

Applying the ADCES
7-Self Care
Behaviors
in Navajo Communities

SDPI Advancements in
Diabetes



Disclaimer

- I can only speak from my own perspective of my lived experiences as a Navajo woman and dietitian.
- Take what is helpful, leave what is not



What are we going to learn today?

ADCES

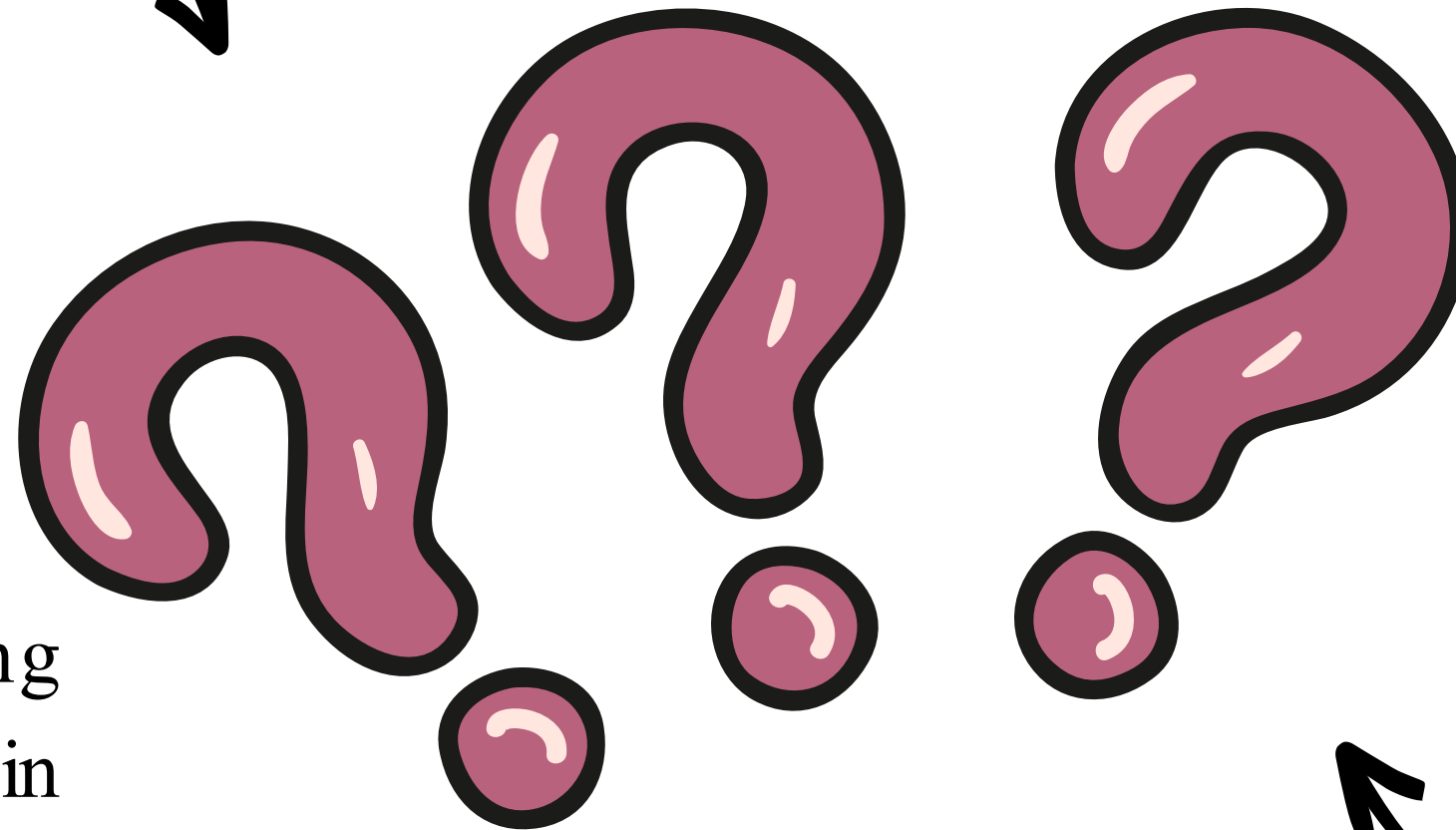
Key principles of the ADCES
7 self-care behaviors

Language
matters

Strategies for incorporating
the 7 self-care behaviors in
Navajo communities

Resources to dig
deeper

Determinants of health
in Navajo communities



Ya 'á t'é é h

I'm Denee!

I help American Indian and Indigenous communities understand our relationship with food and teach practical skills for building a healthier life while staying true to our heritage.

I am the owner and founder of Tumbleweed Nutrition LLC, founded in 2021 to help tribal organizations deliver evidence-based care.

I am from the Navajo Nation and currently live in New Mexico.

