Testing an Intervention to Reduce Sugared Fruit Drinks in Alaska Native Children
Institutionalized racism
Settler colonialism
Forced migration
Poverty
Limited opportunities
Paternalism
Research ethics violations

caries: a multifactorial disease

Disease rooted in behaviors
- irregular dental care
- inadequate fluoride
- high sugar diet

Behaviors embedded in contexts
- physical, political, economic, social, cultural...
mean daily intake

49 teaspoons/day

= sugared fruits drinks @ home

a potential solution
community-based participatory research

Self-determination

Social justice and equitable relations

Meaningful outcomes

Challenges
epistemological
political
ethical
methodological
*financial (3-4 years)

why CBPR?

It’s the right thing to do

Scientists don’t have all the answers

Feasibility and sustainability

Challenges: xylitol chewing gum RCT in pregnant Alaska Native women
  vulnerable subgroup
  inherent distrust of researchers
  logistical difficulties (travel, facetime, $)
  pregnancy as a sensitive time in life course
  low participation (decision making)
  cultural barriers (chewing gum)

Difficulties for future researchers

community planning groups

- Yup’ik caregivers unaware of the amount of sugar in fruit drinks
- Caregivers routinely give their children large volumes of sugared fruit drinks
- Water and milk are not feasible replacements
- Sugar-free alternatives acceptable if they knew about them and had a place to buy
Access to sugar-free alternatives

Health education

Self-efficacy training

proposed intervention
Gittelsohn’s Healthy Stores

AAP’s Parent Provides, Child Decides

Health Belief Model and Extended Parallel Process Model

Primary Dental Health Aide

Economics 101
next steps

1. taste tests with children
2. scale development to identify behavioral mechanisms
3. manualized intervention
thank you