

The Circle of Wellness: Bringing Health & Hope to Native Communities

Diabetes, obesity and cardiovascular disease risk are looming threats to the indigenous people of North America. How can you help—and what can you learn from their cultures?

By Mary Monroe

In Native* American tradition, the circle is a powerful symbol. The Medicine Wheel, representing the cyclical and interconnected nature of life, is a traditional healing tool used in a wide variety of ways by many of the more than 500 diverse tribes in North America. Divided into quadrants, the wheel symbolizes many things: the four directions, the four seasons, the four stages of life (infancy, childhood, adulthood and old age) and the four aspects of wellness (physical, emotional, mental and spiritual). The wheel reflects a way of life that in past times epitomized what the Western world now refers to as “mind-body-spirit wellness.”

Today, however, the indigenous populations who once thrived with daily functional physical activity and locally grown food are in trouble. As unhealthy Western habits supplant traditional culture, diabetes and obesity are overtaking Native communities at an alarming rate, and cardiovascular disease risk is on the rise.

To meet the challenge, fitness and wellness professionals are increasingly helping local Native Americans, Native Alaskans and Aboriginals. These professionals’ inspiring stories offer unique lessons for how to help *all* communities live in a circle of wellness.

**The term Native is used within this article to mean the indigenous people of North America, including Native Americans or American Indians, Native Alaskans and the Aboriginal Peoples of Canada.*

Turning Back the Clock

Ralph La Forge, MSc, managing director of the Lipid Clinic and Disease Management Preceptorship Program at Duke University Medical Center in North Carolina, spends about half of his time as a consultant to the Cherokee Nation in Tahlequah, Oklahoma, and to the U.S. Indian Health Service in the Santa Fe, New Mexico, and Alaska Native communities. He teaches dietary and clinical staff members to institute a more systematic approach to preventing and managing various medical conditions.

“The incidence of diabetes, prediabetes and metabolic syndrome is more prevalent in Native American communities and is rapidly becoming more prevalent in Alaska Native populations in comparison to the U.S. average. These disorders are occurring earlier in life . . . with increased morbidity. While cardiovascular disease for indigenous populations is currently similar to that for the rest of the United States, it’s increasing rapidly,” he says.

In fact, La Forge points out, “A decade ago, Alaska Natives were among the healthiest in North America for cardiovascular disease and diabetes. But since 1990, they’ve closed the gap so quickly that the rate of increase is outstripping every other ethnicity in North America.”

What happened?

Snowmobiles, soda and pizza.

La Forge explains that Aleuts, who are indigenous to the “outrageously beautiful” Aleutian Islands, live in small villages of several hundred people at most, with vast distances between communities. Between 1990 and 2001, the Aleut people showed an alarming 73% increase in diabetes rates, the greatest percentage increase among Alaska Natives over a 10-year period (Naylor et al. 2003).

“A decade ago, [Aleuts] used snowshoes and walked more. They ate fish, berries and other natural foods,” La Forge says. “Today, when I hike or run there, I have to look out for 8-year-old kids hauling buns on four-wheelers. More carbohydrates and store-bought food have moved in, and French fries are replacing traditional foods. In some ways the challenge now is to turn back the clock.”

Encouraging physical activity is a big part of the solution, but La Forge emphasizes, “We’re promoting physical activity first and foremost to reduce diabetes disease risk rather than to lose weight or become technically ‘more fit.’”

La Forge says the emphasis is on getting people moving with more meaningful exercise. “It’s about wiring people into their cultural traditions—not so much about walking on a treadmill to nowhere, but about taking a hike in the gorgeous natural environment to where you’re going to fish, and eating moss berries and salmonberries on the way.”

Getting Creative at 8 Below 0°

Kimberly D. Jung is a diabetes outreach coordinator for the Yukon-Kuskokwim Health Corporation in her hometown of Bethel, Alaska, where she works with Yupik tribes on the tundra (she is part Yupik).

Jung travels to villages by small plane to make presentations on health and fitness. “You can’t bring heavy props, so I take paper plates for balancing exercises and plastic bags for team games” (two teams face each other, pump the bags overhead, then throw them in the air and catch the opposing team’s bags before they hit the ground).

