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Engaging American Indian Women and Communities to Culturally Tailor a Lifestyle Modification Intervention to Reduce Cardiometabolic Risk after Gestational Diabetes

Emily J. Jones
*University of Massachusetts Boston, emily.jones@umb.edu*

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Creating Crucial Connections: Lessons Learned from Engaging Diverse Communities in Research

Engaging American Indian Women and Communities to Culturally Tailor a Lifestyle Modification Intervention to Reduce Cardiometabolic Risk after Gestational Diabetes

Emily J. Jones, PhD, RNC-OB
Robert Wood Johnson Foundation Nurse Faculty Scholar
Assistant Professor of Nursing
College of Nursing and Health Sciences
University of Massachusetts Boston
Indigenous CBPR Principles

1. **ACKNOWLEDGE HISTORICAL EXPERIENCE**
2. **RECOGNIZE TRIBAL SOVEREIGNTY**
3. **DIFFERENTIATE BETWEEN TRIBAL AND COMMUNITY MEMBERSHIP**
4. **UNDERSTAND TRIBAL DIVERSITY AND ITS IMPLICATIONS**
5. **PLAN FOR EXTENDED DEADLINES**
6. **RECOGNIZE KEY GATEKEEPERS**
7. **PREPARE FOR LEADERSHIP TURNOVER**
8. **INTERPRET DATA WITHIN THE CULTURAL CONTEXT**
9. **UTILIZE INDIGENOUS WAYS OF KNOWING**

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Maintaining those crucial connections

▸ Connect with likeminded clinicians who care for women in the community – work with people with programmatic VISION

▸ Lessons learned in recruitment may translate to future phases of the research project – what’s FEASIBLE with your population?
Jones, E. J. (2014, August.) *Postpartum approaches to reduce cardiometabolic risk in Oklahoma American Indian women with previous gestational diabetes*. National Gestational Diabetes Network Webinar, sponsored by the National Association of Chronic Disease Directors (NACDD), Centers for Disease Control and Prevention (CDC).

*Link to archived CDC webinar presentation reporting findings of the Path to Prevention Study is available upon request*