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 million

Type 2 diabetes is causing serious complications and disabilities in Native people

- 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.\textsuperscript{6,7}

- Now, the adjusted mortality rate for diabetes is 3½ times that of the U.S. All Races Population.\textsuperscript{8}

Diabetes Prevention: A Special Issue with Native Elders

- Diabetes ranks as the 3\textsuperscript{rd} leading cause of death among American Indian elders.\textsuperscript{9}

- Overall, about 20\% of American Indian people over 65 years of age have diabetes.\textsuperscript{10}
Regional Differences among Elders

- In some American Indian communities, over 50% of elderly have diabetes.\textsuperscript{10}

- Among people aged 45-74 years living in the Dakotas:
  - 33% of men have diabetes
  - 40% of women have diabetes\textsuperscript{11}

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...”

(Dr. Michael Trujillo, 2002)
“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 Care 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” who can forge “vital links” in creating community diabetes prevention networks.
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”
  - 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…”

  (Wallerstein, p.204)
Helpful Website Links

- [http://www.ihs.gov/medicalPrograms/diabetes/NDPreferences.asp](http://www.ihs.gov/medicalPrograms/diabetes/NDPreferences.asp)

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