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Le Centre de gouvernance de l'information des Premières Nations

Diabetes in our Communities: National Results from the First Nations Regional Health Survey (RHS) 2015/16

April 18, 2018

National Indigenous Diabetes Conference



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Overview

- ✓ Introduction to the Regional Health Survey
- ✓ Burden of Diabetes
- ✓ Social determinants of health and modifiable risk factors
- ✓ Diabetes screening
- ✓ Treatment
- ✓ Health impacts
- ✓ Health care access



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Vision:

FNIGC envisions that every First Nation will achieve data sovereignty in alignment with their distinct worldview.

Mission:

We partner to strengthen First Nations' data sovereignty and the development of governance and information management systems at the community level. We adhere to free, prior and informed consent, respect nation-to-nation relationships, and recognize the distinct customs of nations, to achieve transformative change.

Partnerships & Coordination

National	First Nations Information Governance Centre Assembly of First Nations (Ex-Officio)
Regional	Union of Nova Scotia Mi'kmaq Union of New Brunswick Indians First Nation of Quebec and Labrador Health and Social Services Commission Chiefs of Ontario Nanaandawewigamig First Nations Health and Social Secretariat of Manitoba Federation of Sovereign Indigenous Nations (Saskatchewan) Albert First Nations Information Governance Centre Dene Nation Council of Yukon First Nations British Columbia First Nations Health Authority



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First Nations Regional Health Survey (RHS)

- ✓ Represent all First Nations living on-reserve and northern communities
- ✓ Designed to collect information on health and well-being
- ✓ Provide First Nations with key information for program planning, policy & advocacy at sub-regional, regional and national levels



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More than “just another survey”

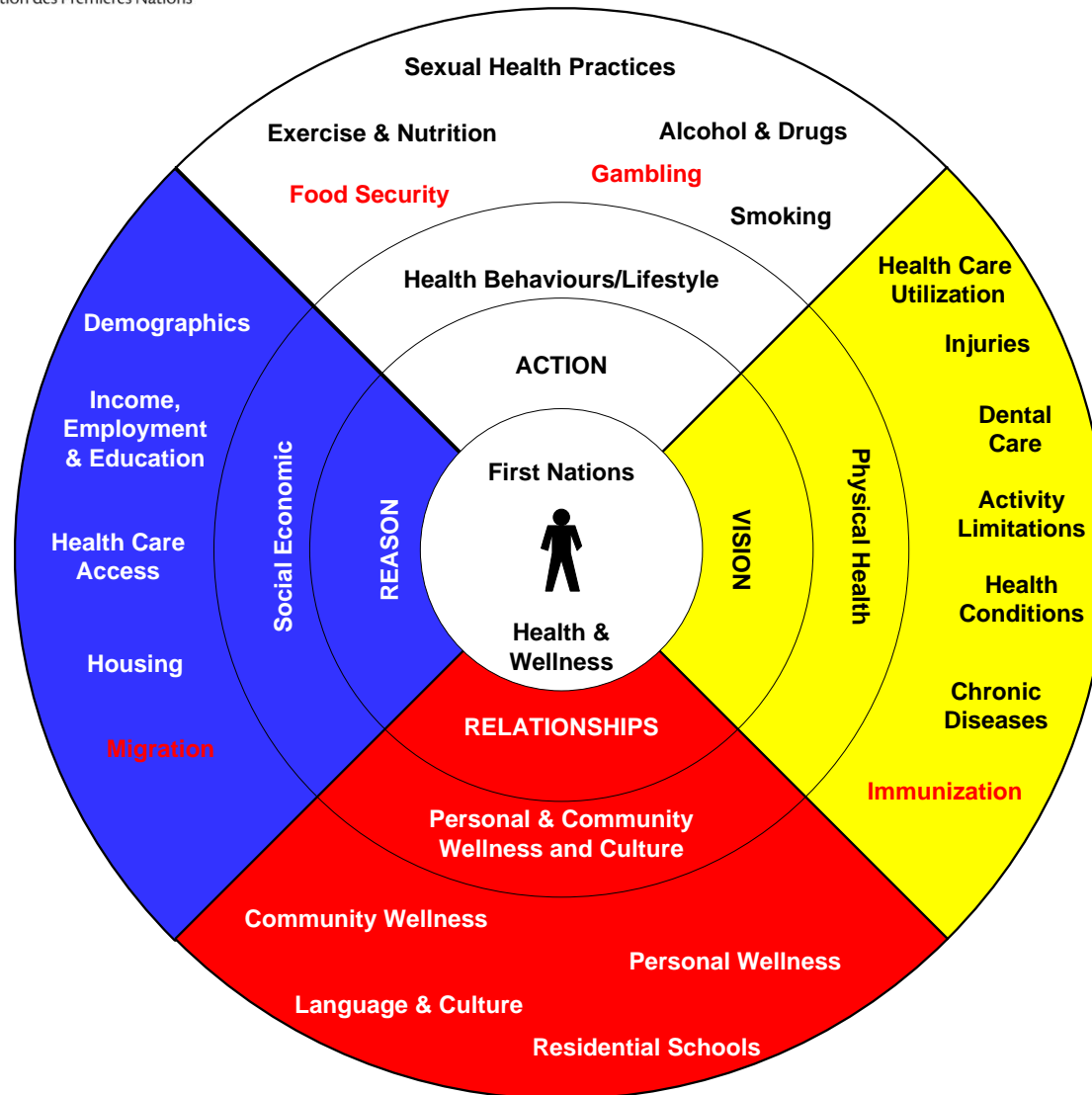
- ✓ The RHS is a national survey under complete First-Nations control.
- ✓ Implemented in keeping with the First Nations principles of OCAP[®].
- ✓ Rooted in self-determination, nationhood, self-governance and nation re-building.



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RHS Cultural Framework





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Limitations of presentation

- ✓ Distinct cultures of our First Nations presented in aggregated statistics
- ✓ Represents only First Nations living on reserve and northern communities
- ✓ Self-reported diabetes

Have you been told by a health care professional that you have diabetes? We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.

