it was customary for family or community members to walk right into a home and announce themselves rather than knock and wait for an answer. For many of the Elders the outdoors and being on the land gave them a more connected feeling than being inside. As one Elder put it, "our culture is out there." Most shared that they get outside as much as possible to participate in subsistence activities or even take a ride to experience the vast and open expanses of land and sea.

Understanding. Elder participants of this study spoke of their spaces in functional terms and primarily emphasized outdoor spaces as important for successful aging. The discussion of outdoor spaces was often in terms of subsistence activities and practices. A subsistence lifestyle was seen as essential to aging successfully in these communities as the knowledge not only

provides healthy food, shelter, and clothing for families and communities, it also is a medium for engaging with family and community, and staying active. Lewis' (2011) successful aging model also included subsistence as a part of the physical health element of Eldership with a noted role in the community engagement element as well. Maintaining a traditional diet of Native foods, and staying active via subsistence activities fell under the physical aspects. Lewis further connected subsistence practices to the element of community engagement through teaching others traditional subsistence practices (2011). In the present study, Elders expanded on the role of subsistence practices and being on the land as also being a way of connecting to oneself, the environment, and the spiritual world.

Elders in several studies expressed their preference for remaining in their community as they age due to in part to their strong ties to place (Lewis, 2010; 2014; Lewis & Boyd, 2012b). Aging in place is a common concept in the broader aging literature (Gonyea & Burnes, 2013; Tang & Pickard, 1979; Wiles, Leibing, Guberman, Reeve, & Allen, 2012); however, the depth of this connection to place and natural world is unique to Indigenous cultures and extremely important to consider when working with Elders (Lewis, 2014). The literature on place-based education notes the important connection between American Indian and Alaska Native students and the land, which holds rich cultural meaning (Anderson, Pakula, Smye, Peters, & Schroeder, 2011; Semken, 2005). Wilson (2003) noted in her study with First Nations people in Ontario, Canada, that their, "relationship with the land shapes the cultural, spiritual, emotional, physical, and social lives of individuals and communities (p83)." Similarly, Kingsley and colleagues (2009) identified that for the Indigenous people of Victoria, Australia being a steward of the land contributed to self-esteem and self-identity while providing a connection to culture. Also in

Australia, Biddle and Swee (2012) found that an Indigenous participant's subjective emotional well-being, language and culture were related to the sustainability of their Indigenous land.

A connection to living things (nature) was mentioned within the Rowe and Kahn model as a part of the active engagement element (1998). They noted that engaging with nature, in their example gardening, can provide an older adult with a sense of connection and responsibility akin to a social relationship that is mutually beneficial for older adult and plant (Rowe & Kahn, 1998). The health benefits of engaging with nature are well documented. In fact, interacting with nature has been linked to benefits in physical health, cognitive functioning, and psychological and spiritual well-being (Keniger, Gaston, Irvine, & Fuller, 2013).

Temporality

The temporality existential represents the way in which time is experienced by successfully aging Elders. This is not simply time as represented by clock or calendar, but the psychological experience of time, which may quicken or slow depending on the context. Lived time according to Van Manen (2014) can also include thoughts, hopes, or goals for the future or memories of the past as experienced in the present.

Experience. The Elders of this study described their experience of time as moving more quickly now than at other periods of their lives. They mostly noted that Eldership came on suddenly and unexpectedly and it seemed as if their lives went by fast. They commented on moving slower, yet more deliberately in older age and often noted that people around them seem to be rushing and busy. There was an imminence or sense of urgency to teaching family and community members what they need to know as if a sense of their own end was nearing. The Elders spoke of their hopes for future generations and often had goals that honor both future generations and past ancestors (e.g., passing on cultural knowledge). Often when the Elders

started talking about sharing with the younger generations, they were brought back to talking about a time when they were learning from their own Elders. The process of learning and then teaching traditional knowledge seems to bridge the past, present, and future generations for these Elders. The Elders also experienced time as changes over the course of their lives. Changes in technology, in community, environment, and politics were all mentioned by the Elders.

Understanding. The Elders of this study reported that passing on the knowledge learned from their Elders and parents was an essential part of aging successfully. They talked about learning from the Elders, who learned from the Elders before them, about life, traditional beliefs and values, and how to age well. This knowledge was seen as necessary to aging well in these communities and provided the foundation upon which all other elements of aging well are built. Using the knowledge, enacting the ceremonies, participating in the practices all connect the Elder with their Elders, but also to their ancestors from whom the traditions were passed down. Consistent with traditional AN values (Kawagley, 2006), the Elders of this study were seen as respected, but they also expressed continued respect and reverence for their Elders past and present. This finding is consistent with Lewis' findings of how an Elder comes to be an Elder. In his definition of what it means to be an Elder, Lewis (2009) noted that being an Elder is about having knowledge that was passed down from their own Elders. Elders are the key informants and wisdom holders on how to live a good life and age well. This may also be a part of how all people learn to age well, however in Western, mainstream models more emphasis is placed on learning from the educational system, modern science, books, internet sources, and media (Rowe & Kahn, 1998).

