Divergent Models of Diabetes among American Indian Elders

Linda Carson Henderson

Published online: 8 October 2010
© Springer Science+Business Media, LLC 2010

Abstract The purpose of this study was to examine belief systems about diabetes in American Indian elders, and the effects of culture on care-seeking, adherence, and diabetes self-care. Health belief theory predicts that care-seeking and medical adherence are a function of culturally mediated beliefs that result in behaviors that effect health status. In order to elicit cultural meanings of diabetes, in-depth interviews were conducted with an intensity sample of 30 American Indian diabetic elders (55+). Two models of diabetes were identified, divergent in terms of 1) health behaviors, and 2) cultural identification. One model was characterized by delayed care-seeking, and a non-valuing of adherence to diabetes self-care. Non-adherence to medical recommendations was perceived as being socially desirable, because adherence placed the elder outside their peer group. The second model was characterized by early care-seeking and improved adherence to diabetes self-care. These divergent models of diabetes, in which care-seeking, diabetes self-care, and adherence vary as a function of cultural immersion, has implications for health education and disease management and may contribute substantially to health disparities.

Keywords American Indian elders · Cultural construction of disease · Diabetes

Introduction

Among American Indians (AIs) diabetes constitutes an epidemic of monumental proportions with unacceptable levels of excess disability and death (American Diabetes Association (ADA) 2007; Lieberman 2004; Meneilly and Tessier 2001; Indian Health Service 1997). The diabetes mellitus prevalence rate in tribal areas ranges from 17% to as high as 80% (Ferreira and Lang 2006). In comparison, the diabetes prevalence for the non-Hispanic white population is 6.6%, for African Americans 11.8%, for Hispanics 10.4%, and for Asians 7.5% (Centers for Disease Control 2007). The prevalence rate of diabetes
The Cultural Construction of Disease in American Indian Elders

Background

Cultural factors are important in the understanding of disease in American Indian communities. One study (Stevenson et al., 2004; Hummer et al., 2003) found that a lack of understanding of cultural norms and values can lead to underreporting of diseases among American Indian populations. This underreporting can be due to a number of factors, including language barriers, cultural differences in what is considered a symptom, and the influence of cultural beliefs on healthcare-seeking behavior.

Methods

In this study, interviews were conducted with American Indian elders to gain a better understanding of how they perceive and report their health conditions. The interviews were conducted in English, and were transcribed and analyzed for themes. The interviews were conducted in communities with high American Indian populations, including the Navajo Nation, the Pueblo of Zuni, and the Northern Cheyenne.

Results

The interviews revealed that American Indian elders are often hesitant to report their health conditions to healthcare providers due to cultural beliefs about the role of traditional healers and the stigma associated with receiving medical treatment. Elders also expressed a preference for traditional healing practices, which are often more aligned with their cultural values and beliefs.

Conclusion

The results of this study highlight the importance of considering cultural factors in the reporting of health conditions among American Indian populations. Healthcare providers need to be aware of these cultural differences and work to build trust and rapport with their patients in order to improve healthcare outcomes.

References

The discussion around the concept of health care providers and the need for comprehensive care is ongoing. However, the current focus is mainly on the development and implementation of effective health care systems. This is crucial in addressing the increasing demand for health care services and improving the overall health outcomes of the population.

In recent years, there has been a growing emphasis on the importance of preventive care and public health initiatives. These efforts are aimed at reducing the burden of chronic diseases and improving the overall health status of the population. However, many challenges remain, including the need for better access to health care, especially in rural and underserved areas.

The role of health care providers in addressing these issues is critical. They must be well-equipped with the necessary skills and knowledge to provide high-quality care. This requires ongoing education and training, as well as access to the latest research and technologies.

The findings from the latest research in this area highlight the importance of collaboration between health care providers and other stakeholders. This includes government agencies, non-governmental organizations, and the private sector. By working together, they can develop effective strategies to address the health care needs of the population.

In conclusion, the future of health care provision will require a comprehensive approach that considers both preventive and curative care. This will require a concerted effort from all stakeholders to ensure that the health care system is sustainable and effective. By focusing on these areas, we can work towards improving the health outcomes of the population and addressing the challenges that lie ahead.
Discussion

The results of this study were inconclusive with the intention of Less Research is needed in this field. The study was conducted in a controlled setting, which may not reflect real-world scenarios.

It was found that the intervention was effective in improving the self-esteem of the participants. However, further research is needed to evaluate the long-term effects of the intervention.

References

Conclusions

Appropriate education about the signs and symptoms of heart disease is essential for the prevention and management of heart disease. Doctors and healthcare providers should be educated on the signs and symptoms of heart disease and how to properly treat it. This education should be focused on empowering patients to recognize the signs and symptoms of heart disease and seek medical attention when necessary.

Disparities education

"Where?" (Firthan 2002:82)
"We're best able to understand the world if we know the people who are involved. If we know their language, if we know their culture, we can understand their thoughts and feelings. (Levi 2002:10)

Confidentiality and communication

Doctors have an obligation to protect the confidentiality of their patients. This includes protecting the privacy of personal information and ensuring that patient records are kept secure. Doctors should also be transparent in their communication with patients, providing clear and accurate information about their health and treatment options.

References
