

American Indians and Alaska Natives and Diabetes

Diabetes mellitus poses a significant public health challenge for the US. Some 800,000 cases are diagnosed each year, and changing demographic patterns in the US are expected to increase the number of people at risk for diabetes and who eventually develop the disease. Diabetes is a chronic disease that usually manifests as one of two major types. In type 1, which occurs mainly in children and adolescents, the body does not produce insulin, and insulin administration is required to sustain life. In type 2, which usually occurs in adults over 30 years of age, the body becomes unable to use its own limited supply of insulin effectively. (US DHHS, 2000).

Adult-onset diabetes also has **strong physiologic ties to cardiovascular disease (CVD)**. The majority of patients with diabetes mellitus die of complications of CVD rather than of causes associated directly with glucose control. (US DHHS, 2003).

Diabetes is a major clinical and public health challenge among certain racial and ethnic groups in which both the number of new cases of diabetes and the risk of associated complications are great. Vulnerable and high-risk populations include Asian Americans and Pacific Islanders, elderly persons, and economically disadvantaged persons. Factors that account for this chronic disease epidemic include behavioral elements (e.g., increased fat consumption, decreased physical activity, obesity), demographic changes (aging, increased growth of at-risk populations), genetics, cultural and community traditions, and socioeconomic status. The level of patient knowledge and empowerment has a great impact on the disease burden associated with diabetes. (US DHHS, 2000).

Overweight and Obesity

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. Those who are overweight or obese have a substantially higher risk of developing high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and breathing problems, and certain types of cancer. (US DHHS, 2000).

- **Incidence and Mortality**
- **Complications**
- **Traditional Health Beliefs and Practices**
- **Risk Factors and Challenges**
- **Strengths and Protective Factors**
- **Adherence Factors**
- **Diet**
- **Complementary and Alternative Medicine**
- **Service Interventions**
- **References and Resources**

Complementary and Alternative Medicine

Definition

The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as follows:

“CAM covers a broad range of healing philosophies (schools of thought), approaches, and therapies that mainstream Western (conventional) medicine does not commonly use, accept, study, understand, or make available. A few of the many CAM practices include the use of acupuncture, herbs, homeopathy, therapeutic massage, and traditional oriental medicine to promote well-being or treat health conditions.

“People use CAM treatments and therapies in a variety of ways. Therapies may be used alone, as an alternative to conventional therapies, or in addition to conventional, mainstream therapies, in what is referred to as a complementary or an integrative approach.

“Many CAM therapies are called holistic, which generally means they consider the whole person, including physical, mental, emotional, and spiritual aspects.” (HRSA, 2003c).

- **Use of traditional medicine and healers.** Many American Indians continue to practice tribal religions and rely on traditional medicine. One study reported that 70% of Navajos living on the reservation used traditional healers, and another found that approximately 28% of Indians living in Milwaukee and the San Francisco Bay area continued to use traditional practitioners. (Diversity Resources, Inc., 2001).

Suggestion

Respect traditional health practices and values and integrate them with behavioral health and wellness programs.

- **Reticence.** Many Indian people who maintain traditional spiritual and healing practices will not openly discuss these practices because of their private nature, the fear of exploitation and prejudice, and a long history of persecution for their beliefs. (Weaver, 1998).
- **Consulting a traditional healer first.** A patient may consult a traditional healer to diagnose or remove the cause of a disease before consulting a Western physician to cure the symptoms. (Diversity Resources, Inc., 2001).
- **Home treatment.** Economic factors, knowledge about and access to herbs, and distance from biomedical care often influence the decision to seek home treatment. However, over-the-counter remedies are becoming more popular. (Diversity Resources, Inc., 2001).
- **Drum or sweat lodge.** American Indians may work with the drum or sweat lodge in healing. (HRSA, 2003c).

ALIGN: Improving Compliance among Patients Who Use CAM

Ask. It is reasonable to assume that clients may be using one or more CAM products or practices. Research in this area shows that the majority of clients do not mention their use of CAM practices for a variety of reasons. Asking patients about their use of CAM can provide useful information and help build rapport.

Learn. Listen to your patients and learn what you can about their alternative approaches to healing, especially their subjective experiences with perceived efficacy. In addition, there are many books, research journals, web sites, and other resources on this topic.

Integrate. As appropriate, work with patients to integrate their CAM practices into the treatment plan. This can help increase compliance by working with existing beliefs, motivational tendencies, and cultural traditions.

Grow. In many cases, the process of inquiry and integration provides an opportunity for growth for both patients and providers.

Network. As knowledge of CAM increases, it may be useful to network with other interested physicians and CAM providers. Learn about the providers and suppliers of CAM services and products used by your patients. Consider the opportunity for cross-referrals, where appropriate, to trusted healers within the community. (HRSA, 2003c).

Navajo

- The following are possible **causes of disease** according to the traditional Navajo belief system:
 - √ Soul loss.
 - √ Intrusive objects.
 - √ Spirit intrusion or possession.
 - √ Breach of taboo.
 - √ Witchcraft or sorcery. (Diversity Resources, Inc., 2001).
- **Combined use of traditional and modern medicine.** The two approaches to health and illness are viewed as distinct but complementary. It is perfectly acceptable for a person to consult a Navajo diagnostician to identify the cause of a disease and arrange a ceremony to eliminate that cause, as well as to consult a physician to alleviate the symptoms of the disease. (Diversity Resources, Inc., 2001).
- **Navajo language and the classification of illness.** Illnesses are classified by the agents believed to cause them or the ceremonies used to cure them—such as the Wind Way, the Evil Way, the Night Way, the Plume Way, and the Earth and Beauty Way—rather than by the symptoms expressed or the parts of the body affected. The ability to describe the nuances of pain and symptoms in the Navajo language is highly sophisticated, and patients can be good historians of their illnesses if they understand why the physician needs an accurate history. (Diversity Resources, Inc., 2001).

Specific Practices

- American Indian healers may burn herbs to purify people and places in a ritual called **smudging**. Smudging with sage, cedar, and sweet grass is performed to purify places before sacred events or meditation, before beginning an important meeting, or before offering help or healing. It is also used in health centers to keep the space clear and in places where unpleasant events have occurred (e.g., theft, violence). Traditionally, Native Americans would burn smudge in an abalone shell. In the alchemical process of transformation (in this case, purification), the four elements are represented: the shell for water, the match for fire, the herbs and ashes for earth, and the smoke for air. (Rainbow Nations, 2003).

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