


Strong Men, Strong Communities

Diabetes Prevention for Native American Men



This project is funded by grant R01 DK102728 National Institutes of Diabetes, Digestive and Kidney Diseases.

Project Team



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Background

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- American Indian (AI) males experience profound health disparities
 - Compared to White men, AI men are more likely to be obese (39% vs. 25%) and physically inactive (54% vs. 45%).
 - AI men have the highest age-adjusted prevalence of type 2 diabetes (~18%) among U.S. men compared to non-Hispanic White men - who have the lowest (~7%).
 - The age-adjusted diabetes death rates in AI men are now almost twice the estimates in White men


Background

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- Recruiting AI men in clinic-based programs is difficult because they tend to seek clinical care less often than women and present with more advanced disease.
 - AI men's perceptions of normative health behaviors and gender roles may also discourage participation.
 - Relevance of Program
 - Cultural safety of the program
 - Perceived experiences of judgement or discrimination
 - Participation by AI males in lifestyle interventions, including the DPP and SDPI-DP, is low and almost always substantially less than 50%.

Addressing Diabetes these Disparities

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- **Urgent need for diabetes risk reduction programs tailored to the unique values and habits of AI men, with a particular focus on recruitment and retention.**
 - For the Strong Men, Strong Communities program
 - We will use a wait-list control design and proceed in 2 phases
 - First phase - Focus groups / Second phase - intervention
 - Intervention: we will recruit 240 non-diabetic AI men aged 21-65 years who have BMI ≥ 25 kg/m².
 - AI men will be recruited in 3 sites for a total of 80 men in each site over 2 years.
 - Culturally adapt the Diabetes Prevention Program curriculum and combine it with local, culturally relevant activities to enhance recruitment and retention.


Specific Aims

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1. Refine the SMSC intervention in response to feedback from focus groups in our 3 partner communities.
 1. Compare change in diabetes risk scores (primary outcome) and modifiable diabetes risk factors (secondary outcomes) between the intervention and wait-list control groups.
 1. Evaluate the ability of SMCS to retain 80% of 240 AI male participants aged 21-65 years with no previous diagnosis of diabetes.

Measurements

- We will collect data about dietary and physical activity behaviors, blood pressure, height, weight, a fingerstick of blood for blood glucose and cholesterol, a urine sample, and perform a 6 minute walk to assess physical functioning.
- Each participant will be assessed at baseline, 6 months (immediately after the intervention), 9 months (after the maintenance sessions), and finally at 12 months post baseline.
- Each participant will receive \$25.00 for completing each of the 4 assessments.

Curriculum for Diabetes Prevention

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- Community-based, culturally informed approach for AI men for diabetes prevention
 - Focus on modifiable diabetes risk factors
 - Weight loss and increased physical activity
 - Methods adapted from successful, non-clinic based programs for other high-risk priority populations to promote healthy eating and physical activity
 - incorporates elements of the DPP and SDPI-DP
 - “men’s group” format to promote traditional Native lifestyles

Project Sites



Strong Men, Strong Communities


Diabetes Prevention for Native American Men




Initial Stages – Focus Groups

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Initial Stages – Focus Groups to Inform Approaches

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- Three focus groups
 - December 21-22, 2017
 - Survey – demographics, eating and physical activity behaviors, social support
 - \$50 gift card & food

Focus Group Guide

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- Facilitators and challenges to healthy eating, physical activity, and weight loss
 - Perceptions of masculinity and effects on eating and activity habits
 - Activities men would be interested in doing via project
 - How Native men could support each other to increase physical activity and eat healthier to lose weight
 - Information and resources needed that could help Native men eat healthier to maintain a healthy weight



Results

Characteristics of focus group participants (n=27)


Age; mean (sd)	36	(11)
Education	n	(%)
High School/GED	7	(26)
Some College	13	(48)
College Graduate	7	(26)
Marital Status	n	(%)
Never Married	15	(56)
Currently Married	5	(18)
Divorced/Widowed/Separated	7	(26)
Employment Status	n	(%)
Working full time	11	(41)
Working part time	4	(15)
Not working	12	(44)
Self-reported Health Status	n	(%)
Poor	0	(0)
Fair	8	(30)
Good	15	(55)
Very Good	4	(15)
Excellent	0	(0)

Quotes - Eating




- Food is medicine
 - Connects us
 - our ways, teachings, each other, strengths, healing, prevention
 - Grandparents are the connectors
 - Poverty, Access and Stress interrupt the connections with food
 - Eating healthy at young ages
 - High processed foods, sugar, easy to get and prepare, feeds a lot of people
 - Anything healthy is better than nothing healthy


Quotes - Exercise

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- Connect to traditional activities
 - Hunting & Fishing licenses
 - Connect with members in the community engaged with these activities
 - Competition
 - Gym membership
 - Tournaments (basketball)
 - Helpful to stress and engagement

Quotes – Masculinity & Men's Roles

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- Respect – for self, each other, community, our ancestors
 - A provider
 - Accountable for your actions “someone is watching you how you act and listening to your words”
 - Help out “hold up the edges”
 - Inter-generational connections to past, present and future
 - Values guide us and connect us
 - Draw on community strengths

Recommendations

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- Link the activities to “our lives”
 - Positivity and strengths based
 - Build on our successes, even if its small
 - Overcoming patterns driven by fear, scarcity mindset that may relate to experiences of food insecurity
 - Support through laughter, sharing experiences like drumming, and creating spaces that are trauma informed and respectful
 - Best selves

Next Steps

- Year 1 (of 2 years)
- May
 - Staff Training, Recruitment of Participants, and Networking with Community-based Partners to Promote and Collaborate
 - Program planning for cultural activities to enhance recruitment and retention
- June
 - Assessment of Eligibility Criteria for Participation
- July – Sept
 - Implementation of the 10-week Diabetes Prevention Curriculum and On-Going Cultural Activities



Thank You!