



Grass Roots and Taro Roots

**Community interventions for
health promotion among
Utah Pacific Islanders**

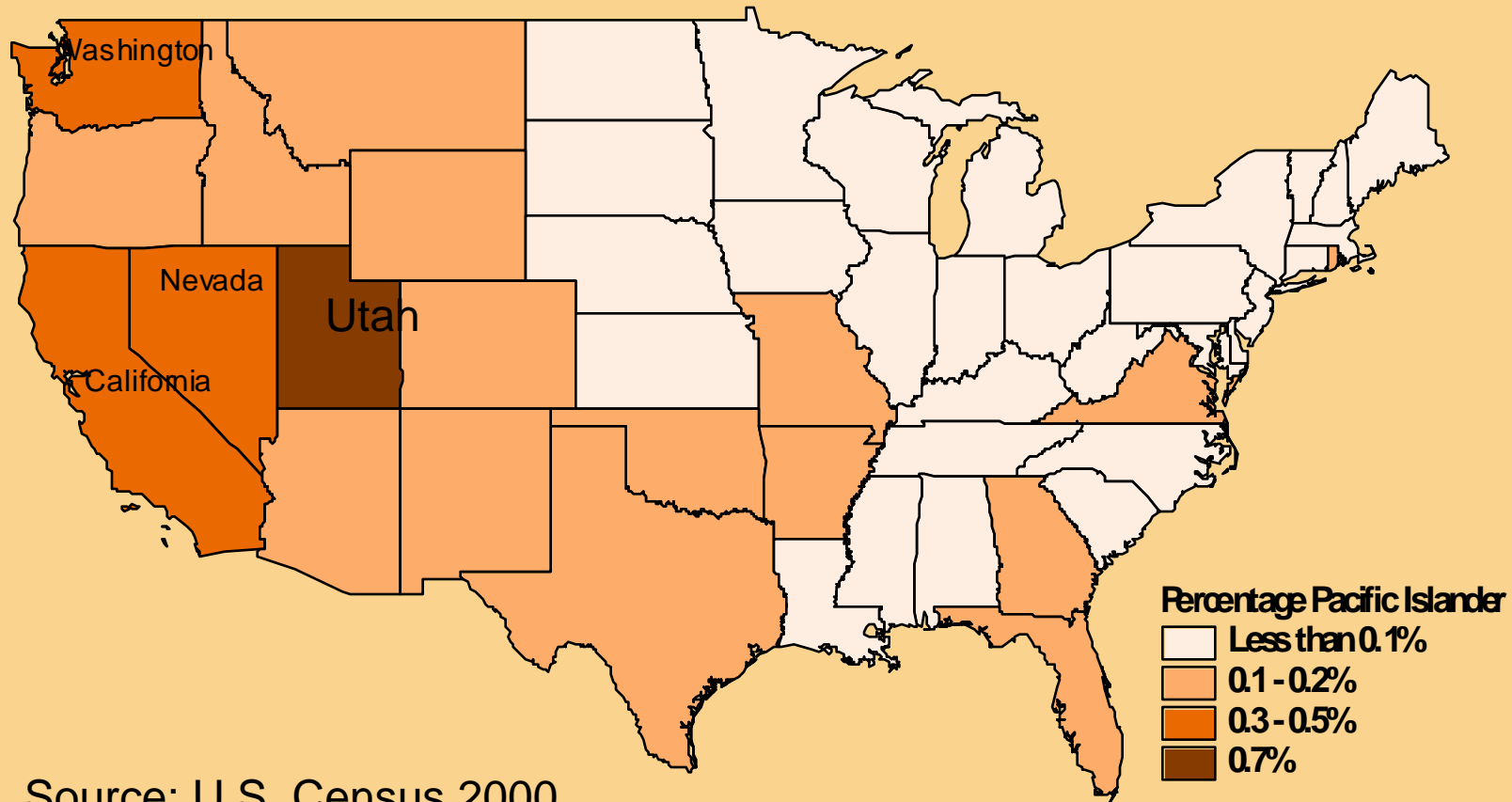
**Fahina Pasi, Ivoni Nash, Sione Kaisa Lui, Richard
Bullough, and Brenda Ralls**