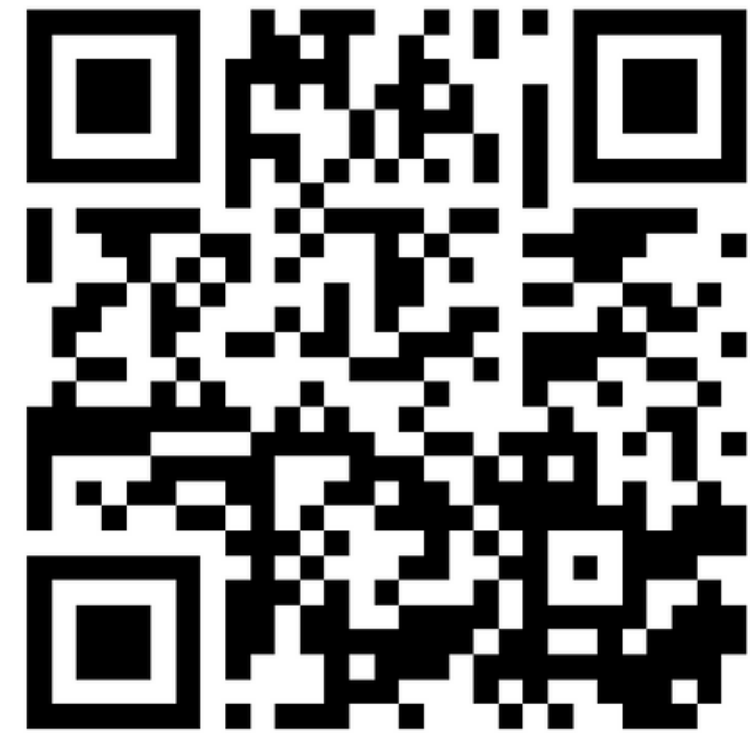
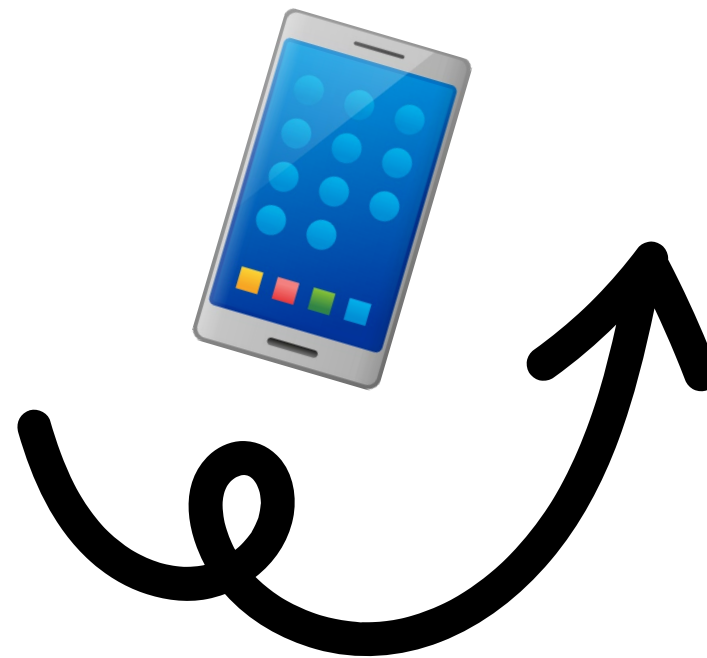


Determinants of health



Poll!

How familiar are you with the Navajo community?



What is health?

- It is a state of physical, mental and social well-being in which a person is free from illness, injury or disease.
- It's more about the person's overall conditions and not just an absence of disease.
- Is a dynamic and multidimensional concept that involves not only the body but also the mind and the social environment.
- "Health" is in the eyes of the beholder!



What is health?

Education

Healthcare

Economic
stability

Neighborhood &
environment

Social &
community



What does this mean for people with diabetes?

Education: Does the person understand their condition? Can the person read directions? Can the person access the education? What languages do they speak?

Economic stability: Does the person have a job? What are their bills? Do they have debt? What about medical bills? Can the person access food? Can they access financial support, if needed?

Social & community: Are people supported emotionally/spiritually? Are people engaged in community? Does the person experience discrimination? Are they stressed?



Access to healthcare: Can the person reach their healthcare team? Is the person comfortable advocating for themselves? Are there enough providers? Are the providers culturally inclusive? Are the medications appropriate and how are the side effects?

Neighborhood & environment: Does the person feel safe at home? In their neighborhood? Are there safe places to be active? What zip code do they live in? Do they have transportation? Do they have housing?

Some statistics

WATER

Compared to White households, Native Americans are 19 times more likely to live in a household without indoor plumbing with running water.

FOOD

28 U.S. counties have a population that is majority Native American. 18 of those counties were food insecure in 2020.

ELECTRICITY

On Native reservations, 14% of households have no access to electricity, 10 times higher than the national average.

ECONOMY

The national poverty rate for Native Americans was 25.4%, while 10.1% for White.



