#### Winter 2020 Newsletter

National Indigenous Diabetes Association Association nationale autochtone du diabète

> TYPE 2 DIABETES PARTNERSHIPS AND SUPPORTS

**HEARTSMART KIDS** 

NUU-CHAH-NULTH HEALTHY RECIPES CALENDAR

MANAGING PEOPLE WITH DIABETES DURING COVID-19: CONSIDERATIONS FOR HEALTH PROVIDERS



#### **FEATURES**

04 Type 2 Diabetes Partnership and Supports

by First Nations Health and Social Secretariat of Manitoba and the Manitoba Centre for Health Policy

- **07 HeartSmart Kids** by Heart & Stroke
- **09 Nuu-Chah-Nulth Healthy Recipe Calendar 2021** by Nuu-Chah-Nulth Tribal Council and NIDA
- 10 Managing People with Diabetes During COVID-19: Considerations for Health Providers

by the Pan-American Health Organization and Institutional Repository for Information Sharing

NIDA newsletters are distributed on a bi-monthly basis. The next newsletter will be March 2021, with submission deadline of March 12, 2021. We welcome submissions related to all things related to wellness of First Nations, Inuit and Métis Peoples.

Please send submissions to executivedirector@nada.ca

## **Message from the Executive Director**

Season's Greetings and Happy Holidays from the National Indigenous Diabetes Association Board of Directors and staff.

NIDA held its 20th Annual General Assembly on November 9, 2020. The Board of Directors thanks Roslynn Baird for her years of service as Chair of the Board, and unanimously elected Lyle Daniels as the new Chair of the Board. Congratulations Lyle!

The Board also thanked David Gill for his time on the Board, as he has moved on to focus on events and activities in his community. All the best to David and his family with their future endeavors!

We very pleased to announce our children's colouring book on traditional foods, titled "MINO-TE-MAH-TI-ZEE-WIN, A Good Way of Life", which we are partnered with the Manitoba First Nations Education Resource Centre, is published and available. We will be announcing where to buy or access it on social media early in the new year.

We are also very happy to announce our **2021** recipe calendar is now available as well, a product of our ongoing partnership with the Nuu-Chah-Nulth (NTC) Tribal Council. The calender features recipes submitted by NTC members and the Tribal Council dietitian, Rachel Dickens. Keep an eye out for a video series with NTC starting in 2021.

We would like to sincerely thank all our contributors for sharing the included articles with our readers!

From the NIDA Board of Directors and staff, we wish you and your relatives safe and happy holidays.

All my relations, Jeff LaPlante Executive Director

# **BOARD & STAFF**

**Robert Fenton** Elder

**Roslynn Baird** Past Chairperson

Marisa Cardinal Board Director

**Dr. Agnes Coutinho** Board Director

**Lyle Daniels** Chair Person

**Robynne Edgar** Co-Chair Person

**Jessica Flett** Board Director

**Dr. Barry Lavallee** Board Director

Laurie Ann Nicholas Board Director

STAFF:

**Sylvia Sentner** Administrative Coordinator

Jeff LaPlante Executive Director

# **Type 2 Diabetes Partnership and Supports**

By First Nations Health and Social Secretariat of Manitoba and the Manitoba Centre for Health Policy In September, the First Nations Health and Social Secretariat of Manitoba (FNHSSM), in partnership with the Manitoba Centre for Health Policy released the "Type 2 Diabetes in Manitoba" study. This project was part of an on-going collaboration between the two groups to continue to build relationships with the goal to provide evidence to government and policy makers on the health of people with type 2 diabetes in Manitoba.

This study demonstrated that the number of children diagnosed with type 2 diabetes is increasing. In the past ten years there has been a 50% increase in children newly diagnosed with the illness. The type 2 diabetes rate is 25 times higher for First Nations children compared to all other children in Manitoba, and underscores the importance of efforts to delay the onset of and manage T2DM across all ages.

As more young people are diagnosed with type 2 diabetes, more women will go through pregnancy with the disease. Women who have type 2 diabetes during pregnancy often experience more complications. We found that pregnant women are almost three times more likely to be hospitalized before giving birth. Babies born to moms that have type 2 diabetes will need on average four more days in hospital and are four times more likely to have a newborn intensive care unit stay, often far away from home.

Health care planning during pregnancy and after delivery, for both mothers and babies, needs to be flexible and have capacity to manage the increasing numbers of families exposed to type 2 diabetes. Home-based monitoring could reduce hospital visits and time spent away from home. Programs that focus on culturally safe and appropriate care for pregnant women are an important part of care for moms and babies. Programs like FNHSSM's **Strengthening Families Maternal Child Health program** and the **Diabetes Integration Project** are key to supporting people with type 2 diabetes.

