



Partnering with the Seabird Island Community: Type 2 Diabetes Prevention in Children and Youth

**Final Report
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The Team:

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Purpose of the Project:

1. To collaborate with the Sto:lo people at Seabird Island to facilitate the exploration of and address diabetes prevention-related needs identified together with the community.
2. To understand from the community of Seabird Island related risk factors for Type 2 diabetes in children and youth.
3. To facilitate strategies with the community to reduce the risk factors for Type 2 Diabetes in children and youth.

Description of the Project

This study carried out Participatory Action Research with the Community of Seabird Island to explore the issues of Type 2 Diabetes prevention for children and youth. Type 2 Diabetes is rising among youth and children worldwide and First Nations communities have an increased incidence of diabetes. Thus, diabetes at a young age can result in complications such as heart disease, kidney disease, and eye disease. Phase I (2005-2007) of this project explored, with community members, perceptions regarding health, and strategies to identify and reduce risk factors for Type 2 Diabetes in youth and children. Phase II (2008) in conjunction with Seabird community, identified and implemented strategies to address the prevention of Type 2 Diabetes. Phase III (2009) evaluated the strategies implemented for diabetes prevention, and the collaboration carried out with the community.

Seabird Island community has a population of approximately 750 members and includes approximately 200 children in the school (K-12), 37 children in preschool, and 35 children in daycare.

Phase I

Many community members took part in Phase I of this project. Through information sharing meetings, interviews, and focus groups, their voices provided valuable observations about health practices among the people of Seabird Island. Community members also identified a number of strategies that could reduce risk factors of diabetes.

Information sharing meetings:

- Band & Council
- School Staff
- Elders groups
- Youth Centre
- Annual General Meeting
- Staff Team Building Day

Focus groups (22 community members):

- Two groups from the Elders Diabetes Education Group
- Members of Chief and Council
- Health Services Team
- Youth

From Community Members We Learned:

Health is Valued at Seabird Island:

Strengths:

Community members identified several strengths that contribute to the health of Seabird Island.

1. Exercise

- Annual 5-10km run
- Elders have an exercise program
- A gym in the community with exercise classes
- Sports such as 'soccer', 'floor hockey', 'ice hockey' and 'baseball' for youth

2. Nutrition

- School breakfast is now oatmeal and fruit
- Increased education and awareness on nutrition: 'We ran out of vegetables at Christmas, so that was good, the first sign that people are more aware.'
- Aware of the importance 'eat right and stay fit'
- 'Health fairs'
- Diabetes group that meets approximately once a month

Challenges to Health:

Community members offered important observations about challenges to health at Seabird Island.

1. Nutrition & Exercise

- Members of the health team noted that 'There are definitely improvements ... and there's some people interested in making changes.' But some also noticed that 'a lot of times our gym is vacant'.
- Some of the youth said that two of the things that made it hard to be healthy were 'smoking' and 'technology'.
- Some of the youth and some of the elders also saw 'peer pressure' as one of the ways that led to 'smoking and drinking' which led to poor health for some.
- Other concerns that came from some of the elders were:
McDonalds', 'Burger King' and 'Pop machines':
Team: So what kinds of things do you think children in youth have to face? What are the biggest health issues that they have to face?
Elder: McDonald's.
T: Where is the closest McDonald's? Is it Chilliwack?
E: Chilliwack, but that's not far ...
E: My three year old grandson, McDonald's or Burger King... this one too, the pop.

2. Family Involvement

- One of the elders said: 'One thing we have a problem with is sharing what we know'.

Reducing the Risk of Type II Diabetes

Members of the community identified strategies that could reduce risk factors for Type II Diabetes.

1. Exercise

- A member from the health team felt that the community needed more awareness of the gym, the need for exercise and healthy eating: 'we need more kids doing more activities ... we need more awareness...'

