

Engaging Native Elders and CHRs: *Talking Circles in Community-based Diabetes Education*

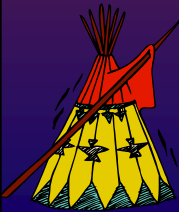
National Resource Center for Native American
Aging (NRCNAA)

Administration on Aging (AOA)

Grant Number 90-AM-2380

UND Nursing Center

*With Special Thanks to CHR Programs of the
Northern Plains*



Long-term Goals for the Project

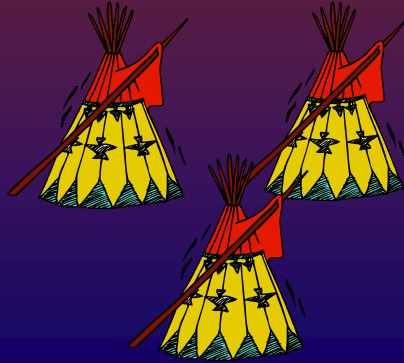
- ❖ To promote diabetes awareness and education in Tribal Nations through community-based diabetes prevention education
- ❖ To tap into existing strengths of native elders and Community Health Representative Programs (CHR) as leaders in community-based prevention and education





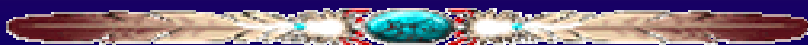
Short-term Goals for the Project

- ❖ Build partnerships for diabetes prevention among:
 - ❖ Native elders
 - ❖ CHRs
 - ❖ I.H.S. professionals
 - ❖ Tribal health personnel
 - ❖ Traditional leaders
 - ❖ Community members
 - ❖ NRCNAA / AOA
 - ❖ UND Nursing Center



Objectives of the Project

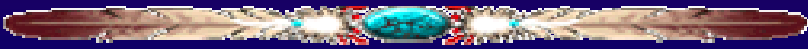
- ❖ Make a culturally competent “translation” of new findings in diabetes research available to communities
- ❖ Empower people with knowledge at the “grass roots” level who live and work with diabetes “day to day”
- ❖ Develop an educational format that effectively links with existing community and cultural strengths






Why Awareness and Prevention Education for Diabetes?

❖ Today's Situation


- ❖ Prevention of type 2 diabetes mellitus urgently needs special attention at the national level
 - ❖ Diabetes has nearly doubled in the past decade, now approaching 17 million³
- 



Type 2 diabetes is causing serious complications and disabilities in Native people^{5,6}



- ❖ High rates of:
 - ❖ Heart disease
 - ❖ Stroke
 - ❖ Blindness
 - ❖ End-stage kidney disease
 - ❖ Lower extremity amputation






Diabetes: Past vs Present


- ❖ Among American Indians, diabetes was extremely rare prior to 1940.^{6,7}
- ❖ Now, the adjusted mortality rate for diabetes is 3½ times that of the U.S. All Races Population.⁸



Diabetes Prevention: A Special Issue with Native Elders

- ❖ Diabetes ranks as the 3rd leading cause of death among American Indian elders.⁹
- ❖ Overall, about 20% of American Indian people over 65 years of age have diabetes.¹⁰





Regional Differences among Elders

- ❖ In some American Indian communities, over 50% of elderly have diabetes.¹⁰
- ❖ Among people aged 45-74 years living in the Dakotas:
 - ❖ 33% of men have diabetes
 - ❖ 40% of women have diabetes¹¹