Objectives

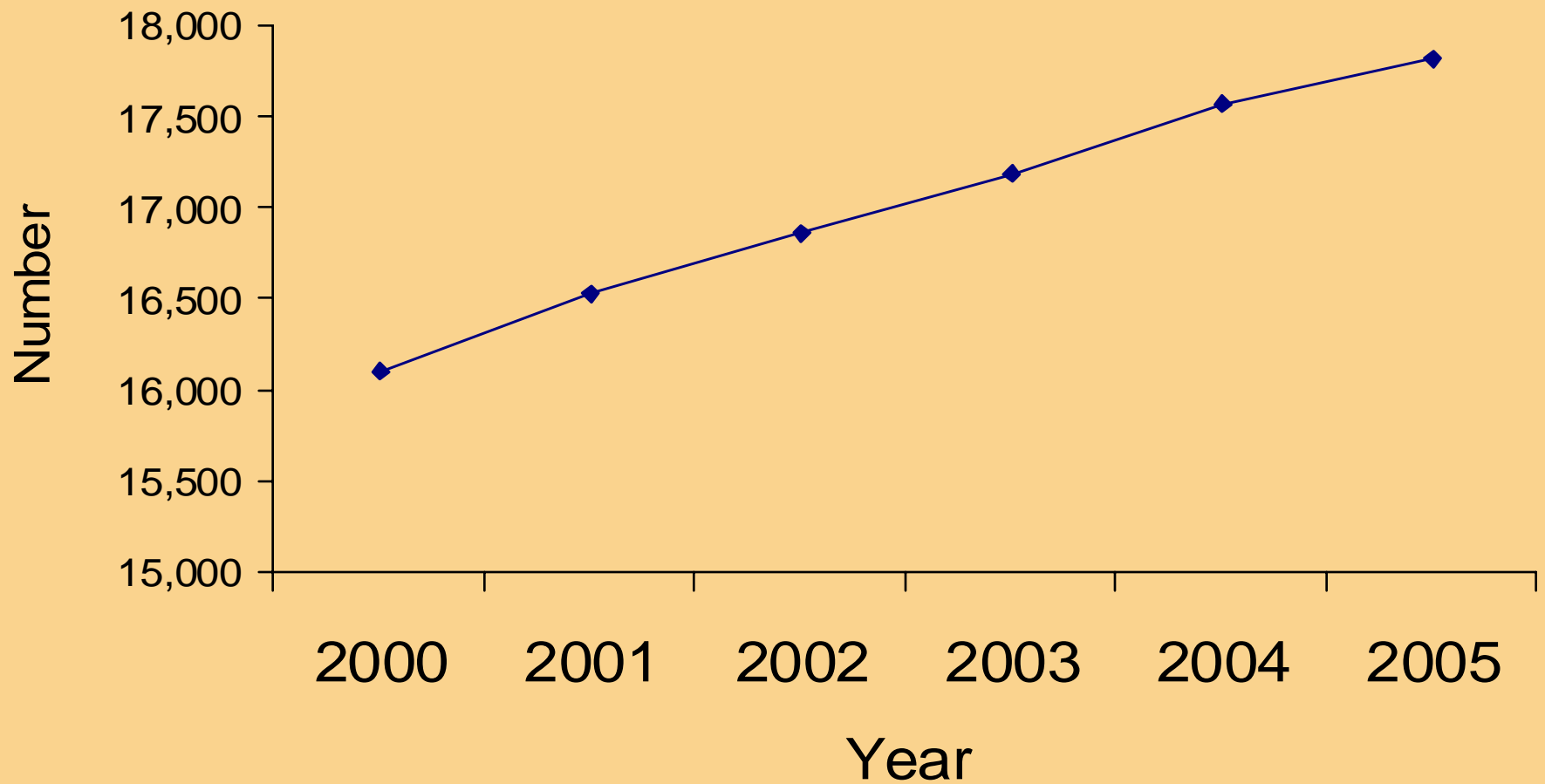


- Recognize the unique health care needs of Pacific Islanders with diabetes
- Identify barriers to making lifestyle changes faced by Pacific Islanders
- Describe solutions for overcoming barriers suggested by community members

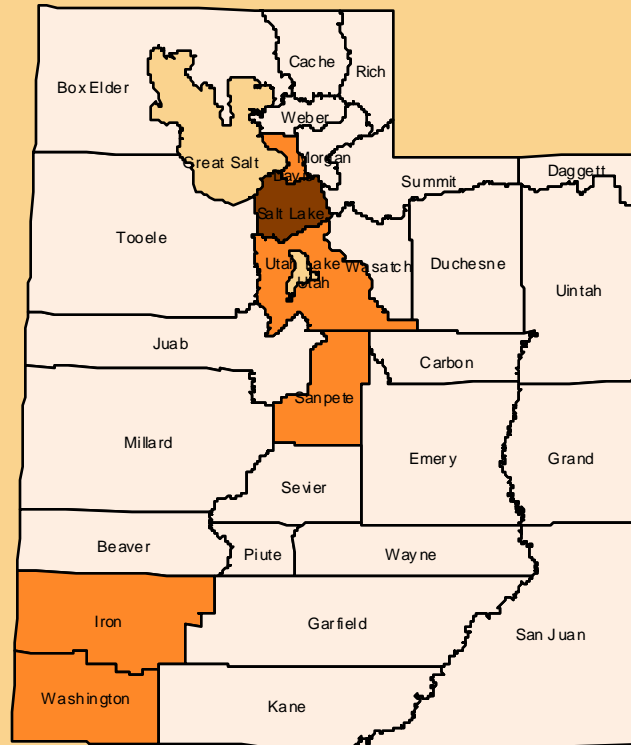
Percentage of Population That Is Pacific Islander in Mainland U.S.



Number of Pacific Islanders Living in Utah 2000-2005



Percentage of Utah Population That Is Pacific Islander by County



Percentage Pacific Islander

- Less than 0.3%
- 0.3% - 0.6%
- 0.7% - 1.2%

Source: Utah Census 2000
<http://factfinder.census.gov>

Diabetes in the Kingdom of Tonga

- 15.1% of people (age >15) in Tongan have diabetes
- 12.2% of males have diabetes
- 17.6% of females have diabetes



Colagiuri, et al. (2002) *Diabetes Care* 25:1378-1383

Percentages are age-adjusted.

