

Diabetes in Middle-Aged Native American Men: Cultural Influences on Care

Group Introduction

Group Members: John Doe – Introduction & Conclusion; Jane Smith – Health Disparities & Diet; Miguel Garcia – CAM & Health Beliefs; Priya Patel – Family Roles & Gender; Ahmed Khan – Spirituality & Special Considerations. Each member contributed research and content for their respective sections. *(Note: Replace with actual names and roles as needed.)*

Background and Significance

Middle-aged Native American men (approx. 40–65 years old) are in Erikson's **Generativity vs. Stagnation** stage, focusing on caring for others and contributing to society. However, **Type 2 Diabetes** disproportionately affects this group, threatening their health and roles. American Indians/Alaska Natives have the highest diabetes rates of any U.S. racial group ¹ ². This presentation examines how diabetes impacts these men and explores cultural factors – from health beliefs to family dynamics – that nurses must understand to provide culturally competent care. We will address health disparities, common traditional practices, belief systems, family roles, gender issues, spiritual influences, diet/nutrition, and other special considerations for this population.

Health Disparities in Diabetes

Diabetes Prevalence: Native American communities face a heavy diabetes burden. About **13.6% of AI/AN adults** have diagnosed diabetes (vs ~9–10% of U.S. adults) ². They are nearly **1.5 times more likely** to have diabetes than the general population ², and death rates from diabetes are 66% higher than average ³ ⁴. Notably, men share this high risk (age-adjusted prevalence ~13.4% in AI/AN men vs 9.6% in all men) ². Rural Native men are especially affected – **18.9%** of AI/AN adults in rural areas have diabetes, compared to 13.7% in urban areas ⁵. This disparity reflects limited access to care in remote reservations and socioeconomic challenges. Middle-aged Native men often develop diabetes at younger ages and suffer serious complications (renal failure, amputations, etc.), contributing to shorter lifespans. **Historical trauma and poverty** also play roles: centuries of displacement and underfunded healthcare have led to intergenerational health inequities. These stark disparities highlight the need for focused prevention and culturally tailored interventions in Native communities.

Complementary Medicine and Traditional Healing

Many Native American men blend **traditional healing practices** with modern medicine for chronic disease management ⁶. They often value the ability to **integrate traditional and Western medicine** in treating illnesses like diabetes ⁶. For example, some tribes use herbal remedies – **bitter melon (*Momordica charantia*)** tea is a traditional treatment used by Indigenous peoples globally to lower blood sugar ⁷.

Likewise, Navajo patients may incorporate local herbs or visit a medicine man for ceremonies to restore balance. Importantly, studies have found that using traditional herbs alongside diabetes meds did not adversely affect glucose control ⁸. Nurses should ask about **complementary and alternative medicine (CAM)** use and be open to it. Traditional practices can include **sweat lodge ceremonies, prayer, smudging (burning sage)**, or healing rituals to address the spiritual aspect of illness. Hospitals serving Native patients are learning to accommodate these practices – for instance, allowing **corn pollen or cornmeal** blessings before procedures or scheduling around ceremonial obligations ⁹. By respecting CAM practices and collaborating with tribal healers when appropriate, healthcare providers can build trust and improve diabetes management outcomes. (Encourage patients to continue prescribed meds while safely incorporating traditional remedies – a “walking in two worlds” approach.)