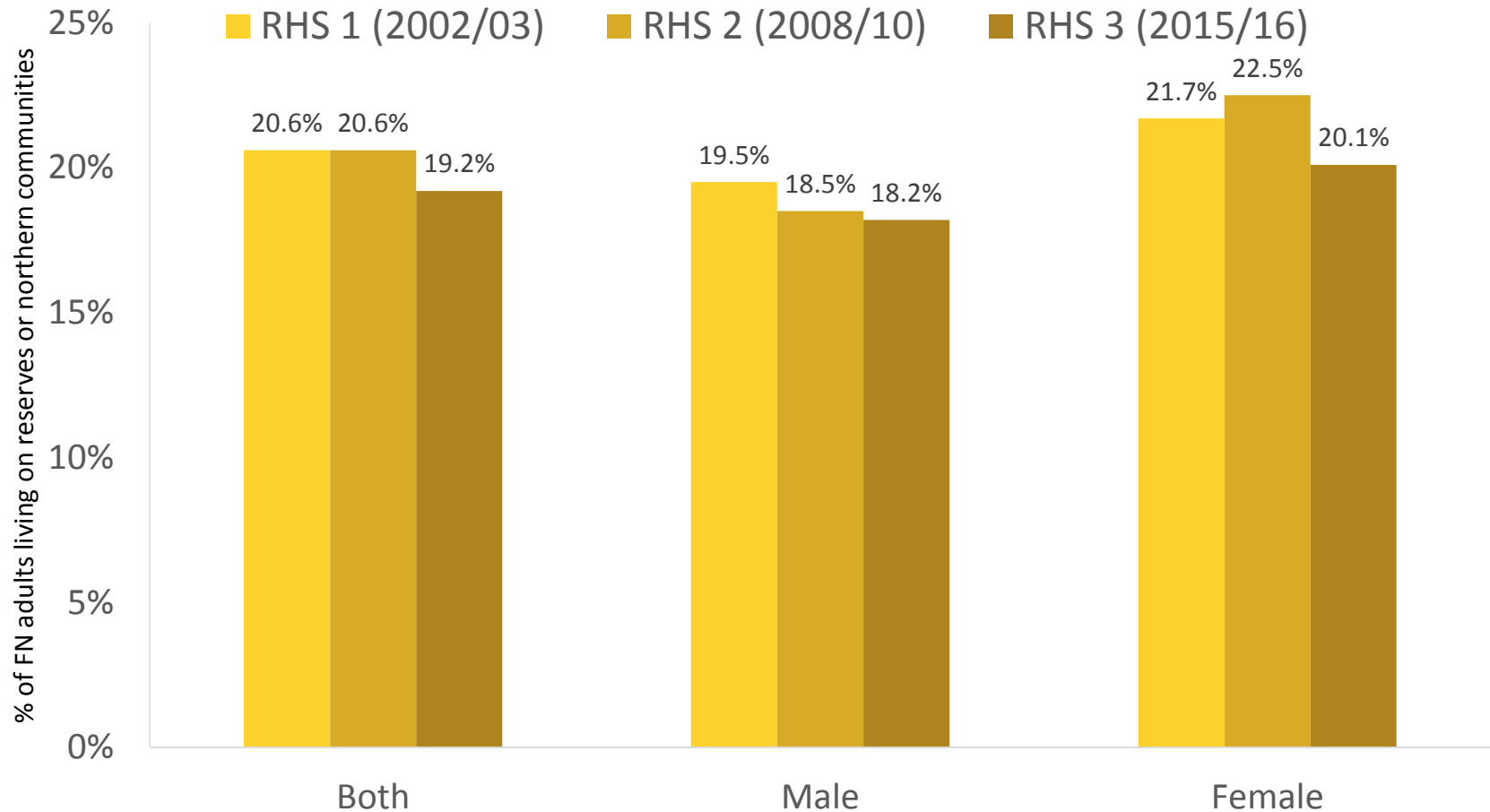
- ✓ Limitations of a cross-sectional survey – can examine associations only and not the order of causation
- ✓ Lots of numbers...Try to focus more on the story



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Age-adjusted Diabetes Prevalence (18+ years)



Diabetes type 2 accounts for more than 90% of the diabetes diagnoses in 2015/2016.

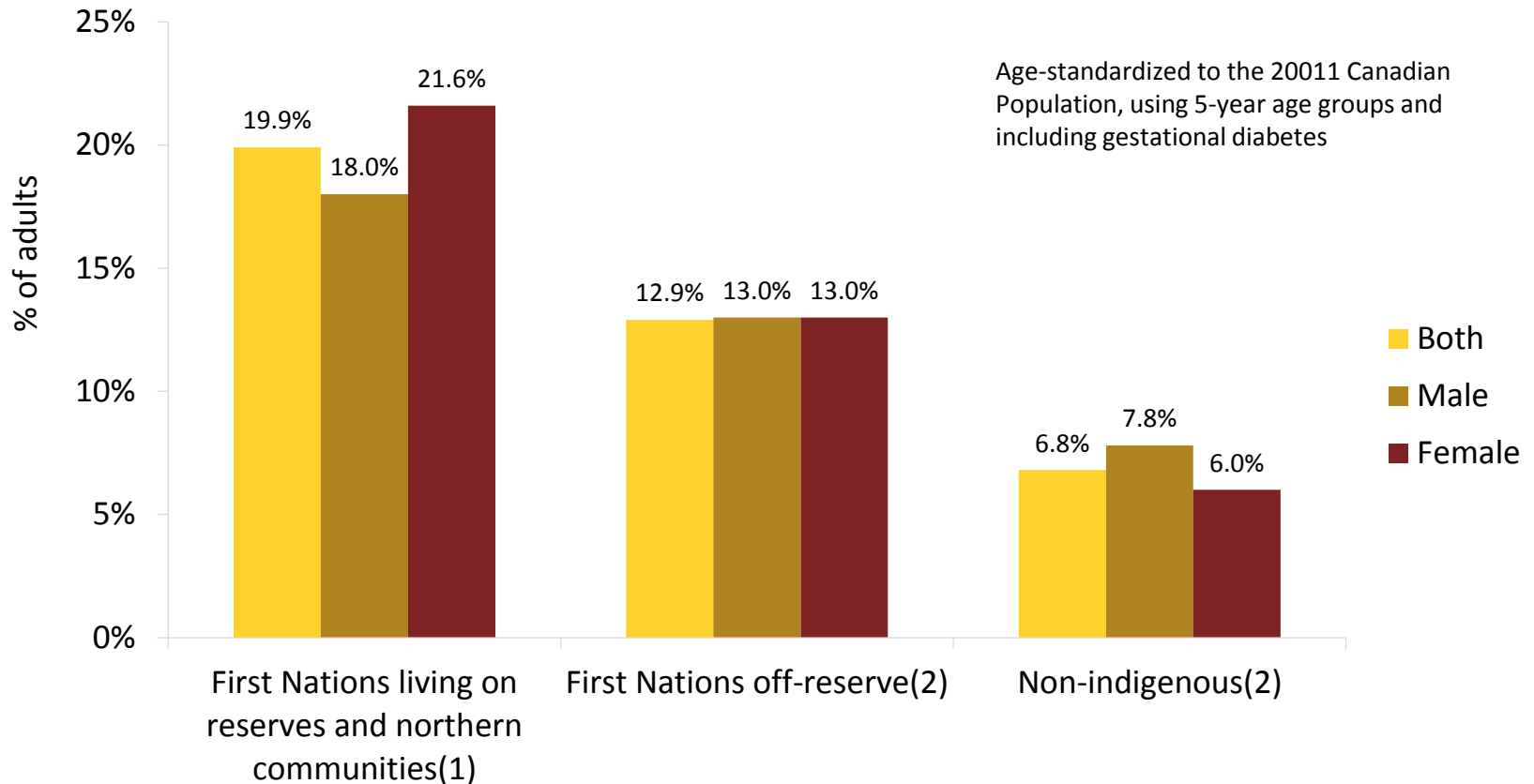


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Age-adjusted Diabetes Prevalence (18+ years)



(1) Source: First Nations Regional Health Survey (2008/10), FNIGC (missing categories are included in denominator for comparison purposes)

(2) Pan - Canadian Health Inequalities Data Tool, 2017 Edition. A joint initiative of the Public Health Agency of Canada, the Pan - Canadian Public Health Network, Statistics Canada, and the Canadian Institute of Health Information.

