

Appendix A:

Description of:

- ⇒ **Diabetes Today and Pacific Diabetes Today:
*Putting the “Pacific” in Diabetes Today.***
- ⇒ **Pacific Diabetes Today Resource Center (PDTRC).**
- ⇒ **Micronesia Human Resource Development Center (MHRDC).**
- ⇒ **Papa Ola Lōkahi**

Putting the “Pacific” in *Diabetes Today*

Diabetes Today was first developed in 1991 by the Centers for Disease Control and Prevention (CDC) Division of Diabetes Translation (DDT) to enable groups to jointly learn and practice a structured community planning model for the benefit of persons with diabetes. This is done by bringing together health care professionals, health advocates, representatives of community organizations, and community leaders and members including people with diabetes or people at risk for diabetes and associated complications.

Diabetes Today is a training program that incorporates principles of community organization, community health education, and adult learning to create community generated initiatives focused on helping people better manage their diabetes.

Diabetes Today is a community mobilization model designed to engage communities affected by diabetes in describing the burden of diabetes in a specified geographical community and defining targeted community interventions that will reduce risk factors and associated complications of diabetes.



CDC established a contract with *Papa Ola Lōkahi*, a Native Hawaiian Health Consortium, for the development and maintenance of the *Pacific Diabetes Today Resource Center* (PDTRC).

PDTRC contracts with the *Micronesia Human Resource Development Center* (MHRDC) to manage activities in the Western Pacific region. For descriptions of PDTRC, MHRDC, and *Papa Ola Lōkahi* see the following pages.

The Diabetes Today concept has been adapted by the *Pacific Diabetes Today Resource Center* (PDTRC) for Hawai‘i and the Western Pacific region.

Although Pacific Diabetes Today and the Modules in the *Pacific Diabetes Today Guidebook* relate to diabetes, the concepts can be adapted to accommodate other non-communicable diseases – NCD (chronic diseases) such as heart disease and hypertension. The concepts are general enough and the risk factors are similar enough that the planning concepts can be adapted and used to address other non-communicable diseases.



• P A C I F I C •
• D I A B E T E S •
• T O D A Y •

Pacific Diabetes Today Resource Center

www.pdtrc.org

Papa Ola Lōkahi
894 Queen Street
Honolulu, HI 96813

Phone: (808) 597-6550
Fax: (808) 597-6552
email: audreyyoung23@yahoo.com

The Pacific Diabetes Today Resource Center (PDTRC) was established as a regional *Diabetes Today* training center to extend technical leadership and support to the Pacific region including Hawai'i, American Samoa, the Federated States of Micronesia (FSM), Guam, the Commonwealth of Northern Mariana Islands (CNMI), Republic of the Marshall Islands (RMI), and the Republic of Palau, and national and regional organizations serving this region.

PDTRC convened an Advisory Council that assists and provides leadership in formulating the Pacific version of *Diabetes Today*. The PDTRC Advisory Council is composed of 15 members that represent Hawai'i and each of the jurisdictions and reflects the ethnic diversity of the region. The Advisory Council has the responsibility of defining an appropriate community model for this region, establishing evaluation and monitoring systems, and providing feedback to the training center on strategies to enhance the success of the training and implementation of community programs.

The contract requires the collection and analysis of qualitative data to help determine the relevance and cultural appropriateness of the current *Diabetes Today* model for communities in the Pacific, and to determine how the model can be developed and/or revised to better accommodate the unique characteristics and history of the Pacific region.

PDTRC Goals

- Develop a community model for diabetes prevention and control that captures the unique sociocultural perspectives and processes of this region and mobilizes interested community members in planning and implementing diabetes control interventions.
- Define a process for transferring the community model to health and human services professionals and community leaders that may include, but is not limited to a structured training program.
- Implement and evaluate this community model by providing training and support for community-based diabetes prevention and control initiatives.
- Provide on-going follow-up and technical assistance to participating jurisdictions and communities.

Pacific Diabetes Today logo: PANDANUS

Throughout the Pacific, the beautiful and majestic Pandanus grows profusely near the seashore, in-land, and on mountain peaks. Believed to be a most useful tree, the Pandanus was selected to be the logo for the Pacific Diabetes Today Resource Center.

The Pandanus tree has noticeable aerial roots that grow towards the ground to support the heavy leaf clusters. For people involved in Pacific Diabetes Today, that support is significant in their efforts to address the heavy burden of diabetes in the new century.

Although the leaves of the tree appear to be broken, they actually bend in the center and droop at right angles, suggesting long and pointed fingers reaching toward the earth. Together, the roots and the leaves symbolize support, flexibility, and resilience – all necessary ingredients in dealing with diabetes.

The female tree bears fruit that resembles a pineapple. This fruit is made up of many smooth, cone-shaped, orange-colored segments called keys. These keys are fitted together with precision and symbolize the cross section of Pacific Islanders.

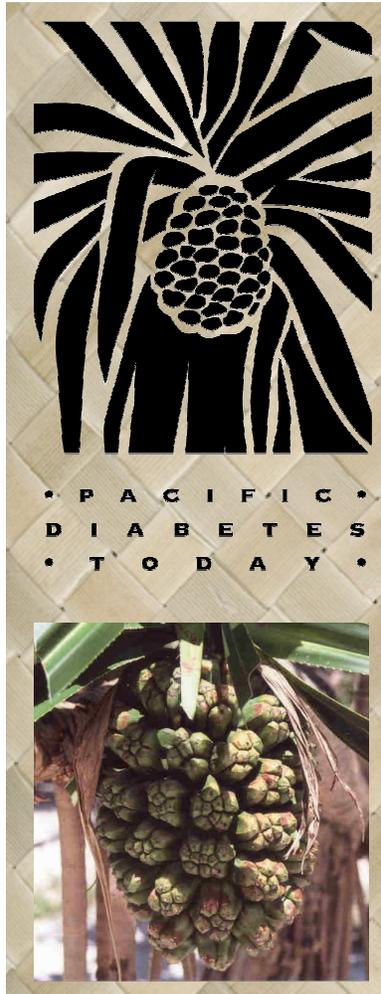
Wood from the male tree can take on a beautiful high polish when fashioned into calabashes. Sections of the wood of the female tree can be used as water pipes. Tips of the Pandanus roots and leaf buds are known to be high in Vitamin B1. By

distilling the oil from the sweet-scented bracts of the male flowers, a stimulant and headache remedy and a fragrant perfume can be produced. These represent the ingenuity, diversity, and versatility of Pacific Island communities.

Lining the Pandanus leaves are thorns. These thorns are reminders of the difficulties that we face in addressing diabetes. It is in the removal of the thorns that the leaves are made soft and adaptable for weaving – once again, reminding us of the importance of unity and cooperation.

This weaving process includes preparation, assessment, and planning – very much like the Pacific

Diabetes Today process. The finished product is one of indigenous simplicity based on a wide variety of cultural practices that values relationships and rapport.





Micronesia Human Resource Development Center

*A Non-Profit
FSM Corporation*

P.O. Box 1298, Kolonia, Pohnpei State, Federated States of Micronesia 96941
Telephone • (691) 320-2328 Facsimile • (691) 320-2305 email • mhrdc@mail.fm

Pacific Diabetes Today Resource Center established an office in the Western Pacific in Pohnpei, FSM through a sub-contract with the Micronesia Human Resource Development Center (MHRDC). This is a non-profit organization with a corporate charter issued in 1997 by the National Government of the Federated States of Micronesia. The Center was formed to continue some of the initiatives that began with the University of Hawaii, John A. Burns School of Medicine's Pacific Basin Medical Officers Training Program (PBMOTP). The PBMOTP officially closed its doors in December of 1996 after ten years of operation.