Jung and her co-workers encourage creativity. Their organization offers minigrants of \$2,500 and \$5,000 to local communities and schools to promote physical activity. Grant recipients have used funds to buy berry buckets and kayaks, and to sponsor an Iditerod competitor who raced for the prevention of diabetes, and a man who cross-country skied to schools to talk about wellness.

“It’s not easy to exercise when it’s 8 below 0,” says Jung. “There can be as little as 3 or 4 hours of daylight, and people want to hibernate. So we have to make exercise fun. For my senior classes, I use movements from traditional activities such as picking berries, stirring Eskimo ice cream, or testing the ice with a pick before walking on it. [There are similar] movements in Yupik dance, and sometimes, during classes, the elders will start doing their traditional dances.”

Sharing the Creator’s Gift

Lynn Hendrickson, an enrolled Salish Native American, has a bachelor’s degree in exercise science and is certified as a group fitness instructor and personal trainer. She is working under a grant from the Indian Health Service to promote physical activity and decrease obesity on the Flathead reservation near her home in St. Ignatius, Montana. She also works with the Native American Fitness Alliance to provide group fitness instructor certification to Native Americans.

“The reservation needs more classes, more instructors, more equipment, more classes, more instructors, more equipment.”

“The reservation needs more classes, more instructors, more equipment,” Hendrickson says. “We have wellness centers with a gym . . . but no qualified people to operate [them].” Hendrickson herself teaches kids, seniors and people with diabetes everything from kickboxing to water aerobics, and from step to super-circuits, sometimes using native flute music in her classes. She would like to teach a nutrition program based on the Medicine Wheel, with traditional foods such as buffalo meat included.

Flathead is a mixed reservation, and Hendrickson’s classes are open to Natives and non-Natives. She believes opportunities exist for both populations to promote physical activity on the reservation—if the approach is right.

Health Statistics

- In a study of more than 11,000 American Indian children on 12 reservations, the prevalence of overweight and obesity was as high as or higher than in any other racial or ethnic group of children reported in recent national surveys. At 5 years of age, 47% of boys and 41% of girls were overweight, and 24% of the children were obese (Zepher et al. 2006).
- Between 1990 and 1997, diabetes diagnoses increased by nearly 30% among American Indians and Alaska Natives (HIS 2001). In fact, these populations are, on average, 2.2 times more likely than non-Hispanic Whites to have diabetes (NDEP/NIH 2005).
- The relative risk of stroke deaths in the American Indian/Alaska Native population compared to the U.S. non-Hispanic White population is almost 2 times higher at ages 35–44, 1.3 times higher at ages 45–54, and 1.5 times higher at ages 55–64 (CDC 2000).
- Diabetes among First Nations men and women in Canada is reported to be 3–5 times the rate for all Canadian men and women. (Health Canada 2001).
- In 1999 a study in northern Ontario deemed 60% of adult First Nations women obese (Canadian Women’s Health Network 2001).

“As Native Americans, we know what works for our people and what doesn’t,” Hendrickson explains. “For example, we don’t talk down to people. We respect our elders. I don’t flaunt my education; I just try to share my knowledge.”

Hendrickson has a passion for fitness. As she puts it, “I like to share fitness with people. The way I look at it, it’s the gift the Creator gave me, and I want to share it.”

Wellness on the Plains

Grant McAdaragh, MS, is an exercise physiologist and the diabetes coordinator for the Flandreau Santee Sioux Tribal Health Department in Flandreau, South Dakota. He has renovated an old bingo hall to create a wellness center that offers a wide range of programs from personalized fitness assessment to education classes and after-school programs for kids. He hopes to expand the facility and staff, adding a youth exercise area and a swimming pool. He’s working with other facilities to develop more fitness-related data on Northern Plains Native Americans.

Despite being non-Native, McAdaragh and co-workers have felt very welcomed and supported. “I think that may be because we care about helping people and not about making money,” he says. “Tragically, Indian country has seen a lot of broken promises and treaties, even recently with groups coming in to gather information for grants but never returning or giving anything back.”

One approach McAdaragh uses is “talking circles,” a traditional Native American communication style that emphasizes dialogue rather than lecturing. “We’re not delivering the education. We’re just facilitating the conversation, both talking and listening.”