Source: Canadian Community Health Survey - Annual Component (2010-2013)

Average age at onset among First Nations adults: 37.8 years

- Gender
 - Male: 38.0
 - Female: 37.7
- Community Size*
 - Large: 37.8
 - Medium: 37.3
 - Small: 40.9 (*higher than medium*)
- Highest education
 - Under HS: 36.8
 - HS only: 37.5
 - PSE: 38.6
 - University and up: 37.4
- Remoteness*
 - Urban 38.9
 - Rural 36.2 (*lower than urban and remote/special access*)
 - Remote/Special access: 40.1
- Residential school*
 - No: 36.3
 - Yes: 42.2

*Statistical significance, $p < 0.05$

Social determinants of health

- ✓ Labour force participation
- ✓ Education
- ✓ Crowded housing
- ✓ Food security
- ✓ Household Income (before tax)
- ✓ Remoteness
- ✓ Community size
- ✓ Sense of belonging
- ✓ Residential school attendance
- ✓ Cultural activities participation
- ✓ Language used most often in daily life

*Red text signifies an association exists with a diabetes diagnosis, but does not imply causation

Distribution of risk factors in the population (regardless of diabetes diagnosis)

- **BMI:** Underweight/normal (24.7%) Overweight or more (75.3%)
- **Physical activity:** Active (27.1%) vs. Moderately active (16.3%) vs. Inactive (56.6%)
- **Currently smoking:** No (46.5%) vs. Yes (53.5%)
- **Frequency of nutritious balanced meals:** Always/almost always (41.1%) vs. Sometimes/rarely/never (58.9%)

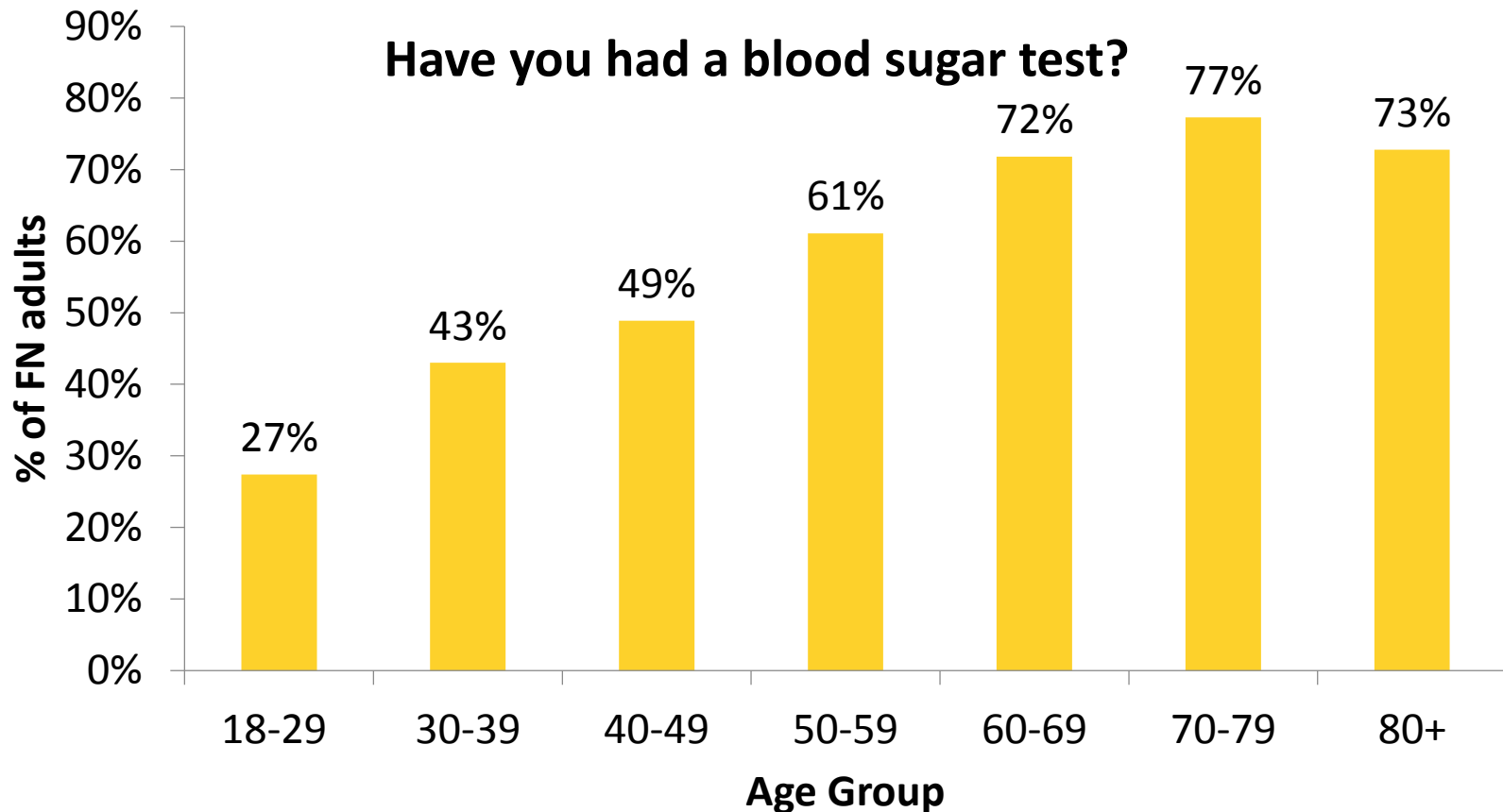
*Red text signifies an association with a diabetes diagnosis



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Screening



With increasing age group, the proportion of the population screened increases. However the question, asks whether the individual has ever had a blood sugar test and not necessarily the frequency or the last one performed



