Effectiveness of a Pasifika Women's Diabetes Wellness Program (PWDWP) - Co-design With, by and for MāOri and Pasifika Women Living in Queensland

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Abstract: Type 2 diabetes is a significant public health problem for Māori and Pasifika communities in Queensland, who are experiencing a higher burden of morbidity and mortality from the condition. Despite this higher burden, there are few initiatives that are culturally tailored to improve prevention and management. Modification of personal behaviors through women's wellness programs aimed at early intervention has been shown to reduce the risk of developing complications in established type 2 diabetes and may reduce hospitalization rates from preventable complications related to this disease. The 24-week Pasifika Women's Diabetes Wellness Program (PWDWP) was culturally co-designed and co-developed with Māori and Pasifika women with type 2 diabetes through a community-academia partnership in Queensland. Underpinned by Social Cognitive Theory and the Indigenous Pacific Health frameworks to include family culture & spirituality and integrating a collectivist and whanau (family) centered approach to self-care, the program takes into consideration the cultural shame associated with acknowledging the disease and tailors the interventions using talanoa (storytelling or conversation in a relational context) as the key strategy to come to a shared meaning for behavior change. The pilot trial is a 12-week intervention followed by a 12-week follow-up period conducted with 50 women with type 2 diabetes, 25 women who will receive the intervention and 25 women who will receive usual care. The pilot program provides in-person and virtual access to culturally supported prevention and self-management of Māori and Pasifika women with type 2 diabetes with the aim to improve healthy lifestyles and reduce late hospital presentations from diabetes-related complications for better diabetesrelated outcomes. This study will test and evaluate the effectiveness of the PWDWP pilot trial in partnership with Māori & Pasifika community organizations and key stakeholders for improved glycated hemoglobin (HbA1c) levels associated with poor management of type 2 diabetes.

Keywords: culturally co-designed intervention, Indigenous methodology, Māori and Pasifika communities, type 2 diabetes self-management

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