MHRDC Mission Statement

- **to serve as an organizing principal for the** development of undergraduate, graduate, post-graduate health and other educational programming **for the jurisdictions of the Pacific Islands;**
- **to** develop, conduct and coordinate continuing education opportunities **for the full range of health care providers and others in the Pacific, especially for those in Micronesia;**
- **to serve as an organizing principal for the** development of a civilian, non-commercial telecommunications network **in support of distance learning and distance medical consulting for the jurisdictions in the Pacific Islands;**
- **to assist in the** development, organization and function of professional health and other associations **in the Pacific Islands;**
- **to serve the Pacific Island jurisdictions as a** source for professional consultation **and coordination;**
- **to** conduct community development programs **and related programs applicable in the Micronesian jurisdictions.**

Papa Ola Lōkahi

Papa Ola Lōkahi (POL) is a consortium of public agencies and Native Hawaiian non-profit organizations striving to improve the health and well being of Native Hawaiians and other native peoples. It is a non-profit corporation registered in the State of Hawai‘i and tax-exempt under section 501(c)(3) of the US Internal Revenue code. POL was created by the Native Hawaiian Health Care Improvement Act in 1988. Funding for POL’s programs come from the federal government and from private foundations and contributions.

Papa Ola Lōkahi values:

Vision (*Ka Ikena*): A thriving Native community composed of healthy individuals and families informed about their rich heritage and culture, living in a state of *lōkahi* (unity and harmony), and making informed choices and responsible decisions in a safe island society that is *pono* (righteous and virtuous).

Mission (*Ke Ala Malamalama*): To improve the health status and well-being of Native Hawaiians and others by advocating, initiating, and maintaining culturally appropriate strategic actions aimed at improving the physical, mental, and spiritual health and wellness of Native Hawaiians and empowering them to determine their own destinies.

Corporate Philosophy: We believe, that we all seek to define and achieve our own sense of *pono* (righteousness) within our workplace. This includes knowing how we need to be, knowing how we become what we need to be, and knowing what we need to do and how we need to do it.

Appendix B:

Pacific Diabetes Today Resource Center: Focus Group Findings, July – September 1999

Areas Covered: American Samoa, Commonwealth of the Northern Mariana Islands (CNMI), Guam, Republic of the Marshall Islands (RMI), Republic of Palau, Pohnpei, and 5 sites in Hawai`i.

Data in this report are compiled from information recorded on flip charts using the PDTRC Community Assessment Guide as a tool for all groups.

Feedback to specific questions, by site, follows. Transcripts of the focus group sessions are available and are currently being analyzed to assist us in prioritizing issues and concerns raised.

QUESTION: *What are the major problems in your community?*

Overall (All sites combined): Community problems raised include:

- ✓ Economic issues (high cost of living, high cost of healthy foods, lack of jobs, homelessness, overcrowding, no access to land)
- ✓ Environmental issues (drought, pollution)
- ✓ Educational issues (not enough schools, no help for special ed kids, illiteracy)
- ✓ Access to good health care (lack of access to clinics, health providers, insurance, medications; lack of knowledge and communication)
- ✓ Other infrastructure issues (lack of transportation, lack of food choices, poor food distribution, poor public safety, nothing to do)
- ✓ Teen issues (teen drop-outs, pregnancy, substance abuse, stealing, nothing to do, speeding cars)
- ✓ Lifestyle issues (substance abuse, poor diet, lack of exercise, high stress, lack of health knowledge, fear/trust of MD)
- ✓ Health issues (prevalence of infectious and chronic diseases, e.g., DM, cancer, heart disease, TB)
- ✓ Social issues (single parenting, domestic violence, people not being *pono*/good/cooperative)
- ✓ Cultural and religious issues (“burdens” associated with church activities, cultural traditions, etc.)

Feedback to this specific question, by site, follows.

QUESTION: *What are the major problems in your community? (Responses from persons w/Diabetes by site.)*

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Burden due to church activities • Burden due to culture financial settings • Lack of exercise 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Politics • Obesity • Stroke • Health problems • Disabling effects of severe headaches 	<p><u>People w/ DM</u></p> <p>Related to DM:</p> <ul style="list-style-type: none"> • People are diagnosed late. • Lack of education and awareness of DM • People ignore MD advice. • We eat too much. • Not much info on TV re: DM • Stigma still there about having DM • Heart attacks are a big killer on Guam, even in young people. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Not enough money, too much spending on gambling, church • Hunger • Unsanitary environment • Overpopulation • Not enough water • Not enough toilet facilities • Too many flies • Not enough stores in Rita • Roads are not safe • Insufficient space for housing • Young people do not sleep • Alcohol, smoking • Diabetes • People steal • Fighting among people 	<p><u>Overall</u></p> <ul style="list-style-type: none"> • Low income, high cost of living • Pollution • Inadequate education • MD should tell stores types of food to stock. • Too much imported food in stores • No recreations areas • Kids are <i>tedobch el belau</i> and <i>tedobch el merikel</i>. • Parents don't spend time with or supervise their kids. • Lack of knowledge about DM 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Unemployment, low or no income • Over-crowding, lack of land for planting in Kolonia • Shoreline pollution, dirty communities • Not enough water in mountains, drought • Lack of local foods in Kolonia, lack of meat in rural areas • Teens bored, drunk, in trouble, not respectful to elders • Alcohol abuse • Sakau abuse 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • High cost of living-2 • No jobs-3 • Lack of resources, 3 • Homelessness, 1 • Low literacy/education-3 • Lack of medical and preventive services, insurance-3 • Distance to MD-2 • MD won't listen, don't know about DM-2 • Lack of healthy foods-2 • Lack of transport-2 • Teens out of control.-2 • Teen pregnancy-1 • Poor lifestyle, low health knowledge-4 • Substance abuse, smoking, alcohol-5 • People don't see MD-1 • Too many parties-1 • High prevalence of DM, cancer, etc.-3 • Television-1 • Single parenting-1

RESPONSES FROM FAMILY MEMBERS CONTINUED ON NEXT PAGE

QUESTION: *What are the major problems in your community? (Responses from family members of persons w/Diabetes)*

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawaii
<p><u>Family Members</u></p> <ul style="list-style-type: none"> Financial problems Foreign vs. local business Not enough land, few gardens In/out migration Land preservation Pollution Poor educational opportunities Lack of access to health care Infrastructure is under-developed. Poor public safety Youth problems Unhealthy lifestyles Drug problems 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> We have lots of health problems. There are lots of sick people on island. We need more than one hospital. Poor communication between MD and patient Patients are in denial. MD misdiagnosed patient's disease. People don't know seriousness of DM. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> Obesity Diabetes Lack of exercise Lack of interest in knowing about DM and getting involved. People are in denial about DM. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> Overcrowding Not having peace Alcohol Smoking Diabetes Stealing Fighting and murder 	<p><u>Overall (continued)</u></p> <ul style="list-style-type: none"> Poor diet Lack of exercise Substance abuse Laziness Premature death of young people Greed for money and materials Lack of time to instill family values in our children 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> No money Over-crowding No place to farm Tax inflation (tax on imported foods) Trespassing Drought Shoreline pollution No medicine Lack of healthy food Youth are drinking, stealing, speeding, and being disrespectful. Parents are drinking alcohol and <i>sakau</i> and neglecting kids. Funerals have gotten too expensive. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> Bad economy-2 No jobs-4 Lack fed/state money-3 Poor water quality-1 Heat and drought-1 Litter-2 Few education opportunities for youth, adults-3 Uneven access to health services, info, insurance-4 Few activity options for youth, adults, families-4 Kids not supervised-2 Vandalism-1 Teen pregnancy-1 Drugs and alcohol (all ages)-5 Traffic accidents-1 People don't exercise or eat right.-1 Over-reliance on MD-1 Poor health among Hawaiians-1 People are not <i>pono</i> or cooperative-2 Health care costs-2 Violence-1