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Diabetes and Pregnancy

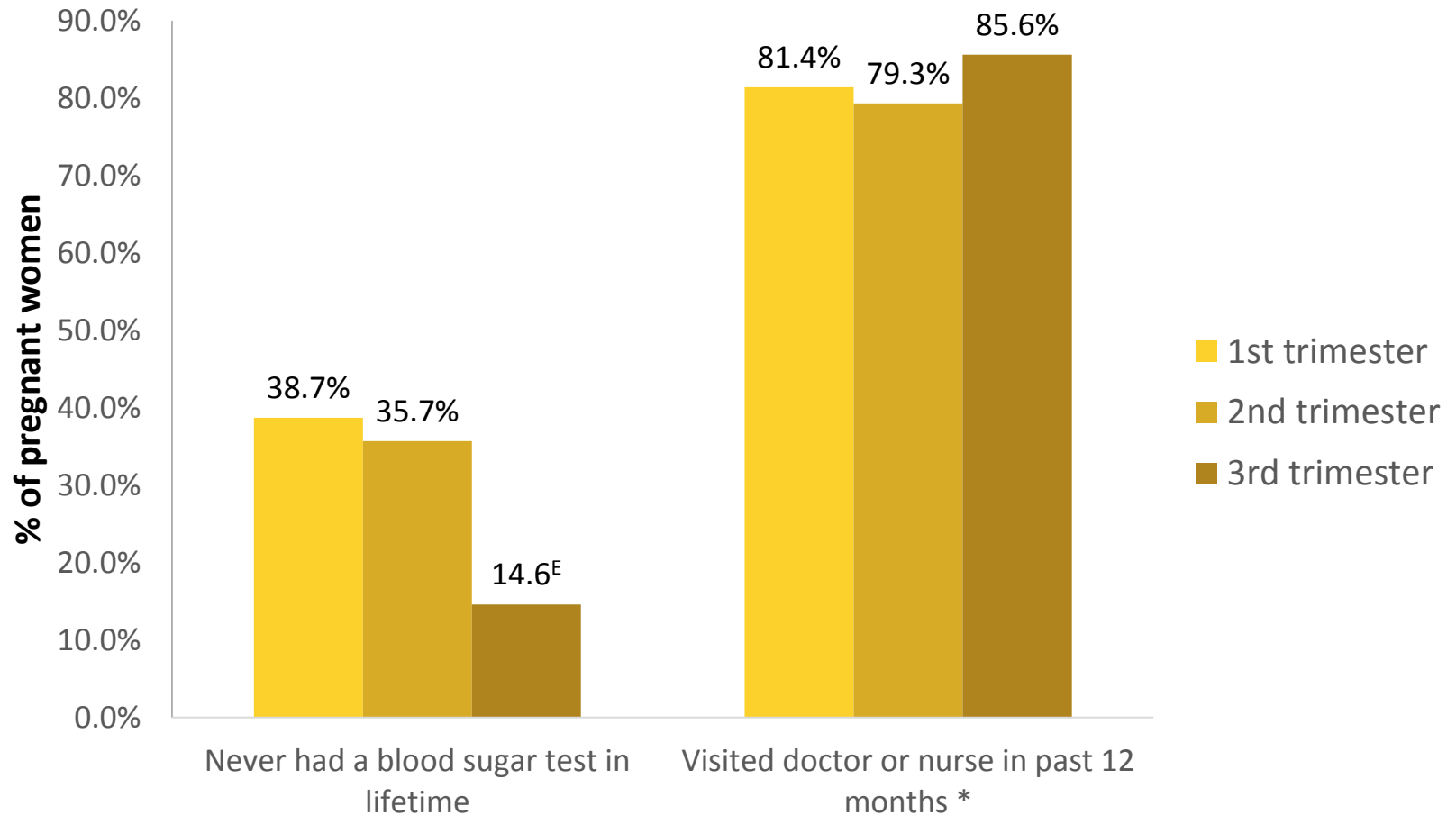
- ✓ 16.9 % of women with diabetes were pregnant when first diagnosed
- ✓ Among women who were first diagnosed at pregnancy, 83.1% were told they had diabetes other than during pregnancy.
- ✓ Among children 0-11 years, almost 1 child out every 10 had a mother diagnosed with gestational diabetes during pregnancy of the child



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Screening pregnant women



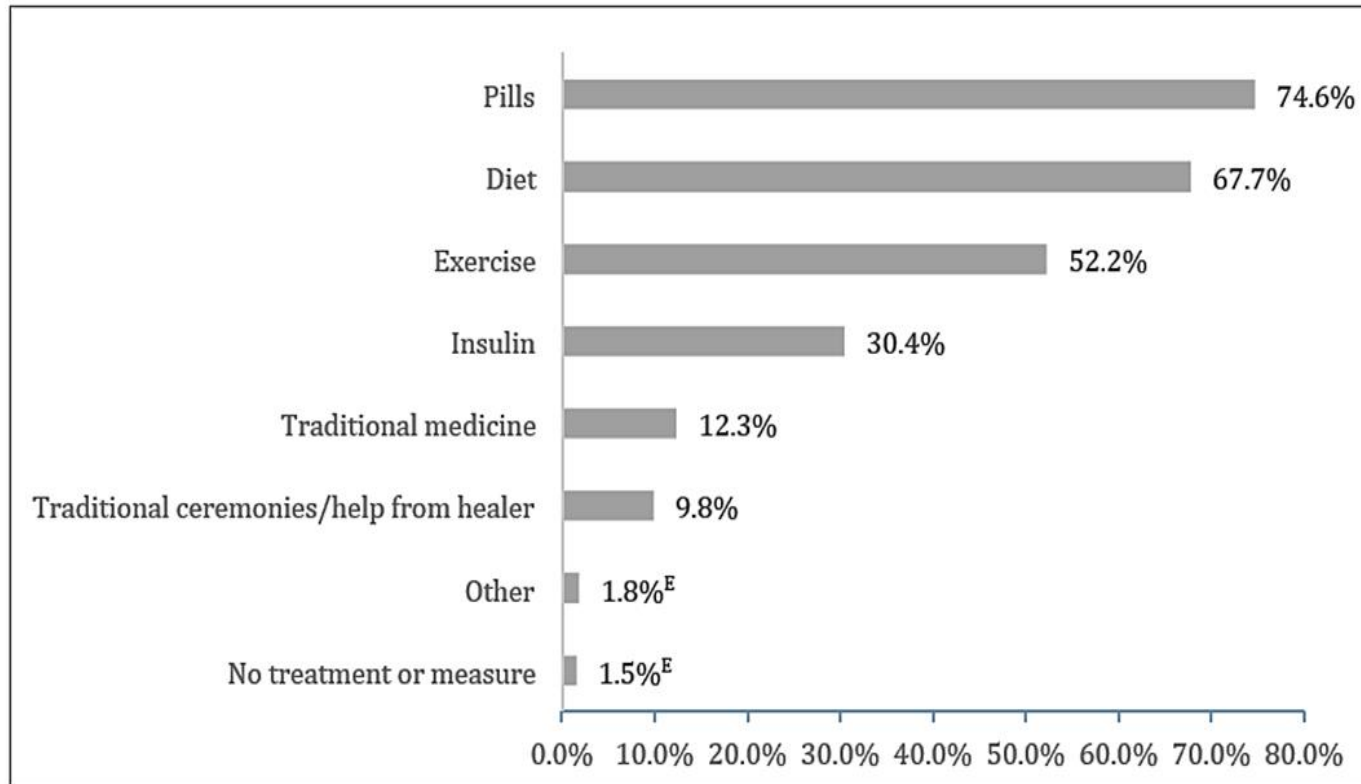
*May not necessarily have visited health care professional during the pregnancy



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Treatment or measure to manage diabetes



Note: Respondents could choose more than one response.

^E High sampling variability, interpret with caution.