Health Beliefs and Perceptions of Illness

Native American middle-aged men may hold culturally specific beliefs about health and diabetes. Qualitative research found these men often define “being healthy” as having physical strength and **no disease** ¹⁰. Conversely, a diabetes diagnosis is seen as an **“inexorable downward course” leading slowly to complications and death** ¹⁰. Many Native men deeply **fear diabetes** – they worry about themselves or family members being diagnosed ¹¹ ¹². This fatalistic view (seeing diabetes almost as a death sentence) can lead to denial or delay in seeking care. Culturally, some attribute diabetes to external forces: it is sometimes referred to as a **“white man’s sickness,”** caused by disruption of the traditional way of life ¹³ ¹⁴. In this view, the disease arrived with Western foods and lifestyle; accordingly, some feel it requires “white man’s medicine” ¹⁴ (modern medical treatment). This belief underscores historical experiences – elders recall a time before diabetes was common, and many blame processed foods and colonial policies for the epidemic. Nurses should recognize these perceptions. Patients might feel hopeless or assume complications are inevitable, affecting adherence. Building hope is key: education should stress that diabetes **can be managed or even prevented** with lifestyle changes ¹⁵, and that complications are not inevitable if one takes action. Incorporating positive examples (e.g. community members who controlled diabetes) and acknowledging the valid historical reasons for skepticism can help reframe beliefs in a more empowering way.

Decision-Making and Family Roles

In many Native American cultures, health decisions are **family-centered**. The **extended family** often plays an important role in a patient’s care ¹⁶. Middle-aged men typically consult relatives – spouse, parents, aunts/uncles, or tribal elders – when making medical decisions. It is common for numerous family members to accompany a patient to the hospital or clinic ¹⁶. Nurses might find a **large family presence** at the bedside; this reflects support and a collective decision-making process. Often, the family has a designated leader. Notably, in some tribes (including many Plains and Southwestern tribes), the **eldest female (grandmother or matriarch)** holds significant authority in health matters ¹⁷. For example, a patient may postpone a surgery or treatment until his mother or an elder aunt gives approval ¹⁷. This matriarchal influence may surprise providers expecting a male decision-maker. The key is to **involve the family** in education and planning whenever the patient consents. Explain the diabetes care plan to both the patient and his family – their buy-in can greatly improve compliance (e.g., family helping with diet changes). Also, privacy norms differ: some Native patients prefer having relatives present during discussions for support. As a nurse, **welcome family participation** and identify who the patient trusts for decisions. Additionally, respect tribal hierarchy – if a tribal elder or spiritual leader advises on the patient’s care, try to integrate

those recommendations. By partnering with the family and community, nurses can ensure that care plans align with the patient's cultural context and have the necessary home support.

Specific Gender Considerations (Native Male Perspectives)

Caring for **Native American men** requires understanding certain gender-related factors. Culturally, many Native men value **stoicism and self-reliance** – they may be reluctant to complain about symptoms or seek help, believing they should endure illness quietly. This contributes to men often delaying medical care. Indeed, Native men (like men in general) utilize healthcare less frequently than women. One health organization notes that men are often “indifferent” to their own health needs, even while they prioritize providing for family ¹⁸. Middle-aged Native men may feel pressure to appear strong and not “burden” others with their illness, leading to denial about diabetes or skipping appointments. Unfortunately, this means their diabetes is sometimes diagnosed late or goes uncontrolled longer. Moreover, epidemiologically, Native men face high chronic disease rates – some reports suggest **Native men have higher diabetes prevalence than Native women** ¹⁹, along with more hypertension and heart disease. They also have higher rates of risk factors like alcohol/tobacco use and obesity (partly influenced by lifestyle and possibly “toxic masculinity” norms ²⁰). **Historical trauma** uniquely impacts Native men's health: generations of disempowerment have led to issues like substance abuse and depression, which can worsen diabetes outcomes. Nurses should approach Native male patients with sensitivity to these dynamics. Encourage them that seeking care is not a weakness but an act of strength to stay healthy for their family. Male patients might respond well to emphasizing their **role in providing for and teaching the next generation** – managing diabetes is part of fulfilling that generative role in midlife. Also, consider matching male patients with Native male health educators or support groups where possible, to overcome stigma. By addressing gender-specific barriers (like fear of appearing weak) and leveraging motivators (such as staying strong for family), nurses can better engage Native men in diabetes management.