One of the ways the Elders honor those who came before them, was to share what they learned from them. **Passing on knowledge** was identified as an important part of aging well for

most of the Elder participants and the shift from learning to teaching marked the transition to Eldership. Part of Eldership according to Lewis (2009; 2011) is having knowledge and wisdom that was passed down from Elders, likewise it is a responsibility and joy of Elders to carry on the tradition and pass on what they have learned to future generations. This aspect of aging well was also noted by Hopkins and colleagues (2007) as part of the AN participants' expression of respect for Elders. Kawagley (2006) explains that Elders have and share traditional knowledge and are role models for how to live a good life. Further support for this concept is found in the broader literature on Indigenous successful aging in the studies conducted by Abonyi and Favel (2012), Baskin and Davy (2015), and Collings (2001). The Rowe and Kahn model of successful aging includes the concept of sharing wisdom with younger generations within their social facet, which they call active engagement with life (1998). However, in the present study and several other Indigenous aging studies the passage of knowledge was identified by Elders as a vital part of what it means to age successfully (Abonyi & Favel, 2012; Baskin & Davey, 2015; Collings, 2001). In fact, Wexler (2014) identified that AN Elders hold important knowledge and experience of how to make sense and meaning of the current social-cultural context that is critical for healthy development of the youth.

The concept of teaching and sharing wisdom is also represented in the developmental psychology literature as a psychosocial stage of development called generativity as mentioned above. The concept of generativity was described by Erikson as the urge to contribute to the well-being of other people, particularly the younger generations (Erikson, 1982). Kotre (1984) defines generativity as the desire to invest one's self in forms of life and work that will outlive the self. Later, Erikson expanded the concept of generativity one-step further to encompass caring for the wider community, social institutions, and the environment, which he labelled as

'grand-generativity' (Erikson, Erikson, & Kivnick, 1986). This concept is thought to allow Elders to express care, to be engaged and valued by others, and leave a legacy of themselves (McAdams & de St. Aubin, 1992), which was demonstrated by the Elders in this study. Passing down traditions, values, and ways of knowing rather than particular skills was deemed 'cultural generativity' by Manheimer (1995). The concept was taken a step further by Lewis and Allen (2017) who specified 'indigenous cultural generativity' as an indigenous Elder passing on "traditional values, subsistence practices, language, beliefs, and any other activity that preserves and passes on the culture of the family and community (p. 218)." This concept is consistent with the theme of passing on knowledge in this study and is made even more distinct from cultural generativity in that the focus is on preservation of history, community and culture for seven generations (Lewis & Allen, 2017). Vaillant (2007) stated, "The mastery of generativity should be strongly correlated with successful adaptation to old age, for to keep it, you have to give it away" (p. 220), which echoes the sentiment of AN Elders and their desire to pass on what they know to the youth.

The Elder participants also understood successful aging as having experienced many changes. They viewed **change** as an inevitable part of aging, and implied that those who are able to adapt and embrace change will age more successfully. This is not to say that all changes must be welcome ones, but Elders who are aging successfully are able to identify the benefits and drawbacks of change. Adaptation to change was a point of pride among many of the Elders and they become historians as they weather the changes in environment and society. The idea of change was also mentioned throughout the description of Lewis' (2011) model of Eldership. Lewis (2011) highlighted resilience and growth as important aspects of the element of Eldership called community engagement. Change was discussed as an inevitability of life and Elders who

successfully navigated the changes throughout their lives were seen as having the experience and knowledge that was valuable for navigating future changes both for themselves and in guiding others. Kawagley (2006) also noted that the ability to innovate and adapt to both environmental and social change is a core AN value and those who enact that value are living well. Within the non-Native literature there is some suggestion that incorporating advances in technology could become an important part of aging well. Siriaraya and colleagues (2014) suggest the use of computers and interaction with virtual worlds may help older adults manage their illnesses, provide cognitive stimulation, productive activity, and even social engagement.

Materiality

The materiality existential is made up of the things in an Elder's life and the way in which these things are experienced by a successfully aging Elder. Van Manen (2014) explains that the "things" of a phenomenon may contribute to, or even symbolize, its meaning. They can be as massive as the climate or environment or specific as technology. He notes that the thing can even be immaterial as in the object of the action of the phenomenon (e.g., the secret kept). Within the context of this study, the "things" of successful aging include objects as well as traditional knowledge, which appear to be both learned and passed on as an essential part of successful aging.