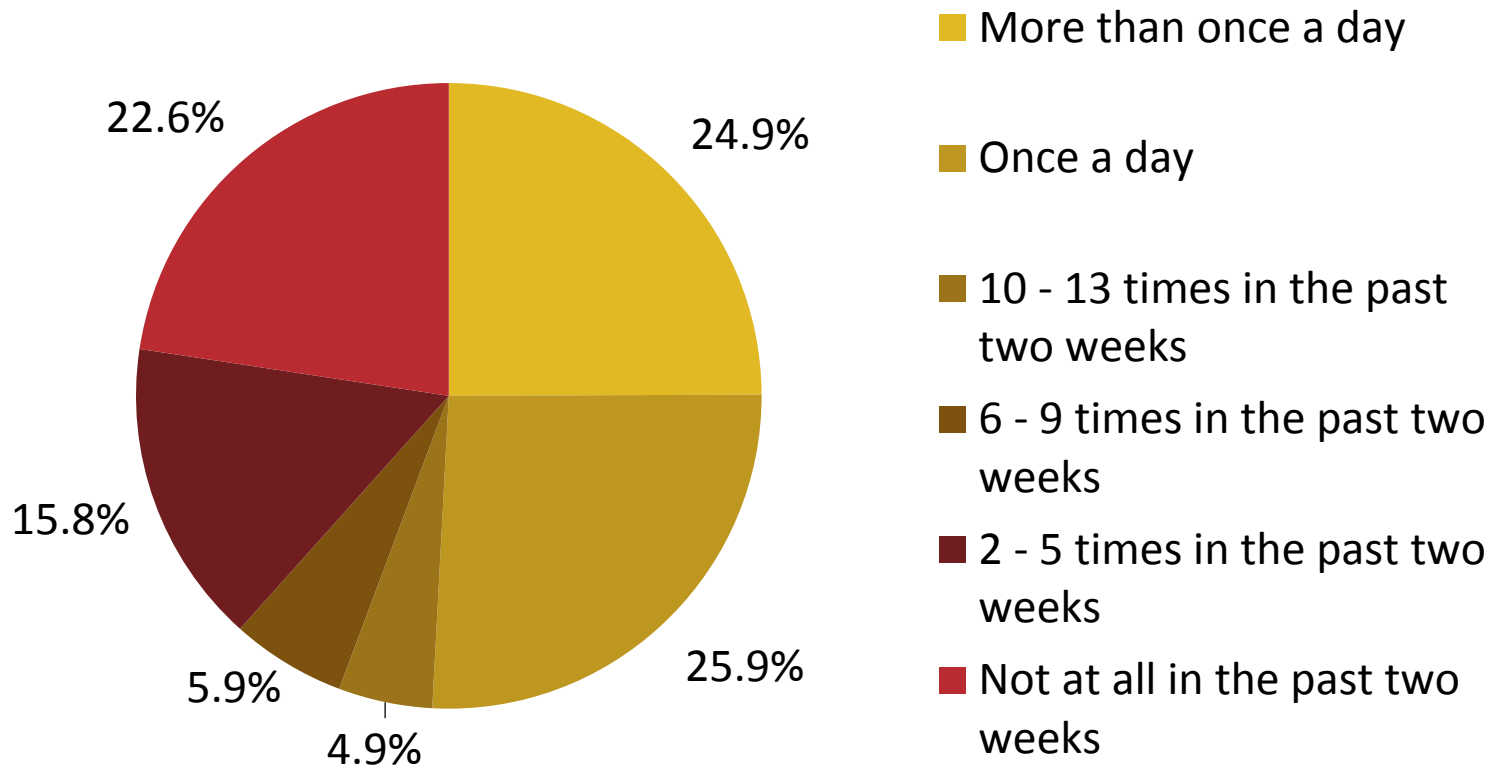
17 out of 20 people stated that their diabetes has prompted them to adopt a healthier lifestyle, which includes a good diet and/or exercise (85.3%)



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Monitoring Diabetes- Frequency of checking blood sugar

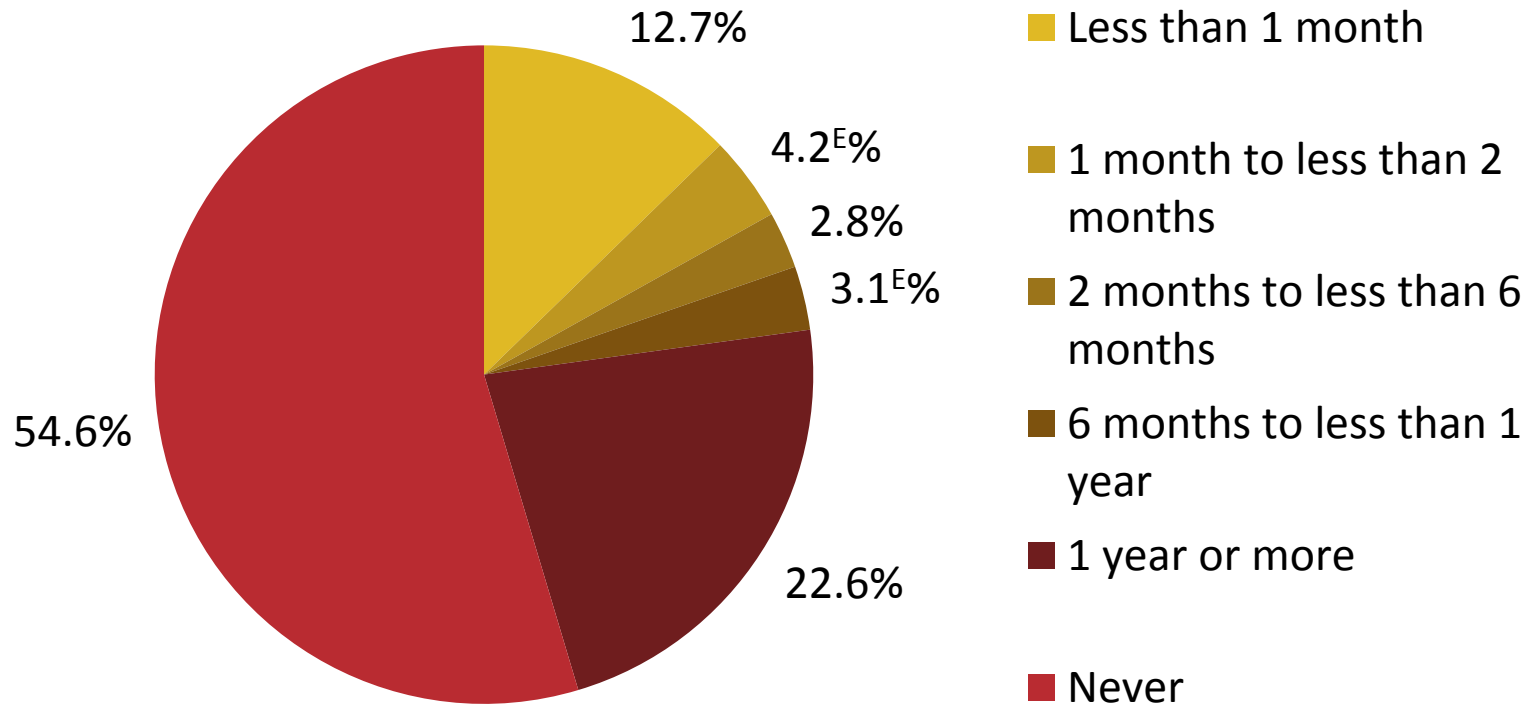




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Time between diagnosis and starting insulin