QUESTION: ***How big a problem is DM in your community?***

Overall: Respondents see DM as a big problem for these reasons:

- ✓ High prevalence (It affects many people at younger and younger ages.)
- ✓ Health impact (DM causes many health problems, sexual dysfunction, emotional problems, and death. Communities lack health resources.)
- ✓ Social impact (Most people with diabetes are sick and less productive than non-diabetics. DM causes stress in families.)
- ✓ Economic impact (DM is costly to manage, impacting family and community budgets.)
- ✓ Awareness issues (DM is hidden, people don't know if they have it, people have misconceptions about DM and some are fatalistic, MD lack info on DM.)
- ✓ Cultural issues (DM is related to food, and food behavior has cultural significance so it is hard to change.)

Feedback to this specific question, by site, follows.

QUESTION: *How big a problem is DM in your community? (Responses from persons w/Diabetes by site.)*

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> DM is a serious and big problem, but also a hidden problem. DM is caused by the lifestyle in American Samoa. Once you have DM in your family, you do not have a chance of not getting it. It's increasing. There has been a 75% increase in the territory. There is a lack of knowledge about DM and its complications. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> It is a problem. It's a problem because many are dying, esp. in our Carolinian community. It's a problem, and food is our problem because it's part of our culture. The Health Center doesn't have stats; it's a problem. Most people should be screened because they don't know if they have DM. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> It is very serious, 3 out of 5 families have diabetic family members. It is a drastic problem because people ignore it even when they see others having problems. At every social event, we are surrounded food, mostly food that is not good for the diabetic. Few realize that DM is preventable. People must understand that fiesta food is a problem. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> It's a very big problem. DM is the number one health problem here. 	<p><u>Overall</u></p> <p>DM is a very big problem because:</p> <ul style="list-style-type: none"> Previously it was a problem of the aged, but now there are many juvenile cases. Lack of knowledge about DM. Lack of awareness that DM can be managed properly. DM appears have a stigma attached to it. People are afraid to come to the clinics. Young males don't seek care as they fear DM will interfere with sexual performance. Lack of staff, outreach, and service programs in DM. 	<p><u>People w/ DM</u></p> <p>DM is a very big problem because:</p> <ul style="list-style-type: none"> It is a leading cause of hospital visits. It causes numbness in lower extremities. Diabetics can't work hard or meet family responsibilities. It causes stress, and diabetics are short-tempered, emotional. It is expensive to buy the needed medicines. People with DM lose interest in sex. It's hidden, so you worry that you might get it and once you get it you worry more, and this makes it hard to control it. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> DM is #1 health problem-1 Many have DM, but don't know-2 It is a problem for the elderly-2 It affects 80% of the community-1 A lot of young people are being diagnosed with DM-2 People are dying from DM-1 Diabetics don't see it as a problem until complications set in-2 Lots of patients in MD office 'cuz of it-2 It can lead to many complications-2 It is a financial burden on the family budget. Many MD don't know about DM mgmt-2

RESPONSES FROM FAMILY MEMBERS ON NEXT PAGE

QUESTION: ***How big a problem is DM in your community? (Responses from family members of persons w/Diabetes by site.)***

<p><u>Family Members</u></p> <p>DM is a big problem because:</p> <ul style="list-style-type: none"> • It is a financial burden for the family and for the country. • People lack knowledge about it. • It is a burden due to unhealthy lifestyles. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • People are in denial. • People think DM is curable. • Patients don't take meds as prescribed. • People turn to local medicine, which sometimes help. • Food in our culture is fatty and salty. • Education for people with DM on diet is regarded as insult if told not to eat. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • DM ranks very high; I would put it 9 on a scale from 1 to 10. • It is a problem not only on Guam but all over the Pacific, because we like to eat, party, and drink beer. • It can cause other organs to malfunction. • Let people go to the hospital to get their blood sugar tested. • It should be a top priority. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • It's a very serious problem among many serious problems here. 	<p>See previous page.</p>	<p><u>Family Members</u></p> <p>DM is a big problem because:</p> <ul style="list-style-type: none"> • It is a big cause of tension in the family. • A special diet must be prepared for the person with DM and this makes the person angry to be "different." • People with DM can't work hard or meet family duties. • People with DM lose interest in sex. • Family members must remind diabetic to take medicine. • Family members must take up slack, or give up work to stay home to provide care. • It causes people to be short-tempered. • Some live far from health care. 	<p><u>Family Members</u></p> <p>DM is a big problem because:</p> <ul style="list-style-type: none"> • A lot of Hawaiians have it, seems like every other person-5 • You could lose your ability to work-1 • You can lose your toes, leg, and eyesight-1 • It causes death-1 • People are not aware of DM-1 • Wife got it when pregnant-1 • Some diabetics don't take care of themselves-1 • DM care is costly-1 • DM places a burden on families-1 • It is a problem that comes from western influence-1 • People are not eating a healthy diet-1
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QUESTION: *What do you know about what people can do to control their DM? (Responses from persons w/diabetes.)*

Overall: People with DM and their family members know what people can do to control DM:

- ✓ Eat healthy foods.
- ✓ Exercise.
- ✓ Follow MD's advice about lifestyle, medications, and self-monitoring.
- ✓ Control stress.
- ✓ Get support from family and friends.
- ✓ Learn as much as you can about DM.

Very few participants, however, mentioned the importance of not smoking.

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Eat healthy foods. • Exercise. • Reduce salt, fats, sugar intake. • Get support from family and friends. • Take time to relax. • Stay calm. • Live happy. • Don't drink. • Listen to and apply MD's advice. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Control your diet. • Probably don't eat at all. • Eat less sugar and exercise. • Eat sugar-free and fat-free foods. • Watch your intake. • Change your eating habits. • Don't drink too much soda pop. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Exercise--this is the hardest for people to do, but the most important. • Follow MD's advice. • Control stress. • Learn as much as you can about DM; the more you learn the better off you are. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Eat good and nutritious diets and healthy foods. • Don't eat too much meat. • Exercise. • Don't drink alcohol. • Keep appointments with MD. • Take medications from the hospital and also Marshallese medicine (<i>nen</i>). 	<p><u>Overall</u></p> <ul style="list-style-type: none"> • Manage your diet. • Take prescribed medications. • Visit the clinic regularly. • Exercise. • Follow the MD's advice. • Those who can afford a glucometer should use it daily. • Family can help by changing diet too. • Use traditional medicine. • Get information about DM, even if you have to go off-island to get it. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Monitor your diet. • Eat local foods. • Exercise (walk or work in the garden). • Go to the hospital for check-ups. • Take medicine as prescribed. • Boil <i>weipwul</i> (noni) roots to drink. • Dry <i>weipwul</i> (noni) fruit and squeeze juice on sores. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Watch diet-5 • Read food labels-1 • Keep wife at home to watch what I eat-1 • Control intake-1 • Drink lots of water-1 • Eat on time-1 • Exercise-5 • Take medication-5 • See MD regularly-3 • Check blood sugar-2 • Get eyes checked-1 • Check BP regularly-1 • Check feet-1 • Stay on a daily routine-3 • Develop will power-1 • Get education for patient and family-2 • Release stress and learn to relax-2 • Change lifestyle.-1 • Get counseling-1 • Get your family to support you-1

QUESTION: *What do you know about what people can do to control their DM?*
(Responses from family members of persons w/diabetes.)