Experience. The Elders of this study seemed to experience material things as functional. If the function is not clear (or meaningful), it is of little interest. Some Elders spoke of technology this way noting that some of the new technology was great citing the usefulness of snowmachines, boat motors, or four-wheelers for subsistence. Alternatively, Elders spoke negatively of technology such as videogames and television as impeding social relationships, education, and learning traditional skills. Often items around the house are repaired repeatedly in

creative ways rather than replacing them at first failing. Additionally, Elders frequently referred to traditional knowledge, skills, and subsistence activities as the "things" a successfully aging Elder does, knows, and hopes to pass on to younger generations.

Understanding. The Elders understand the material of successful aging as wisdom and knowledge. The knowledge and wisdom of the Elders includes traditional values and beliefs, knowledge of subsistence practices, understanding of how things work and how to adapt and innovate to ensure success in aging. This knowledge not only provides healthy food, shelter, and clothing for families and communities, it also is a medium for engaging with family and community, connecting with the natural and spiritual worlds, and staying active all of which are essential to aging successfully according to the participants.

George Vaillant (2007) used the term "keepers of the meaning" to define a person who is located between the seventh and eighth stages of Erikson's stages of development (between generativity and ego-integrity). These individuals are concerned with preserving a culture's traditions in order to preserve their way of living and being for the future generations and teach them how to live a life according to their cultural values. This is similar to the way Elders are described in this study and others. Arden and Wall (1990) described Elders as holding the wisdom and knowledge of traditional cultural ways. Lewis' (2009) definition of Eldership supports this notion further by adding that Elders serve as role models to the community and teach successful aging by example.

The major findings of this study provide support for and elaboration on the model of AN successful aging presented by Lewis (2009, 2011). The unique contribution of this study lies in the description of the depth and fullness of the Elders' experience of the elements that make up the model of successful aging (i.e., Community Engagement, Emotional Health, Physical Health,

and Spirituality), and how those elements are intertwined. The findings of this study were organized into seven existentials (adding spatial, temporal, and material elements) that allowed for more in-depth description of the experience of successful aging by the participants. These additional elements provide context for the understanding of successful aging and add emphasis to the essential role of learning and passing on traditional knowledge for the Elders.

Of particular importance to the Elders of this study was the necessity of reciprocal social relationships (with both family and community) for successful aging and the essential role of passing on knowledge in that dynamic. In this study, the experience of learning from Elders and passing on traditional knowledge provided the Elders with a sense of purpose leading to emotional health and well-being. Self-awareness and self-care as a part of Eldership or aging successfully was mentioned in Lewis' model (2009), and was highlighted and elaborated on by the Elders of this study to include self-reflection, patience, and forgiveness. Traditional values and beliefs, subsistence practices, and a belief in something beyond the self guided the Elders of this study in a way that is similar to what Lewis described as the Spiritual element of successful aging (2009; 2011). Additionally, the Elders of this study defined physical health as activity and adaptability, which is consistent with what has been found in studies of successful aging across cultures that include the older adult perspective. This definition differs from the definition described in the Rowe and Kahn (1998) model as absence of disease or disability, suggesting that broader criteria for the physical health element of successful aging are warranted. Further implications of the study findings are discussed below.

Study Implications

Participant and community level implications of this study were the top priority of this study and will be discussed first followed by the implications on the literature. First, the interview process provided Elder participants with an opportunity to reflect on their experiences,

share lessons learned, and preserve their history, language, cultural practices and values. All of these behaviors and actions in turn improve the health and well-being of the Elders and contribute to their definition of successful aging.

A summary report of findings of this study report will be provided to the Sub-region community partner and participating communities, including an overview of the purpose of the study, the methodology used, and the study findings. The community report includes recommendations for incorporating findings into present and future Elder service development and administration to promote Elder health. The findings of this study support the development of intergenerational programming, which would provide the Elder and youth with the opportunity to participate in the passing of traditional knowledge, build social support, and stay active. The findings from this study also provide supporting data for additional funding for community programs and services that serve the Elders in the sub-region. As described in chapter 3, a summary report, newsletter, and community meetings will be held in each of the five communities to present and discuss the findings and recommendations at the conclusion of the parent project in the spring of 2019. Finally, in collaboration with the EAC the findings will be provided in the form of berry buckets, pencils, and/or calendars that are more approachable to youth. The findings of this study will be presented in a manner that assists the local and regional health care providers better understand the perspectives, motivations, and needs of Elders with whom they work.

The findings of this study add to the limited literature on AN successful aging, by including an in-depth description of the phenomenon as understood and experienced by AN Elders. The perspectives of the Norton Sound Sub-region have not yet been represented, and this study provides an in-depth first look. The Elders in this study provide added support for the

importance of social engagement and in particular, intergenerational engagement as the foundation of aging successfully in terms of Elder well-being. The current literature emphasizes physical health as the defining feature of aging successfully, however, it is important to consider what needs are being served with that definition. Additionally, we learn from this project that Elders are a valuable resource in a community and provide a much needed translation of cultural knowledge from one generation to the next.