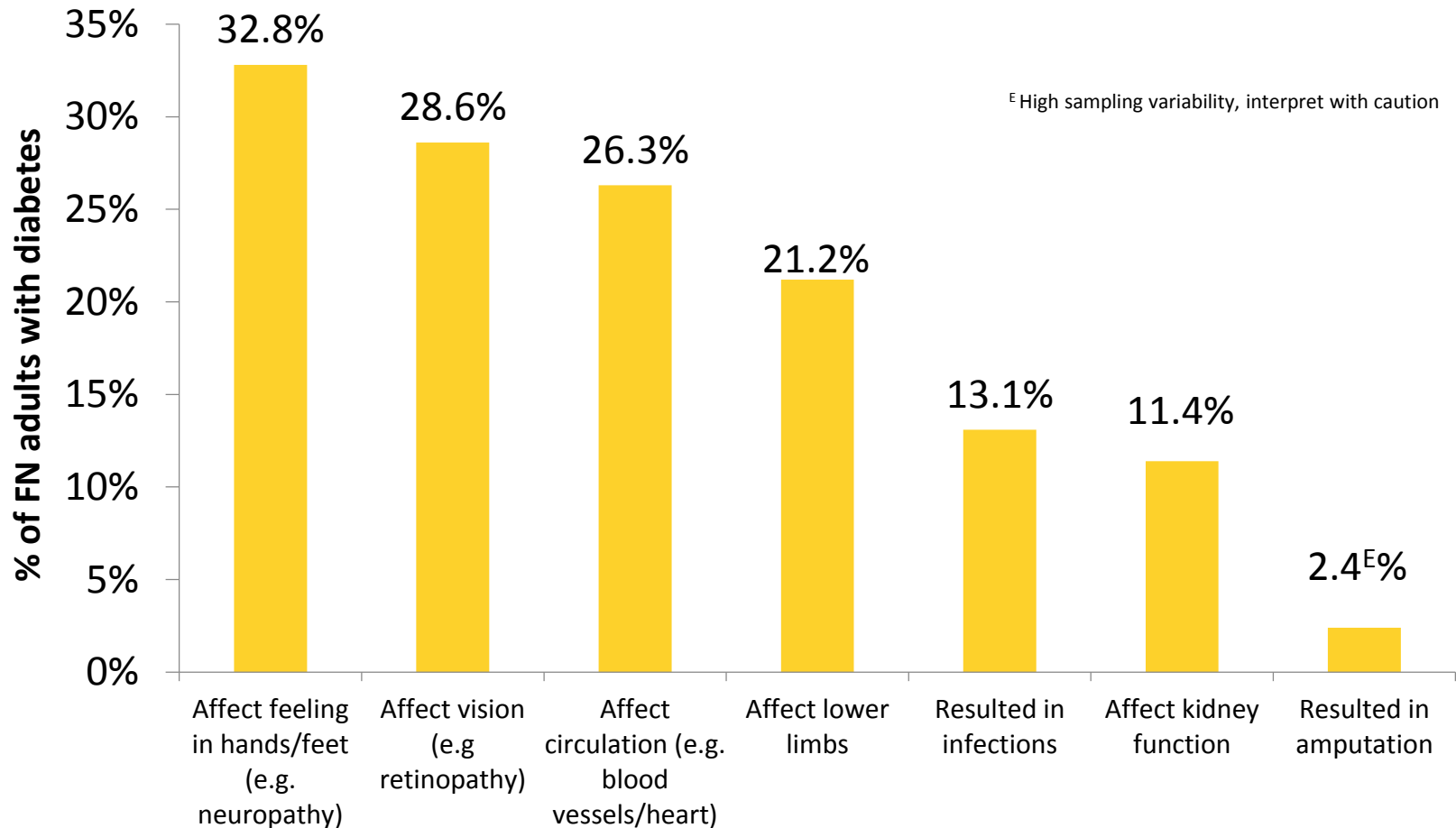


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Impact of Diabetes



Overall, 53% of First Nations adults with diabetes have experienced at least one of these complications.



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Diabetes Education and Barriers

- More than half of First Nations adults with diabetes attend a diabetes clinic or see someone for diabetes education (59.2%)
- Among those who do not attend stated the following barriers:
 - no longer required (have all information needed)- 53%
 - chose not to attend - 21.7%^E
 - diabetes clinic is not available in the area - 8.0%^E
 - does not fit my schedule – 7.9%^E
 - insufficient information of where to go - 7.6%^E
 - diabetes health specialist is not available in the area - 5.7%^E
 - transportation costs – 5.0%^E
 - Felt health service would be inadequate – 2.1%^E

^E High sampling variability, interpret with caution



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Overall health care services*

- 14% of First Nations adults with diabetes do not have a primary health care provider
- 16% have a health care provider that has changed twice or more within the last 12 months
- Almost 9 in 10 visited a doctor or community health nurse in the past 12 months