These Goals Will Require

- ❖ Linking
Community Health Programs
&
Cultural Strengths

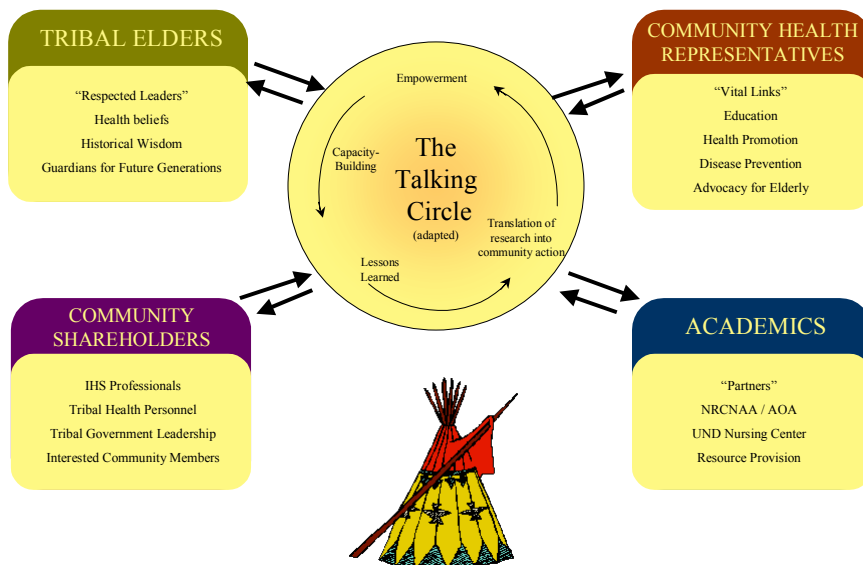


Critical Importance of Cultural Strengths and Community Commitment

“Treatment can only do so much to get rid of this dreadful disease; we must rely on the strong spirit of the Indian people...”¹³

(Dr. Michael Trujillo, 2002)

Engaging Native Elders and Community Health Representatives in the Creation of Healthy Communities: An Adapted Talking Circles Model for Diabetes Prevention Education





“Recipe” for Culturally Shaped Diabetes Prevention Education

How to create a broad-based partnership and also
provide community diabetes prevention education?

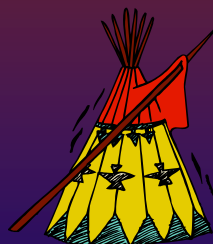
JUST FOLLOW THE “RECIPE”...



#1 “Assemble ingredients...”

❖ Begin Meeting with:


- ❖ Native elders
- ❖ CHR programs
- ❖ I.H.S. personnel
- ❖ Tribal health programs
- ❖ Traditional leaders
- ❖ Community members
- ❖ Academic community






#2 “Fold-in...”

- ❖ Existing resources available to American Indian communities:
 - ❖ Cultural strengths of elders
 - ❖ Community “know-how” of CHR Programs
 - ❖ Medical knowledge of I.H.S. health care providers
 - ❖ Interest of families
 - ❖ Tribal leadership
 - ❖ Support of Tribal Health Programs



#3 “Add...”

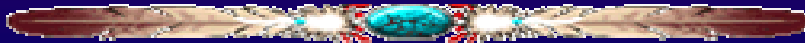
- ❖ Resources of other interested shareholders:
 - ❖ National Resource Center for Native American Aging / Administration on Aging
 - ❖ ... and a “dash of” academic partnerships





#4 “Pre-heat Oven...”

- ❖ Begin Planning Process...
 - ❖ Plan with CHRs to arrange Tribal community location for meeting, lodging, meals, transportation for elders
 - ❖ Plan for engaging other Tribes of the Northern Plains
 - ❖ Plan agenda that addresses diabetes in a holistic way
 - ❖ Invite diverse speakers who are willing to serve as presenters...AND as *interactive* participants



#5 “Combine ingredients in large bowl, and allow to rise...”

- ❖ Convene all shareholders on-site to Tribal community settings for workshops
 - ❖ *Important: Seek funding resources to help elders to attend*
- ❖ Design comfortable seating for participants to gather and mix at tables together throughout the workshop sessions





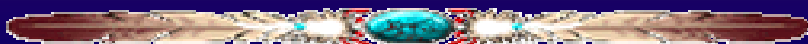
#6 “Bake for two days...”

- ❖ Implement two-day workshops with lodging and meals provided on-site for participants
- ❖ Create ample opportunities for interaction and meaningful dialogue...during workshop **AND** at mealtimes



#7 “Sprinkle generously and frequently with *Talking Circle Time*”

- ❖ *Talking Circles** interspersed with formal presentations...
- ❖ Allow generous blocks of time for active conversation and interaction among participants throughout the two workshop days





#8 “Enjoy the Meal! Many Courses...”


- ❖ Medical information
- ❖ Cultural history & beliefs
- ❖ Prevention models from other communities
- ❖ Holistic perspective
- ❖ On-site Fitness Fun
- ❖ Success stories
- ❖ Stories of grief
- ❖ Latest research
- ❖ Future directions for prevention





Lessons Learned...




- ❖ Much potential for preventing diabetes is embedded at the “grass-roots” level
- ❖ Elders are willing to share their knowledge and experiences with diabetes to assist the younger generation to be healthier





More Lessons Learned...