As an outsider conducting research with Alaska Native Elders, it was important to me that the project was something the communities wanted and would find useful. My first project idea included a quantitative measure of Elders' needs which I was going to compare to the AN model of successful aging to show that the Federally required measure does not accurately represent the Elders' perspective and to advocate for changes to the measure. While that is still a worthwhile project, it was not what the community asked for, it was my agenda. In the end, I chose to go back to the initial request from the community, which was to understand how their Elders define successful aging. This project adds to the broader aims of the parent project, by providing an in-depth description of the Elders' understanding and experience of successful aging to complement and elaborate on the emerging model of AN successful aging. The struggle between academic requirements and community preferences is not a new one for me (Lewis & Boyd, 2013), but it is worth highlighting again. The way to gain and maintain trust in AN communities is through collaboration and continually allowing the community to determine the focus of projects. Future research in these communities, or any Alaska Native community, should continue to prioritize local preferences over professional motivation, and move toward building local research capacity to decrease reliance on outsiders for support.

Limitations of the Study

The purpose of the study is to gain an understanding of the unique experience of successful aging by Elders in the Sub-region of Norton Sound to inform local Elder programs and as such, the findings are specific to the Sub-region included in the sample. It was not the intended purpose of the study to generalize findings to other regions or populations beyond AN older adults from the Sub-region identified as "Elders who are aging well" by their tribal council. Lack of generalizability (transferability) has been discussed in the literature as a limitation of qualitative research (Shenton, 2004); however, the purpose of this study and the chosen methodology was to provide depth of understanding rather than breadth and as such is not intended to be generalizable.

The limitations of this study include possible bias in the sample due to the nominative nature as well as possible self-selection bias toward more outgoing, or extroverted, Elders. Additionally, the interview transcripts were not checked by the participants for accuracy prior to data analysis, nor was a local coder used, due to the time, distance, and resource constraints of the dissertation project. However, the preliminary findings were presented to and approved by the EAC prior to the dissertation defense. A written copy and final presentation is planned upon conclusion of the dissertation process as requested by the EAC. Furthermore, a series of community presentations will occur in collaboration with the parent project dissemination phase to deliver the findings to all of the communities and elicit feedback.

Researcher bias. It is important in qualitative research approaches to explicitly address the values and assumptions of the researcher (Creswell, 2012). In the context of this phenomenological qualitative study, I have explicitly addressed my philosophical assumptions that will guide this project. In this section, I share some of my personal history and context that

may influence the present study. I was born in Alaska and raised in a relatively small (population ~7,000) island community in Southeast Alaska and then the urban community of Anchorage in Southcentral Alaska. I am familiar with many aspects of rural Alaska including relying on fishing and hunting as a food source, no road access to other communities, and limited access to resources. I am Caucasian and as such I may represent the majority culture to the study participants. It is possible that the participants did not fully trust me and held back or limited their answers until trust could be established.

I am currently pursuing a doctoral degree in clinical-community psychology with a rural and Indigenous emphasis, which demonstrates my interest in improving the well-being of rural Alaskans as well as my academic motivation for this particular project. I have worked in several rural locations throughout my academic years including the Interior and Bristol Bay regions. However, the majority of my rural experience came from my work in the Norton Sound region beginning in 2010. My clinical experience in the region includes a clinical assessment practicum on St. Lawrence Island through the Bering Strait School District in 2010-11 and my pre-doctoral clinical internship in Nome in 2015-16, where I also was the itinerant clinician for one of the villages (not in the Sub-region). My work with this particular Sub-region also began in 2010 with the Elder needs assessment as my community practicum and I have since had a small role in several other projects. My training as a researcher has been in collaborative/participatory approaches that emphasize community-based research and the community as co-researcher and owner of the research data.

Clinically, I prefer to work from a relational perspective in which I value the therapeutic relationship over specific techniques. The therapeutic relationship is one of collaboration on the goals and tasks for therapy and my tendency to work in this way translates directly to my choice

of research methodology and my preference for collaborative work. Additionally, I look at the world through an existential lens and organize my thinking about the world into themes and experiences that are essential to being alive. This viewpoint provided organization for my interpretation of the results of this study, but that structure did not emerge organically from the Elders' themselves.

My experience in the Norton Sound region and my training as a clinician likely enhanced some aspects of the current project and hindered others. My familiarity with the region allowed for ease in rapport building with the Elders, which likely improved the quality of the interviews; however, there may have been times during the interviews where, because of my experience with the region, I assumed I understood the meaning conveyed by the Elder and did not probe deeper. Additionally, my work as a clinician provided me with the confidence and experience to build rapport quickly and comfortably interview people I do not know. My clinical skills (e.g., reflecting, summarizing, open-ended questioning) also enhanced my ability to explore and understand the full experience of the phenomenon.

