

Cultural Capital and the Tribal Diabetes Prevention Programs [Abstract]

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Since 1998, the US Congress has funded the Special Diabetes Programs for American Indians and Alaskan Natives (SDPI). These funds are administered by the Indian Health Service (IHS) and have been awarded to more than 330 IHS, tribal, and urban Indian health programs in thirty-five states to build or enhance diabetes mellitus (DM) treatment and prevention programs. Over the past thirteen years, these community-directed programs have emerged as models of intervention creativity, innovation, and persistence, with program staff drawing on their cultural capital to design culturally acceptable and locally relevant strategies. These programs have achieved measurable change in Native peoples' knowledge of the diabetes risk factors, access to much needed DM related services, and in some cases, helped reduce rates of DM-related morbidity and mortality. Yet, perhaps their greatest influence has been in understanding and shaping the context of behavioral change and in promoting normative shifts in food choices, activity patterns, DM screening, and DM self-management. Systematic qualitative data collection has not played a prominent role in the evaluation of the SDPI programs, and subsequently the role of cultural capital and the subtle normative shifts over the course of the SDPI programs have not been documented. This article offers a review of the qualitative accomplishments of the SDPI programs and some methodological suggestions for capturing the impact of cultural capital.

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