

Untouched Epidemic: Cardiovascular Heart Disease among Native American Women

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Editorial

Cardiovascular Heart Disease (CHD) stands as the leading cause of mortality among women globally, presenting a significant public health concern. Amidst this landscape, Native American women face unique challenges and disparities regarding CHD [1]. Despite being a lesser-discussed topic, understanding the intersectionality of cultural, social, and biological factors is essential for addressing and mitigating this silent epidemic. In the historical context, historical trauma experienced by Native American communities, including forced relocation, loss of land, and cultural suppression, has contributed to adverse health outcomes. These factors have disrupted traditional lifestyles, dietary habits, and community cohesion, laying the groundwork for the emergence of chronic diseases like CHD. Studies consistently highlight the disproportionately high prevalence of CHD among Native American women compared to other ethnic groups in the United States [2]. Contributing factors include high rates of obesity, diabetes, hypertension, and smoking within these communities. Furthermore, socio-economic disparities, limited access to healthcare, and cultural barriers compound the risk.

To address the CHD epidemic among Native American women, cultural considerations must be addressed. Native American cultures hold unique perspectives on health and wellness, often emphasizing interconnectedness with nature, spirituality, and community harmony. However, the assimilation policies enforced by colonial powers have eroded traditional practices and knowledge, leading to a disconnect between contemporary healthcare systems and indigenous healing traditions [3]. In addition, effective interventions for combating CHD among Native American women must be community-driven, culturally sensitive, and holistic in approach. Empowering indigenous

communities to reclaim control over their health through culturally relevant programs, incorporating traditional foods and healing practices, can foster resilience and improve outcomes. Policy implications can address the root causes of CHD among Native American women necessitates a multifaceted approach that spans healthcare, education, and policy reform [4]. This includes increasing funding for tribal healthcare systems, improving access to healthy foods in reservation communities, and implementing culturally competent healthcare services [5]. The prevalence of cardiovascular heart disease among Native American women underscores the urgent need for targeted interventions that address the complex interplay of social, cultural, and biological determinants of health. By amplifying indigenous voices, honoring cultural traditions, and fostering collaboration between communities and healthcare providers, we can strive towards health equity for all.

References

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