Conclusion

The population of older adults in Alaska is growing rapidly and the resources to serve this aging population are limited. In rural Alaskan communities, this is no different; however rural communities have the additional difficulty of limited access to resources. This study was part of a larger research project conducted at the request of the communities in a Sub-region of Norton Sound in Alaska. These communities are working to support their Elders in as efficient a manner as possible, providing elder-centered services that deliver maximum benefit to Elders given the limited resources. This study was aimed at exploring the concept of successful aging from the perspective of AN Elders in the Sub-region. The research questions guiding the study were:

1) How do AN Elders from the Norton Sound Sub-region understand successful aging?
2) How is successful aging experienced by AN Elders in the Norton Sound Sub-region?

In order to address these questions, I employed qualitative research methods and a phenomenological framework to explore the phenomenon of successful aging as it is understood and experienced by AN Elders in the Norton Sound Sub-region. The project was conducted in collaboration with the communities and utilized an Elder Advisory Committee to help guide the project and ensure cultural attunement.

A qualitative, phenomenological approach was used to elicit the understanding and experience of successful aging from those who are aging well (Elders). The Elder participants were nominated by the Tribal Council of each community and were approached by community collaborators for participation in the study. Researchers used a semi-structured interview protocol made up of 23 open-ended questions about successful aging. For this study, 12 interviews with 14 AN Elders from the 5 sub-regional communities were analyzed by researchers using a phenomenological framework. The interview transcripts were reviewed several times, then re-read to identify units of meaning, which were then clustered together to form themes. The initial themes and preliminary findings were presented to the EAC in the hub community for validation and elaboration. Once the suggestions of the EAC were incorporated into the thematic codebook, the remaining transcripts were coded and inter-rater reliability calculated. The coded interviews were analyzed with the qualitative software program NVivo and integrated with the observations, field notes, and guidance of the EAC to form results.

The results consisted of 16 themes related to successful aging, the most important of which were family and community engagement, self-awareness and self-care, and gratitude. The Elders understood successful aging as synonymous with Eldership, and offered descriptions of

what it means to age well that represented what it means to be a respected Elder. The participants described learning about life, subsistence, traditional values and beliefs, and how to age well from their Elders. They expressed that remaining active (i.e., physically, emotionally, and spiritually) was essential to aging well and for many was achieved through participating in or especially sharing knowledge of traditional values and subsistence activities. The Elders shared a strong, deep connection to the land and noted being outside to engage in subsistence or just going for a ride to look around was a particularly important part of emotional, physical, and spiritual health for these Elders. Connection through reciprocity was consistent across interviews and Elders often spoke humbly of the ways in which they contributed to family, community, future generations, ancestors, nature, and the spirit world and gratefully about the many ways in which they benefited from the connections as well. Gratitude and humility, forgiveness and patience were all noted as essential characteristics of an Elder who is aging well and serve the Elder well as they seek to maintain the important, mutually beneficial relationships in their lives.

The findings of this study shed light on the experience of successful aging as understood and experienced by AN Elders in this Sub-region. The findings support the model of AN successful aging as described by Lewis (2009) and elaborate on this understanding of successful aging by including a rich description of the Elders' experience of the phenomenon as well. The results will be shared with the communities and used to inform the development and administration of Elder-centered programs in the Sub-region. The findings also address the gap in the literature on AN successful aging by providing a previously unrepresented perspective. It is my hope that this and future research in this area will lead to improvement in AN Elder well-being, through meaningful and useful community-driven programs and services in this Sub-region and around the state.

Future research in the area of successful aging should include the perspective of Elders who do not appear to be aging well, which may illuminate areas of needed services for the Elders as well as provide an understanding of which elements of successful aging may delineate between successful versus unsuccessful aging. Additionally, the findings of this study support the need for culturally grounded definitions of successful aging and the regional differences in AN Elders' experiences. Further research is needed to determine effective and feasible opportunities for Elder and youth engagement that includes both youth and Elder perspectives and preferences to enhance the Elder's sense of generativity and youth's cultural identity development. The findings of this study and others demonstrate a need for future studies on generativity, including cultural and indigenous cultural generativity, and its important role in how and why AN Elders age successfully.

