

Dementia and Diabetes: Impact on Native Communities

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Introduction

Dementia and diabetes are two significant health challenges that affect millions of individuals worldwide. Both conditions have complex etiologies and can have profound impacts on individuals, families and communities. When considering the intersection of dementia and diabetes, it becomes evident that certain populations, including Native communities, are disproportionately affected by these comorbidities. This essay explores the intersection of dementia and diabetes within Native communities, examining the unique challenges, cultural considerations and potential strategies for prevention and management. Dementia is a syndrome characterized by a decline in cognitive function that interferes with daily activities. Alzheimer's disease is the most common cause of dementia, accounting for approximately 60-80% of cases. Other types of dementia include vascular dementia, Lewy body dementia and frontotemporal dementia. Diabetes, on the other hand, is a metabolic disorder characterized by elevated blood sugar levels resulting from either insufficient insulin production or ineffective insulin utilization. Type 2 diabetes is the most common form, often associated with lifestyle factors such as diet, physical inactivity and obesity [1,2].

Description

Native communities, including American Indians, Alaska Natives and Indigenous peoples worldwide, face unique challenges related to dementia and diabetes. Historical trauma, colonization, forced relocation and loss of cultural practices have contributed to disparities in health outcomes among Native populations. These communities experience higher rates of diabetes compared to the general population, with prevalence rates up to three times higher in some tribes. Additionally, Native elders are disproportionately affected by dementia, with studies suggesting higher prevalence rates compared to non-Native populations. The impact of dementia and diabetes extends beyond the individual level and affects entire communities. Family caregivers often bear the burden of providing care for elders with dementia, leading to increased stress, financial strain and disruption of daily routines. In Native communities, where family and community are central to cultural identity, the caregiving role takes on added significance and can impact the mental, emotional and physical well-being of caregivers. Cultural factors play a crucial role in shaping the experience of dementia and diabetes within Native communities. Traditional healing practices, spiritual beliefs and intergenerational knowledge transfer are integral components of Native culture and may influence perceptions of health and illness. However, the erosion of traditional lifestyles, loss of language and acculturation to Western norms have contributed to disconnect from cultural practices and a shift towards less healthy behaviors. Furthermore, cultural stigma surrounding mental illness and chronic conditions such as diabetes may prevent individuals from seeking timely diagnosis and treatment. Addressing

cultural beliefs and perceptions is essential for developing culturally sensitive interventions that resonate with Native communities and promote holistic approaches to health and well-being [3,4].

Several challenges and barriers contribute to the disproportionate impact of dementia and diabetes on Native communities. Limited access to healthcare services, particularly in rural and remote areas, hinders early detection, diagnosis and management of these conditions. Historical mistrust of healthcare systems, inadequate funding for Native health programs and disparities in healthcare delivery further exacerbate these challenges. Moreover, socioeconomic factors such as poverty, unemployment and food insecurity contribute to the high prevalence of diabetes and related risk factors, such as obesity and sedentary lifestyles. The lack of culturally appropriate resources, including educational materials, support services and healthcare providers trained in cultural competency, presents additional barriers to prevention and management efforts. Addressing the intersection of dementia and diabetes in Native communities requires a multifaceted approach that addresses the complex interplay of biological, social, cultural and environmental factors. Prevention efforts should focus on promoting healthy lifestyles, including traditional diets, physical activity and community-based interventions that incorporate cultural values and practices. Early detection and diagnosis of both dementia and diabetes are critical for initiating timely interventions and improving outcomes. Screening programs, community outreach initiatives and culturally adapted assessment tools can help identify individuals at risk and connect them with appropriate resources and support services. Moreover, integrating traditional healing practices, storytelling and intergenerational activities into dementia and diabetes care can enhance cultural relevance and engagement within Native communities. Collaboration between tribal leaders, healthcare providers, researchers and community stakeholders is essential for developing and implementing effective interventions that address the unique needs of Native communities. By prioritizing cultural humility, respecting Indigenous knowledge systems and fostering partnerships based on trust and mutual respect, it is possible to reduce the burden of dementia and diabetes and promote health equity within Native populations [5].

Conclusion

In conclusion, the intersection of dementia and diabetes within Native communities represents a complex and pressing public health challenge. Cultural, historical and socioeconomic factors contribute to disparities in health outcomes, with Native elders bearing a disproportionate burden of these conditions. Cultural considerations, including traditional healing practices and spiritual beliefs, play a crucial role in shaping perceptions of health and illness but are often undermined by acculturation and stigma. Despite the challenges and barriers, there is hope for addressing the impact of dementia and diabetes on Native communities. Culturally sensitive interventions that integrate traditional knowledge, community engagement and collaboration between stakeholders hold promise for promoting holistic approaches to health and well-being. By prioritizing cultural humility, fostering partnerships based on trust and mutual respect and addressing the social determinants of health, we can work towards reducing disparities and promoting health equity within Native populations. Moving forward, it is essential to continue advocating for resources, support services and policies that prioritize the unique needs of Native communities. By recognizing the resilience, strengths and cultural richness of Indigenous peoples, we can strive towards a future where all members of Native communities have the opportunity to lead healthy, fulfilling lives, free from the burden of dementia and diabetes.

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Conflict of Interest

There are no conflicts of interest by author.

References

1. Arias, Elizabeth, Jiaquan Xu and Melissa A. Jim. "Period life tables for the non-Hispanic American Indian and Alaska Native population, 2007–2009." *Am J Public Health* 104 (2014): S312-S319.
2. Mayeda, Elizabeth Rose, M. Maria Glymour, Charles P. Quesenberry and Rachel A. Whitmer. "Inequalities in dementia incidence between six racial and ethnic groups over 14 years." *Alzheimers Dement* 12 (2016): 216-224.
3. Mayeda, Elizabeth R., Andrew J. Karter, Elbert S. Huang and Howard H. Moffet, et al. "Racial/ethnic differences in dementia risk among older type 2 diabetic patients: the diabetes and aging study." *Diabetes Care* 37 (2014): 1009-1015.
4. Cobb, Nathaniel, David Espey and Jessica King. "Health behaviors and risk factors among American Indians and Alaska Natives, 2000–2010." *Am J Public Health* 104 (2014): S481-S489.
5. Doney, Alex SF, Wilfred Bonney, Emily Jefferson and Katherine E. Walesby, et al. "Investigating the relationship between type 2 diabetes and dementia using electronic medical records in the GoDARTS bioresource." *Diabetes Care* 42 (2019): 1973-1980.

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