The Strengthening Families Maternal Child Health program supports families in their community through prenatal care and

beyond. Strengthening Families Maternal Child Health program empowers families. It supports moms, children, and families from conception through early childhood to promote physical, emotional, mental and spiritual well-being.

The Diabetes Integration Project is a mobile diabetes care and treatment model. It was developed to provide services on-reserve to support First Nation adults living with type 2 diabetes.

People living with type 2 diabetes should be screened for early signs of kidney disease every year; this is not happening as it should. Our study found that about 50% of all people in Manitoba with type 2 diabetes are not being screened annually. This is one area in which the Diabetes Integration Project targets services, and improves outcomes by bringing these tests to people living on-reserve, and facilitating referral when further care is needed.

In addition to supporting screening for complications related to the disease the Diabetes Integration Project assists clients in monitoring their diabetes status and provides diabetes education to support client self-management. As shown in our study, individuals with type 2 diabetes are at a higher risk of other physical and mental illnesses than people without diabetes. Expanding programs like the Diabetes Integration Project to all communities is recommended.

Studies like the "Type 2 Diabetes in Manitoba" project by the Manitoba Centre for Health Policy and First Nations Health and Social Secretariat of Manitoba build relationships and enhance collaboration between First Nation and other researchers and service providers. It is studies like this that provide the numbers to support programs to improve health for all people, and especially for First Nations people living with type 2 diabetes.



FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA



University of Manitoba

Manitoba Centre for Health Policy

# **Pregnancy with Type 2 Diabetes**

As more younger people are diagnosed with type 2 diabetes, more women will go through pregnancy with the disease.

\*\*\*\*\*\*

Mothers and babies need **MORE CARE** if the mother has type 2 diabetes

APPROX. <sup>1</sup>/<sub>2</sub> of pregnant women with type 2 diabetes are First Nation

Pregnant women are almost **3X MORE LIKELY** to be hospitalized before giving birth

**Babies are nearly 4X MORE LIKELY** to have a NICU stay

**Babies will need 4 MORE DAYS** in hospital, on average

Health care planning during pregnancy and after delivery, for both mothers and babies, needs to account for type 2 diabetes.

Programs like FNHSSM's Strengthening Families Maternal Child Health program are key to better supporting mothers and babies.

Home-based monitoring for common problems could reduce hospital visits and reduce time spent away from home that impacts the ability to work, and care for other children.

# Manitobans Age 7 & Older with Type 2 Diabetes

Prevalence is **ON THE RISE** across Manitoba

Age of diagnosis is **GOING DOWN** (diagnosed younger)

The number of children newly diagnosed with type 2 diabetes increased MORE THAN 50% in the past 10 YEARS

~109,000 Manitobans AGE 7 & OLDER currently live with type 2 diabetes

### HIGHER RISK

for other physical & mental illnesses than people without diabetes

### **INCREASED RISK:**

- Mood and anxiety disorders
- Kidney disease and kidney failure needing dialysis

How Do We Do a **Better Job Caring** for Manitobans with Type 2 Diabetes?

Screening guidelines need to be updated to make sure we are screening individuals for type 2 diabetes at a younger age.

The type 2 diabetes rate is 25X HIGHER for First Nation children than all other Manitoban children

Screen people living with type 2 diabetes for early signs of kidney disease every year. Approximately 50% of all Manitobans with type 2 diabetes are not being screened. Diabetes Integration Project makes it possible for people to get tested for early signs of kidney disease in their community.

Expand current programs like the Diabetes Integration Project that support clients with education and access to care to reduce negative outcomes

Develop programs that support prevention and/or delay the onset of type 2 diabetes.



Access to mental health and wellbeing supports, ensuring access to mental health care should be a key part of type 2 diabetes care.



University | Rady Faculty of Manitoba | Health Sciences

accessible for young adults living with type 2 diabetes.

New strategies are

care services more

needed to make health

in this disease.



# Heartsmart Kids

Youth Educators, and Community Leaders: Are you interested in a FREE Indigenous-inspired, health literacy resource for



children in grades Primary – 6? Heart & Stroke's <u>HeartSmart Kids</u>™ (HSK) workbooks are now available to order for the 2020/2021 school year!

HSK is a set of three workbooks that educators can order (free of charge) year after year for students' grades primary to 6. The goal of the resource is to focus on health literacy via exploring 9 different

Heartsmart Kids

#### Quick Steps:

- 1. Visitwww.hskids.ca
- 2. Create a Log-in and proceed into the online HSK community
- Travel around the path of heart and brain health topics, hitting FINISH after each section is complete.
- Once complete, the last square will turn red and start blinking and an e-certificate will be sent to your inbox.
- 5. Submit your quantity of books for your class!