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Appendix A

UAA Institutional Review Board Approval Letter

3211 Providence Drive
Anchorage, Alaska 99508-4614
T 907.786.1099, F 907.786.1791
www.uaa.alaska.edu/research/ric

DATE:	January 20, 2017
TO:	Jordan Lewis, Ph.D
FROM:	University of Alaska Anchorage IRB
PROJECT TITLE:	[672337-8] Investigating the Health and Wellbeing of Alaska Native Elderly in Northwest Alaska through Community Participatory Based Research Methods
SUBMISSION TYPE:	New Project
ACTION:	APPROVED
APPROVAL DATE:	January 20, 2017
EXPIRATION DATE:	January 19, 2018
REVIEW TYPE:	Full Committee Review

The Institutional Review Board of the University of Alaska Anchorage reviewed your proposal entitled Investigating the Health and Wellbeing of Alaska Native Elderly in Northwest Alaska through Community Participatory Based Research Methods. The Board members granted approval of your proposal. Therefore, in keeping with the usual policies and procedures of the UAA Institutional Review Board, your proposal is judged as fully satisfying the U.S. Department of Health and Human Services requirements for the protection of human research subjects (45 CFR 46 as amended/revised). This constitutes approval for you to conduct the study as presented to the Board.

This approval is in effect for one year. If the study extends beyond a year from the date of this submission, you are required to submit a Progress Report and to request continuing approval of your project from the Board. At the conclusion of your project, please submit a required Final Report to the IRB.

Report promptly proposed changes in the research protocol for IRB review and approval. Also, please report to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

On behalf of the Board, I wish to extend my best wishes for success in accomplishing the objectives of your project.

Ronald S. Everett, Ph.D.

Chair, Institutional Review Board

Appendix B

Alaska Area Institutional Review Board Approval Letter

Alaska Area Institutional Review Board
4315 Diplomacy Drive - IRB
Anchorage, AK 99508

DATE: January 4, 2016

TO: Jordan Lewis, Ph.D
Principal Investigator
UAA College of Health
WWAMI School of Medical Education
3211 Providence Drive, HSB 301
Anchorage AK 99508

FROM: Alaska Area Institutional Review Board (IHS IRB #2)

STUDY TITLE: [672337-7] Investigating the Health and Wellbeing of Alaska Native Elderly in Northwest Alaska through Community Participatory Based Research Methods

IRB REFERENCE #: 2016-10-043

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: December 19, 2016

EXPIRATION DATE: December 18, 2017

REVIEW TYPE: Expedited Review

REVIEW CATEGORY: 45 C.F.R. § 46.110

Dear Dr. Lewis:

The Alaska Area Institutional Review Board has given approval through Expedited Review to the protocol 2016-10-043 Investigating the Health and Wellbeing of Alaska Native Elderly in Northwest Alaska through Community Participatory Based Research Methods. Tribal approval is required in addition to IRB approval. The protocol was approved on December 19, 2016 and has an **expiration date of December 18, 2017**.

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. All research approved by the Alaska Area IRB is subject to 45 CFR 46 "Protection of Human Subjects" regulations, the US Food and Drug Administration 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 training at www.citiprogram.org, once every 36 months, with a 75% proficiency in all modules. Please retain your completion certificates from the Collaborative Institutional Training Initiative (CITI).

Prior to making any changes to the protocol you must receive approval from the Alaska Area IRB. The IRB does not accept modifications and the Status Report and Renewal Application at the same time. Please ensure that project information is complete and submitted to the IRB using the electronic submission process at IRBNet at least four weeks prior to the expiration date of the project. In addition remember that the IRB agenda is closed on the first day of each month; all complete submissions received after the first day of each month will be placed in the IRB queue for the next IRB meeting.

Generated on IRBNet

The Alaska Area IRB has moved to an electronic submission process using IRBNet. To submit to the IRB proceed to IRBNet (www.irbnet.org) and log in to your existing project. The continuing review information must include but not be limited to the Alaska Area IRB Status Report and Renewal Application forms, the current IRB approved protocol, a short abstract of the protocol, a current copy of the consent/assent forms, and a cover letter to the IRB signed by the principal investigator. Submit to the Alaska Area Institutional Review Board (I.H.S. IRB #2) by uploading into IRBNet and add each item to the project. Please 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. 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 the **expiration date of December 18, 2017**.

All research involving staff, patients, or resources at the Alaska Native Medical Center (ANMC) must be reviewed and approved by ANMC's parent organizations after the Alaska Area Institutional Review Board approval is obtained. The parent organizations of ANMC are the Alaska Native Tribal Health Consortium (ANTHC) and the Southcentral Foundation (SCF). Tribal review and approval is required for all research protocols prior to initiation. Any manuscripts or abstracts for publication or presentations involving ANMC staff, patients, or resources must also be reviewed and receive tribal approval prior to submission. To initiate tribal review with ANTHC please contact rampreview@anthc.org, and for SCF contact scfresearchreview@scf.cc. Please allow at least 8 weeks for tribal review and approval.

If you have further questions for the Alaska Area IRB you may contact us by email at: akaalaskaarealRB@anthc.org or call (907) 729-3924.