Pacific Islanders in Utah

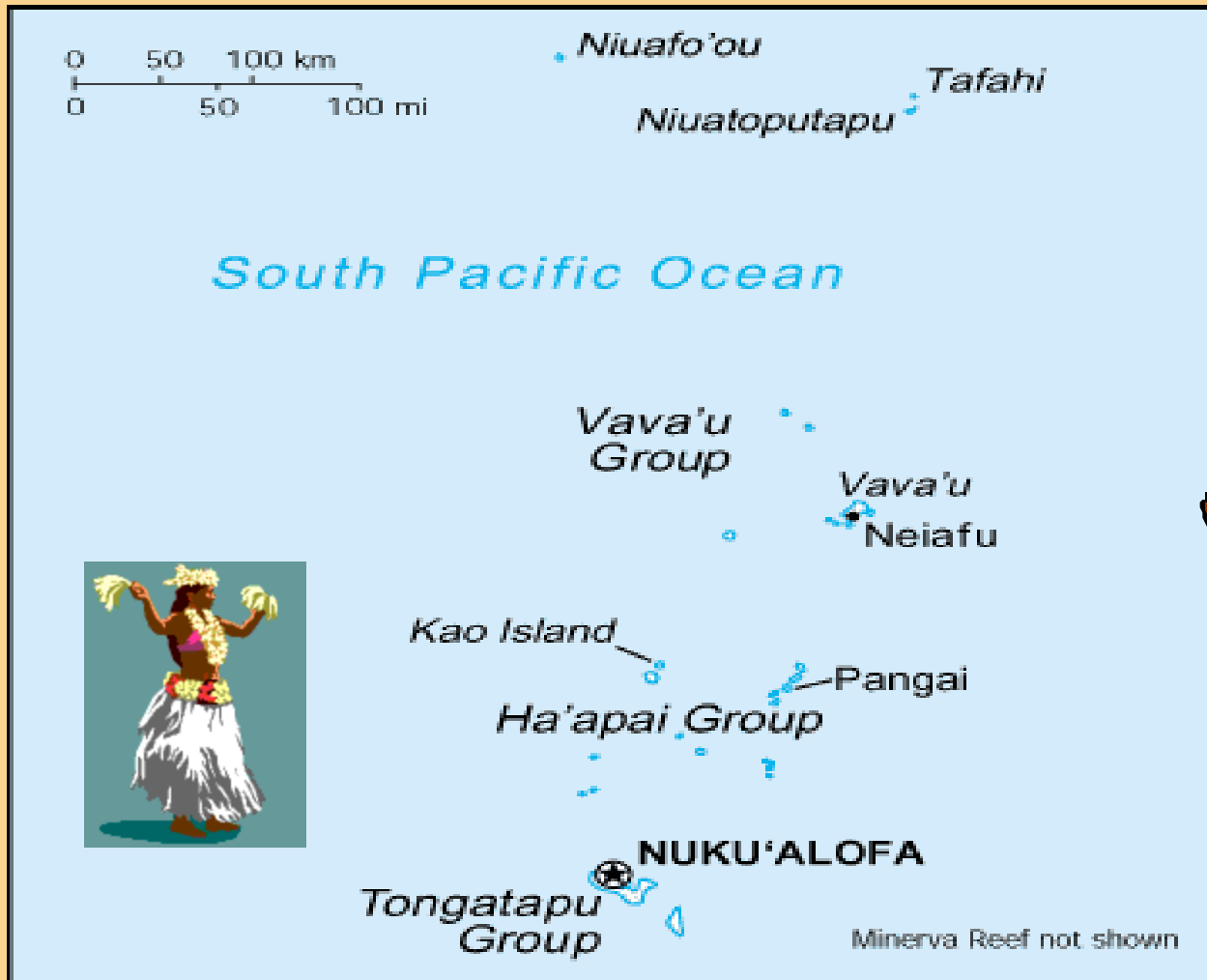
- Over 25,000 Pacific Islanders live in Utah today
- Tongans are the largest Pacific Islander population in the state
- Two Tongans for every Samoan
- Fair numbers of Hawaiians, Fijians, Maoris, Tahitians, and Cooks



Unique Health Care Needs of Pacific Islanders in the U.S.

Objective 1

Pacific Islander immigrants bring traditions with them



Pacific Immigrants

- Pacific Islanders have a significantly increased risk of developing diabetes
- Much of the increased risk could be reduced through lifestyle modifications
- Language and cultural barriers inhibit opportunities to increase awareness



<http://diabetes.niddk.nih.gov/dm/pubs/asianamerican/index.htm#27>

Risk of Diabetes Among Utah Pacific Islanders

- Pacific Islanders have a higher age-adjusted rate of diabetes than the state rate, 5.8% vs. 4.5%
- Pacific Islanders have a high prevalence of obesity: 43.5% of Pacific Islanders vs. 20.1% of all Utah adults
- 15.5% of Pacific Islanders have no health insurance (vs. 13.1% of all Utah adults)



Utah Health Status Survey 2001; Utah Behavioral Risk Factor Surveillance System 2001-2006

Diabetes Risk Among Pacific Islander Children

- Almost all Pacific Islander children diagnosed with diabetes have type 2.



Anecdotal Information: **Primary Children's Medical Center, Salt Lake City, Utah**

