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Anishinaabeg Path to Knowledge

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Talking Circles are used by Native American people to provide a way for people to solve problems that remove barriers and to allow people to express themselves with complete freedom. The purpose of this mixed method project was to impact the knowledge and self-care of diabetes among the Native American population by using advanced nurse-led diabetes education and Talking Circles for diabetes type II education. The project used Madeleine Leininger's culture care theory as a theoretical framework, and the Plan-Do-Study-Act process to support the design. A total of six participants completed the project and attended all six Talking Circle diabetes education sessions. The project was implemented over a time of eight weeks. The Diabetes Knowledge Test (DKT) tool was used as a pre-and post-test, initially to assess patients' current awareness and knowledge regarding diabetes and then upon completion of education sessions. A questionnaire comprised of two open-ended questions was used to evaluate perception and changes in self-care behaviors. The results were statistically significant ($p=0.00689$), DKT pre-questionnaires mean average was 67.7% compared to DKT post-questionnaire mean average of 88.8%. Data averages showed a difference of 24.17%. Seven themes were identified during the qualitative analysis: learned, understand/understood, helped/supported enjoyed, created, inspired and nice. The results of the project were clinically significant, and the project was chosen to support accreditation through the Accreditation Association for Ambulatory Health Care and the National Committee for Quality Assurance. Additionally, the organization plans to implement the project as part of a national standard of care. Further evaluation is recommended to expand the sample as the program that can be implemented in other locations across the country. Finding a method that caters to the Native American urban population will help improve quality care for a population that has the highest percentage of diabetes among all communities in the United States.

Title:

Anishinaabeg Path to Knowledge

Applicable category:

Clinical, Academic, Students

Keywords:

Native American, Talking Circles and Type II Diabetes

References:

Bibliographic References:

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Abstract Summary:

The project question was, in urban Native American adults diagnosed with type II diabetes; does the utilization of Talking Circles for diabetes education compared to traditional group diabetes education improve patient self-care behaviors in 8 weeks? The project used Diabetes Knowledge Tool questionnaires. Results showed a significant improvement in scores.

Content Outline:

Introduction:

Type II Diabetes was the seventh leading cause of death in Wisconsin last year, incurring an estimated \$3.9 billion annually in health care and lost productivity costs.

Each year, more than 1,300 Wisconsin residents die from diabetes; many more suffer disabling complications such as heart disease, kidney disease, blindness, and amputations.

A competent and effective diabetes program was needed to enhance the quality of life for Native American people with diabetes by providing sufficient self-care knowledge to manage their diabetes effectively.

Main:

Focus on American Indian and Alaska native communities in Wisconsin

To develop a program that could relate to the cultural beliefs of the Native American people with type II diabetes.

Determine if literacy is a barrier to treatment

To focus on cost-effective diabetes management that;
Reduced the personal tragedy in the public health cost of diabetes
Reduced the complications related to uncontrolled diabetes.

The significance of the project

This project is significant because there is not enough research regarding the use of cultural interventions and diabetes education among the Native American population. The study that is available is weak and doesn't have enough knowledge regarding the Native American population perception of diabetes.

Conclusion:

To engage in preventive care, there is a need to create cultural specific interventions that allow the client to have a voice in their care. Finding a method that caters to the Native American urban population will help us improve quality care for a population that has the highest percentage of diabetes among all communities in the United States.