Sincerely,

Terry J. M. Powell
Alaska Area Institutional Review Board
IRB Administrator

Generated on IRBNet

Appendix C

NSHC Research Ethics Review Board Approval Letter

NORTON SOUND HEALTH CORPORATION

Providing quality health services and promoting wellness within our people and environment.

Jordan P. Lewis, CPG, MSW, PhD
Associate Professor
University of Alaska Anchorage
WWAMI School of Medical Education
3211 Providence Drive
Anchorage, AK 99508

March 1st, 2017

RE: *Investigating the Health and Wellbeing of Alaska Native Elders in Northwest Alaska through Community Participatory Based Research*

Dear Dr. Lewis,

I am happy to inform you that the Norton Sound Health Corporation (NSHC) Research Ethics Review Board (RERB), in a meeting on January 22nd, 2017, voted to recommend approval to the Full NSHC Board for your research proposal for "Investigating the Health and Wellbeing of Alaska Native Elders in Northwest Alaska through Community Participatory Based Research." The NSHC Full Board accepted the RERB's decision and approved the study.

The study protocol is approved for one year to expire 03/01/2018. Extensions may be requested in writing assuming no substantive changes occur in the study protocol. The Board of Directors and members of the NSHC RERB appreciate the contribution your work will make towards a better understanding of successful aging from the perspective of Alaska Native Elders in Northwest Alaska. The NSHC Research Ethics Review Board has no concerns or requested revisions to your proposal. This approval is specifically for you to proceed with your study per the submitted protocol.

Sincerely,

Angela Gorn

Angela Gorn, President & CEO
Norton Sound Health Corporation

T. 907.443.3311 | F. 907.443.2113 | P.O. Box 966, Nome, Alaska 99762-0966 | www.nortonsoundhealth.org

Appendix D

Sub-regional Community Letter of Support

NATIVE VILLAGE OF UNALAKLEET
Elders Services

December 10, 2015

Alaska Area IRB
4315 Diplomacy Drive-RMCC
Anchorage, AK 99503
ATTN: Terry Powell

RE: Letter of support for Jordan Lewis: Alaska Native Successful Aging Research

Dear Terry:

On December 11, 2014 the Native Village of Unalakleet wrote a letter of support for Jordan Lewis' proposed National Science Foundation research project in the Bering Straits region of Northwest Alaska. His initial research on aging of elders in our region was well executed, and his relationship with the elders was well received.

The council feels that this research needs to continue. The elders in our region are increasing in number; and these elders have increasing needs. We feel that it is best for them to age in their communities and Jordan's research would define: 1. How our elders define successful aging and more importantly, 2. What resources are needed to keep the elders in their home and community.

This research is important to the elders and communities of Northwest Alaska. More importantly, it provides an insight into what is happening to all elders in rural communities. We have seen the migration this year of two more elders into assisted living facilities in Anchorage and another elder into Quyana Care at Norton Sound Regional Hospital. What Jordon Lewis finds out in this research project is pertinent for both Northwest Alaska and Southwest Alaska, and its findings will effect plans and projects for elders in the other rural areas of Alaska. Therefore the Native Village of Unalakleet council urges you to support Jordan Lewis' continued research in Northwest Alaska.

Sincerely,

Jacob Ivanoff, President
Native Village of Unalakleet

Cc: file

NVU Elders Services PO Box 270 Unalakleet, AK 99684
PH: 907-624-3622 FX: 907-624-3916 EMAIL: elders.assistant@unkira.org

Appendix E

Interview Protocol

Explanatory Model Successful Aging Questionnaire

Interview Guide: Successful aging through the eyes of Alaska Natives. The health and wellbeing of Alaska Native Elders in Northwest Alaska.

Participant ID #: _____

Date: _____

You were identified as an Elder by your community …

1. How did you become an Elder?

2. How does it feel to be seen as an Elder by your community?

3. What do you think aging well/good means? What does it mean to you?

4. How did you learn about aging well? From whom? Example?

5. What is your day-to-day life like? Examples

6. Has aging changed your relationships? With Family? With Friends? With community? Can you share examples?

7. What helps you to age well? (How are you able to age well?)

8. Why do you think some Elders age well and some do not?

9. How can you tell that an Elder is aging well? Example?

10. How can you tell that an Elder is aging poorly?

11. What does a person need to do to age well?

12. What does it mean to be an Elder? What is an Elders role?

13. How do you know if someone is an Elder or not?

    Prompt: Is it age or something else?

14. Do you think Elders in your community are aging well?

15. Is it different to age today than it was 20 years ago?

16. Why do you think some Elders move away?

17. How do you think aging is different here compared to a city like Anchorage?

18. Do you have any advice for people in your community who want to age well? Or, What would you tell them to do to age well?

