

# Diabetes Programs Have Local Style

By Jean Oxendine

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When the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation (DDT) launched the *Diabetes Today* program in 1991, they found that one size did not fit all.

The CDC's *Diabetes Today* National Training Center provides training programs for health care professionals and community leaders, who in turn can help local communities develop diabetes prevention initiatives. The goal is to empower those with diabetes, their families, health professionals, and others at the community level to work together to prevent and control diabetes.

But the national training wasn't working for Native Hawaiians and other Pacific Islanders. Cultural issues are a big factor, according to Betty Lamb, CDC's Project Officer for the *Pacific Diabetes Today* (PDT) program. "The people of the Pacific Region have unique historical and social experiences," she said. Another reason the national *Diabetes Today* program does not work in the Pacific was a lack of technical assistance and follow-up support for the region, said Audrey Ching, project manager for the PDT Resource Center.

## The Pacific Shapes Its Own Programs

Papa Ola Lokahi, a Native Hawaiian health consortium based in Honolulu, develops and maintains the regional *Diabetes Today* training consortium for CDC. The PDT program was designed to take into account the cultural differences found in Hawai'i and the Pacific region. "We have the same requirements as the other *Diabetes Today* program, but our style is different. We use existing community networks to convene groups to come and work together to plan activities that meet their particular geographic and cultural needs," said Ching.

The program works to engage communities affected by diabetes in describing the burden of diabetes in their community. The program also helps communities plan interventions to reduce risk factors and associated complications of diabetes. There are high rates of diabetes among Native Hawaiians and other Pacific Islanders. For example, approximately 30 percent of the population over age 15 suffer from Type II diabetes in the Marshall Islands, according to Lamb.

Papa Ola Lokahi assembled an advisory group called the Expert Council to provide leadership in formulating the Pacific version of *Diabetes Today*. The 15-member Council represents the five major Hawaiian islands and each Pacific jurisdiction—American Samoa, Guam, Republic of Palau, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, and the Federated States of Micronesia. Council members consist of secretaries of health, health directors of jurisdictions, physicians, nurses, researchers, community leaders, and clergy.

"The experts define appropriate community models for the region," said Lamb. They also establish and moni-

tor each system and provide feedback to Papa Ola Lokahi on strategies to enhance the success of the training and community implementation programs, she added. Community groups are being encouraged by the CDC to design their own projects.

Developing the PDT program was especially challenging because a special curriculum is needed for the Pacific Basin to address the uniqueness of each group. This challenge is unique to Hawai'i and Pacific Island jurisdictions because residents speak different languages and within each language there may be different dialects. For most of these populations, English is not the first language. "Our cultures are very much oral cultures," said Ching. "We do not rely on the written language as the primary communication method—we are more comfortable sitting in circles learning from the sharing of stories.

"What works for Hawai'i does not necessarily work for all of the Pacific Islands, so we designed a project where each jurisdiction can develop programs that work for them," said Ching.

"This program is a new and innovative public health approach for program development in the Pacific." Papa Ola Lokahi conducted focus group interviews in American Samoa, Guam, Republic of Palau, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, and Hawai'i. The Expert Council oversaw the process and provided guidance.

The focus groups requested input from community members. They participated in evaluating the best ways to address diabetes in their communities. Questionnaires, handouts, and sample teaching materials were given to participants to solicit the best strategies for each community.

Materials were sometimes translated into the native language of the participants. "We can't translate all of the material, but we always have an on-site translator to assist in the process," said Ching. The vocabulary of written materials is often too complex, and PDT attempts to make it much easier by breaking down large words into several shorter ones. For example, the words 'prevalence' and 'data' need to be broken down further to make sense with Pacific audiences.

As a result of the input gathered from focus groups, the curriculum will be revised and refined. The final curriculum will be completed by October 1. When each jurisdiction has its own PDT program in place, Papa Ola Lokahi will continue to provide technical assistance and support to the community sites.

A draft of the *Diabetes Today* curriculum was developed for each jurisdiction and Hawaii. Pilot testing took place in June in five sites—Pohnpei, Kosrae, Palau, Hawai'i and American Samoa. Each site identified community members to invite to the training. The planning efforts of these groups will be used to design and implement a plan for each community to address diabetes. Community leaders

**A new and innovative public health approach for program development in the Pacific.**

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can then train others through local diabetes support groups to continue to increase awareness and participation on the community level. This will empower communities to develop community initiated action plans. Papa Ola Lokahi will collect and analyze data to determine the relevance and cultural appropriateness of the PDT model for communities in the Pacific, according to Lamb.

With the input from the jurisdictions, they will determine what is working and not working for each area and look at ways to make changes as necessary to best suit the people it aims to serve.

Within the first five years of the program, training, marketing and promotion, and evaluation plans will be developed. Training will take place throughout the Pacific region and Hawai'i. Technical assistance and follow-up visits will be conducted with the jurisdiction and Hawai'i PDT training sites.

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