Some statistics

POPULATION

400,000 registered members

LAND BASE

27k square miles located within 4 sacred mountains and over 3 states

FOOD ACCESS

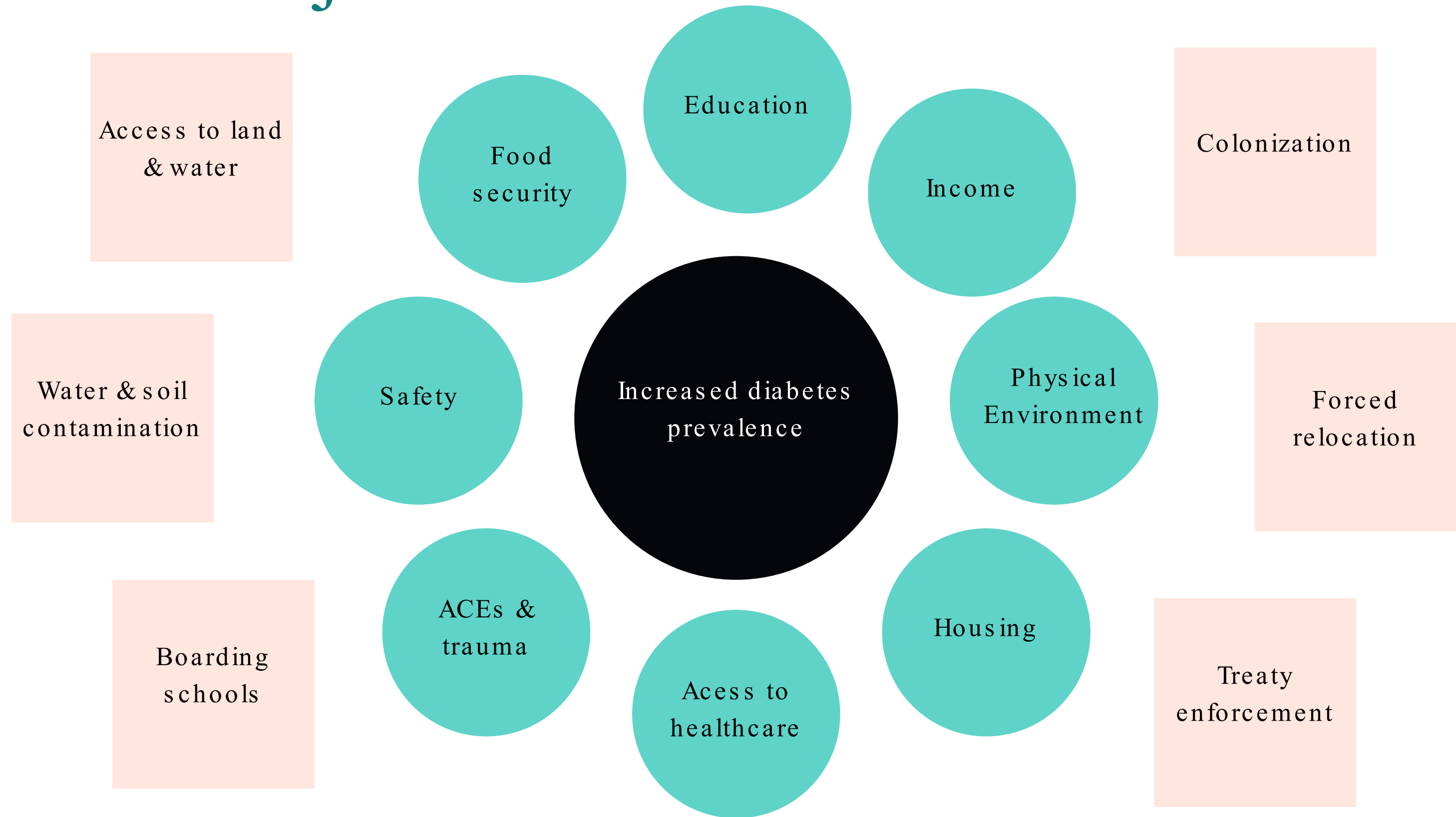
13 grocery stores in the entire nation

UTILITIES

- 1 in 3 Navajo lack electricity
- 30% lack indoor plumbing



Navajo Determinants of Health



Idea borrowed from Crear-Perry et. al

Disparities

Are any of these disparities related to trauma?

Diabetes

3.2x

Alcohol-induced
events

6.6x

Liver disease

4.6x

Drug-induced events

1.5x

Kidney disease

1.5x

Suicide

3.5x

The Native definition of health



Holistic well-



Connection to nature



Cultural & community values



Spirituality & healing



Balance & harmony

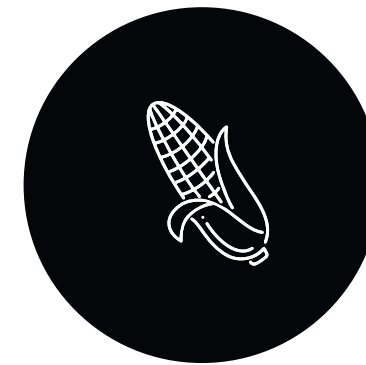


Traditional healing practices

The Indigenous connection to food



A holistic approach to food, animal and plants and recognizes the interconnectedness and interdependence of all living things.



Animals & plants are considered sacred beings and considered relatives.