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Exercise. • Manage your diet. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Change eating and exercise habits. • Get regular check-ups with the doctor (take a translator if needed). • Take prescribed medication. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Take medications as prescribed. • Exercise is the best kind of medicine. • Eat the right amount and kind of food. • Have sex. • It's easy to have knowledge, but it's very hard to have good habits; need more discipline and more exercise. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Eat health and nutritious foods. • Don't drink alcohol. • Exercise. • Get regular check-ups with MD 	<p>See previous page.</p>	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Cook/eat the right food, local food. • Lose weight. • Exercise. • Do all the things the PH people tell you. • Don't make them feel worried. • Let diabetic watch TV to reduce stress. • Use <i>eliel</i> (massage). • Boil/drink <i>weipwul</i> (noni) or <i>metenuht</i> (banana root). 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Stick to diet (make good choices, eat small amounts)-5 • Eat more veggies-3 • Drink lots of water-3 • Exercise-5 • Take medication-4 • See MD regularly-4 • Check blood sugar-4 • Follow a daily routine and be consistent-2 • Look into traditional healing herbs (<i>la'au</i>) and alternative treatments-1 • Get education for patient and family-4 • Register for programs-2 • Release stress and learn to relax-2 • Change old habits.-2 • Never forget to be <i>kamalii</i> (a child)-1 • Be a good example to others-1

QUESTION: *What is hard/easy about eating good food? (Responses from persons w/diabetes)*

Overall: Issues surfaced in these categories:

- ✓ Economic (Healthy foods cost more, no land for gardens..)
- ✓ Knowledge (What’s healthy, how do you prepare healthy foods, what’s too much?)
- ✓ Will power and habit (I love to eat, ono the fat.)
- ✓ Culture (Fiesta foods are high-fat, rice is a staple.)

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai’i
<p><u>People w/ DM</u> <i>Hard to Diet</i></p> <ul style="list-style-type: none"> • Too many good tasting dishes in Samoa; they are very tempting. • Our diet is based on foods that are high in fat, like pork, salt beef, and turkey tails. • We have to eat at weddings, funerals, and other cultural events. • Control exists only when pain comes. • Healthy food is more expensive than fast food. <p><i>Easy to Diet</i></p> <ul style="list-style-type: none"> • It would be easier if we had healthy and inexpensive “fast foods” options. 	<p><u>People w/ DM</u> <i>Hard to Diet</i></p> <ul style="list-style-type: none"> • Not being able to eat what you want. • Food is important culturally; we always offer food when someone visits. • The Bible says “better to eat and die when you’re hungry” • It’s not good to be thin. • If I eat less, I don’t feel full. • Parties <p><i>Easy to Diet</i></p> <ul style="list-style-type: none"> • I learned to eat smaller portions. • I learned to balance intake and exercise. 	<p><u>People w/ DM</u> <i>Hard to Diet</i></p> <ul style="list-style-type: none"> • Many “fiesta food” dishes have coconut in them and are loaded with fat. • It’s hard to stay away from coconut milk. • Too much tempting food around. • Every social event has food. <p><i>Easy to Diet</i></p> <ul style="list-style-type: none"> • The SDA clinic helps people better manage diets. 	<p><u>People w/ DM</u> <i>Hard to Diet</i></p> <ul style="list-style-type: none"> • Not enough space to start home gardening. • No seeds are available. • Cultural barriers that do not allow anyone to start gardening. • The food prices are too high. • Too many people live in each household; not enough bread winners in the household. • The “sharing” feeling or cultural value of sharing is diminishing. 	<p><u>Overall</u> <i>Hard to Diet</i></p> <ul style="list-style-type: none"> • Lack of understanding of family members about DM. • Family members have different needs, so can’t all eat same diet. • Old habits are hard to break. • <i>Nglemokel</i> (inability to discipline oneself in eating). <p><i>Easy to Diet</i></p> <ul style="list-style-type: none"> • Child in family has congenital heart problem and requires special diet, so whole family eats it. Child reminds other family members not to eat soy sauce, salt, etc. and reminds parents when she needs to take medicine. 	<p><u>People w/ DM</u> <i>Hard to Diet</i></p> <ul style="list-style-type: none"> • I love to eat a lot. • It’s hard to overcome desire to eat favorite foods. • No place in town to plant garden • No money to buy good foods • No money for special diet • Wife only cooks one meal for whole family • I’m a picky eater. <p><i>Easy to Diet</i></p> <ul style="list-style-type: none"> • Nothing 	<p><u>People w/ DM</u> <i>Hard to Diet</i></p> <ul style="list-style-type: none"> • I’m still hungry! • Lauas, parties, “eat until tired” every weekend-1 • Veggies are expensive-1 • Ono the fat-1 • I don’t like to waste, so I eat the kids’ leftovers-1 • Other family members get to eat different foods-2 • Brought up on canned foods, and they’re cheaper-1 • Fruits have sugar-1 • Avoiding sweets-1 • Staying on diet-2 • Preparing food is more work, hard-2 • Stores don’t carry sugar-free products-1 • High cost of food-2 • I’m not sure about how big portions can be-3 • Hard to control carbohydrates in what we eat-2 • Not knowing about foods-2 <p><i>Easy to Diet</i></p> <ul style="list-style-type: none"> • Plenty fish, veggies, fruits-1 • Dr. Shintani’s book-1 • Water is free-1 • Some restaurants have healthy food choices-1

QUESTION: *What is hard/easy about eating good food? (Responses from family members of persons w/diabetes)*

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>Family Members</u></p> <p><u>Hard to Diet</u></p> <ul style="list-style-type: none"> • They forget to follow a routine diet. • It's expensive to eat a good diet. • The DM person is stubborn. • Food is prepared according to culture's tastes. <p><u>Easy to Diet</u></p> <ul style="list-style-type: none"> • If you budget and have fast recipes, you can prepare nutritious meals. 	<p><u>Family Members</u></p> <p><u>Hard to Diet</u></p> <ul style="list-style-type: none"> • CNMI foods are high in sugar, salt and mantica (fat). • Fiestas... every week there is a party. 	<p><u>Family Members</u></p> <p><u>Hard to Diet</u></p> <ul style="list-style-type: none"> • Fresh fruits and veggies not always available. • We drink a lot of sodas because it's so hot here. • We like to eat ice cream to cool off. • People eat a lot of food but drink a "diet" cola to compensate. • It's easy to watch TV and eat. • The media shows different ways to prepare Spam. <p><u>Easy to Diet</u></p> <ul style="list-style-type: none"> • I am the cook and I cook low-fat, mostly fish and veggies, and my family eats it. 	<p><u>Family Members</u></p> <p><u>Hard to Diet</u></p> <ul style="list-style-type: none"> • No home gardens, not enough space to start a home garden project. • Not enough money to eat right. • We buy the wrong kinds of foods. • We lack understanding on food preparation for people with DM. • We like the taste of the foods we're used to. • We cannot neglect the "want to taste" feeling. <p><u>Easy to Diet</u></p> <ul style="list-style-type: none"> • Local foods are good foods, like banana, fish, breadfruit, and green leafy vegetables. • We can learn to boil foods and cook on an open fire. 	<p><u>Overall</u></p> <p><u>Easy to Diet</u></p> <ul style="list-style-type: none"> • Sometimes, regular monitoring by health providers helps one to discipline oneself. • It is easy if you do it a long time and it becomes habit. 	<p><u>Family Members</u></p> <p><u>Hard to Diet</u></p> <ul style="list-style-type: none"> • I only cook one meal for family. • He loves to eat a lot and gets mad when restricted. • I don't know how to prepare good food so I give wife whatever she wants. • No money to buy good foods. • No money for special diet. <p><u>Easy to Diet</u></p> <ul style="list-style-type: none"> • My husband is willing to eat a special diet. 	<p><u>Family Members</u></p> <p><u>Hard to Diet</u></p> <ul style="list-style-type: none"> • Hard to cut down on rice-3 • There's too much food-2 • It's hard to resist sweets-2 • Parties-1 • The philosophy is, "We're not here for that long, so let's enjoy what we have."-1 • Limiting portions is hard-3 • It's hard to be disciplined-3 • Healthy foods cost more-3 • Lack of healthy foods-1 • Family eats wrong food-3 • Lack of food knowledge-3 • How to cook differently-1 • Hard to read food labels-1 • It's hard not to use salt-2 <p><u>Easy to Diet</u></p> <ul style="list-style-type: none"> • Stay out of restaurants and make home-cooked meals-1 • There are few fast food places where we live-1 • We don't keep junk food at home, only healthy food-2 • If you have discipline-2 • When he tries to drink soda, I tell him "no."-1 • Carry a food chart-2 • I cook just enough so there are no leftovers-1 • Family eats same food-2 • Easy if you have a goal-2 • Once you start eating right, you have more energy-2 • Use taro leaves/veggies-3. • Get a diabetic cookbook-2 • Have own garden-1