Perceptions



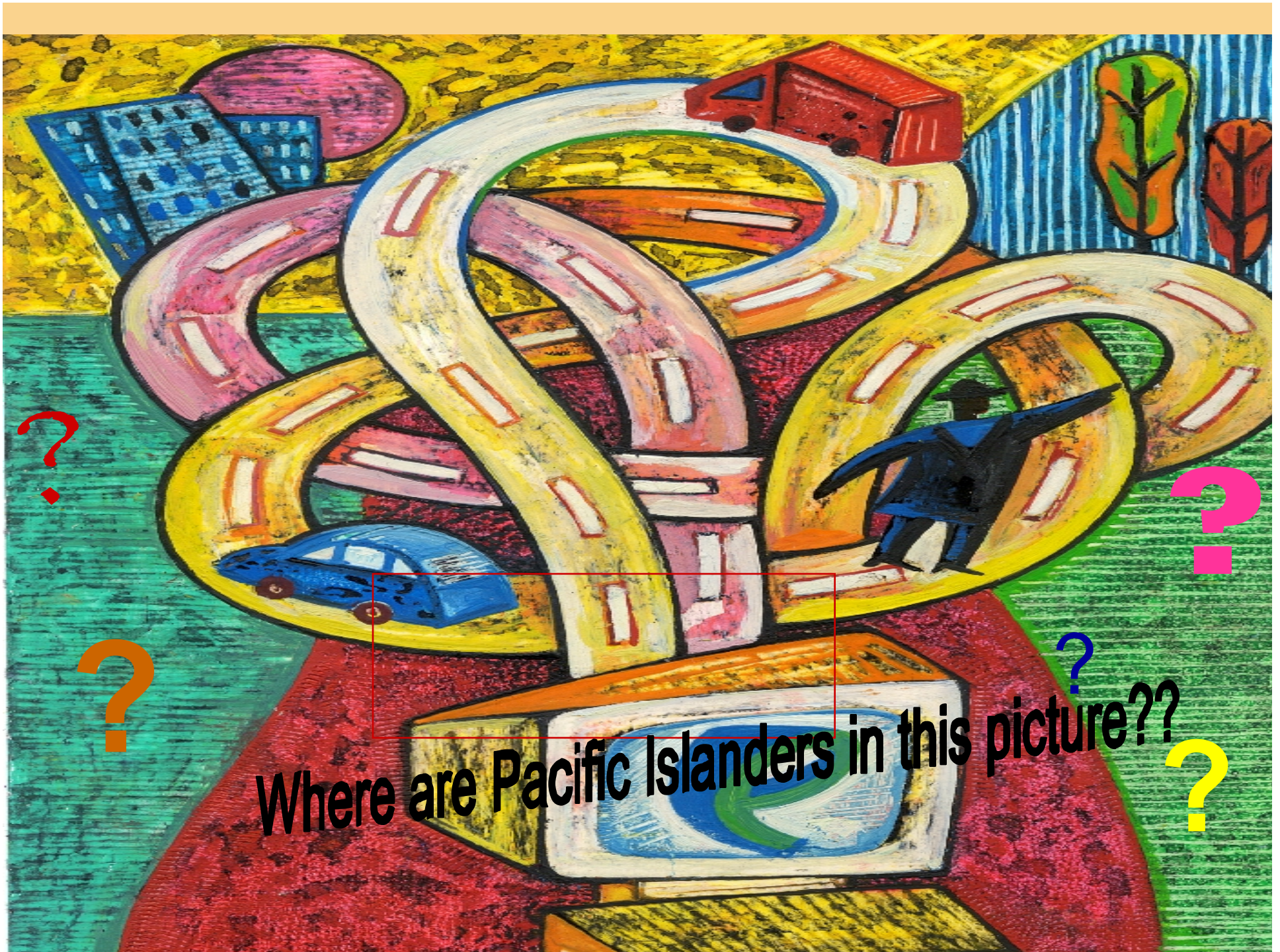
- *My father is diabetic and I know a lot of our people in our community are . . . and they are very concerned.*
- *I know that my family has it, but I don't really think about getting checked.*
- *Most of us live in a very relaxed lifestyle and don't think about tomorrow.*
- *"A lot of us feel that it is hereditary...so why bother, be happy, you're going to get it anyway."*
- *"They don't think it's so serious since they are up and walking around."*
- *"I just think that if I take my pill, I can eat what I want."*

Source: Quotes included in this presentation are from University of Utah and Utah Diabetes Prevention and Control Program, *Diabetes Social Diagnosis: Utah's Hispanic and Polynesian Community*, July, 2000 Qualitative analysis from 2004-2005 Healthy Changes class participants

Health Care Settings

- *Adults don't go to doctors unless they are sick.*
- *Not a lot of people go to doctors, and even with doctors of our own cultural background, there's a reluctancy there.*
- *Polynesians don't know where to go for help, or what's available to them.*
- *For our older people, health issues are private, personal issues, not for an open forum.*
- *I'd rather believe my cousins than my doctor.*
- *Caucasians do not understand us. They just want us in and out. We like to stay and talk.*





Where are Pacific Islanders in this picture??

“What to do, what to do...”



Barriers

Objective 2

Barriers to Motivating Lifestyle Changes

- *We say “I got it from my mothers side,” then we think there is nothing we can do about it.*
- *It is easy to keep putting off changing your lifestyle.*



Barriers to Changing Diet



- *Tongans don't want to know what is wrong because if you live a good life then it is okay for you to die.*
- *Having to comply to a diet is against what we think life really is.*
- *A lot of our people think they can take their pills and keep eating the same way.*

Solutions Suggested by Community Members

Objective 3



Church-Based Interventions Are Important



- Churches are a community's meeting ground. We trust them to give us information.
- It is important to talk to the whole congregation. You'll get every age group.
- Our billboard is our leaders in the church. We don't need a piece of paper to get our attention.
- The Polynesian race is very religious and anything that comes from the leaders of the church, they have the tendency to listen.