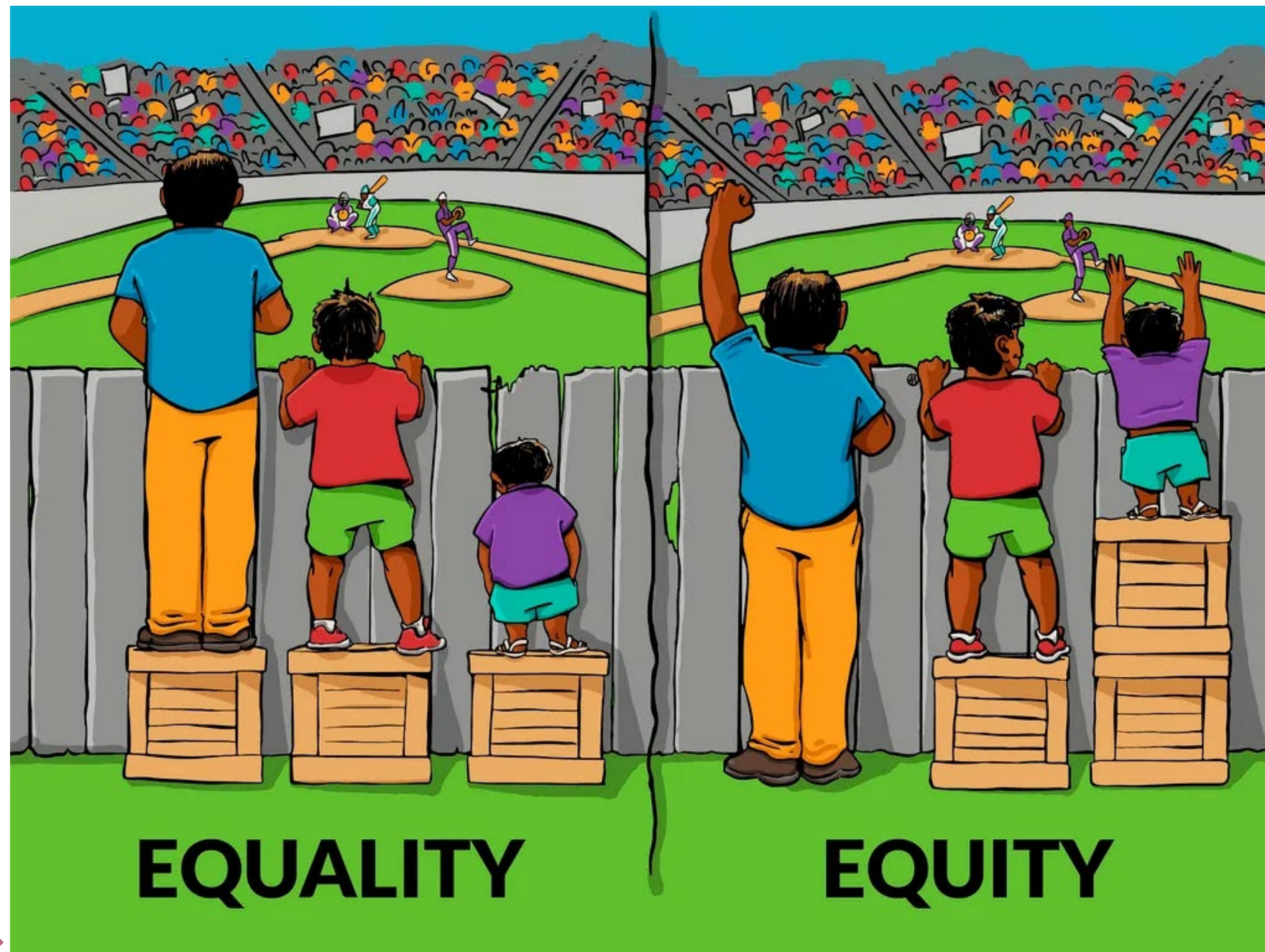


Certain plants and food are part of spiritual ceremonies and creation stories. Emphasizes the spiritual, cultural and physical aspects of food.



Developed thousands strains of plants, grains, fruits & vegetables & were successful stewards of the land.

Diabetes Interventions in Navajo communities



Must also address...

- Access to nutritious & traditional foods
- Access to healthcare
- Cultural competency training
- Culturally-inclusive education & outreach
- Social Determinants of Health
- Racial and Ethnic Disparities
- Economic opportunities
- Policy and advocacy
- Collaboration & community engagement
- Culturally sensitive data collection & research