QUESTION: What is hard/easy about exercising? (Responses from persons w/diabetes)

Overall: Exercise is hard to do, especially alone. The availability of free activities and classes, a steady exercise partner, and a daily routine help a lot. Some people with DM note that health conditions limit their ability to exercise.

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>People w/ DM</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • It's inconvenient around the house • It's easy to just watch TV. • Easy to talk about exercise, but still not take action. 		<p><u>People w/ DM</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • Exercise is the hardest for people to do. • It's easy to just watch TV. <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • Some senior citizen programs have exercise equipment and air conditioning. 	<p><u>People w/ DM</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • People do not have walking shoes. • Not all communities have sports equipment. • People can be lazy. • Not enough words of encouragement are heard. <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • You can exercise the Marshallese way, but cleaning and planting lands. • You can walk, swim, or fish. • Digging holes for planting or rubbish is good exercise. • You exercise when you play any game. 	<p><u>Overall</u></p> <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • It is easy if you have the ability to exercise and you do it long enough to become habit. 	<p><u>People w/ DM</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • I feel weak. • I don't want to move around because my feet are numb and I might cut my foot in the garden. • I feel tired and numb after exercise. <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • It works; if I do it, I feel better. • Working on my land is good exercise. • It's easy to move around and walk. 	<p><u>People w/ DM</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • TV-1 • I'm lazy, unmotivated-2 • It's too late; I'm already on MD's care-1 • It's exhausting-1 • Finding the time-2 • Work schedule-1 • Just doing it-2 • Back/health problems-2 • I'm sluggish because my sugar goes up and down-1 • I need to monitor BP on hills-1 • Not safe to walk on road-1 <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • Got music? Dance-1 • Work in yard-1 • Get a partner and keep a schedule-3 • Have a pet that needs walking-1 • Have friends with healthy habits-1 • Walk and talk story-2 • Stretch in bed-1 • Swimming is good-2 • Nice parks-1 • Exercise is free-1 • We have good weather here-1 • Senior citizen programs-1 • Go to gym, get a trainer-2 • Walking, beach are free-1

QUESTION: What is hard/easy about exercising? (Responses from family members of persons w/diabetes)

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawaii
<p><u>Family Members</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • It's hard to find the time to exercise. • It takes discipline. • I'm uncomfortable due to public comments. • Cultural perception. <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • It doesn't cost anything. • Physical activities are available through DOH. 		<p><u>Family Members</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • I don't like to exercise either. • Easier to watch TV. <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • Get an exercise bike at home. • Try to limit TV to one hour a night. 	<p><u>Family Members</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • It's hard if you have a let amputation or stroke, or if you are blind. • Some people are just plain lazy. <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • Walking is good exercise. • Playing sports is good exercise. 	<p>See previous page.</p>	<p><u>Family Members</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • It's hard to motivate someone to exercise. <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • It's easier if you walk with someone else. 	<p><u>Family Members</u></p> <p><u>Hard to Exercise</u></p> <ul style="list-style-type: none"> • It's hard to motivate someone to exercise-2 • It's hard to exercise by themselves-4 • Lack of parks-1 • Lack of transportation-1 • Medical problems make exercise difficult-2 • Worried about safety-2 • No time-1 • Expensive to buy equipment-1 • No place to exercise-3 <p><u>Easy to Exercise</u></p> <ul style="list-style-type: none"> • It's easier if you walk with someone else-2 • Get into a routine-3 • Do something enjoyable-2 • Get moral support from family and friends-3 • Some classes are free and so is swimming pool-2 • You can walk around Wal-Mart shopping center-1 • Join a fitness center and make friends-2 • Join a senior center or a senior league-3 • Once you start, you see positive results and have more energy-2

QUESTION: *What is hard/easy about following MD advice, getting check-ups, and taking prescribed medicines?*
(Responses from persons w/diabetes)

Overall: Having a good relationship with a provider or clinic and having insurance helps overcome these barriers:

- ✓ Concerns about cost
- ✓ Lack of knowledge
- ✓ Problems with getting care (poor relationships, no medicines, no transport, etc.)
- ✓ Fear (of checking blood sugar, of continuous finger pricking, of other people know diagnosis)
- ✓ Time constraints

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawaii
<p><u>People w/ DM</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> • You have to wait too long to see the MD. • MD does not have enough time to explain things. • I'm afraid I might not check my blood sugar the right way. • The glucometer is too expensive to buy. <p><u>Easy to Rx</u></p> <ul style="list-style-type: none"> • I know how to keep a log of my blood sugar. • It's easier if the MD reviews your case and sets up the right treatment for us as individuals. 	<p><u>People w/ DM</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> • I'd rather die than check my blood sugar. • I'm afraid of being poked. • There is always a long wait to see the MD at the hospital, even in an emergency. <p><u>Easy to Rx</u></p> <ul style="list-style-type: none"> • I was motivated when the MD told me "You look 80." when I was only 40. 	<p><u>People w/ DM</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> • Families don't know enough about DM; they need something to refer to that tells about prevention and treatment. • People are in denial about their DM. They say, "My DM is better" and don't take the time to deal with it. • There are competing activities. <p><u>Easy to Rx</u></p> <ul style="list-style-type: none"> • The SDA diabetic clinic is helpful. 	<p><u>People w/ DM</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> • Money is a problem. • We spend too much money on junk foods, church, alcohol, cigarettes, and having fun. • No watches or clocks to keep track of time. • There is no safe place to keep meds. <p><u>Easy to Rx</u></p> <ul style="list-style-type: none"> • It's easy if you are able to change your lifestyle. • It's easier if you have enough money to go to the diabetes clinic. • It's easy if you care about your life. 	<p><u>Overall</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> • Hard to afford gluco-meter. Even if you have one, need the supplies and need to be able to read. • Cannot easily get the right strips to use. • Hard to get information on the island and to go off-island is expensive. • For traditional medicines, you may not have access to them or know the dose needed. • For medicines, it is difficult to remember and others need to remind you. • It is hard to get to the clinic if you don't have transportation. • It is hard to transport a person who is amputated or bed-ridden. 	<p><u>People w/ DM</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> • It's hard to take medicine because clinic is out and we cannot afford to buy it privately. • Friends tell me medicine causes lack of sex drive. • Medicine makes me feel sicker. • Medicine makes my hair fall out. <p><u>Easy to Rx</u></p> <ul style="list-style-type: none"> • It's easy to take medicine if it's available. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Communication with MD difficult-1 • Not used to going to MD-1 • Turnover in MD-1 • Attitude of MD-1 • MD not current on DM and tests-1 • Insurance doesn't cover or pharmacy doesn't carry meds/supplies-4 • Costs-1 • Have to fly to Oahu-1 • Lack of transport-1 • Work schedule-1 • I forget to take meds-1 <p><u>Easy to Rx</u></p> <ul style="list-style-type: none"> • When there is trust with MD-1 • When patient can listen to own body-1 • When check-ups make you feel better-1 • Good insurance-1 • When it's routine-3 • When family members remind you-2