Religion and Spirituality Influences

Spirituality is integral to Native American cultures. Unlike Western traditions that separate secular and sacred, Native spirituality is **embedded in everyday life and health** ²¹. Many middle-aged Native men adhere to spiritual beliefs (which may include traditional Indigenous religion, Christianity, or a blend). Illness is often seen in a holistic context – it may signify a **disharmony** between the person, nature, and the spiritual world. Thus, treating diabetes isn't just physical but also spiritual. Patients might believe that rituals or prayer are needed to truly heal. For example, some tribes view diabetes as imbalance caused by losing traditional ways, so the remedy includes **restoring harmony** through ceremonies or returning to ancestral diets. Nurses should inquire about patients' spiritual practices and be supportive. **Prayer** is common; a patient may want to pray with family or have a clergy/medicine man pray for his health. Allowing these practices (consistent with hospital policy) can improve the patient's peace of mind. Traditional healing ceremonies might involve drumming, chanting, or smudging with sacred herbs. In one case, a hospital permitted a bedside **blessing ceremony** with cornmeal before a patient's surgery ⁹ – such cultural sensitivity fosters trust. It's also important to note that many Native Americans blend **Christian faith** with Indigenous practices. For instance, a patient might take communion and also carry a medicine pouch. **Respect all expressions of spirituality**. Ask questions like, “Do you have any spiritual or religious practices you find helpful in managing your health?” This opens dialogue. Additionally, be aware that **tribal taboos** or beliefs could affect care: some patients may avoid discussing negative outcomes (e.g. death) as it's seen as inviting bad spirits, or may have certain periods (such as during mourning) where they refrain from medical procedures. Working with tribal spiritual leaders or chaplains can help navigate these

nuances. Overall, incorporating spirituality – whether by scheduling around ceremonies, facilitating prayer, or simply acknowledging its importance – is vital for holistic diabetes care in this population ²¹ .

Effects of Diet and Nutrition

Dietary change is a central factor in the diabetes epidemic among Native Americans. Traditionally, Indigenous diets were rich in lean game, fish, vegetables, beans, corn, and squash – high in fiber and nutrients, low in refined fats and sugar ²² . However, over the past century, Native communities were forced or incentivized into Westernized diets. Government commodity rations (flour, lard, sugar) introduced new staples; one outcome was **frybread**, a deep-fried dough that became a culturally significant food but is very high-calorie ²³ ²⁴ . Today, many middle-aged Native men grew up on inexpensive processed foods and **sweetened beverages** instead of ancestral foods. The impact is stark: “One in three” Navajo Nation residents has diabetes, and obesity is **3 times** the U.S. average ²⁵ . The entire Navajo Nation is labeled a **“food desert”** – healthy fresh foods are hard to access in the vast reservation ²⁶ . Poverty plays a role; families may rely on cheap convenience foods. Frybread exemplifies the dilemma – it symbolizes cultural survival but contributes to health issues (“a source of pride... and pain” due to diabetes) ²⁴ ²⁵ . Middle-aged men often prefer traditional comfort foods (mutton stew, frybread, processed meats), and changing these habits is challenging. Yet, there is a movement to **revive traditional diets** as medicine. Programs encourage returning to **“First Foods”** – corn, beans, squash, wild rice, etc. – which are healthier and culturally meaningful ²⁷ . Nurses should incorporate **dietary counseling** that is culturally tailored: for example, teaching “My Native Plate” – filling half the plate with local vegetables, portioning lean game meat and complex carbs like squash or wild rice. Educate that modern packaged foods and sugary sodas (“colonizer foods”) are a major cause of “sugar sickness” (diabetes). Community gardens and farmer’s markets on reservations (where feasible) are helping improve access. Also, discuss ways to make beloved recipes healthier (baking instead of frying, using whole grain flour in frybread, etc.). By acknowledging the cultural importance of food and the historical reasons for current diets, nurses can more effectively partner with patients to improve nutrition and blood sugar control ²² ²⁶ .

Image: Frybread – a deep-fried bread born from 19th-century ration foods – is a cherished but unhealthy staple. Many Native communities are now encouraging a return to traditional **Native diets** (corn, beans, squash, game) to combat diabetes ²⁷ . Middle-aged Native men may need support in shifting dietary habits that are tied to culture and history.