ADCES

7 self-care behaviors

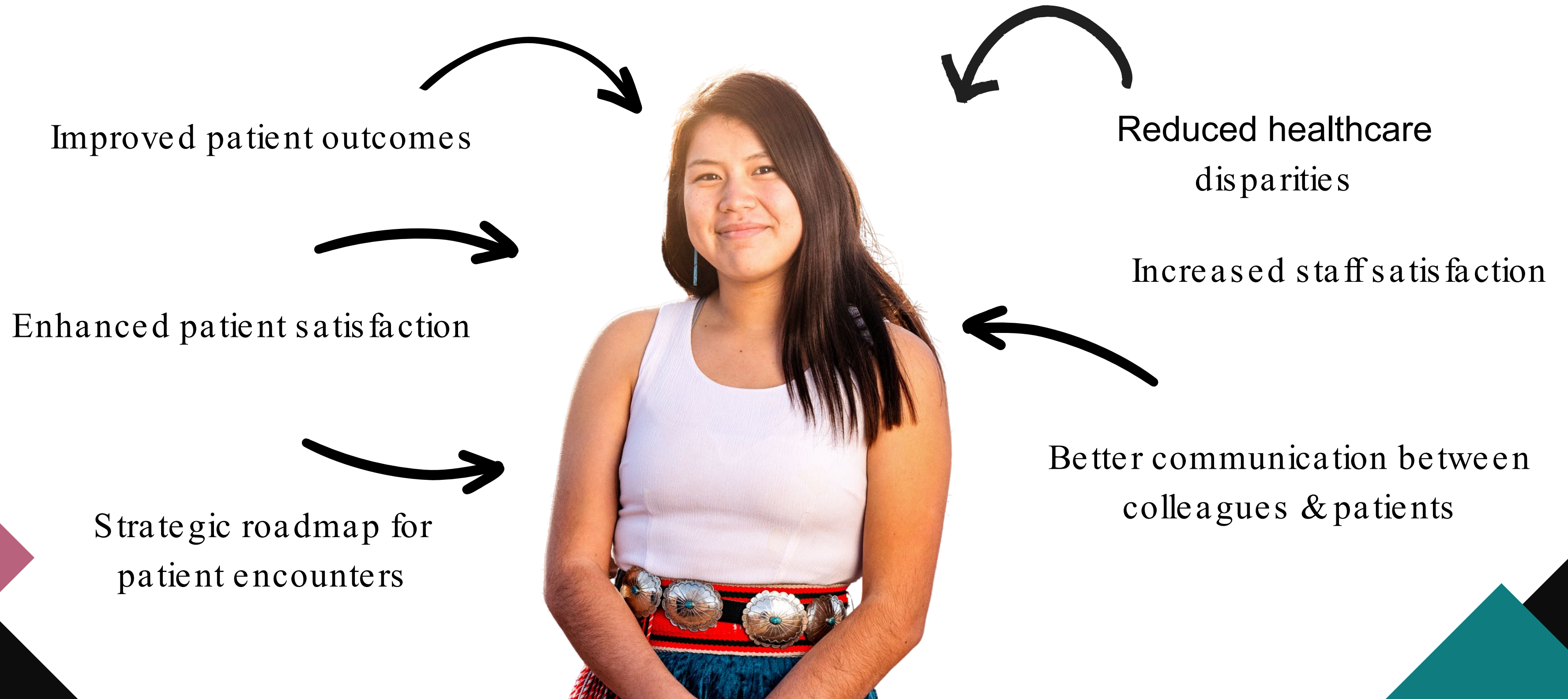


Poll!

How familiar are you with the ADCES 7 self-care behaviors?



Benefits of using the 7 self-care behaviors



ADCES

What is it?

Formerly American Association of
Diabetes Educators

Developed the 7 self-care behaviors
based on DSMES

Emphasizes more than education

ADCES[®]
Association of
Diabetes Care & Education
Specialists

Person-centered &
strengths based

Professional organization
for CDCES

Strategic roadmap for
healthcare institutions

But how do we apply it to Navajo and other Indigenous communities?



7 self care behaviors

Deep dive

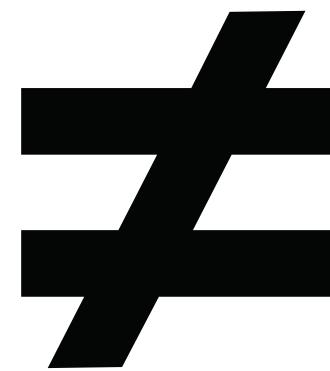
Let's look at the 7 self-care behaviors in a different way

- Goal is to work from inside ring to outer ring
- Putting the person-first
- Focus on quality of life
- Context is important
- Behaviors overlap
- Support self-determination



Special note!

Education

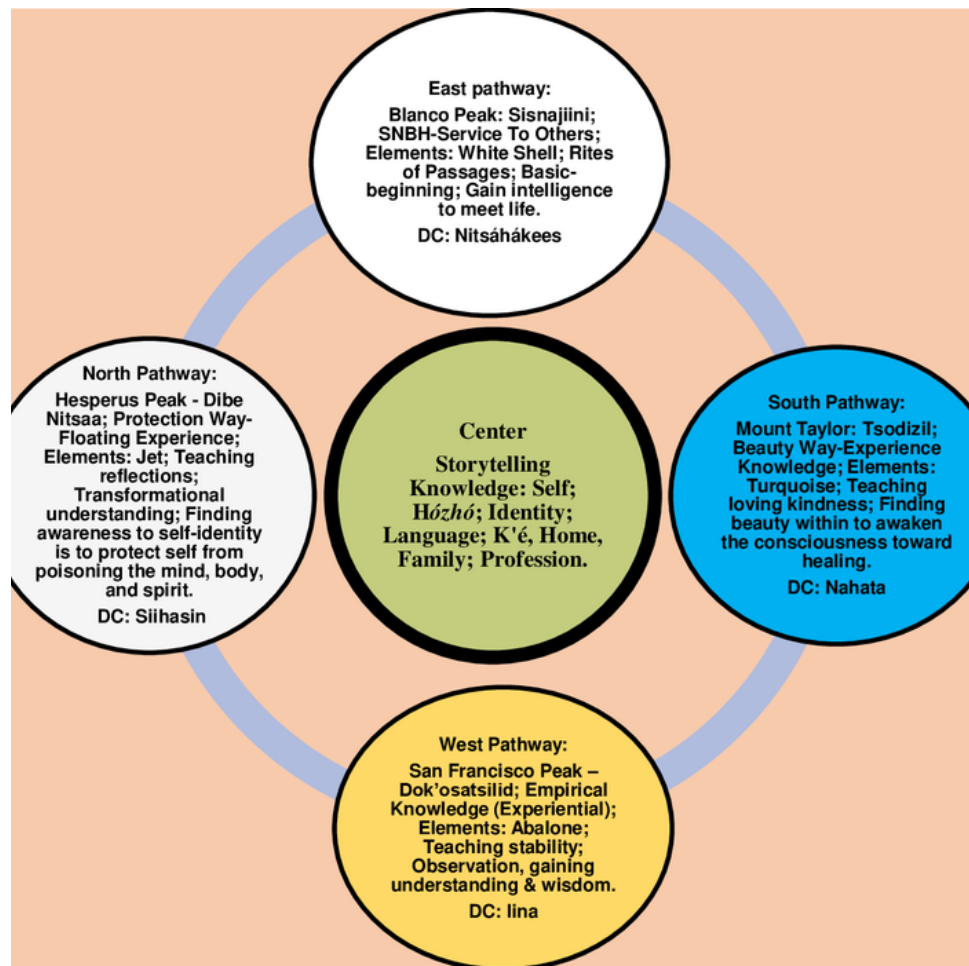


Behavior
change

Holistic support which works toward self-determination is necessary

Healthy Coping

Consider cultural beliefs about resilience and coping



Navajo Wellness Model



Acknowledge power of words (see ADCES Language Matters)



