

TITLE: Promoting Strong Native Men and Communities: honoring the process of healing and the wisdom of our ancestors for diabetes prevention

AUTHOR(S): Kelly Gonzales, Jillene Joseph, Cicilio Goodlance, Will Penn, Gary Westley, Cedar Westley

PRESENTER(S): Kelly Gonzales, Jillene Joseph, Cicilio Goodlance, Will Penn, Gary Westley, Cedar Westley

STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: policy makers, program developers and evaluators, researchers, students

ABSTRACT: Diabetes and cardiometabolic risk factors, such as central adiposity and insulin resistance, are disproportionately high among American Indian/Alaska Native (AI/AN) men compared to other U.S. racial/ethnic groups. They experience more profound health disparities than their counterparts in all other U.S. racial and ethnic groups. 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 diabetes (~18%) among U.S. men. Modest weight loss through diet and exercise can reduce the risk for type 2 diabetes. Despite the success of lifestyle programs in tribal communities, few AI/AN men have participated. 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. 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. However, research is critical to identify best practices to recruit and retain AI/AN in interventions that are contextually and culturally appropriate, low-cost, feasible, and sustainable. Thus, an urgent need exists for diabetes risk reduction programs tailored to the unique values and habits of AI men. In collaboration with other project sites outside of the Northwest, we are undergoing a culturally informed diabetes prevention program (n=240 non-diabetic Native American men aged 21-75 years who have BMI ≥ 25 kg/m²) through the Strong Men-Strong Communities (SMSC) project, funded by the NIH. The SMSC represents the first clinical trial funded by the NIH that is specifically comprised of only AI/AN men.

- OBJECTIVE(S):**
1. Identify the lasting impacts of colonization on Native American men's health.
 2. Describe culturally informed approaches for recruitment, retention, and engagement
 3. Demonstrate and discuss Indigenous cultural values as an important component of promoting wellness and engagement among Native American men

PANEL MODERATOR: Jillene Joseph

PANEL ABSTRACT 1: AI men have the highest age-adjusted prevalence of type 2 diabetes (~18%) among U.S. men, while non-Hispanic White men have the lowest (~7%).⁵ In recent

decades, AIs have seen a disproportionate increase in diabetes-related complications and mortality compared to all other groups, 6,7 such that age-adjusted diabetes death rates in AI men are now almost twice those in White men. 8 Several large randomized, controlled trials in non-AIs confirm that type 2 diabetes can be prevented or delayed by interventions that promote weight loss and healthy lifestyles,9-11 but little empirical data exist on interventions to prevent diabetes in AI men. In the clinic-based U.S. Diabetes Prevention Program (DPP), only 55 out of 3,234 participants were AI men.10 Similarly, in the rare diabetes prevention programs in Native communities, participation by AI males is low, ranging from 33% to 74%.10,12 The non-randomized, clinic-based Special Diabetes Program for Indians-Demonstration Project (SDPI-DP) the only large national evaluation of a comprehensive diabetes prevention program tailored to AIs enrolled 2,553 AI participants, but just 25% were male.12 Full participation in all 16 sessions was associated with lower annual incidence of diabetes (3.5% vs. 7.5%, $p=0.001$), but over one-fourth of male participants dropped out before reaching that critical threshold. The study uses a wait-list control design and proceeded in 2 phases. In the first, we conducted focus groups in our 3 partner communities and used the results to refine our intervention. In the second, we implemented the intervention with 240 men (80 per site), 21-75 years of age who are overweight or obese but do not have diabetes. Participants are randomized into 2 groups. The study is in the early implementation stages, and this presentation will focus on the Portland Areas site. Currently, two of the four cohorts have been recruited and completed the 12-week curriculum. Briefly, the intervention group receives the SMSC intervention immediately, while the second (the wait-list control group) receives the intervention after a delay of 9 months. Our primary outcome is a diabetes risk score developed for AIs.16 Secondary outcomes are individual risk factors such as blood pressure, waist circumference, A1C, weight loss, diet, and physical activity, as well as retention rates. Outcomes will be measured in both groups at baseline and at 3, 6, and 9 months.

PRESENTER 1: Kelly Gonzales

PANEL ABSTRACT 2: We conducted three focus group discussions in Portland, Oregon with a total of 27 participants. Each participant completed a survey before the focus group for additional data related to diet and exercise. No identifying information was collected on the survey or in the focus groups. Questions elicited opinions about facilitators and challenges to healthy eating and physical activity, and desired cultural activities to include in the program. Light snacks were served at each focus group and each participant received a \$50 gift card for their 2 hour participation. Focus group discussions were audio recorded for transcription. All research activities were approved by the Washington State University Institutional Review Board. The mean age of participants was 36 years, 74% had attended at least some college, 56% had never been married, and 56% were working full or part time, and 82% said that they were interested in participating in a Native men's lifestyle program.

PRESENTER 2: Cicillio Goodlance & Gary Westley

PANEL ABSTRACT 3: Healing from historical and intergenerational trauma is essential to promote wellness and prevent illness. Few studies incorporate healing specific to trauma, particularly within an American Indian historical-contemporary context. by centering community

experiences, wisdom and healing as the antidote to historical-intergenerational-contemporary trauma. We will consider the ways in which colonial constructs and racism shape intervention design, participant engagement and outcomes. We will explore the promise of infusing Indigenous cultural values as strategy to overcome these limitations, including deficit-based thinking with regard to health prevention, practice and policy. Healing from historical-intergenerational-contemporary trauma and anti-oppression frameworks will be discussed as an opportunity to achieve intervention design that better meets the needs of Native American peoples. We will emphasize the health and healing of Native American men.

PRESENTER 3: Will Penn & Cedar Westley