McAdaragh explains that qualified people are needed to keep health facilities open. “We have had very strong support from tribal leaders, who have decided to open the facility for any resident of Moody County at no cost. As a result, over 1,300 individuals have become members of our wellness center. Nevertheless, we still face the challenges that so many facilities face in bringing in the people who need it the most.”

Training Trainers in the Southwest

John Blievernicht, MA, is another non-Native fitness professional. He has earned the trust of tribal leaders on the Navajo reservation near his home in Flagstaff, Arizona. “I always tell people

The wheel symbolizes many things: the four directions, the four seasons, the four stages of life and the four aspects of wellness.

I'm just a white guy from the suburbs of Chicago," he says. "When I moved to Flagstaff, I was talking to a Native American on a running track and he invited me out to do a program. I saw how much need there is. People said I wouldn't be accepted out there, or that I wouldn't stick around because I was white. But you can't listen to that. You have to prove yourself."

Blievernicht knew there was interest in bringing in physical activity programs from outside the reservation, but he believed it would be valuable to train local Native Americans. With co-founders Elfrieda Barton and Brian Laban, he created the Native American Fitness Council (NAFC), a program that will offer eight to 10 certifications in the Navajo Nation in 2006.

Sheer distance is a challenge on the sprawling Navajo reservation, which is the largest reservation in the country, covering more than 27,000 square miles. Blievernicht puts in some long days, often with 3½ hours of driving. But there are rewards. "I may take off at 4:30 AM, but I get to see the sun rise over Monument Valley, which is incredible."

Blievernicht has learned a lot of lessons along the way. "For my own personal growth, I talked to people who could teach me about the culture. You have to do your homework and then learn as you go along. . . . Rather than try to understand [the Navajo culture] completely, I've learned to just be respectful of it. I've learned that it's not my place to try to build on their traditions."

The NAFC certifies personal trainers, group fitness instructors and community fitness leaders. "There are a number of strengths in the community that are assets for developing activ-

ity programs," Blievernicht says, "such as a great love of sports. There will be 5,000 people in a high-school gym in the middle of the desert—and [there is] a strong history of running."

But Blievernicht cautions, "People need to be patient and have their heart in this in order to be accepted." Rather than pursuing grant funding, Blievernicht has decided to contract with hospitals and wellness centers that have grant funds. "Word is getting out, and we have a good reputation. Now people are calling us to start programs."

Time to Come Home

NAFC co-founder Elfrieda Barton, a Navajo, is a wellness center coordinator through Indian Health Services. She lives in Fort Defiance, Arizona, just minutes from Window Rock, the capital of the Navajo Nation. Her clients, particularly diabetes patients, are referred from nearby hospitals, with funding support provided for both prevention and intervention. Barton is working to bring a variety of programs to the Navajo Nation, including kickboxing, indoor cycling, Resist-A-Ball® and Body Bar™ classes, walking clubs, low impact and step.

"We give people exposure to new programming because we don't have access to Bally Total Fitness or Gold's Gym," says Barton. "We have people who love exercise and are very motivated to be instructors and trainers—they just need access."

Nine of the 119 chapter houses on the reservation have a wellness center. Only about 40 instructors are actively teaching, for a popula-

Getting Started

"Each tribal area has different budgets, which are outlays of funds from Health and Human Services for wellness programs," says Ralph La Forge, MSc.

"Depending on the tribal budget cycle and the availability of grant funds, there are opportunities for fitness professionals to contract with tribal councils or local healthcare providers."

But don't make the mistake of thinking that funding is easy to get. Grant

McAdaragh, MS, warns, "I've been actively looking for funding for several years, and I'm not finding it to be as accessible as some people imagine. Often the people who are eligible for grants don't have the resources to apply. Smaller tribes can have a harder time because they don't have enough people to participate. We have found that it can be effective to partner on projects with local hospitals, universities and other reservations."

If you do find a funding opportunity, McAdaragh recommends going to the tribal head or tribal council to gauge interest in the idea. And La Forge agrees, "I wouldn't write a blind proposal. Find a contact person in the tribal unit and get a 20-minute appointment. Give some brief ideas on the services you can provide. But don't go in with a long presentation or a predetermined plan. Find out what they want and need."

tion of over 250,000. “Right now there is a lot of push in the Navajo Nation for community empowerment. Exercise and wellness are being placed on the forefront because so many families are faced with diabetes and are becoming more aware of long-term consequences. But the remoteness of communities is a challenge. People here often drive more than an hour to work, so workplace programs would be helpful. Instructors can get free training and often volunteer their services, but they need money for gas. There’s so much that’s needed: music systems, equipment, corporate sponsors, intertribal programs.”

