

NAME: _____

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1. What media coverage have you read, seen or heard about diabetes or about groups with high rates of a Diabetes? What explanations did they give for the higher rates? Do you tend to agree or disagree with what you've heard?

	Diabetes on Reservations
How does the distribution of land and natural resources play a role in setting the stage for the disease?	
What changes in diet played a role in the epidemic?	
Who suffers most from the lack of resources and nutritious food?	
Who, if anyone, stands to profit in the short term from the distribution of resources?	
Beyond the disease itself, what negative effects do these conditions have on society?	
Who has the power to enact laws?	
What generates and reproduces poverty in the affected population?	
What natural, social, or technological changes led to improvements in population health?	

ACTIVITY KEY

1. QUESTION 1 was answered before the video.
---Now as the students how what they saw was the same or different that what they have seen in the media. Why or Why not???

2. It was stated that physician and health policy consultant, Dr. Donald Warne, “might like to prescribe affluence.” What was meant by that? What does “affluence” buy you? What does it take to become affluent?
 - People who are affluent are more likely to have access to healthy food, be able to afford healthier substitutes, have safe places to exercise, access to health care, and health insurance.
 - Affluence buys people the flexibility and the time to take care of themselves and their health.
 - Financial insecurity brings stress resulting in impaired blood sugar control from hormone production (cortisol and epinephrine).
 - Possible discussion probes:
 - Does the U.S. afford everyone the same chances to good education, housing or jobs?
 - How are a person’s chances affected if they have access to good public schools or if they do not?
 - Looking at the bigger picture, what determines which neighborhoods have good schools and which do not?
 - What would it mean to provide everyone with a good education?

3. Upscale cities in Arizona have a 5% prevalence rate of diabetes, while less affluent towns have a rate of about 11%. Still some poor American Indian reservations have a 50% diabetes prevalence rate. What do you think explains these stark differences?
 - Poverty in the American Indian communities resulted from a destroyed economy when water and consequently other natural resources were redistributed to white farmers and taken away from the Pima through the enactment of discriminatory policies that favored white landowners over American Indians.
 - There is poor availability of healthy foods to choose from, because without water the Pima could no longer grow their food, thereby becoming reliant on the U.S. food commodities program, which did not introduce fresh fruits or vegetables until 1999.
 - In less affluent towns, although people may be living at or below the poverty level, they reside closer to certain resources such as access to health care than rural areas and American Indian reservations.
 - Dr. Syme says that the common denominator for populations that tend to suffer from higher-than-normal diabetes rates is “people who have been dispossessed of their land and of their history; they haven’t been able to recreate it.”

4. What are the underlying factors for diabetes and diabetes complications described in the video? What cultural factors are identified in this video? What lifestyle changes have the Pima and the Tahono O'odham had to make? What were the assumptions made by the federal government about the Pima Indian culture and traditions?
- Underlying factors include poverty, unhealthy diet, sense of hopelessness for the future, sense of lack of control, and lack of regular exercise.
 - The Pima and the Tahono O'odham changed their entire diet after their main source of water was cut off; they no longer could grow native foods.
 - Government commodity foods did not include native foods, and lacked for the most part fresh produce, resulting in forced unhealthy diet.
 - An example of doing the best with the given commodity foods was "fry bread," an unhealthy dietary adaptation.
 - In the video, their native culture appeared to be lost, and was seldom brought out, except in the cases of special ceremonies.
5. How did politics (i.e., activities or affairs engaged in by the government), play into the increase in diabetes among the Pima people? Was any positive political action taken to benefit the Pima people? Can you give an example of when politics have influenced health outcomes (either positively or negatively) in your community?
- The negative impact of the diversion of the Gila River resulted in starvation and dependence on government commodity foods.
 - Commodity foods were considered positive political action in the short term because the Pima were fed, yet negative in the long term because of the resulting diabetes prevalence rates.
 - Positive political action as the government returned the water with the Arizona Water Rights Act of 2004 after tremendous effort on the part of the affected American Indian tribes.
 - Possible discussion probes:
 - Can you give an example of positive political action in our state?

Point of Comparison	Type II Diabetes on Reservations
How does the distribution of land and natural resources play a role in setting the stage for the disease?	The establishment of Indian reservations forced native peoples to give up the methods they had used for generations to live off the land. Dams and water diversion deprived the Pima of their water sources. They could no longer grow crops.
How does a change in diet play a role?	Food once grown locally must now be purchased. Impoverished tribes became dependent on government commodity and surplus foods (which did not provide a nutritious diet) or relatively inaccessible supermarkets with poor produce sections.
Who suffers most from the lack of resources and nutritious food?	The Pima and Tohono O'odham Indians, many reduced to poverty, suffer most from diabetes.
Who, if anyone, stands to profit in the short term from the distribution of resources?	Profiting most are upstream ranchers and miners, as well as the influx of Americans who have moved to Phoenix and Arizona (cities made possible by the diversion of water resources), as well as companies that mass-produce cheap food products.
Beyond the disease itself, what negative effects do these conditions have on society?	Development in the American Southwest is now dependent on sources of water that will ultimately fail to support an increase in population. The cost of treating Type II diabetes ultimately affects all Americans.
Who has the power to enact laws?	The state and federal government has historically favored the demands of white ranchers, miners and developers, not the tribes.
What generates and reproduces poverty in the affected population?	The tribes were dispossessed of their land and driven to reservations, then had their water diverted upstream. With no way to make a living, they became dependent on government commodity food programs, with no connection to their traditional ways of life and little hope for the future.
What natural, social, or technological changes led to improvements in population health?	Historically, tribes were largely powerless to fight the demands of upstream developers and settlers who wanted their water. When the tribes had enough unity and political power to challenge the water diversions, they were eventually able to win in court.