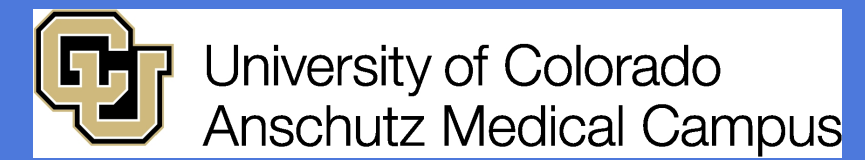




Tribal Health Leaders' Recommendations for a Community-Based Gestational Diabetes Prevention Counseling and Education Program for American Indian and Alaska Native Girls



KELLY MOORE¹, SARAH STOTZ¹, GALE MARSHALL³, MARTHA TERRY², PATRICIA SCHMITT², FRANCES PETERSON-BURCH², AND DENISE CHARRON-PROCHOWNIK²
 FOR THE STOPPING-GDM STUDY GROUP
¹University of Colorado--Denver, ²University of Pittsburgh, ³Two Feathers Media Consultants
 Funding Source: NIH 1R01NR014831-01A1

Introduction

- Gestational diabetes mellitus (GDM) is the most common complication of pregnancy, affecting 7-18% of all U.S. pregnancies. Obesity increases risk.
- American Indian/ Alaska Native (AI/AN) women have twice the rate of GDM and are 50% more likely to be obese than non-Hispanic whites.
- GDM and obesity complications include large babies, birth defects, high blood pressure, preeclampsia, and a high maternal and offspring risk of developing type 2 diabetes in the future.
- It is imperative to raise awareness of obesity and GDM in AI/AN youth.
- READY-Girls is a validated preconception counseling (PC) program for teens with diabetes to raise awareness, prevent unplanned pregnancies, and complications.

Purpose

To elicit feedback from tribal leaders and tribal health administrators to modify READY-Girls and culturally tailor a GDM prevention and PC education program for AI/AN girls at risk of GDM.

Methods

Design and Procedure

- Single semi-structured focus group interview was facilitated by two trained experts. Both the facilitator and note taker were AI/AN.
- An interview guide was developed with questions pertaining to the overall program, the educational booklet, and the educational video.
- Excerpts from the READY-Girls PC educational booklet and video clips were used to elicit conversation. Participants wrote comments on pages.

Sample

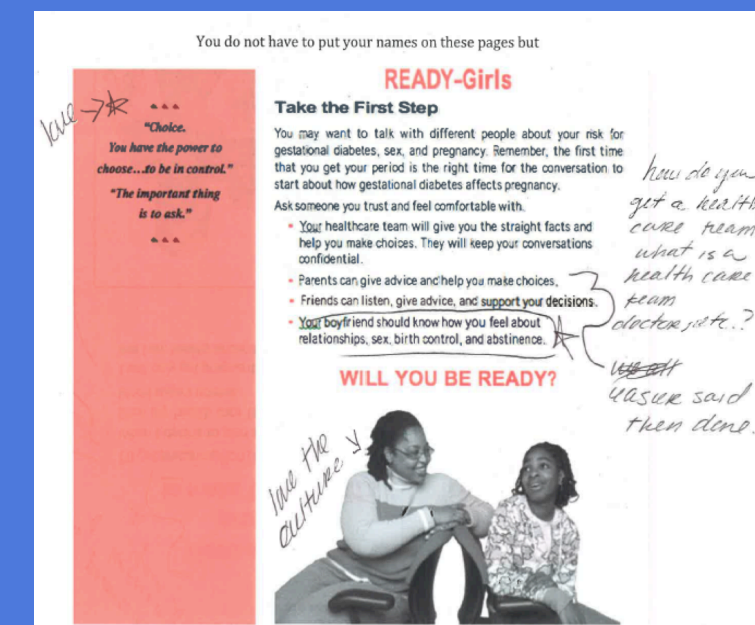
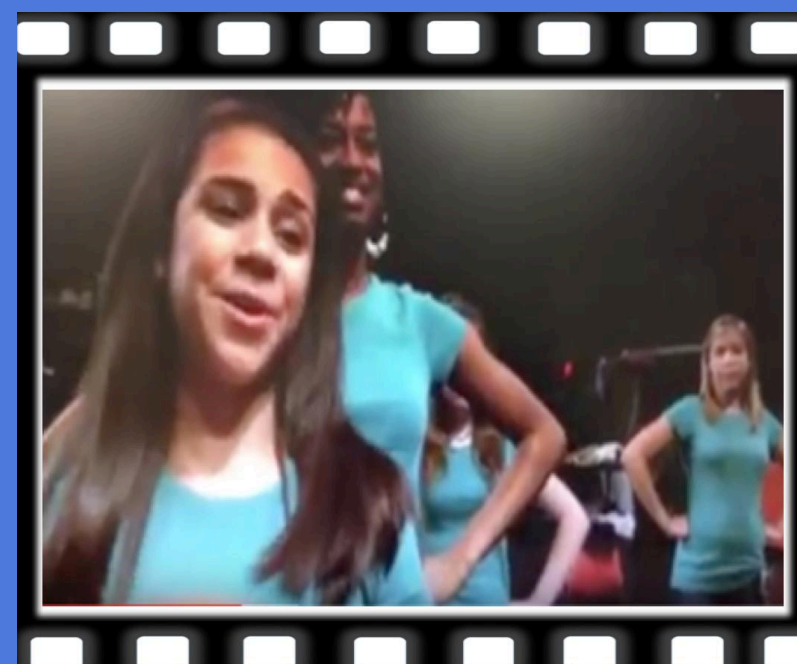
- Recruitment of tribal leaders at the annual National Indian Health Board (NIHB) Consumers Conference in Washington, DC.
- All 12 participants were AI/AN and self-identified as tribal elders, healthcare administrators, or health care professionals.
- States represented included: AK, AZ, MI, MN, OK, TX, WA, and WI.

