

Facilitator's Guide for *Diabetes among the Pima: Stories of Survival* by Carolyn Smith-Morris

Review Questions are meant to guide the very general reader through each chapter. The questions touch upon the main points of each chapter and help ensure that the basic concepts are highlighted or defined.

Discussion Questions are meant for those who (through review or independently) have achieved a solid understanding of the basic concepts behind each chapter. These questions are most useful for advanced undergraduate and graduate students who are using the text to explore broader issues within anthropology, medicine, and social scientific research.

The **Vocabulary** list includes the most important concepts and terms in each chapter.

Chapter 1

Review Questions

1. What is a ho'ok?
2. When does GDM appear?
3. Why is diabetes a taboo topic of conversation?
4. How do Pimas try to achieve good health?
5. What three influences does the author identify in Pima diabetes?
6. Is there a cure for diabetes?
7. What happened at the author's first Tribal Council meeting on health issues? Why was this a significant story?
8. How do Pimas achieve consensus decision-making within modern forms of governance?
9. What cemented the author's good standing with the Tribal Council?
10. What are the three timeframes of this book? Which show up in language, and which at the cellular level?
11. What are Illness Narratives, and how are these useful in medical anthropology?
12. What can be discovered in multiple, long conversations that would have been missed in shorter, or single interviews?

Discussion Questions

1. Is diabetes taboo only among the Pima? What are your experiences of diabetes?
2. What familiarity do you have with Native American cultures? What impressions does the story about the author's visits to the Tribal Council give you?
3. Anthropology claims to be a holistic social science. Does this ethnography promise a holistic approach? Why or why not?

Vocabulary

Ho'ok

Taboo

Consensus Decision-Making

Illness Narrative

Diabetes

Gestational Diabetes Mellitus (GDM)

Ethnography

Chapter 2

Review Questions

1. Describe the Sonoran Desert. What are swamp coolers?
2. What does the author suggest in the term "body-set"?
3. What is the most important defense against the heat?
4. How much unemployment exists at Gila River? How does it affect daily life, and what are people doing instead of jobs?
5. What is the third major element affecting daily life (after heat and unemployment)?
6. What were markers of belonging at Gila River, and why were these important?
7. How are Pimas like cicadas?
8. What is participant observation and what, in particular, did the author do in her first years at Gila River? What do anthropologists often relinquish in favor of participant observation?

9. How did the Diabetes Education Center (DEC) help the author formulate her own research questions?
10. What is the intrauterine environment, and what does it have to do with diabetes?
11. What were the formal research methods employed by the author to understand diabetes at Gila River? How did she recruit people? Where did she conduct interviews? What problems did she encounter with tape recordings?
12. Does the way a question is posed matter much?
13. Why does the author say Pimas have a “seasoned view” of diabetes?
14. What is a major problem the author acknowledges in her research?

Discussion Questions

1. Why does the author put such emphasis on these characteristics of Gila River: heat, unemployment, and food?
2. What are the principal research methods described in this chapter? Do these methods suggest a reliable or believable piece of research?

Vocabulary

Habitus (Bourdieu)

Sonoran Desert

Participant Observation

Interviews

Intrauterine

Metanarratives

Research Methods

Chapter 3

Review Questions

1. What is GDM? Why focus on this and not on all diabetes? How does GDM reflect all other forms of diabetes?
2. What did the author’s DEC outcome study examine?

3. What is the A1c and why is it important in diabetes prevention? What are some other ways the DEC aims to prevent diabetes?
4. Why does the author use the term “outright” diabetes on p.29?
5. What were the findings of the DEC outcome study? For example, why did annual enrollments fluctuate so much? Did completion of the education course help make mothers and babies more healthy? (BONUS: What's the difference between A1c and “percentage in control,” and which one showed a statistically significant correlation with health outcome?) Which education modules seemed to make the most difference?
6. What characterizes women who enroll in diabetes education, as opposed to women who don't enroll? What is the self-selection bias and why was this of such concern to the author?