Special Considerations for Culturally Competent Care

Providing **culturally sensitive care** to middle-aged Native American male patients with diabetes involves several key considerations: **communication style, trust, time orientation, and community engagement**. Firstly, **communication** may differ from mainstream norms. Direct, sustained eye contact can be seen as **disrespectful or aggressive** in some Native cultures ²⁸ – a Native patient might avert his gaze or keep responses brief, especially with authority figures. Silence is also valued: patients may pause before answering questions, reflecting or translating thoughts into their Native language internally ²⁹ . Nurses should **avoid interrupting** and not misinterpret silence as non-compliance; give the patient time to respond. It’s also respectful to speak in a gentle, unhurried manner. Secondly, **historical mistrust** of healthcare is a reality. Native Americans have endured traumatic abuses (e.g. involuntary boarding schools, medical experimentation), leading to **fear and suspicion** toward providers ³⁰ ³¹ . In one survey, 23% of Native Americans reported discrimination during healthcare visits and 15% avoided care due to anticipated bias ³² . To build trust, be humble and patient – **introduce yourself, explain clearly**, and take time to

listen to the patient's story and concerns. Show respect for their culture (for instance, knowing a few words of greeting in their tribal language or acknowledging the tribe's name can warm the interaction). Thirdly, be aware of **"Indian Time" – a flexible time orientation** ³³. **Many Native people are present-oriented and task-focused rather than clock-focused. Strict appointment times or medication schedules might conflict with this worldview. A middle-aged man juggling work, ceremonies, and family may not take insulin at exactly 8 AM daily if it doesn't align with his day's flow. Instead of scolding "lateness," work with him to tie med times to daily events (e.g. sunrise, or after his morning prayer)** ³⁴. **If he arrives late due to long travel, attempt to accommodate rather than turning him away – reliability and understanding will earn trust. Finally, community-based strategies greatly aid diabetes care. Collaborating with tribal programs (e.g. the Special Diabetes Program for Indians) and using culturally adapted education materials can improve outcomes. For example, the CDC's Native Diabetes Wellness Program created the "Eagle Books" – colorful comics with Native characters teaching about diabetes prevention for kids. Some communities hold talking circles for diabetic patients to share experiences in a traditional group dialogue format. Health fairs at powwows or community centers, and involving tribal leaders in health messaging, have been effective.** Public health outreach in Native languages** also makes an impact. In one project, reservation convenience stores put up signs in Choctaw language pointing to healthy foods ("Fresh food has arrived") to encourage better choices ³⁵.

Image: Culturally tailored health promotion – a grocery sign in the Choctaw language directs shoppers to fresh produce. Initiatives like this leverage Native culture and language to combat diabetes by promoting healthy eating ³⁵.

In summary, **special considerations** include: be patient and respectful in communication, involve family and community, accommodate spiritual practices, address historical mistrust with empathy, and adapt care plans to the patient's cultural context and daily reality. By doing so, nurses can empower Native American men in midlife to manage their diabetes while honoring their identity and values.

Conclusion

Caring for Native American middle-aged men with diabetes requires a **holistic, culturally informed approach**. We must recognize the profound impact of history – how forced changes in diet and lifestyle led to today's health disparities – and work to rebuild trust. These patients are in a stage of life where they seek to be productive and guide the next generation (Erikson's generativity). By partnering with them, their families, and communities, nurses can help them turn the tide on diabetes. This means respecting traditional healing, integrating spiritual and family support, and providing education that resonates culturally. When culturally competent care is delivered, we see better engagement and outcomes: for instance, communities that incorporate culture in diabetes programs report improved glucose control and empowerment ⁶ ³⁶. Let us strive to treat not just the disease, but the **whole person** – physically, emotionally, and spiritually. In doing so, we honor our patients' heritage and ultimately improve their health. Together, blending **modern medicine with Indigenous wisdom**, we can ensure that Native American men in midlife achieve healthy, fulfilling lives – staying strong for their families and future generations. *Thank you* (Mahalo, Wado, Miigwetch) for listening. We welcome any questions.

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