Support community

Healthy Eating

Consider an “additive approach” instead of limiting foods

- Breakfast
 - Blue corn mush, fried egg, spam, Navajo tortilla
- Lunch
 - Sandwich: Baloney, American cheese, chips, coke
- Dinner
 - Mutton stew, frybread, punch
- Snacks
 - Melons, bananas, cottage cheese, chips, crackers, etc.



Healthy Eating

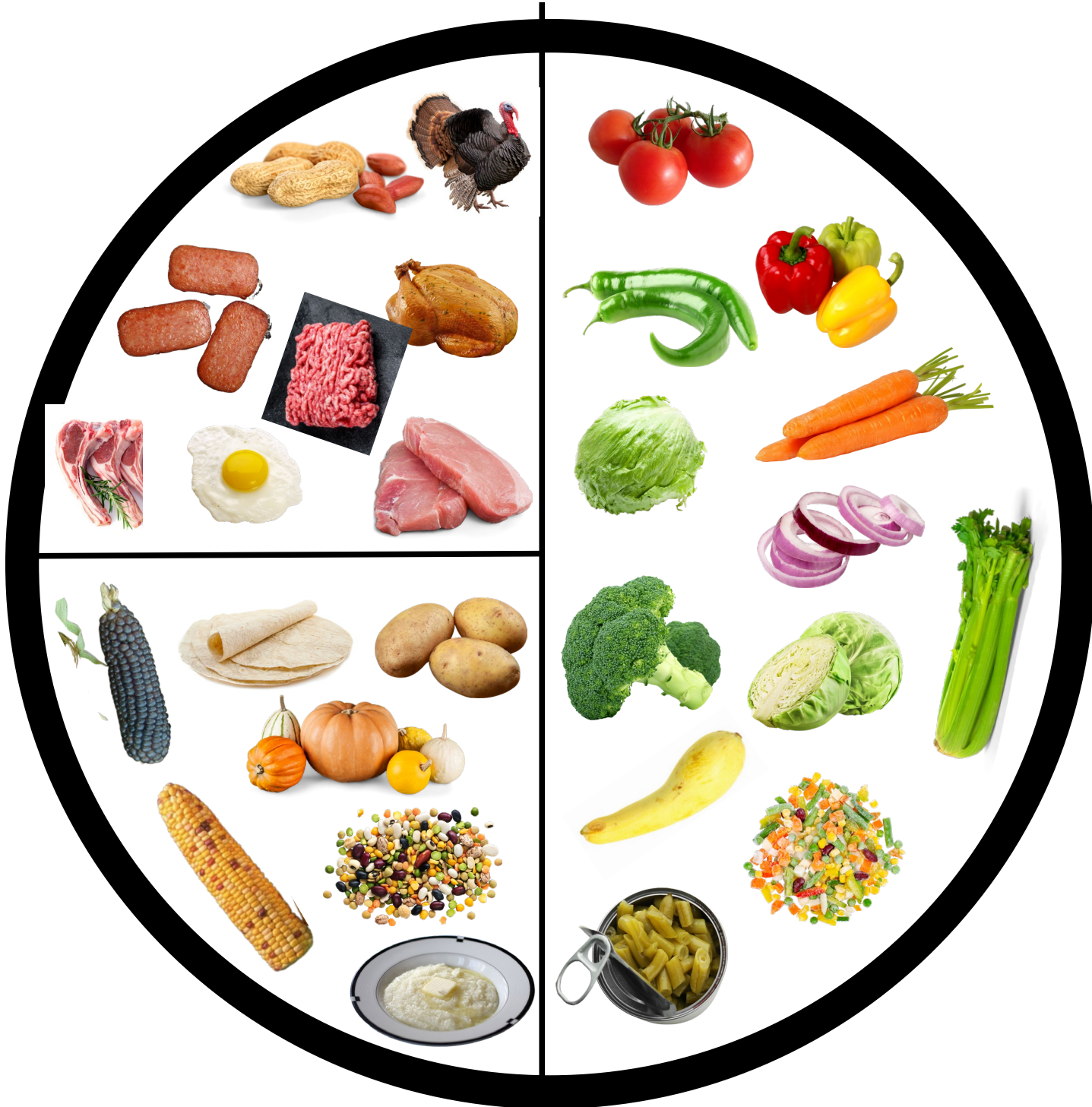
Diabetes Plate: Navajo Edition

PROTEIN

- Turkey
- Peanut/nuts
- Beef
- Porkchops
- Poultry
- Mutton
- Canned meat
- Eggs

CARBS

- Corn
- Corn products
- Kneel down bread
- Flour products
- Potatoes
- Winter squash
- Beans