Social Networks Are Important

- *(Referring to Mom), “She will not go and exercise even though her doctor tells her to. . . .it’s like pushing a goat.”*
- *We need a van that goes around picking up people to exercise.*
- *The social aspect of that would be a big pull for Pacific Islanders.”*



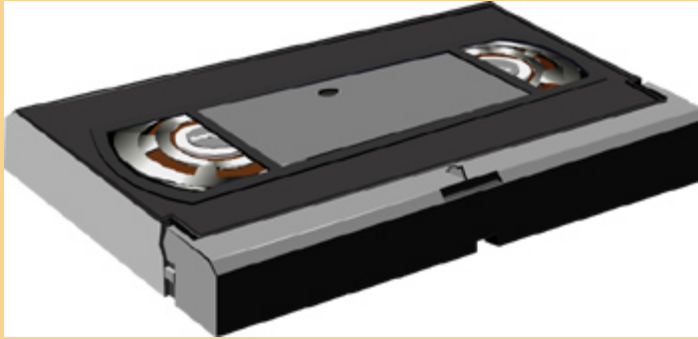
Effective Messages Are Important



- *Tongans really like to talk. We have our own channel, it's called the 'coconut wireless'.*
- *Older Tongan people love to read in their language. What they see . . . in English is not going to mean anything to them.*

What makes a media source effective?

- *Radio: We get one hour a month where a station plays Tongan music and is in Tongan. We look forward to it.*
- *Television: People prefer a warm face in front of them, not commercials. We just turn on TV for background noise*
- *Newspaper: Everybody is nosy. They'd go buy a paper to see a picture or read about someone they know. When you print things, you need to have someone from the community advise how to get our attention and say things the best way.*



- *Video materials need to have Polynesians. It needs to be in Tongan . . .with English at the bottom.*
- *I would just record over it unless it was someone I knew.*

What Makes a Messenger Effective?



- *If Polynesians don't respect the person delivering the message, it won't work.*
- *" Hire . . . Pacific Islanders...: It's a matter of respect, it's a matter of appropriateness and it's a matter of competency."*
- *Show someone that people look up to.*
- *Show someone local we could know.*

How Can Reaching Out Be Effective?



- We don't get information from reading, we get it from other people.
- *I'd rather call up our friends to get information.*
- *We need more grassroots people because they are the ones who are out there socializing with the community, and can spread the word and know the issues and concerns."*
- *When you show you really care, we are more responsive.*

What Should the Messages Say?

- *I know that Pacific Islanders would rather see somebody's hand chopped off than they would know the seriousness of the message.*
- *What hits home is family. Show what can happen to the family.*



Language Is Important

- *Written materials need to be in our language with pictures of our people.*
- *If not written in Tongan, it would become firewood.*



Key Point:

- *"If [someone from Tonga] came and explained it in Tongan, everybody would understand.*
- *If [a white person] came in, they'd just sleep."*



“It takes the whole village...”



National Diabetes Education Program hits the target



4 Steps to Control Your Diabetes for Life

Sitepu 'e 4 Keke Mapule'i Ho Suka 'I he Toenga 'o Ho'o Mo'ui.



Tongan



4 Steps to Control Your Diabetes for Life

4 Sitepu E Pulea ai Lou Ma'i Suka Mo Le Soifua'aga




Samoa

Samoa
June 2007
Fa'a-Samoa
Iuni 2007



Every Hawaiian Should Know

You Can Control Your Diabetes



Fai 'a e fanga ki'i ngāue'ni ké ke Hao ai mei he Suká

Vakai angē pe 'e ngāingali ké ke ma'u e mahaki'ni. 'E mā'a'aki faingofua angē ke ma'u 'ehe ni'hi Tonga 'oku fu'a sio'ā e mahaki suká kalasi 2. Tafanua lea ki kinatolu 'oku mau tokang'i MO'O mo'u fa'aki 'o fakasa'aki mo e fakatu'utamaki'ni. Kapau 'oku ke he ma'u hano toe fakakiki, sto ki he aivi fakatu'utamaki 'o e fa'ahi 'e taha.

Fakaholo ha ki'i pauni ho mamafa. Ko e tahi ange ho mamafa ko e faingofua angē ke ma'u koe he'e kalasi fakatu'utamaki 'o e suká 'a'u 'oku. Yoa ko e kalasi 2 'o e suká. Ko e mamafa 'oku totoua ki koe, e lava pe 'o 'ikai taha mo e mamafa lelei. Sto ki he state 'o e tahi'aki 'e taha pe 'oku fakatu'utamaki ho mamafa he suká. 'E malava pe ke fakamoleki ha ki'i pauni ni' 'e 10, 'e tokoni fakatu'utamaki 'o e fakatu'utamaki 'o e suká. Moa lea fa' 'ahi ha toe longomo'at ange mo kat 'a e ma'akai fakatapa mo 'ui lelei.

Toe ki'i longomo'ui ange. Ni ha ma'a he ngahi ma'a'ni teke manako pē ma'u hano fa'i: ko e koe, kakau, kaka, paitaka, ni'otanga, vainga mo ho'o fanua pē ko ha ma'a pē 'e malava ki ngāingali ai he mātahi 30 he 'aho tu'o 5 'i he uka.

Kai 'a e ma'akai lelei. Ngahi ma'u pē 'a e ma'akai fakatupu mo'ui lelei, pea fakatu'utamaki ho ma'u ma'atokoni. Fakatu'utamaki 'e ma'u ma'atokoni ngako mo ha toe ma'akai pē 'oku fakapaku 'ahi e tofo pē ngako. Manako ki hano kat e vaitapolo mo e fauf'aku.



Hiki'iki e anga ho'o fakalalaka. Hiki fakalalo e ma'a kotoa 'oku ke kat mo ma, pehi ki he lota 'o ho'o ngāue 'oku fa'i. Ko e taha eni ha founga lelei 'aupito ke hohoki mo tahi 'ahi ho mamafa totoua.