2. Community Projects

- 'Maybe if you could turn a few people to maybe do a project ... then maybe it would become infectious and spread.' Some health team members see that change can happen like a chain reaction.
- A 'video'. Video-graphing families, youth, and elder's stories in the community as a way of preventing diabetes. The videos could then be used as an educational tool for health awareness in the community. One elder said, 'When we first saw Super Size Me, we didn't go to McDonald's for two months.' In a way this speaks to the power of visual presentation and storytelling.
- Already a part of the community's history is 'we had a lot of storytellers' said one elder who then said she liked the idea of taking the mothers' stories 'and taking those to the children'.
- Mentioned at the youth group was a 'play' put on by the youth/students about diabetes 'for the community'.
- A night(s) that brings the community out to learn how to make a healthy meal within budget and then to share this meal together. One youth suggested that it would be good to know how to cook and make something out of a 'turnip' or a 'cabbage'. Food brings people together.

3. Family Involvement

- Many would like to see families, as a whole be more involved in the education of diabetes. A member of the health team suggested that 'Maybe an approach that would really work is to just go through the generations.'
- An elder suggested: 'I think if you want to look at youth and the children, okay, let's give them the history. Who in your family... has or had diabetes, the effects on them with the diabetes and who has died from complications from diabetes.'

4. Education

- Some members from the health team noticed that more education and resources has helped equal more 'autonomy', 'control' and 'independence' and better choices about health. 'It is good to keep this up.'
- Some youth thought it would be helpful to hear and know the statistics related to diabetes. 'I think that one thing that would be good would be to provide stats... like to hear stats you kind of get shocked into [better health].'

5. Accessibility to Services and Resources

- A member of the health team said 'more healthy choices ... like in the [vending] machines.'
- The health team also suggested screening for diabetes in children and youth
- Some youth notice the unemployment in their community and know that money can be limited. 'I notice that we have a lot of people that are unemployed in our communities and even if they are employed sometimes they don't have enough money to pay for things like healthier fruits and vegetables ... and sometimes they spend their money on alcohol and cigarettes ...we could benefit [from something like a grab bag of vegetables].'

Summary of Strategies Suggested for Prevention of Type II Diabetes:

- Screening for diabetes
- Family (life script) to tell one's family/personal life story of health (audio/photos)
- An evening(s) of how to make an affordable healthy meal
- Women's/men's walking/exercise group
- Making and putting on a DVD
- Taking photographs that could tell a story about health and diabetes prevention.

Phase II

In conjunction with Seabird community, the purpose of Phase II was to identify and implement one or more strategies addressed in Phase I for the prevention of Type 2 Diabetes in children and youth.

Goals carried out:

1. Relationship Building

Project Coordinator Sonya Sharma built relationships with staff and community members. This was in part accomplished by participating in training for the Vancouver Sun Run with people from the community, attending the Diabetes Labs put on by the Health Centre Team at Seabird, as well as visiting the Old School where some elders did crafts and ate

together. Her main point of contact in the community was the Health Care Centre's nutrition educator, Ms. Noy Khounviseth. Through consistent meetings and participation with Ms. Khounviseth in the activities she held for community members, Sonya established a connection with a small number of staff and community members. She also spent time at the Youth Drop-In. Eventually with Seabird School she gathered a small group of high school students for a DVD project on Diabetes prevention.

2. Awareness and taking on practices of active and healthy living

During the months from January to April 2008 the community of Seabird Island trained for and participated in the *Vancouver Sun Run*. Sonya trained with and participated in the Run with the group.

She also participated in the *Diabetes Education Sessions* put on by Ms. Khounviseth for the elders of the community. These were always a success, giving members new tips and ideas for active and healthy living.

3. Screening for Diabetes

Screening for Diabetes also took place this past year, carried out by Ms. Khounviseth, TWU nursing students, and Sonya at the school, for grades 5-12.

4. DVD-making project

Finally, the main activity carried out in Phase II was the creation of a DVD with 5 Youth Ambassadors from Seabird High School that focused on the prevention of Diabetes amongst their friends and peers. Sonya met with the Vice Principal of the school to discuss the project. She was very keen and invited Sonya into her classroom to talk with the students about the project. This gave Sonya an opportunity to have students take a permission form home to their parents to sign for participating in the Project. Five youth volunteered and received permission from their parents to participate. The DVD captured an elder's story, what Diabetes is, healthy eating versus unhealthy eating, one-to-one interviews, and the preparation and cooking of a healthy meal. The DVD took 9 weeks during their lunch hours once a week to produce. They were excited to see their footage and inject their humour. Their teachers were also encouraging and pleased to see their progress and involvement in the project. Over the summer and through the autumn of 2008 the DVD was edited. The Youth Ambassadors were given the opportunity to see the finished DVD and give their approval before it was circulated to others. An honorarium of \$50 was given for their participation as well as credit for their CAP (Career and Professional Development) course.