NON - STARCHY VEGETABLES

- Tomatoes
- Peppers
- Carrots
- Lettuce
- Onions
- Broccoli
- Cabbage
- Celery
- Summer squash
- Frozen vegetables
- Canned vegetables

Being Active

Emphasize movement as a form of community, spirituality & coping skill



Gardening & farming



Traditional dance



Running

Taking medication

Respect importance of traditional medicine



Corn pollen



Sweetgrass



Laughter

Talk with local traditional practitioners

Monitoring

Consider access when discussing monitoring



Water & electricity
access



Health literacy (6th grade/
universal design)



Computer, internet &
cell phone access

Problem Solving

Consider creative ways which honors culture to help navigate



Hozhó: Incorporate wellness beliefs



Make key messages sticky



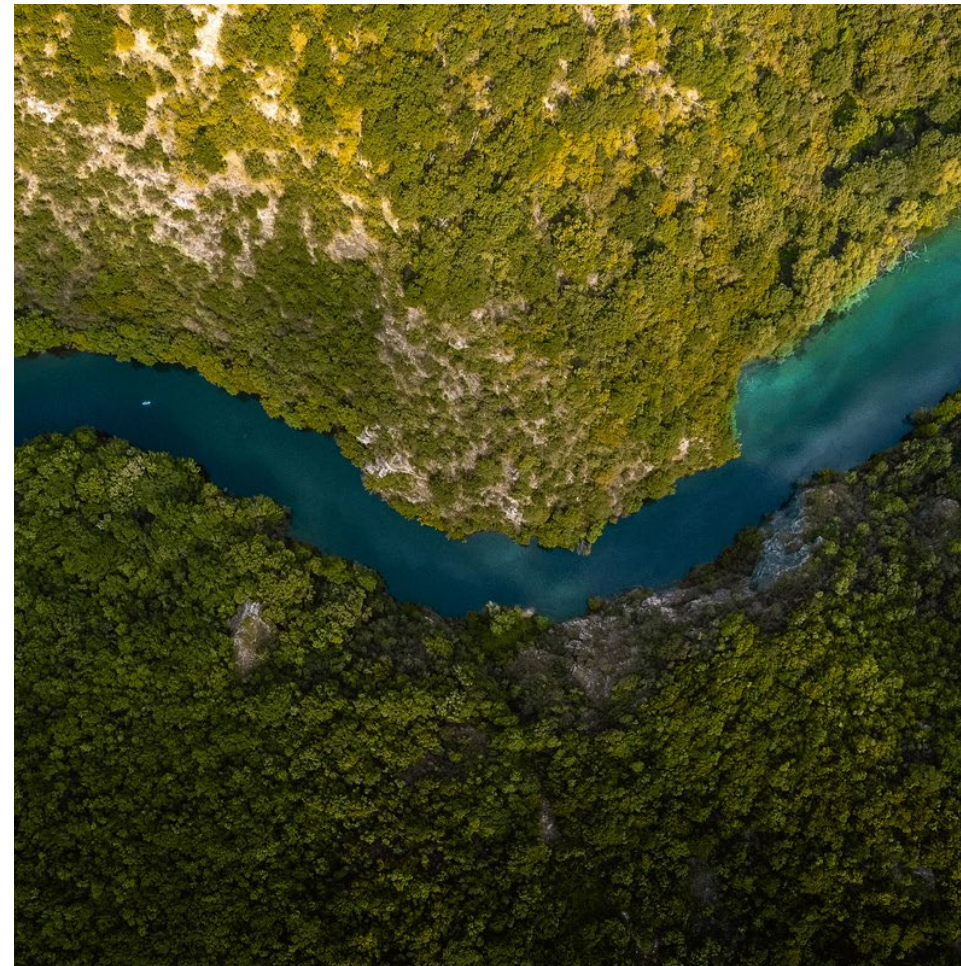
Teach-back method

Reducing Risks

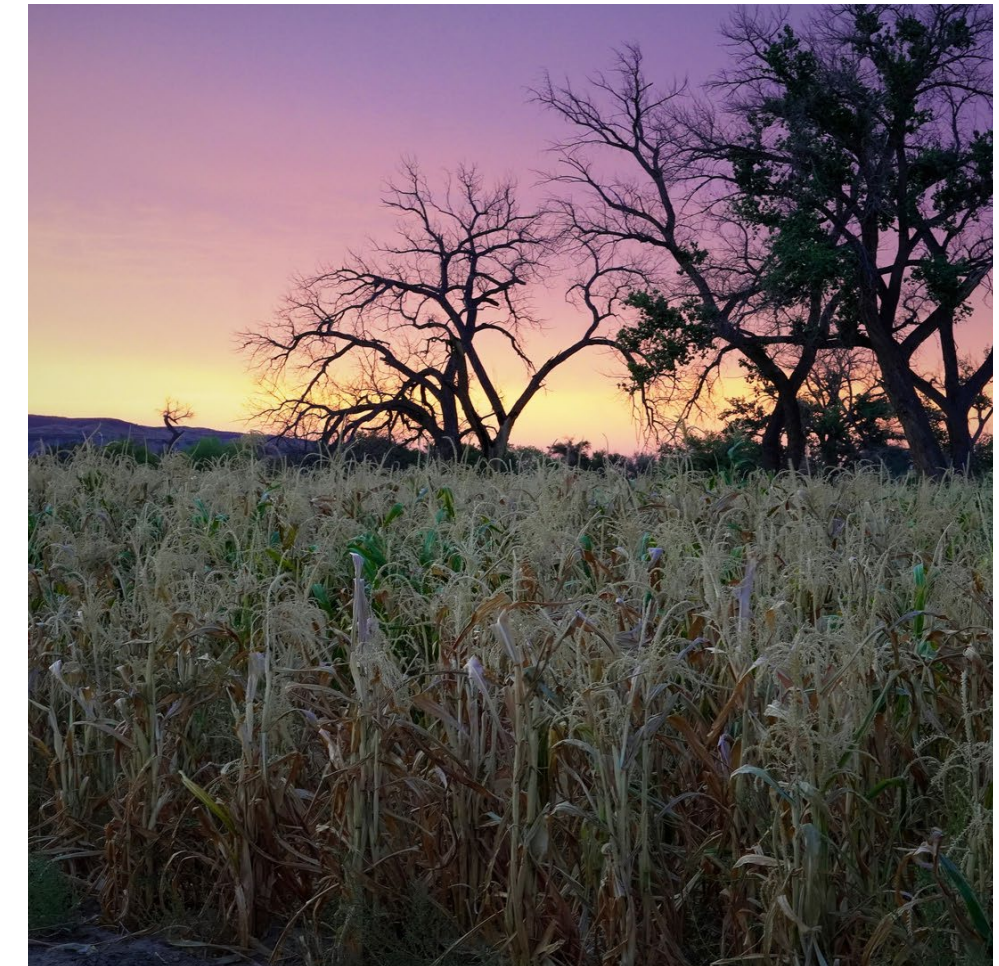
Provide non-judgmental guidance when discussing risk



3rd person language
or story-driven



Address barriers through
programs & policy



Seek permission

Meet Lydia

What's affecting her management?



- She works as a cashier at a local convenience store.
- She is very busy and tries to cook at home, but many times she relies on convenience foods or take-out.
- She often forgets her medications and glucometer.
- When she has time, she likes to gather traditional herbs and food in a nearby forest.
- She has 4 children and cares for 1 grandchild.
- She loves to make frybread for her family because she is known as the “frybread queen” and she loves ach’ii’
- She was also told her recent A1c was 9.4% and is worried about that.
- Where do we go from here?

Meet Lydia

Use the roadmap



Diabetes Affirmations

Examples of celebrating strengths

“Your feelings are valid and important.”

“You have the right to feel safe and comfortable.”

“Thank you for coming. That shows a lot of commitment to your health”

“You're not alone in this; we're here to support you.”

“Your courage and determination are inspiring.”

What do you think?



Is there something
you'd like to try that
stood out to you?

Challenges to using the 7 self-care behaviors

What should be aware of?

Limited training and education

Provider burnout

Organizational culture

Limited access to resources

Time & resource constraints

Stigma around diabetes

Resources to increase your knowledge

Speaking the Language of Diabetes:
Language Guidance for Diabetes-Related
Research, Education and Publications