QUESTION: *What is hard/easy about following MD advice, getting check-ups, and taking prescribed medicines?*
(Responses from family members of persons w/diabetes)

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
	<p><u>Family Members</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> Person with DM doesn't like shots and won't visit the MD. Long wait at the hospital to see the MD. Someone might be misdiagnosed. Posters in Chamorro but not Carolinian. Some older people are illiterate. People don't accept their DM. <p><i>Easy to Rx</i></p> <ul style="list-style-type: none"> It's easier to get family members to take pills than shots. <p><i>Easy to Rx</i></p> <ul style="list-style-type: none"> It's easier when family members help and support the person. 	<p><u>Family Members</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> Having knowledge but not the habits Lacking interest in getting to know about DM Being in denial 	<p><u>Family Members</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> There is no money for transportation. People don't care or are lazy. People lack knowledge about DM. <p><i>Easy to Rx</i></p> <ul style="list-style-type: none"> It's easy if you have family support. It's easier if you have enough money for transportation. People are motivated if they have an infection and it hurts very badly. 	<p><u>Overall</u></p> <p><i>Easy to Rx</i></p> <ul style="list-style-type: none"> It's easier when MOH shares info with public, patients, and family. Can be easy if a person knows how to listen to body and do the things needed to balance the condition. It is easy to use traditional medicines because they are cheaper. It is easy to get to the clinic if you live in Koror and/or if your family helps you. 	<p><u>Family Members</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> If you can get the medicine here, good. If not, you have to buy from overseas. Some people travel overseas to see MD and get medicine. 	<p><u>Family Members</u></p> <p><i>Hard to Rx</i></p> <ul style="list-style-type: none"> People are not open to receiving info-1 Too much info is confusing-1 Many have multiple conditions/meds so need to know how to manage all at once-3 Embarrassed about DM-1 They don't like being told what to do-1 They don't like needles; don't like taking blood sugar all the time; it hurts too-3 They forget to carry equipment-2 They are in denial-2 No medical coverage-3 Cost of medicine-4 The meds have side-effects-1 <p><i>Easy to Rx</i></p> <ul style="list-style-type: none"> He has an AM and PM pill box to help keep track-1 I remind him-2 Easy if you know consequences of not doing it-2 Easy if you have rapport with PCP-1 Equipment is getting better-2

QUESTION: What are some things your family can do to help? (Responses from persons w/diabetes by site)

Overall: Families should adopt same healthy lifestyle that is prescribed for the diabetic, including: eating healthy foods, exercising, learning about DM, reducing stress, and so forth. In addition, they should support the diabetic in taking medications, monitoring levels, and getting to appointments.

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>People w/ DM</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Obtain a gluco-meter for home use. • Teach the young ones to eat healthy. • Prepare healthy foods. • Engage in physical activity. • Learn about DM. • Don't buy foods high in fats, sugar, or salt. • Set a time to check sugar level. 	<p><u>People w/ DM</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Don't invite me to parties. • If you want to go with one leg, then go. • Tell me to eat right and stay away from fats. • Remind me to take medicine. • Learn about DM. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • Serve the wrong type of food, like pork belly, salted fish, ice cream. • I live by myself. 	<p><u>People w/ DM</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Family members can watch person and refer to prevention and treatment programs. • Families can exercise together. • Family members can learn to take blood sugar level and give insulin injections. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • It is difficult when families have too much tempting food around that isn't recommended for good health. • Sometimes, there is stress in the family. 	<p><u>People w/ DM</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Ensure we go to MD appointments. • Help with transportation. • Prepare the right goods and ensure that we eat right. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • It is unhelpful if the family has bad eating habits. • The selection of foods for the diabetic is limited. • (When they) don't help with meds or MD appointments. 	<p><u>Overall</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Help them get regular check-ups. • Help them manage their diet. • Help them exercise regularly. • Make doctors visit all states in Palau and visit bedridden patients at home. • Discuss nutritional value of food while eating. • Talk about DM with others to develop openness about it. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • Food preparation is not always suited for person with DM. • Hard to control food preparation in home if you are not the head of household. • Traditional cultural activities include food, and healthy foods may not be part of the event. 	<p><u>People w/ DM</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Cook special meals for me. • Try to please me because DM causes short temper. • If I'm happy, I can better manage my DM. • Remind me to take medicines and eat right. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • My wife only cooks one meal. • My kids don't obey and this causes stress. 	<p><u>People w/ DM</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Don't eat goodies in front of me-1 • Learn what's good-1 • Stop smoking and drinking alcohol-2 • Feed everyone the same healthy food-4 • Don't eat big portions-1 • Read food labels-1 • Get educated-1 • Remind me to take meds; lay out meds-2 • Help give shots-1 • Help me keep my appointments-1 • Check my feet regularly-1 • Reinforce good behavior-3 • Exercise together-1 • Help reduce stress-2 <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • Bringing home goodies and fast food-5 • Piling up plates-1 • Creating stress-2 • Not learning about DM-3 • Eating, smoking, etc. in front of me-3 • Nagging, lecturing, being over-protective-2

RESPONSES FROM FAMILY MEMBERS CONTINUED ON NEXT PAGE

QUESTION: What are some things your family can do to help? (Responses from family members).

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>Family Members</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Be a role model. • Be supportive • Cook healthy foods. • Exercise with the person. • Get educated. • Register with the DM Program in the territory. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • When family members are not supportive • Going to parties, weddings, and cultural events where it's hard to eat right 	<p><u>Family Members</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • My father lives with me so I can help him. • Give the person the right diet. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • Instead of monitoring the food, they let the person eat whatever he/she wants. 	<p><u>Family Members</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • We are encouraged by young people who want to be fit. • Now, some people are more conscious, and are offering more food choices at parties. • I am the cook in the family and I cook low-fat so the whole family eats that. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • Spam is a problem; different ways to serve it are promoted in media. • Generational conflicts in lifestyle • It's hard when you are the only one being "active." 	<p><u>Family Members</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Encourage the person to drink <i>nen</i>. • Organize games for his/her to play, such as volleyball. • Provide support and encouragement. • Go to nutrition education classes. • Make sure they eat right. • Make sure they visit the MD. • Learn to prepare health foods. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • buying unhealthy foods • Not understanding about nutrition and food preparation 	<p>See previous page.</p>	<p><u>Family Members</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • We can buy and cook the right kinds of food. • We can encourage the person to exercise. <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • I don't let my husband move around because he might get hurt. • I can only cook one meals for the family. 	<p><u>Family Members</u></p> <p><u>Helpful Things</u></p> <ul style="list-style-type: none"> • Eat same meals-3 • Control buying-4 • Remove bad food items from kitchen-3 • Keep sugar-free Jell-O in frig; also OJ, hard candy-1 • Give reminders in a positive way-5 • Attend support classes and education-5 • Walk together-2 • Catch fish for them-1 • Pick up meds-3 • Learn to take levels and give insulin-3 • Know what to do-1 • Provide transport-2 • Give support-2 <p><u>Unhelpful Things</u></p> <ul style="list-style-type: none"> • Cooking wrong foods-3 • Cooking two different meals; everyone should eat the same thing-4 • Relying on take-out-3 • Eating in front of them-4 • Still buying beer, smokes, sweets-2 • Letting them sneak food-1 • Nagging them-3 • Causing stress-3 • Not being available to provide transport-2 <p>NOTE: It's hard to separate "caregiving" and "control."</p>