Phase III

The purpose and goals of Phase III were to:

- Evaluate the outcomes of Phase II
- Disseminate the outcomes of Phase II

Goals carried out:

Interviews with staff and community members and a group discussion with the youth was held to discuss their participation in the project and its outcome. The DVD was shown to staff, the youth and participants involved as well as to community members invested in Diabetes prevention. Feedback from the community and youth was positive. In addition to the DVD, a poster was made and given to the community. It showed the steps and process of the putting the DVD together. Copies of the DVD have been given to the community and TWU with permission from Seabird for educational purposes. If you would like a copy of the DVD, please contact Heather Meyerhoff at heatherm@twu.ca.

Presentations

This project has been presented at the following:

Reimer-Kirkham, S., Meyerhoff, H., Sharma, S. (2009, March). *Partnering with Aboriginal communities: Type II diabetes prevention in children and youth*. Poster session presented at the Royal College of Nursing International Research Conference, Cardiff, Wales.

Meyerhoff, H., Reimer Kirkham, S., Richardson, F. Sharma, S., Terblanche, L. & Van Hofwegen, L. (2008, November). *Partnering with Aboriginal communities: Type II diabetes prevention in children and youth*. Poster session presented at the Second International Diabetes in Indigenous Peoples Forum: International Best Practices, Vancouver, BC.

Sharma, S., Reimer Kirkham, S., & Meyerhoff, H. (2008, November). *Problemitizing participatory action research: Lessons learned from a diabetes prevention project*. Paper presented at the Second International Diabetes in Indigenous Peoples Forum: International Best Practices, Vancouver, BC.

Meyerhoff, H., Van Hofwegen, L., Khounviseth, N., Reimer Kirkham, S., Terblanche, L. (2006, June). *Partnering with Aboriginal communities: Type II diabetes prevention in children and youth*. Paper presented at the Maternal Child Youth Conference – Optimizing the Care of Mothers, Children, and Youth, Vancouver, BC.

Meyerhoff, H., Reimer Kirkham, S. Van Hofwegen, L., Luke, B., Neufeld, C. (2006, February). *Participatory action research: Beginning the journey in partnership with an Aboriginal community*. Paper presented at the 11th Annual Ethel Johns Nursing Research Forum (Xi Eta Chapter of the Sigma Theta Tau International Honor Society of Nursing) – Providing Safe and Effective Care: ACTION through Practice, Leadership, and Research, Vancouver, BC.

Summary

Through this project, we have explored how a community might engage in prevention of Type 2 Diabetes in children and youth. By engaging in a collaborative project with Seabird Island Community, we have found that health is valued and many activities at Seabird currently promote health. In Phase I (2005-2007) of the project the research team met with many of the Seabird Island community members to explore perceptions regarding health, and strategies to identify and reduce risk factors for Type 2 diabetes in youth and children. Community members offered important observations about current health practices related to nutrition, exercise, and family involvement and identified several strategies that could reduce risk factors for diabetes. In Phase II (2008), some of these suggested strategies were implemented. A film project (creation of a DVD) with Youth Ambassadors from the high school was the main activity. The youth created a film in which they recorded interviews with community members and information about health and nutrition for their peers. Through this process, the youth learnt more about diabetes prevention and also communicated their learning to community members in a creative way. In Phase III (2009), the project was evaluated by returning to the youth to talk about the process as well as sharing the DVD with the Seabird Diabetes Education group. This project was also presented at various conferences.

Overall, the lessons learned in this project are that:

- Community involvement and partnerships are important for health promotion and diabetes prevention activities
- Intergenerational activities that facilitate youth learning from elders are valued and effective for health promotion and diabetes prevention activities.
- Film-making is a creative and engaging strategy to involve youth in health promotion and diabetes prevention activities

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- Health Committee and Health Unit staff
- Diabetes Education Group
- Youth Centre
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