Tauhi ma'u ia. Fetaga'ni ha fo'i lili 'e taha he uka. Ka 'oka ke fehāaki mo ho'o fokotu'utu'u, foki 'o toe kamata mo ma'a pea hohokoko pehi ata ai.

Fetu'utaki ki he 1-800-438-5383 ki hano toe fakakiki (kiate kinatolu 'oku lea faka-Pilitania pē). 'E lava 'a e Pitolakama Ako 'a e Pule'angē fakatu'utamaki mo e suká 'o tokoni' koe. 'Oku 'ikai totongi e TOHI FAKAMOHINO ki he fakatu'utamaki mo he suká kalasi 2, koe fetu'utaki lea ki kinatolu. 'A'ahi ki he ta'au ki ko e www.ndep.nih.gov he ma'a atu ha fa'i' fakatu'utamaki mo e mahaki suká 'i he lea fakatongi.

www.ndep.nih.gov

Ko hono olā e 'aonga ia he toenga 'o ho'o mo'ui.

TONGAN • SEPTEMBER 2007

'E ngali faingofua fēfē nai ha'o ma'u e mahaki ko e suká kalasi 2?



Faka'ihonga'i e ma'a kotoa 'oku ke kau kiai. 'E taha ai pe 'oku anga fēfē ho tōkungā.

- Kapau 'oku se fu'u mamafa.
- Kapau 'oku suká ha taha 'o 'oku ongo mau'a, tokoua, pe tuonga'ane.
- Kapau ko e tokoniha Tonga au.
- Kapau ma'aku suká he 'oku feisam'i pe ne'u 'osā fanau'i mai 'a e pōpō pauni 'e 9 pe tahi ange.
- Kapau ko hoku totō 'oku 140/90 pe laka ai, pē ne 'osi fakamahi mo kiato au 'oku ou teo m'otanga.
- Kapau ko e tu'unga hoku cholesterol pe lipid (ni'ahinga ngako) 'oku 'ikai ke lelei. Tau pehi 'oku 35 pe ma'otilo ai 'a e HDL Cholesterol 'as 'oku 'aonga ki he sino) pe 'oku 250 pe laka ai e kalasi ngako ko e triglyceride.
- Kapau 'oku si'i ange 'oku fakamohisinō 'i he eu'o eku he uka.

Fakakonga'i ange: 'Oku faingofua angē ke tau ma'u e suká kalasi 2 'i he 'aiva fakatu'utamaki mo e angē.

Ko e ha 'a e pre-diabetes (kamakamata suká)? Ko ha eimi eni 'oku fakalaka ai e suká he totō 'i he anga maheni, kae se'eki ma'otanga fa'unga ke tau ko e suká. Kapau kuo'he kamakamata suká, ngāingali pē 'e ke ma'u e suká kalasi 2, pēhi ki hono ngaha nuna'ā koe hangē koe mahaki ma'u, pōkalava, koi, vaivai e kofua pea mo e maumau 'a e ngahi neavé.

Ma'a mālie ko e fakamahi'ni mai 'e he fakatoto, 'oku lava pē 'ehe ni'hi 'oku kamakamata suká 'o tokoni' koe.

Ma'a mālie ko e fakamahi'ni mai 'e he fakatoto, 'oku lava pē 'ehe ni'hi 'oku kamakamata suká 'o tokoni' koe. Ma'a mālie ko e fakamahi'ni mai 'e he fakatoto, 'oku lava pē 'ehe ni'hi 'oku kamakamata suká 'o tokoni' koe. Ma'a mālie ko e fakamahi'ni mai 'e he fakatoto, 'oku lava pē 'ehe ni'hi 'oku kamakamata suká 'o tokoni' koe.

Fetu'utaki ki he 1-800-438-5383 ki hano toe fakakiki (kiate kinatolu 'oku lea faka-Pilitania pē).

NO E SAATI 'O HOTO MAMAFI NO HONO FAKATU'UTAMAKI'
Fakasio ho liloā 'i he state. Kapau 'oku state pe tahi ange ho mamafi he fika 'oku hā au he lili, pea fakasau ki ho lotoi, 'oku eu'u lava 'o ngāingali teke ma'u 'a e suká kalasi 2.

MA'AFU 'O E TOFO MA'AFU 'O E TOFO		MA'AFU 'O E TOFO MA'AFU 'O E TOFO		MA'AFU 'O E TOFO MA'AFU 'O E TOFO	
MA'AFU 'O E TOFO MA'AFU 'O E TOFO	MA'AFU 'O E TOFO MA'AFU 'O E TOFO	MA'AFU 'O E TOFO MA'AFU 'O E TOFO	MA'AFU 'O E TOFO MA'AFU 'O E TOFO	MA'AFU 'O E TOFO MA'AFU 'O E TOFO	MA'AFU 'O E TOFO MA'AFU 'O E TOFO
LE'OLA	MA'AFU	LE'OLA	MA'AFU	LE'OLA	MA'AFU
4'10"	130	4'10"	134	4'10"	119
4'11"	134	4'11"	138	4'11"	124
5'0"	138	5'0"	142	5'0"	128
5'1"	142	5'1"	146	5'1"	132
5'2"	146	5'2"	150	5'2"	136
5'3"	150	5'3"	154	5'3"	140
5'4"	154	5'4"	158	5'4"	144
5'5"	158	5'5"	162	5'5"	148
5'6"	162	5'6"	166	5'6"	152
5'7"	166	5'7"	170	5'7"	156
5'8"	170	5'8"	174	5'8"	160
5'9"	174	5'9"	178	5'9"	164
5'10"	178	5'10"	182	5'10"	168
5'11"	182	5'11"	186	5'11"	172
6'0"	186	6'0"	190	6'0"	176
6'1"	190	6'1"	194	6'1"	180
6'2"	194	6'2"	198	6'2"	184
6'3"	198	6'3"	202	6'3"	188
6'4"	202	6'4"	206	6'4"	192

Tonga'anga: Hiki ki he Fakamahi'ni mai 'e he fakatoto, 'oku lava pē 'ehe ni'hi 'oku kamakamata suká 'o tokoni' koe.