- ❖ I.H.S. Standards of Diabetes Care¹⁹ are effective in preventing complications*
- ❖ People with diabetes can be empowered to remind their providers to follow the I.H.S. Standards closely





More Lessons Learned from the Talking Circle...




- ❖ Diabetes care is preferred that is provided in a holistic way by health care professionals
 - ❖ Spirituality is strongly connected to overall health
 - ❖ Historical context impacts how elders access health services in the present
 - ❖ Understanding of illness goes well beyond medical explanations
 - ❖ Alternative therapies are used by many people



More Lessons Learned...

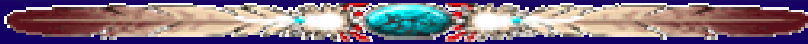


- ❖ Health care providers can benefit from seeking advice from community elders and leaders
- ❖ Elders are willing to help with diabetes prevention and education activities in their communities...
JUST ASK !



Even More Lessons Learned...

- ❖ CHRs truly are the “in-between people”²⁰ who can forge “vital links”²¹ in creating community diabetes prevention networks.²²



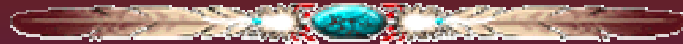


Take-Home Lessons...

- ❖ Partnerships between Native elders and CHR Programs are a naturally productive alliance in “building healthy communities”
- ❖ Academic partners can be part of the alliance as “catalysts”²³
 - ❖ providing needed resources to empower community-based initiatives



Lessons of Hope ...



- ❖ American Indian communities are gathering momentum in diabetes awareness and prevention efforts
- ❖ Reliable diabetes prevention information is already steadily diffusing throughout Northern Plains native communities at a “grass-roots” level ...people are really becoming informed about nutrition and fitness!!
- ❖ Tribal communities are generously sharing their unique ideas for diabetes prevention with other Tribes

Lessons of Faith...

“WOWICALA”!²⁴



❖ “To Believe!”

❖ There is a collectively growing belief and commitment that diabetes *can AND will* be controlled in future generations

“WOWICALA” Means...

“A faith-based belief that is derived from extraordinary lifetime experiences of a spiritual nature”²⁴

(John Eagle Shield, 2003)

The momentum for creating a healthy future for future generations has moved beyond “hoping this will happen”, to a deep-rooted “belief that this will happen in American Indian communities”²⁴



Lessons for the Future...

❖ Education is valued


- ❖ When offered in accessible Tribal community settings, people will actively engage in learning and collaboration with the wider community



Best Lessons Learned...

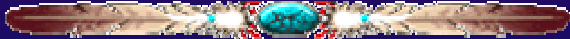
❖ There is a Readiness for Learning!

- ❖ During the course of two *Talking Circle* workshops, over 120 shareholders participated together
 - ❖ Representatives from 10 different Tribal areas attended



Next Steps...

- ❖ Use the “cross-pollination” of medical and cultural knowledge that was shared to plan future community-based diabetes prevention programming



Best Lesson Learned...

- ❖ Empowerment *does* matter!

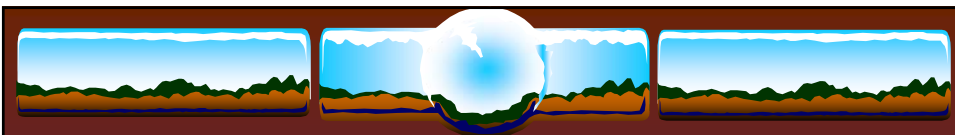
“When people develop action plans for their own communities, they simultaneously develop a belief that they can make a difference in their own lives and in the lives of those around them...”²⁵

(Wallerstein, p.204)

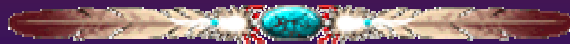


Helpful Website Links

- ❖ <http://www.ihs.gov/medicalPrograms/diabetes/2001soc.pdf>
- ❖ <http://www.ihs.gov/medicalPrograms/diabetes/AIEldersandDiab.asp>
- ❖ <http://www.ihs.gov/medicalPrograms/diabetes/NDPreferences.asp>
- ❖ http://www.HealthierUS.gov/steps/summit/prevportfolio/Power_Of_Prevention.pdf
- ❖ <http://www.cdc.gov/Diabetes/projects/comm.htm>
- ❖ <http://www.niddk.nih.gov/patient/dpp/dpp.htm>
- ❖ <http://www.cdc.gov/diabetes/news/docs/qucomm.htm>



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