QUESTION: *What services/programs already exist for people with DM in your community? (Responses from persons w/diabetes by site)*

Overall: Every location has some medical services; others also have diet and exercise programs. When services are not used, it's usually due to these issues:
 ✓ access issues (too far away, long waiting time, no transport)
 ✓ cost issues (service is expensive, not covered by insurance)
 ✓ eligibility issues (person is not eligible to use service)

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawaii
<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Walk for Your Health by the DOH • Aerobics by the DOH • Food stamps and WIC (for buying healthy foods) • Some media programs • Educational programs (although lack of transport and busy schedules keep people from coming; try incentives) <p>Programs need to be brought out to the community by village or youth once a week, or else build a DM center where diabetics can take 4-day course re: disease process, treatment, self-care, meal planning, exercise, etc.</p>	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Hospital and government clinic • I use FHP because of my insurance. • I used to receive services from Public Health; it's free. • Private clinics, PMC and SHC, provide us more options. • I used to have two insurances, now only one. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • The Guam Diabetic Association is great, esp. now that village chapters are being developed. • Diabetic conference • The SDA Diabetic Clinic is one of the best things that happened to this island. • Senior citizen exercise programs. • University of Guam Cooperative Extension (UOG/GCE) • Public Health • Registered dietitians (MD should always refer diabetics to one.) • Hospital 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • There are services at the hospital. • You can organize cooking demonstrations and health education lectures from medical personnel. • You can organize community exercise activities, a general clean-up, or a morning walking routine. 	<p><u>Overall</u></p> <ul style="list-style-type: none"> • DM Clinics from Public Health. (These are good because staff explain DM, cheaper than private clinics, continuity of care.) • Private clinics for DM, e.g., 7th Day Adventist Clinic, Belau Medical Clinic (Preferred by one who had bad experience at hospital and another with more confidence in private MD, even though these are expensive.) • <i>Klebokel el Iuns</i> newsletter, available from Belau National Hospital. • Health education activities, e.g., radio spot announcements on health. (It's hard to catch messages now that there are 4 stations.) 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Public health clinic • Dispensary • Private clinics • Local remedies 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Ke Ola Mamo • Na Pu'uwai • Hui No Ke Ola Pono • Ho'ola Lahui Hawaii • Hui Malama Ola Pono • Hospital programs (Molokai, Kaiser) • Drs. Aluli, Reyes, Shintani • Primary MD • Hawaiian diet • Church programs • Civic club speakers • Parks/Rec programs • Senior programs • Hawaiian Programs (Alu Like, QLCC) • Ho'oponopono classes • Tutu's house • DOH and Hele Mai Ai • Dietitians • Pharmacy, pharmacists • Sugarless products • MEO and other transport programs • Meals on wheels • Hula

QUESTION: *What services/programs already exist for people with DM in your community?
(Responses from family members of persons w/diabetes by site)*

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>Family Members</u></p> <ul style="list-style-type: none"> Physical activities by DOH (Walk for Your Health and Aerobics) DM program Garden projects at Land Grant Medical Clinic Clinical Committee working with DOH Medical insurance Nutrition program Immunization <p>Some programs not used due to location, lack of staff, unaware of programs.</p>	<p><u>Family Members</u></p> <ul style="list-style-type: none"> Other than the hospital, I've never heard of any. We've used the hospital only. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> FHP and SDA Diabetic Management Course (need MD referral) At Paseo on Wed. noon, someone does body composition. Guam Diabetes Association (GDA) has lots of programs, is trying to work with mayors, trying to recognize diabetics who have lived a long time. Guam Cooperative Extension (UOG-GCE) has recipes and newsletter. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> Public Health programs for screening of DM Exercise in physical therapy Exercise on the outer islands. 	<p>See previous page.</p>	<p><u>Family Members</u></p> <ul style="list-style-type: none"> Clinic services <i>Weipwul</i> (noni) TV shows reduce stress. Japanese and U.S. volunteers teach about gardening. Recipes and food demonstrations 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> Ke Ola Mamo Na Pu'uwai Hui No Ke Ola Pono Ho'ola Lahui Hawaii Hui Malama Ola Pono Hospital programs DOH Medicare/Medicaid Exercise classes and fitness centers Church-based seminars Traditional Hawaiian diet and medicine Non-profit agencies MD and pharmacists Research programs Health fairs

QUESTION: *What services could be improved or added? (Responses from persons w/diabetes, by site)*

Overall: All locations identified services that needed to be expanded or developed in these categories:

- ✓ Health and outreach services, health education, insurance coverage
- ✓ Diet and exercise programs
- ✓ Programs in churches, schools, civic clubs, etc.

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Establish a DM Association. • Start education in the school system. • Need a gym where we can exercise. • Establish a DM Center for nutritional counseling and other services. • DM Foundation to provide education and fitness programs. • Conduct physical activity programs in villages, church groups, everywhere. • Increase outreach to villages. • Establish linkages with private sector, community leaders, and school system. • Establish linkages with Samoan Affairs and village mayors to organize physical fitness activities. • Support for medical supplies for DM 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • I'm satisfied with the existing services. • Private MD are fast, but you have to wait long for MD at CHC, 3 to 4 hours. If I had money, would go to private clinic. • FHP, with or without appointment, they take care of you. • More providers. • Expand the hospital. • Nurses should go district to district each month. • Develop programs in the schools. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Discounts by businesses that can help (pharmacies, fitness centers, etc.) • Get a program like those offered by Team Nutrition. • More publicity • Programs that reach children in schools • Need a bingo game with a big prize to get people to participate in DM activities 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Sports activities • Cooking demonstrations • Health education lectures from medical personnel on DM • Walking and exercise programs in the mornings and evenings 	<p><u>Overall</u></p> <ul style="list-style-type: none"> • Public education on DM and associated information • Exercise program for DM patients and high-risk groups • Support group for DM patients, high-risk people, and family members • Financial assistance for DM patients, discounted fees, and programs to help low-income DM people • Have MD/nurses make regular home visits to home-bound patients, especially those outside of Koror. • Have one MD assigned to DM people. • Give more health education about chronic diseases in the schools. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • Health education • Outreach to rural areas 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> • More money for Health Systems-5 • More money for other programs-3 • More transportation, public or volunteer-3 • More drug treatment programs for diabetics-2 • Support groups-1 • DM camp on islands-1 • More free classes-2 • Cultural linkages-1 • Get insurance to pay for meals-1 • Food prep demos-1 • Diabetic menu at restaurants-1 • Dietitian and more cooking and diet programs-2 • More exercise programs (groups, hiking, riding, more)-2 • More screening-1 • More motivators-1 • Pharmacists' network-1 • Drug coverage-2 • Programs for rehabilitation • Resource/specialist directory for DM-3 • Programs in schools-4