Discussion Questions

1. At this point in the book, are you convinced of the importance of GDM to *all* diabetes at Gila River? Why or why not?
2. How do local distinctions between different forms of diabetes come into being? Is this typical, and can you think of parallel examples from your own culture?
3. What other reasons can you think of that people would not want to attend hospital-based diabetes education classes?

Vocabulary

Self Blood Glucose Monitoring

A1c

Self-Selection Bias

R-Squared Values

Multiple Regression

Correlation

Chapter 4

Review Questions

1. What is a DNKA (“deenka”)?
2. Why couldn't Pimas be categorized as either “non-compliant” or “biomedicine-friendly”?

3. What do people with chronic conditions need from their health care providers? From their health care generally?
4. What health care coverage do Pimas have?
5. What are the most common barriers to participation in health care and diabetes prevention at Gila River (there are three)?
6. What percentage of Pimas live below the poverty level?
7. Why is confidentiality such a concern here?
8. What is a fallen fontanel? What is the biomedical approach to this problem? What is the traditional Pima approach?
9. What is the “alternative vision of health care” suggested by the author?
10. What does the author mean by “sense of personal competency” and what role does it play in health care practices? What examples are in the book?
11. What behaviors/characteristics do Pima women share with patients around the globe?

Discussion Questions

1. Why did the author originally predict that Pimas were either biomedical “friendly” or “unfriendly”? Can you envision these two types (or two extremes) of patient? Why is it not a reasonable dichotomy?
2. How do women develop a sense of personal competency with regard to mothering, pregnancy, or just health in general? How is this sense informed by biomedical information and programs? How might it contradict biomedical messages?

Vocabulary

Biomedicine

Non-Compliance

Fallen Fontanel

Tohono O'odham

Akimel O'odham

Personal Competency

Barriers

Chapter 5

Review Questions

1. What is the relationship between surveillance (testing) and responsibility?
2. What does the author mean when she says that prenatal diabetes is diabetes for all Pimas?
3. What must a “good patient” do?
4. What does epidemiology provide?
5. Why is diabetes screening a "work in progress"? Why is GDM “fickle”?
6. How do risk data expand the purview of biomedicine?
7. Why is prevention screening confused with disease onset?
8. How do Pima women “make sense” of GDM?
9. What is secretive non-compliance versus purposeful non-compliance?
10. What is the non-diagnosis of “borderline”?

Discussion Questions

1. Why might it be important for doctors and hospitals to stress “good” patient compliance? What is the alternative? How might these institutional needs impinge on individual needs?
2. How is the GDM diagnosis problematic, or shifting? What institutional priorities are adopted when the diagnostic category is defined? What other institutional priorities are visible in other diagnoses (e.g., self-control and psychiatric disorders, technological evidence and epilepsy, or internal consistency and pain)?
3. Can we simultaneously trust and rely upon biomedicine, without giving up our sense of personal competency and knowledge? How does biomedicine discourage our “making sense” of disease?

Vocabulary

Semantic Illness Network

Epidemiology

OGTT

GCT

Chapter 6

Review Questions

1. Why might some providers suggest that Pima culture is “dead” or “thrown away”?
2. What is the challenge of diabetes clinicians everywhere?
3. Why is diabetes so much harder to treat than other diseases?
4. What is the difference between provider and Pima definitions of the phrase “at risk”?
5. What are some biomedical “rules of behavior,” and why is it assumed that all those who come in to the hospital for care know and are willing to conform to these rules?
6. How might biomedicine act as an acculturative agent? What things in particular produce this acculturating force?
7. What is the “ideal” in diabetes treatment, and why must it be relinquished?
8. What are some priorities of a translational researcher?
9. What is “some way”?
10. Describe intergenerational communication surrounding diabetes at Gila River.
11. What do staff longevity and trust have to do with diabetes care?
12. List some of the “best practices” offered by seasoned providers at Gila River.