Healthcare professionals, writers, researchers and the general public are invited to join a language movement by considering and adopting these recommendations:

Use language that...

- Is neutral, non-judgmental and based on facts, actions or physiology/biology.
- Is free from stigma.
- Is strengths-based, respectful, inclusive and imparts hope.
- Fosters collaboration between patients and providers.
- Is person-centered.

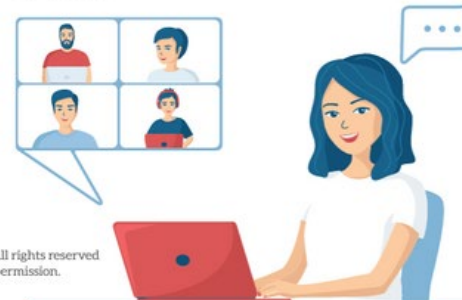
For additional resources, including the full list of word suggestions, visit DiabetesEducator.org/language

How we talk to and about people with diabetes plays an important role in engagement, conceptualization of diabetes and its management, treatment outcomes, and psychosocial well-being. For people with diabetes, language has an impact on motivation, behaviors and outcomes.

A task force, consisting of representatives from the Association of Diabetes Care & Education Specialists (ADCES) and the American Diabetes Association (ADA), convened to discuss language in diabetes care and education. They developed a joint paper which provides recommendations for enhancing communication about and with people who have diabetes.

Four principles guided this work and served as a core set of beliefs for the paper:

- Diabetes is a complex and challenging disease involving many factors and variables.
- Every member of the healthcare team can serve people with diabetes more effectively through a respectful, inclusive and person-centered approach.
- Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment.
- Person-first, strengths-based, empowering language can improve communication and enhance the motivation, health and well-being of people with diabetes.



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Motivational Interviewing in Health Care

HELPING
PATIENTS
CHANGE
BEHAVIOR

Stephen Rollnick | William R. Miller | Christopher C. Butler

WHAT
HAPPENED
TO YOU?
CONVERSATIONS ON TRAUMA,
RESILIENCE, AND HEALING



BRUCE D. PERRY, MD, PhD
OPRAH WINFREY

Conclusion

What are the takeaways?

The 7 self-care behaviors are important for Native communities

Diabetes affects all areas of our lives

Our clinical approach need to be culturally responsive

Change and collaboration starts with community

Discussions about diabetes must include discussions SDOH

More tools for your tool box



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Stay in touch



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Axhe'hee'!