Continued on next page

QUESTION: *What services could be improved or added? (Responses from family members of persons w/diabetes, by site)*

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Set up a curriculum in the school system for nutrition and physical fitness. • Need support from DCP to obtain gluco-meter for home use. • Increase awareness programs through radio, TV, youth groups, newspaper, community orgs. • Establish incentives. • Increase preventive and physical activities programs. • Find influential person as role model. • Continue educational programs via KVZK. • Need federal support to increase and continue programs. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Translators for patients when seeing MD and at pharmacy • Outreach in every village 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • More places to walk and take your dog • Activities with unique character • A building and more chapters for GDA • Community recipe book to encourage local veggie foods • Program that combines fiesta, drawing, exercise, and gives prizes, like a health fair • Invite famous people to Guam who have DM. • Grants to pay for TV programs etc. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Educational classes on DM • Health teams to visit the community and do lectures and demonstrations on exercise • Classes about home gardening and nutrition • Classes about family life. • People with DM need to teach others about the disease. 	<p>see previous page</p>	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Everyone should be tested for DM every day. • Outreach to all communities • More personal advice • Information on foot care • Ability to farm, grow local foods, and exercise at the same time • Have village rep attend workshop and tell neighbors about it. 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Expand Hawaiian Health Systems programs on all islands-5 • Programs to de-stress diabetics and their families-1 • More publicity-2 • Shopping and cooking demonstrations-3 • Transportation-3 • Exercise groups-1 • Support groups-2 • Educational classes-2 • Lower costs of meds-3 • Improve Medicare benefits-2 • Start chapters of ADA-1 • Referral and linkage service-1 • DM supplies coop-1 • More time w/ MDs-1

QUESTION: *What agency could help develop programs? How would you inform people and get them to come?*
(Responses from persons w/diabetes, by site)

Overall: All agencies should be involved in diabetes prevention and control, including government, private agencies, businesses, churches, schools, civic organizations, and so forth. Inform people through all media channels, plus through word of mouth, personal invitation, and reminders. Get people involved.

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> Community groups, such as church, youth and women's organizations. Groups of all ages. Samoan Affairs and village mayors/leaders. <p><u>Inform through:</u></p> <ul style="list-style-type: none"> All media Partnerships with Samoan Affairs Partnerships with the community. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> Health Education at CHC/FHP/PMC Doctors are telling us all that. <p><u>Inform through:</u></p> <ul style="list-style-type: none"> TV is the best. Fast media, radio, print We hear you on the radio, but we don't pay attention. Each media has its own advantages, so use all and let them work together. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> Businesses and companies Public Health UOG/GCE Clinics Schools <p><u>Inform through:</u></p> <ul style="list-style-type: none"> Media, esp. TV as we spend so much time anchored in front of it. John Anderson at K57 Grace Lee at Island Focus Get local "famous people" to admit they have DM. This year at National Mayor's Conference, DM was named as 4th major concern (after drugs, violence, and AIDS). DM web site Word of mouth Posters Promotion at malls DM conference Work with other concerned groups. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> Church groups Traditional leaders Local council members Women's groups <p><u>Inform through:</u></p> <ul style="list-style-type: none"> Provide refreshments. Mobilize the traditional leaders to talk to people who live in their lands to attend these meetings or activities. Conduct relevant skits and dances to entertain while educating about DM. Conduct health education programs. 	<p><u>Overall</u></p> <ul style="list-style-type: none"> Ministry of Health. Belau National Hospital. Find a volunteer group willing to form a support group to organize and share experiences with and among persons with DM and family members. Have a dietician for MOH to help with diet education of clients, esp. DM clients. <p><u>Inform through:</u></p> <ul style="list-style-type: none"> TV programs <i>Tia Belau</i> Radio Word of mouth Health education programs in schools and for public Telephone calls and personal contact Bulletin boards, like at the big stores 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> Public Health should take the lead. <p><u>Inform through:</u></p> <ul style="list-style-type: none"> Radio Local TV channel 6 Newspaper Invite neighbors. Have diabetic attend workshop and tell neighbors. 	<p><u>People w/ DM</u></p> <ul style="list-style-type: none"> Health Systems-5 Other clinics/hospitals-3 Medical insurance companies-1 Hawaiian civic clubs-2 Churches-1 DOH, DOE, UH-2 Alu Like, QLCC, OHA-4 Hawaiian Homes-2 Senior centers-3 Work sites-1 Grocery stores-1 Kupuna-1 PTA-1 <p><u>Inform through:</u></p> <ul style="list-style-type: none"> Word of mouth-3 Invitations, reminders-3 Networking-2 Fliers, brochures-3 Newspaper, radio, TV-2 Community meetings-2 MD as speakers-1 Store bulletin boards-2 MD offices, pharmacies-1 Internet-1 Telephone directory-1 Invite whole families-1 Modeling healthy behavior Giving incentives-1 Letting people get involved-1 Politicians-1

QUESTION: *What agency could help develop programs? How would you inform people and get them to come?*
(Responses from family members of persons w/diabetes by site)

Am. Samoa	CNMI	Guam	Marshall Islands	Palau	Pohnpei, FSM	Hawai'i
<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Establish Diabetes Association to do it. • Schools • Arts Council and Department of Humanities <p><u>Inform through:</u></p> <ul style="list-style-type: none"> • All media • Incentives • Testimony of people with DM • Involvement of influential people in community • A report on DM in the territory, e.g., number of deaths due to DM, number of people w/DM, number of amputees, cost, etc 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • PSS food program-DM affects all, so start "diet" at an early age. • Private and gov't sectors should work together on this. • Food establishments • DM Organization to go out and visit with diabetics • Insurance company <p><u>Inform through:</u></p> <ul style="list-style-type: none"> • Vernacular • Posters • Family involvement in programs • Family education • Small-group sharing • Mini-workshop • TV and other media 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • GDA will do some of these things. • Parks and Rec should build walking paths. • GSRP/SPIMA • Mayor's Council • UOG/GCE displays and education programs at PayLess • Large retailers <p><u>Inform through:</u></p> <ul style="list-style-type: none"> • TV PSA • Info in libraries • Archbishop • GDA chapters • Friends and role models • Church groups • Newspaper • Conference • Radio talk show "Living with DM" 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Traditional leaders • Local council members • Gardening project <p><u>Inform through:</u></p> <ul style="list-style-type: none"> • Traditional leaders, high chiefs, and land owners • Members of local government • Church leaders 	<p>see previous page</p>	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Public Health should take the lead. • Have village rep attend workshop and tell neighbors. <p><u>Inform through:</u></p> <ul style="list-style-type: none"> • Word of mouth • Local TV channel • Radio spots and announcements 	<p><u>Family Members</u></p> <ul style="list-style-type: none"> • Health Systems-5 • Other clinics/hospitals-2 • Pharmaceutical companies-1 • Professional societies-1 • Insurers-1 • American Diabetic Assn.-1 • Churches-1 • Schools-1 • Government agencies-1 • Hawaiian organizations-1 • Veterans association-1 <p><u>Inform through:</u></p> <ul style="list-style-type: none"> • Word of mouth, friends-5 • Radio, TV, Newspaper-5 • Fliers-2 • Internet-2 • Hawaiian Health Systems-2 • Other medical offices-1 • Health fairs at malls-1 • Churches-1 • Invite whole families-3 • Offer food, transport-3 • Testimonials-2

Appendix C:

Supplements to Diabetes in the Pacific