Discussion Questions

1. What is culture? Does it change? Are Native Americans expected to look or behave a certain way by the dominant U.S. culture?
2. How have Native Americans acculturated to dominant U.S. culture in the past 150 years?
3. What are the best strategies of the staff at Gila River? How is cross-cultural biomedicine so difficult?

Vocabulary

Culture

Olas Ke

Acculturation

Gramsci

Chapter 7

Review Questions

1. What is the group format for treatment?
2. What is the distinction that anthropologists ignore at their peril (p.89)?
3. What is the DQIP? What is Health People 2010?
4. How are professional expectations rising for Primary Care Physicians, and what are they now expected to do?
5. What are the three types/levels of prevention?
6. How do Pimas secure their future?
7. How do providers elicit symptoms from their patients at Gila River?
8. What does community-wide transformation mean, and why is this necessary?

Discussion Questions

1. Why resist over-generalizing about Indians?
2. What societal processes have produced these changing expectations for PCPs?
3. Can PCPs be expected to do primary prevention? Why or why not?

Vocabulary

Prevention (three types)

Symptoms

Chapter 8

Review Questions

1. What does Rapp mean by “destabilization and disambiguation” in biomedicine? What is the production of knowledge?

2. What important characteristics are apparent to patients, despite the authoritative presentation of a diagnosis by providers?
3. Why is the author concerned about diagnostic controversy at all? Aren't these differences small, the larger issue being whether a person has diabetes or not?
4. What exactly do diagnostic criteria do or mean, if it is *not* to predict future diabetes?
5. What does the author mean by "an interactional element to diabetes knowledge"?
6. Why might women diagnosed with GDM be "less likely to make behavioral changes associated with glucose control" (p.97)?
7. What does the author suggest would improve negotiations?
8. Why is there no "in remission" status for diabetes?
9. What is a thematic discrepancy?
10. What further recommendations are made for a community-based approach to prevention?
11. Why is the author concerned about emphasizing women's role in diabetes prevention?
12. How can the diagnostic controversy be harnessed?

Discussion Questions

1. How does the information in this chapter contribute to your understanding of GDM and how women respond to it?
2. How does the discussion in this chapter affect your understanding of biomedical diagnoses?
3. Can the diagnostic controversy be harnessed? Has this type of thing ever happened before, in which a societal change in how a disease is viewed begins to affect law, policy, and the diagnosis itself?

Vocabulary

Diagnostic Criteria

Macrosomia

Birth Outcomes

High Normal Glucose

Boundary Line

First Diagnosable Moment

Vascular

Slippery Slope
Fetal Kick Counts
Electronic Fetal Monitoring
Trace Element
Population-Based Approach
Metabolic System

Chapter 9

Review Questions

1. What two things has the decline in farming produced at Gila River?
2. Who were the Hohokam?
3. What is the doctrine of discovery, and who was Justice John Marshall?
4. What happened in 1830, and to how many people?
5. When was the GRIR created, and what was the original purpose of the reservation?
6. Describe the Dawes Act and its impact.
7. Why was the SCIP largely a failure? What other factors led to the Pima loss of farming?
8. What was the Self-Determination Act of 1974, and what impact has it had? What was PL-638?
9. What was the War on Poverty?
10. What impact have processed foods had on the health of Pimas?
11. What is the etiology of Pima diabetes, and what is the thrifty gene? What are the three realms influencing Pima diabetes? How do monocausal models fail?
12. What is the fetal origins model?
13. How does food carry culture and values?
14. Where has the author seen all three realms successfully blended?

Discussion Questions

1. How is the political economy of Pima diabetes relevant for clinicians? For the Pima?

2. What is the important distinction between genetic influences and intrauterine influences behind diabetes? Why is it important?