Fetu'utaki ki he 1-800-438-5383 ki hano toe fakakiki (kiate kinatolu 'oku lea faka-Pilitania pē).

From:
**NDEP “Two
 Reasons I
 Find Time
 to Prevent
 Diabetes:
 My Future
 and Theirs”**

Find your height in the correct chart.
 If your weight is equal to or greater than
 the weight listed, you are at increased
 risk for type 2 diabetes.



IF YOU ARE ASIAN AMERICAN AT RISK BMI \geq 23		IF YOU ARE PACIFIC ISLANDER AT RISK BMI \geq 26		IF YOU ARE NOT ASIAN AMERICAN OR PACIFIC ISLANDER AT RISK BMI \geq 25	
HEIGHT	WEIGHT	HEIGHT	WEIGHT	HEIGHT	WEIGHT
4'10"	110	4'10"	124	4'10"	119
4'11"	114	4'11"	128	4'11"	124
5'0"	118	5'0"	133	5'0"	128
5'1"	122	5'1"	137	5'1"	132
5'2"	126	5'2"	142	5'2"	136
5'3"	130	5'3"	146	5'3"	141
5'4"	134	5'4"	151	5'4"	145
5'5"	138	5'5"	156	5'5"	150
5'6"	142	5'6"	161	5'6"	155
5'7"	146	5'7"	166	5'7"	159
5'8"	151	5'8"	171	5'8"	164
5'9"	155	5'9"	176	5'9"	169
5'10"	160	5'10"	181	5'10"	174
5'11"	165	5'11"	186	5'11"	179
6'0"	169	6'0"	191	6'0"	184
6'1"	174	6'1"	197	6'1"	189
6'2"	179	6'2"	202	6'2"	194
6'3"	184	6'3"	208	6'3"	200
6'4"	189	6'4"	213	6'4"	205

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report



Kapau 'oku ke suka, tauhi lelei ho mafu, koe'uhi koho'o Suka 'e falingofua ai laka mahaki mafu pe teka pa kalava—ke he'ikai ke hoo'ia—kapau teka mapule'i ho Suka.



Teka lava laka mo'ui fuoia mo mo'ui lelei kapau teka mapule'i 'ae Suka ho toto, pea moe toto ma'olunga pea moho kolesitulolo.



'E fakataimi pe 'ene lava 'ehe toto ma'olunga 'o maumauri 'ae ngaahi 'okani ho sino hanga ko ho kofu ua pea moho mata. Koe toto ma'olunga koha fa'ahinga mahaki la 'oku ne 'ai ho mafu ke toe ngaue lahi ange. Pea koe kovi koha ho kolesitulolo pe koe (LDL) 'oku ne tapuni lava 'ae ngaahi kalava fetuku toto. Pea ko ho'o mapule'i 'ae ngaahi konga talahi koha 'e totu kuo 'osi tala atu laka mo'ui fuoia lava mo mo'ui lelei.



Fehu'i ki ho'o Toketa 'ae ngaahi me'a ni

- 1 Koe ha 'ae shi 'ahoku toto, pea moe toto ma'olunga, pea moe fika 'ohoku kolesitulolo?
- 2 Koe ha 'ae fika 'oku lelei?
- 3 Koe ha ha me'a teu fai kuu a'usia ai 'ae ngaahi fika 'oku lelei?

Faka'aonga'i 'ae tafa'aki 'e taha 'oe Foomu Fekau'aki moe Leko'oi ho Suka ke fai ki ai 'a ho'o tali.

Ngaue lava He taimi ni

Teka lava laka mo'ui fuoia mo ho famii, pea fakatuputaki ho'o mo'ui lelei pea fakasi'tei 'ae hoo'ia atu ha mahaki mafu pe pa kalava.

- ▼ Kai 'ae ngaahi me'akai fakamo'ui hanga koe fo'i'akau, vestipolo, piini pea moe uka.
- ▼ Kai 'ae me'akai 'oku 'ikai lahi ai 'ae masima pe ngako.
- ▼ Fakamalohisino fe'unga moho miniti 'e 30 he 'aho kotoa.
- ▼ Fakaholo laka sino lelei—'aki ho'o kai 'ae me'a 'oku lelei mo fakamalohisino ma'upe.
- ▼ Ta'ofi ho ifi tapaka, pea kole ke tokoni'i koe.
- ▼ Fofolo'i 'akau 'o fakatatau kihe fakafuofua 'ae Toketa.
- ▼ 'Eke ki ho'o toketa 'o fakau'aki pea moe loto 'asipiini.
- ▼ Kole kihe memipa ho famii pe koho ngaahi kaungame'a ken au tokoni atu ke tauhi ho mafu pea mo ho Suka.