Barton says that it has taken 10 years to get fitness “on the map” in the Navajo Nation. “But I learned from a former boss that if you can make a difference with a few people, they will go home, and their families will see the difference and tell more people. I tell my instructors that exercise is contagious. You just have to love who you are and what you do, and it will show and bring people in.”

Barton recalls the moment she decided to help her Native community. “After college, I got a job working in women’s fitness and I loved working there. But one day I was on my bike and tears came down my face. God was saying, ‘You’ve worked hard to get your degree. Now it’s time to come home and bring this back to your people.’ So I resigned, went home and started knocking on doors.”

Martial Arts on the Reservation

Brian Laban, co-founder of NAFC and a certified personal trainer, is Hopi/Tewa and lives in the Hopi village of Moenkopi, Arizona, near Tuba City. He is the founder of the Black Belt Academy-Hopi studio, opened under the direction of his Grand Master, Ha, Sung Ho.

“Martial arts and Native American philosophies . . . have similar attitudes of honor, respect for your elders, family values, courtesy, helping other people and helping the community,” Laban says. “A large part of Native American belief is to help keep the whole world in balance and harmony, believing that everything affects everything else.”

Laban enjoys the satisfaction of helping people. “It’s so rewarding to see kids with self-esteem and anger management problems change their attitudes. You can see how proud they are [when] doing the martial arts demonstrations. It really helps.” He adds, “My grand-

father was a medicine man and died early in a car accident. Now I feel I’m able to use my work to help people heal.”

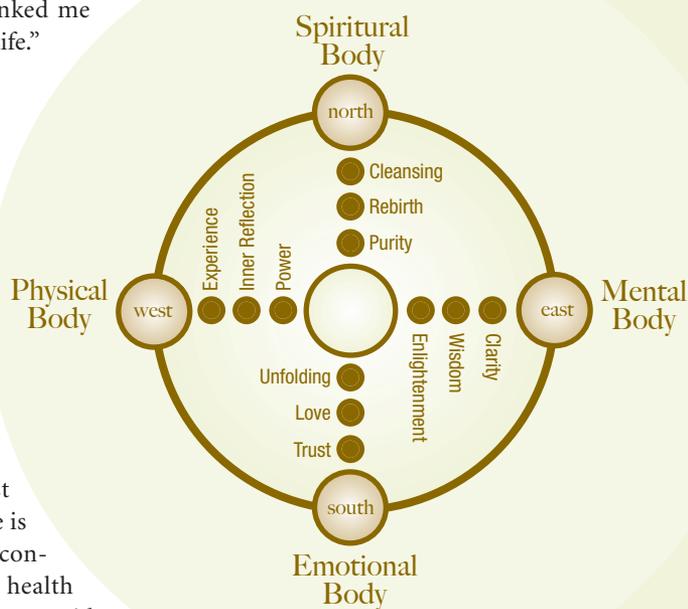
The community has been very supportive of Laban’s work. “There was a woman who fell and broke her arm and turned into a hermit. She wouldn’t go to town or to the store. After I worked with her, she started coming back to the senior center and enjoying walking and getting out. She told me that she had been scared and hadn’t wanted to be a burden on anyone—then she thanked me for giving her back her life.”

A Wellness Vision for Aboriginals

Monique Hurteau is a fitness educator and personal trainer in Vancouver, British Columbia, where she works with Aboriginal Peoples. (There are three distinct Aboriginal Peoples in Canada: Inuit, First Nations and Métis. She is Métis.) Hurteau was contacted by a provincial health services organization to provide personal training certification courses to staff working in Aboriginal communities. A health worker then asked her to speak at a youth conference on making healthy lifestyle choices and the benefits of personal training as a career.

Hurteau hopes to develop federal proposals for grants and to serve all of the Aboriginal groups in Canada. She has her work cut out for her: Data from the Canadian Institute for Health Information (2004) indicate that Aboriginal Peoples are the unhealthiest group in Canada. “Sometimes it looks like climbing Mt. Everest,” she admits. However, her determination is strong, in part because of her personal history. “When I was young, since I didn’t look distinctly Aboriginal, I spent a lot of time denying who I was. You were made fun of if you were an Aboriginal. But now I’m very strong and proud of my heritage, and I want to make a difference.”