Vocabulary

Sedentism

Wage Labor

Cultural Domination

Doctrine of Discovery

Commodity

24-hour Recall Inventories of Food

Thrifty Genotype

Etiology

New World Syndrome

Foodways

Political Economy

Chapter 10

Review Questions

1. What will be the global prevalence of diabetes in the year 2010? What is the current prevalence of diabetes in the U.S.?
2. What is a principal factor in the increase of diabetes globally?
3. In what ways do diabetes rates differ across subgroups of the population?
4. What evidence points to a worsening cycle of diabetes?
5. What is the cost of diabetes per patient over 30 years of the disease?
6. What is diabetesity?
7. Why is BMI relevant to discussions of diabetes? What is adiposital fat?
8. When does the quote on p.126, "Higher BMI is associated with female gender, African American and Native American ethnicity, less education, lower income, higher HbA1c, higher fasting blood glucose, and shorter duration with diagnosed diabetes" mean?

9. How did the advent of agriculture affect global rates of diabetes and obesity?
10. Why are diabetics concerned about small blood vessels?
11. Why do some patients confuse blood pressure with diabetes?
12. What does the author identify as the message of hope?

Discussion Questions

1. What is the difference between causation and correlation?
2. What do you know of the current obesity epidemic in the U.S.? What does it mean to you?
3. Who or what is responsible for the obesity (or diabetes) epidemic? How might your answer reflect cultural assumptions?

Vocabulary

Diabesity

Body Mass Index

Adiposital

Correlation

Chapter 11

Review Questions

1. What is the price of civilization?
2. What do Liburd and Vinicor mean by the “social production of disease”?
3. Why are the diseases referred to as “the metabolic syndrome” also called diseases of development? Why is *rapid* acculturation important in these discussions, as opposed to slow processes of culture change?
4. What does it mean to “make local sense” of something?
5. Why are Shawna’s words so insightful? What does she remind us of?

Discussion Questions

1. Why is this chapter included in a book on Pima diabetes? Is it simply that diabetes is a disease of development? Or are the Pimas harbingers of something yet to come?
2. In this global era, how might acculturative influences be *slowed* and why?

Vocabulary

Diabetogenic

Neo-Marxist

Urbanization

Chapter 12

Review Questions

1. How is diabetes not simply an individual disease but a community disease?
2. Why have some Pimas become disillusioned with biomedicine? What are the “limits of expertise”?
3. How are these two things related: (1) cynical mistrust; (2) self-confidence in self-care.
4. What does it mean to place cultural value in the collective?
5. What are risk messages?
6. How do Pimas challenge biomedical hegemony?
7. What is “white wanna-be”?
8. What things might “activate” or “conjure” a disease? Are these beliefs unique to the Pima?

Discussion Questions

1. Are the Pimas the only ones to have become disillusioned with biomedicine? How does this process fit with the liberalization of biomedicine since the 1970s, and the advent of managed care?
2. Why do some people resist acculturation, not “wanna be white,” or continue to emphasize the collective in a global economy that values the individual? Do you value these different approaches? Should they be valued or protected in biomedical clinics, where people come voluntarily for care?

Vocabulary

Risk

Hegemony

Collective

Activation or Conjuring

Chapter 13

Review Questions

1. What is the purpose of these stories within the larger lesson of the book?

Discussion Questions

1. What purpose does the narrative serve in ethnography? Why is this an important form of data for ethnographers?
2. How are these scenarios different? What key concerns is the author trying to demonstrate?

Vocabulary

Jaundice

Heart Murmur

Milga:n

Chapter 14

Review Questions

1. What does it mean to say that “culture has no lock on the Pimas”?
2. How might public health policies challenge individual rights?
3. What is a pandemic? Why does the author suggest that “community transformation” will be necessary, instead of better clinical interventions and strategies?

Discussion Questions

1. How are the Pimas “canaries in the mine”? What might we learn from them?
2. Has this ethnography demonstrated the crucial elements of anthropology: participant observation; first-hand, personal study; a holistic approach to the topic? Why or why not?
3. What theoretical stance(s) are taken up by this author: political-economy; structural violence; person-centered; critical interpretive; or others?

Vocabulary

Pandemic