Data Management and Analysis

- Focus group was audio recorded and transcribed verbatim using both deductive codes from interview guide and inductive codes from the data.
- Three trained researchers coded for triangulation and constructed themes using the constant comparison method. They also analyzed marked-up booklets using content analysis to construct major themes.

Semi-Structured Interview Guide

General Questions
Are you familiar with gestational diabetes or GDM?
Are there effective/successful programs in your community that address diabetes prevention?
What do you know about teens in your community that would help us to modify this intervention?
What do you know about your tribal culture that would help us as we modify this intervention?
Tell me about any "coming-of-age" ceremonies in your community.
Booklet Questions
Tell me about the things you like about this program/don't like.
Is there any information that is culturally offensive? Does any information need to be modified to make it more culturally sensitive?
Video Questions
Initial reaction to the clips: what you like and what you don't.
What narrator could be included to bring these messages to AI/AN girls?
What settings would be best to reach AI/AN girls at risk for GDM?
Is there any information that is culturally offensive? Does any information need to be modified to make it more culturally sensitive?



Findings

Theme	Quotation
Parents and families should be included in the program	<ul style="list-style-type: none"> • "I think it would be good for us to encourage parent and family involvement, instead of saying, your parents don't also need to know - if they feel comfortable, it should be encouraged [to] bring their parents to have that healthy conversation."
Community-based approach	<ul style="list-style-type: none"> • "True Navajo is a long healthy life, living in balance and harmony with yourself, your clan, your family, your community." • "I was raised not only by my parents but by my community."
Holistic approach to "healthy pregnancy"	<ul style="list-style-type: none"> • "This program can be tailored for our community to be more holistic and [to include] all parts of your life...the physical, emotional, and spiritual." • "We want our people to be healthy, have [a] long life, let's live in balance, and carefully bring that out with Western practice."
Cultural sensitivity in aspects of healthy-lifestyle promotion	<ul style="list-style-type: none"> • "We talked about implementation, adapting cultural teachings into Western medicine practices, and I think this is one opportunity to make that happen." • "I mean, what are healthy foods? It says "eat fruits and vegetables" – but you can tell in a lot of our communities - do they even know how to access healthy foods like that?"
Instilling healthy family values	<ul style="list-style-type: none"> • "When I was growing up and started my period, my mother explained what changes I am going through. My grandmother did a good job explaining relationships and dating, and my mother did the same thing. My mom was a young parent, saying, "I got pregnant early and I don't want you to do that."
How to connect with AI/AN teens	<ul style="list-style-type: none"> • "The program should be social media or bullet points." • "Whatever they're doing in their every day life, and if they can't relate and only see twice a year, like a pow wow, it would be quickly forgotten - rather than showing them texting or tweeting". • "Add pictures they can relate to - that are from their communities."

Discussion and Implications

- Findings from this study will aid the development of a culturally sensitive, relevant, and educational GDM prevention program for adolescent AI/AN girls. Focus should be: family, community, and a healthy and holistic approach.
- Inclusion of perspectives of Native elders and health care professionals early in program development is of paramount importance to ensure the program respects and appreciates AI/AN culture and traditions.
- READY-Girls program, will be culturally tailored to best fit the needs of the AI/AN community.

Acknowledgements:

The Stopping-GDM Study Group includes: A. Akers, A. Brega, L. Chalmers, D. Charron-Prochownik, J. Howe, G. Marshall, K. McNealy, K. Moore, K. Nadeau, N. O'Banion, J. Powell, E. Seely, S. Sereika, H. Stein, S. Stotz, M. Terry, S. Thorkelson, and X. Uribe-Rios.

We wish to thank: H. Abujaradeh, E. Barkowitz, Y. Garcia Reyes, S. Roman, NIHB and our participants