Hurteau believes that most people want acceptance but often put up barriers to protect themselves. She tells her personal story to put



“Now I feel I’m able to use my work [as a personal trainer] to help people heal.”

people at ease. “I had arthritis at age 10 and was told I would need a wheelchair by the time I turned 25. That’s why I’m so dedicated to healthy living. Now I’m 35—no wheelchair—and I control my symptoms with exercise. In fact, I just finished a marathon.”

We Are All One

Gayle Madeleine Randall, MD, integrates Western medicine with indigenous and other alternative modalities to heal her patients. A scientist and spiritualist, she is author of “Native American Medicine: An Introduction,” extracted from her unique presentation at the M.D. Anderson Cancer Center in Houston (Randall 2005). She is also working on an upcoming book, *Soul Doctoring*, on the integration of Western and Eastern medicine and indigenous healing. Randall was one of the earliest physicians in the United States to teach

alternative medicine to medical school students. Her first experience with indigenous healing was during her own medical schooling when she served a clerkship as the lone doctor on the Sioux reservation in Nebraska.

“A woman had a terrible accident and was brought to me,” she recalls. “I did all I could do and then, while I was waiting for the ambulance, I got down on my knees to pray and asked the woman’s family to join me. After the ambulance came, a boy told me that the medicine man wanted to see me. I was terrified that I had made a mistake or offended someone. But the medicine man embraced me and eventually told me that I had honored their culture by praying with the family, and asked me to learn their ways—not so I could help them, but so I could help my own people.”

Today, in addition to her work as a physician in Los Angeles, Randall is a teacher of Native American healing, dream work, mind-body medicine and spirituality. “I think the biggest lesson I’ve learned from working in the Native American culture, as well as in others, is that if we don’t address the spirit, the emotions, the mind and the family, we’re not really healing the person—we’re just putting a Band-Aid on.”

Another lesson she learned from Native American teachers is the unity of all cultures. “The colors of the Medicine Wheel reflect the different colors of man—[demonstrating] that we are all one people. I worked in a hospital at the same time that Robert Sundance was there. He was a well-known Native American who worked with Indians in need in the Los Angeles area. He was dying, and he asked me to help him with the passing. I performed a ceremony I had learned. Afterward, he opened his eyes and said to me, ‘My ancestors are waiting for me. Who are your people?’ I told him, ‘My people are the human beings.’ He said, ‘Me too,’ and passed away.”

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Tips for Working in Native American Communities

- Read as much as you can on the tribe(s) you’re working with, on Native American health practices, culture and heritage. —*Ralph La Forge, MSc*
- Be aware of the huge differences between tribes. What works with one may not work with another. —*Grant McAdaragh, MS*
- Acknowledge that the pace of life may be slower than you’re used to, and allow people to take their time. —*Elfreida Barton*
- Be careful of people’s personal space, especially with women and elders, and don’t get too close. Some cultures don’t like touching on first meeting. For example, shaking hands isn’t a Native tradition. —*Brian Laban*
- Integrate small familiar traditions into programs, such as counting in the language of the group. —*Brian Laban*
- Be aware that there may be distrust of people “coming in to tell us what to do.” Don’t act like you know everything, or talk down to people. Don’t just tell people to change their habits. Show empathy and compassion. —*Monique Hurteau*
- Be easygoing and non-judgmental, and keep your mouth shut until you know when to speak. Try to be quiet, be who you are, and inspire from within, by example. Your opening is when they come to you and ask for your help. —*Gayle Madeleine Randall, MD*
- Recognize the importance of family and community in the Native culture, and create opportunity for interaction. —*Elfreida Barton*
- Learn about local ceremonies and spiritual traditions. In the Navajo nation, ceremonies are held when children reach puberty. And when a baby first laughs, there is a laughing party, and the person who made him laugh has to pay for the party. —*Elfreida Barton*
- Respect that you’re in a culture that has suffered a lot of loss. The people may only be lacking what they once had—so go in with the intention of inspiring people, not to be different, but to be more of who they are. —*Gayle Madeleine Randall, MD*

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