19. How do you feel about sharing what you know with the youth?
    What are the benefits? Challenges?

20. Why do you share your experiences with youth? What motivates you?

21. What is the most important thing you want to share with the youth?

Last question:

22. Is there anything about aging or being an Elder that you want to tell me that I haven't asked about yet?

23. Do you have any questions for us?

Appendix F

Informed Consent

Participant Name: _____

Consent for Human Subjects Research – Adult Interview
Jordan P Lewis, Principal Investigator
University of Alaska Anchorage
WWAMI School of Medical Education

Study No: _____

Date of Birth: _____

ADULT CONSENT FOR KEY INFORMANT INTERVIEW

We are asking you to read over the study materials or we can read it to you. We will explain the purpose of the research study. We will explain what we are asking you to do. We want to explain why we are doing this study. We will share the risks and benefits to you. If you sign this form, then you are saying that we explained the research study to you. If you sign this form, then you agree to voluntarily participate in the research study. Please ask any questions about the study and consent form before you agree to participate in the research study.

Purpose:
We are inviting you to participate in this study about aging well in your community. The current study will teach us more about aging in rural and urban Alaska. We will learn about your experiences of aging. The good experiences and what has been challenging. We also want to share with others to help them be healthy and age well.

You are being asked to take part in this research study because you are an Alaska Native, are age 50 and older, and live in your community. You are also being asked to participate because you wish to share your experiences as an elder in your community.

Procedure:
We will ask you questions about aging, your experiences, some of the difficulties, but also the good things about aging. This interview will take about 45-60 minutes or as long as you need to share your experiences. If you agree, we would like to record the interview so we can focus on our visit. We will also ask some questions about your family, education, and background so we can learn more about you.

Risks or Discomforts:
The risks of being in the research study are small. The risks are no greater than those of a regular day in your life. You may also choose not to answer any question at any time. You may stop the interview with no penalty.

Some questions may bring back good and bad memories. If you do not want to continue interview, please say so. At times, we will ask how you are doing and if you wish to ask more questions.

We will need to report abuse and disrespect of adults and children. We will also report any harm to yourself and others. If we see abuse or neglect of an adult or child, we will follow the laws of your community. We have put together a list of services for your use, if needed. You will need to pay for any visits to health care professionals. These costs cannot be paid for by the current study.

Benefits:
There are no direct benefits if you take part in this research study. We hope to learn how Alaska Native elders in your community on how you age well and share the experiences and lessons with others.

Compensation: You will be given a gift when you complete the interview as a thank you for taking time to visit with us and sharing your stories.

Confidentiality:
Your answers will be kept private. All interview information will be placed in a locked file cabinet. Interview recordings will be saved on a password-protected computer. Your name on the consent and contact forms will be kept in a separate file from interviews. What you share during the interview will be kept together with every participant and not shared individually. When we make presentations, we will not identify you or your community in the study. We will not give your name when sharing the findings of this study.

Confidentiality in professional settings: We will submit findings to the Norton Sound Health Corporation Board, the Native Village of Unalakleet, Shaktoolik, Koyuk, St. Michael, and Stebbins for review before we write a journal article or do presentations. When we publish what we learn, the names of the participants and communities will not be shared with anyone.

Questions and concerns: If you have any questions at any time regarding this project, you may call Jordan Lewis at (907) 786-4708 or e-mail him at jplewis@alaska.edu. If you have questions regarding your rights as a research participant, please contact the Human Subjects Division in the University of Alaska Anchorage Office of Research Integrity (907) 786-1099 or the Alaska Area IRB at akaalaskaareaIRB@anthc.org or contact Terry Powell at (907) 729-3924.

To make sure we understand your wishes, we would like you to initial which of the following procedures you agree to participate in:

_____ I give my consent to have this interview audio taped.

_____ I give my permission to have the research team contact me in the future regarding the findings of this study.

_____ I would like to receive a copy of the study findings and publication(s).

Authorization:
Signing this form means that we discussed the research project, the risks, and benefits to you. Any questions you asked have been answered, and you have agreed to participate. Your participation in this research is your decision and you may quit at any time without penalty. You may ask questions at any time. You do not have to answer any question you do not want to. If you desire, we can send you a copy of the findings. When you finish this interview, you will receive a gift as a thank you for sharing with us.

_____ _____
Signature of Participant Date

_____ _____
Signature of Person Obtaining Consent Date

_____ _____
Signature of Translator (if necessary) Date

Participant:

Name (print): _____
Home Address: _____
Home Phone: _____

Appendix G

Demographic Questionnaire

Successful aging through the eyes of Alaska Natives. The health and wellbeing of Alaska Native Elders in Northwest Alaska.

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

November 16, 2015

___ 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: _____

November 16, 2015