*may include health care services for conditions other than diabetes

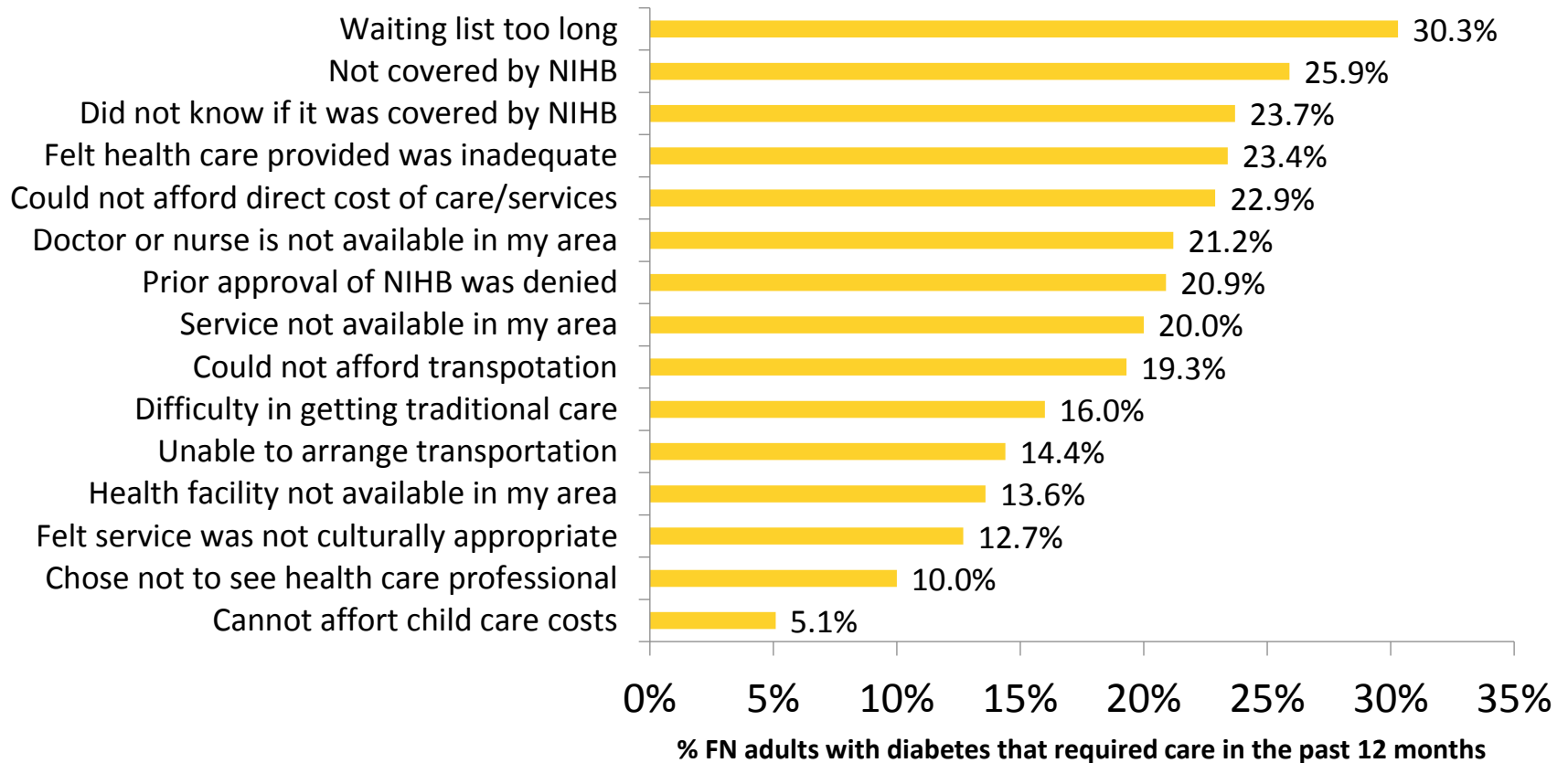


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Barriers to receiving health care*



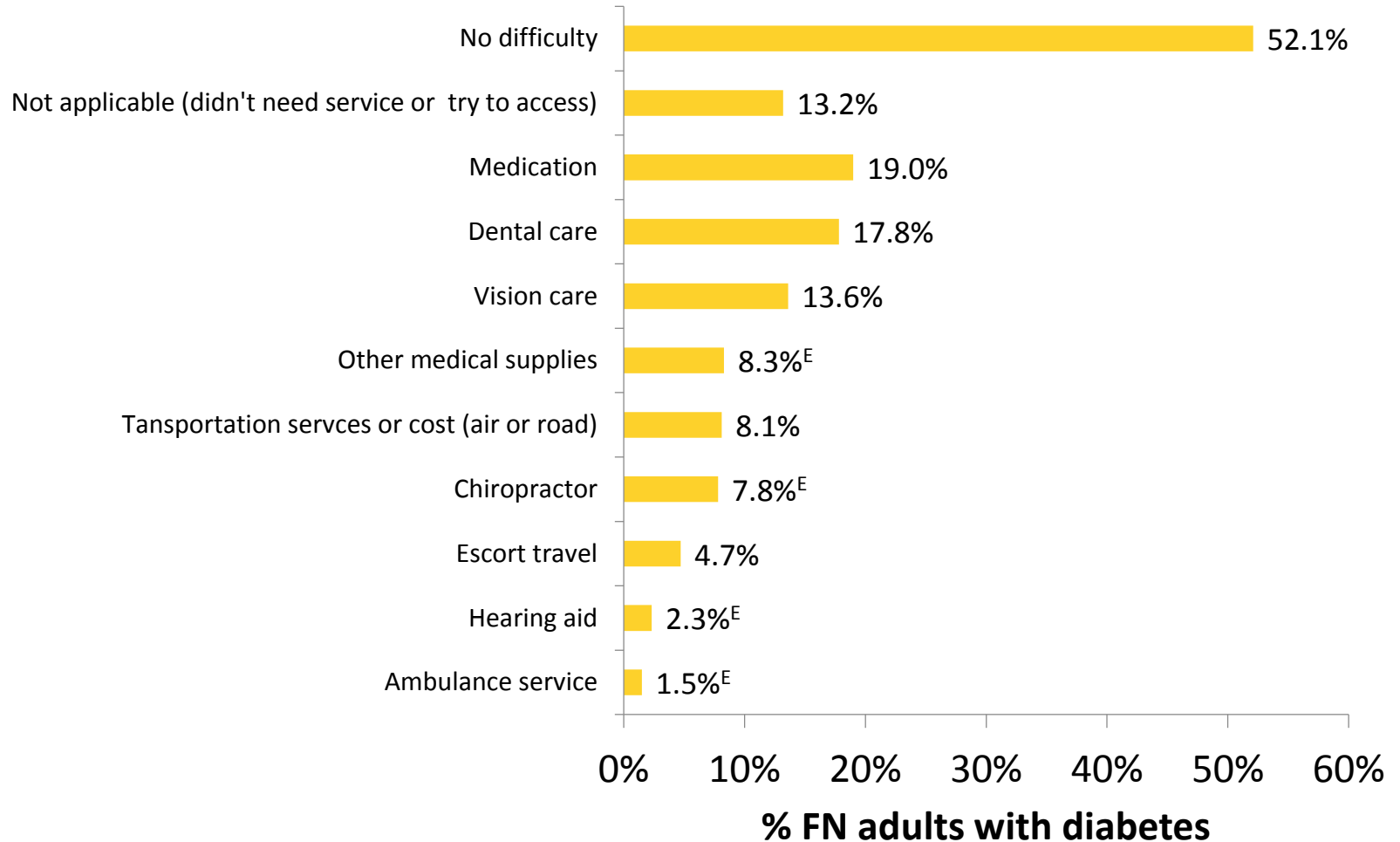
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Difficulties accessing health services through NIHB program



*may include health care services for conditions other than diabetes

^E High sampling variability, interpret with caution



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Traditional medicine

- 1 in 4 First Nations adults with diabetes have consulted a traditional healer in the past 12 months (27.2%)
- 56.4% have never consulted a traditional healer;
- 2 out of 5 First Nations adults with diabetes have used traditional medicine in the past 12 months (42.2%)

*Traditional medicine can include herbal remedies, spiritual therapies, assistance from healers, or other practices indigenous to the First Nations culture.

Consultation or medicine may not necessarily have been used specifically to treat diabetes.