“Healthy Changes” Curriculum

- “Healthy Changes” is a program developed by the National Council on the Aging
- The program is designed to help older adults manage their diabetes through diet and physical activity



GOALS with “Healthy Changes”

- Increase physical activity
- Promote weight loss
- Promote healthier eating habits



“Healthy Changes” (continued)

- Program was offered in three community locations
- Approximately 200 Pacific Islanders have completed the program

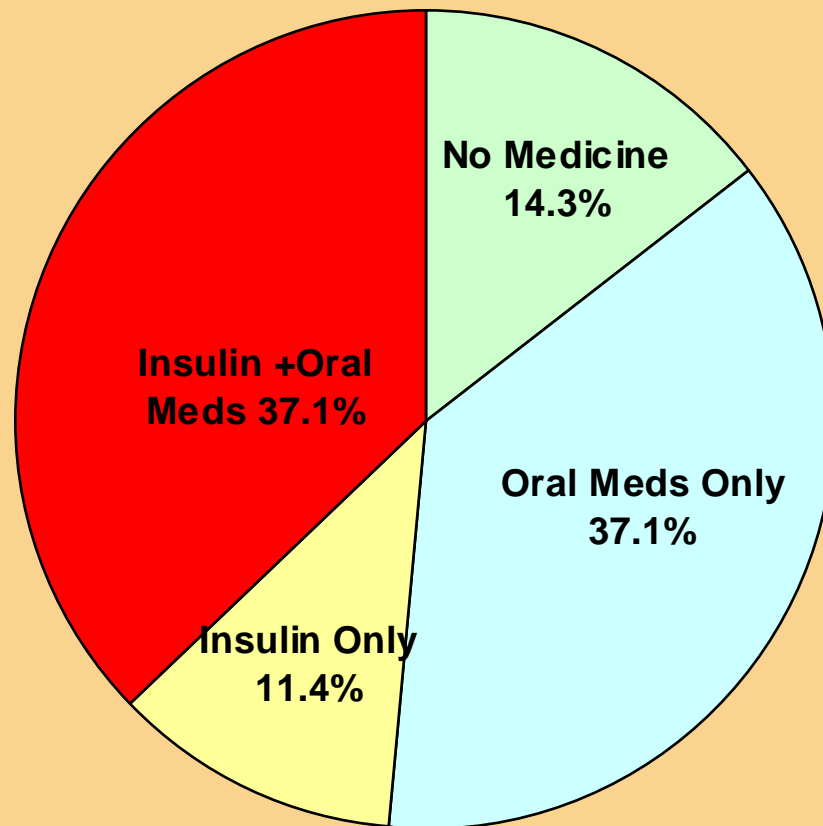


Participants

- Average age was 56.3 years
- Average BMI was 30.5 kg/m²
- 60.0% were female
- 62.9% of participants spoke Tongan as their primary language

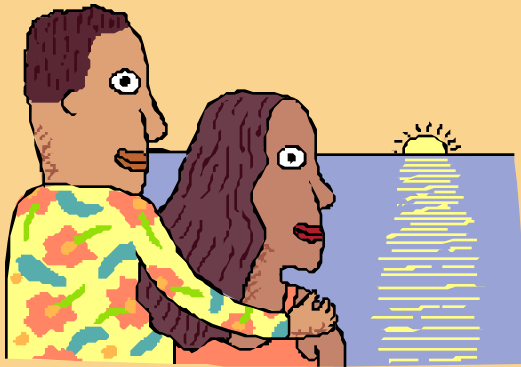


Medicine Protocols Used to Manage Diabetes



- 48.6% used insulin
- Average age at diagnosis was 46.4 years
- 54.3% exercise 30 minutes 5-7 days a week

Not the end.....but a beginning



Recommendations

- Look specifically at individual Pacific Island Populations and their values
 - Teach people to eat according to what they know and not according to what they feel or see.
- Gather data focusing on Pacific Islanders
- Develop effective, evidence-based programs that will control or prevent diabetes among Pacific Islanders

Thank you!



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Abstract #154176

Grass roots and taro roots: Community interventions for health promotion among Utah Pacific Islanders

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The disproportionate prevalence of diabetes and its risk factors among Pacific Islanders is well known. This population has increased dramatically in the U.S., and especially in Utah. Over one in 10 (10.5%) Pacific Islander adults in Utah has diabetes, a rate nearly twice that for the state (5.3%). Three-fourths (74.8%) are overweight or obese. The high prevalence of diabetes and overweight/obesity in the Pacific Islander population, coupled with its rapid growth, can be expected to substantially impact delivery of diabetes care and prevention. Yet, too little is known about the specific issues related to health care in this minority population. Public health efforts, particularly those through the National Diabetes Education Program (NDEP), have been well received among Pacific Islanders. However, some interventions may be even more effective if they are developed within the community itself and designed to address its particular challenges. The National Tongan American Society, based in Salt Lake City, Utah, implemented a grassroots community-based program to assist Pacific Islanders in managing diabetes among those diagnosed and in preventing it among those at risk. Culturally specific health education classes have been held since 2004 with materials in Tongan and Samoan. The curriculum, which complements NDEP materials, is taught in native languages at local churches and social centers. A qualitative analysis, based on input from class participants, was used to identify barriers (e.g., family, cultural, health care access) that initially challenged positive lifestyle modifications. Solutions for overcoming barriers, as suggested by participants, are being used to refine the interventions.

Learning Objectives:

1. Recognize the unique health care needs of Pacific Islanders with diabetes
2. Identify barriers to making lifestyle changes faced by Pacific Islanders
3. Describe solutions for overcoming barriers suggested by community members

Diabetes Today & Pacific Islanders in Utah

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The National Council On The Aging
Salt Lake County Aging Services

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announcement #04136 - Diabetes Today Phase II*
and #5U-32EP8227025. Contents of presentation
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