

# Diabetes Management and the Impact of Historical Trauma on the American Indian Alaska Native Population

Kristin Donnelly, RN, BSN, CWON, MSN-FNP Student  
 kristin.donnelly@bellincollege.edu  
 Scholarly Project Advisor – Dr. Lori Kulju, Ph. D., RN

## Problem Statement

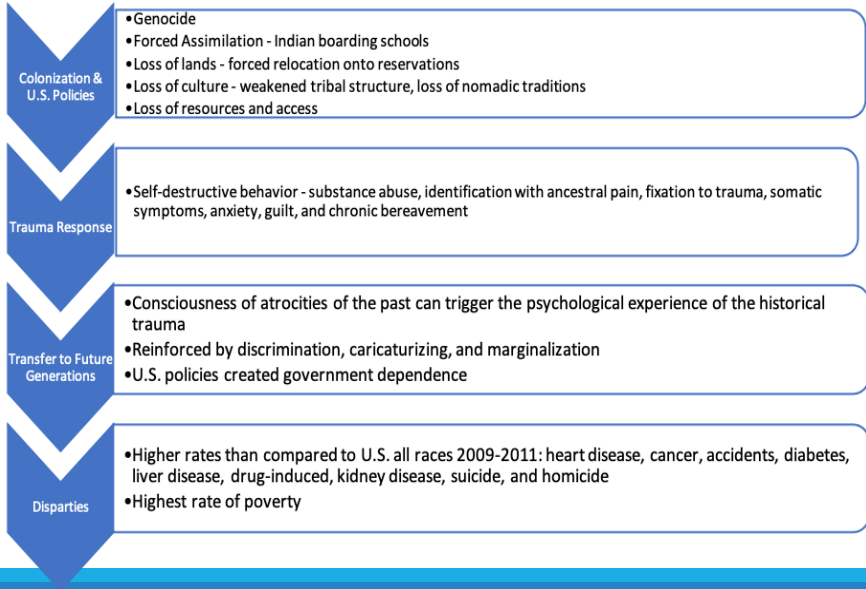
- Prevalence of diabetes in the US American Indian/Alaska Native (AIAN) population is twice that of the non-Hispanic white population<sup>2</sup>
- AIANs experience higher complication rates<sup>2</sup>
- 2.5 times more likely to die from diabetes than non-Hispanic whites<sup>2</sup>
- Diabetic management, including self-management, is lacking in the AIAN population.
- Providers working with the AIAN population must understand the impact of unique stressors and self-management outcomes

## Purpose

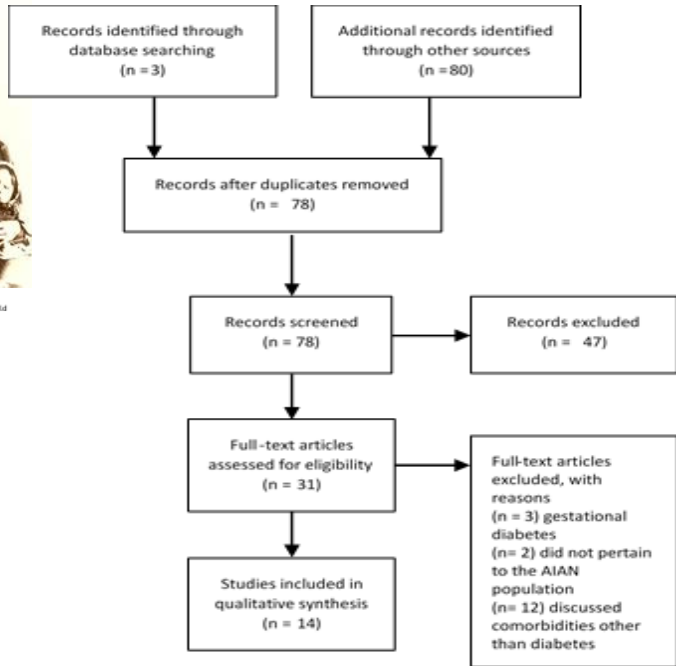
- Relate AIAN history to the identification of stressors that contribute to poorer diabetic outcomes and self-management practices
- Identify unique stressors that contribute to higher rates of diabetes and poor diabetic outcomes in the AIAN population.

## Theoretical Frameworks

- Leininger’s Culture Care Theory<sup>3</sup>
- Brave Heart and DeBruyn’s Historical Trauma Theory<sup>1</sup>



## Search Summary



## ROL Summary

- Four major themes emerged as unique stressors to the AIAN with diabetes:
- Access to healthy foods/diet
  - Stressors on overall health
  - Access to resources necessary to manage diabetes
  - Historical trauma/response

## Conclusions

- AIANs have unique stressors to diabetic self-management related to historical trauma
- APRNs must create a culturally sensitive care environment
- APRNs can improve AIAN diabetic self-management by engaging in cultural humility

## Implications and Recommendations

- Research**
- Expansion and further explanation into themes discussed
  - Relate historical trauma response and AIAN diabetic outcomes – develop and test interventions
  - Region or tribal specific differences?
- Practice**
- Cultural humility
  - Consider culture, history, traditions, and values when prescribing, educating, and care planning.
  - The responsibility lies with us!



## References

<sup>1</sup> Brave Heart, M. Y., & DeBruyn, L. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian Alaska Native Mental Health Research*, 8(2), 56-78.

<sup>2</sup> Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020. [https://www.cdc.gov/diabetes/data/statistics-report/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdiabetes%2Fdata%2Fstatistics%2Fstatistics](https://www.cdc.gov/diabetes/data/statistics-report/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdiabetes%2Fdata%2Fstatistics%2Fstatistics)

<sup>3</sup> Leininger, M. (2002). Culture care theory: A major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing*, 13(3), 189-192.