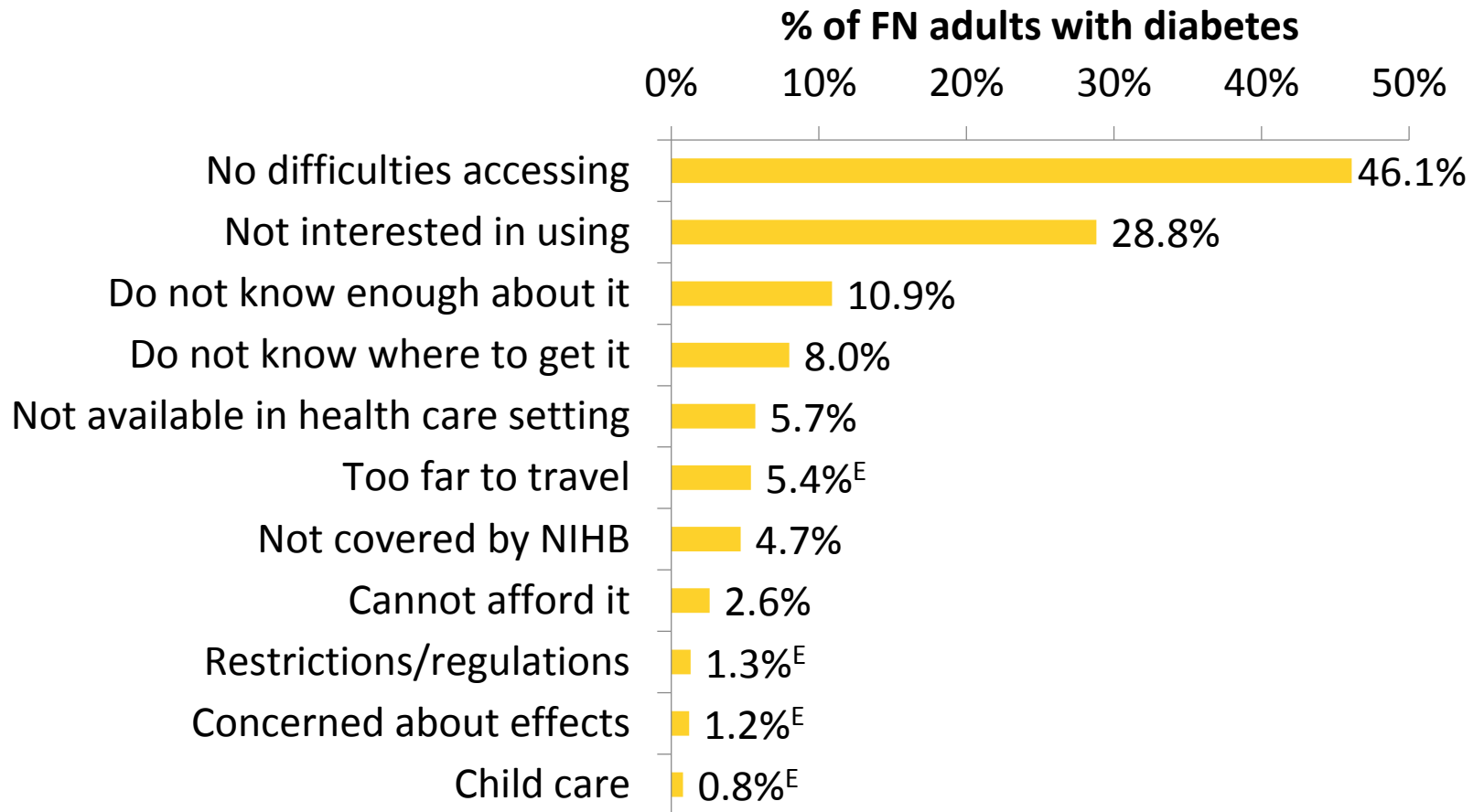


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Difficulties with accessing traditional medicine*

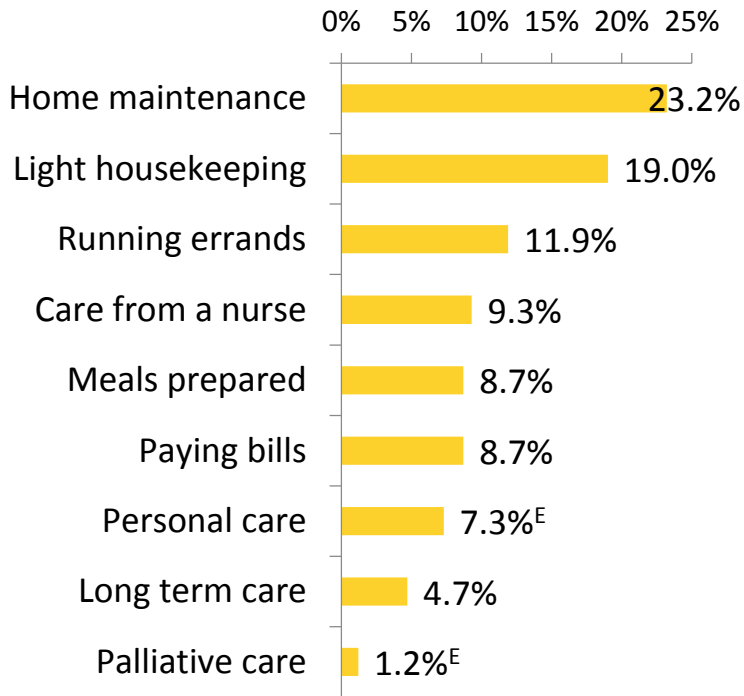


*may include traditional medicine for conditions other than diabetes

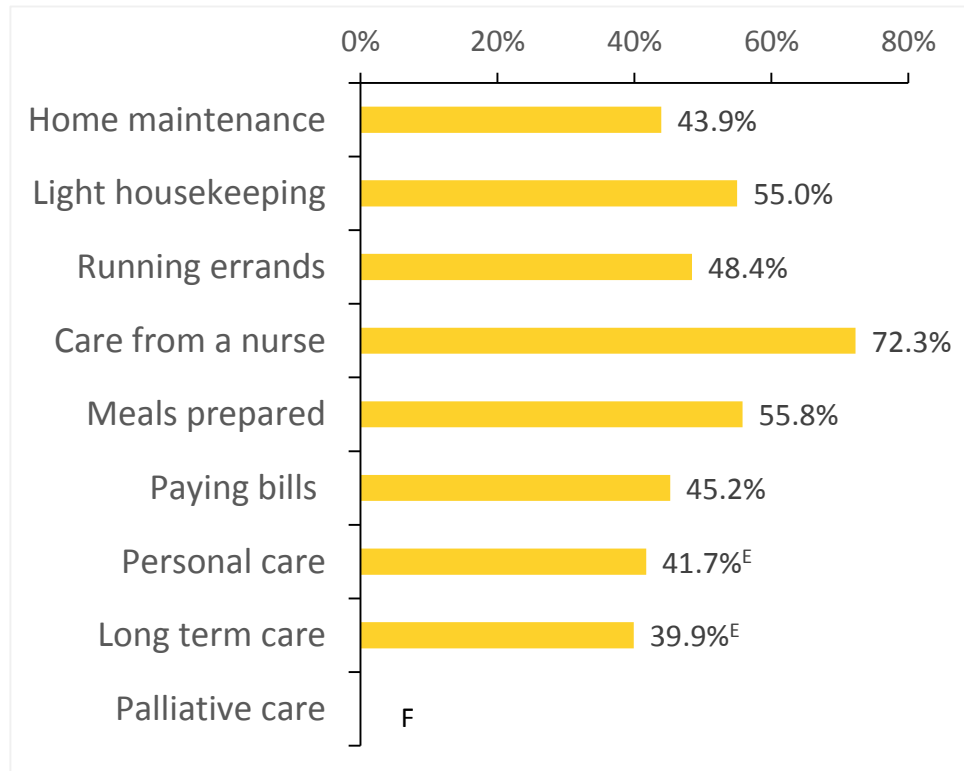
^E High sampling variability, interpret with caution

Home care services for people with diabetes

% needing services



% receiving (among those that needed services)



Almost 3 in 10 First Nations with diabetes have activity limitations due to a physical condition

^E High sampling variability, interpret with caution

^F Suppressed due to small cell size or extreme sampling variability



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Wela'lin!

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