Completing the certification builds Grades K-6 educators' knowledge about heart and brain health and takes a holistic approach to health including Indigenous health practices. This knowledge is then passed on to students and families by learning through their very own HSK books in school and at home.

Certify as a HeartSmart Kids" Educator and receive FREE resources for every student, every year, www.hskids.ca

For more information, visit: www.hskids.ca National Indigenous Diabetes Association Newsletter - ww Please use the website contact form if you have any questions.



# Heartsmart Kids

units/themes (including healthy eating and physical activity); all of which the educator can tailor to suit their group needs and curriculum.

Sign-up for the free **online training** now, to order your free colourful workbooks for every student in your classroom/youth group!

Families & Guardians: Heart & Stroke has also created HeartSmart Kids<sup>™</sup> at home; featuring printable activities for families to learn about healthy habits together, featuring traditional Indigenous practices. Visit our **website here**, for your free downloads!

# Hearismart Kids at home



#HSKatHome

8 • National Indigenous Diabetes Association Newsletter

# NUCHAHNULTH HEALTHY RECIPE CALENDAR 2021

http://nada.ca/wp-content/uploads/2020/12/NIDA-2021-Your-Health-Matters-Calendar.pdf

SALMON & POTATO

#### PREP TIME: 10min READY IN: 30min SERVINGS: 4

#### INGREDIENTS

- 1 250mL jar (1 cup) of salmon, drained
- ½ cup finely chopped red onion, green onion, or yellow onion
- 2 large eggs, lightly beaten
- 1 tbsp whole-grain mustard (or regular)
- 2 tbsp chopped fresh dill or 2 tsp dried
- (or any other herb)
- ½ tsp ground pepper
- ¼ tsp salt
- 4 cups frozen hash-brown, shredded potatoes or shred your own (about 3 medium potato)
  2 tablespoons olive oil, divided

#### DIRECTIONS

- Combine salmon, onion, eggs, mustard, dill, pepper and salt in a large bowl. Add potatoes and stir to combine. If you are grating your own potato, squeeze some of the excess water out before adding it to the bowl. Option to leave the skin on.
- Heat 1 tbsp oil in a large frying pan over medium heat until shimmering. Put about ½-¾ cup of patty mixture in your hand. Form a compact patty with the palms of your hands. Start with 4 patties in the frying pan.
- Cover and cook until browned on the bottom,
   3 to 5 minutes. Gently turn over and cook, covered,
   until crispy on the other side, 3 to 5 minutes more.
- 4. Wipe out the frying pan and cook 4 more cakes with the remaining 1 tablespoon oil and the remaining salmon potato cake mixture.

NUTRITION: PER 2 PATTIES MADE WITH 3 POSTATOS		
CAL: 280	FIBRE: 4G	POTASSIUM: 920MG
FAT: 11G	SUGAR: 1.5G	CALCIUM: 5%
S.FAT: 2G	PROTEIN: 18G	IRON: 10%
CARBS: 26G	SODIUM: 55MG	ZINC: 5%

# MANAGING PEOPLE WITH **DIABETES** DURING **COVID-19** CONSIDERATIONS FOR HEALTH PROVIDERS



## INTRODUCTION

Individuals with diabetes have a higher risk of developing severe symptoms and dying from COVID-19 than persons without diabetes. For examples, some studies show that approximately 20% of persons hospitalized as a result of COVID-19 have diabetes and approximately 26% of individuals who die from COVID-19 have diabetes.<sup>1,2</sup>

At the same time, however, individuals with diabetes are at increased risk of developing diabetes-related complications as a result of COVID-19-related restrictions. These complications include severe hyperglycemia, diabetic ketoacidosis, skin and soft-tissue infections, and foot ulcers. The increased risk of complications is due to multiple factors: limited access to primary care services as a result of social distancing measures, disrupted access to chronic medications, challenges obtaining refill approvals, accessing pharmacies, and supply chain shortages. This is compounded by difficulty in adhering to healthy lifestyle during COVID-19 restrictions: limited physical activity and increased sedentary behavior, limited access to fruits and vegetables, and overall greater food insecurity.<sup>3</sup>

Primary care health centers and providers who care for individuals with diabetes have an important role to play in ensuring continued access to care, reduced risk of infection, and appropriately managing patients with these comorbidities who acquire COVID-19. The following are considerations for the management of people with diabetes in the era of COVID-19.

> Pan American Health



#### BE AWARE. PREPARE. ACT. www.paho.org/coronavirus

# STRATEGIC CONTINUATION OF SERVICES UNDER STRICT INFECTION CONTROL MEASURES

Due to COVID-19, primary health centers have limited or eliminated in-person clinic visits. Some countries have the infrastructure to set up audio/phone consultations and tele-health visits. In order to avoid exacerbations of diabetes as a result of inability to access care, it is important that there is a strategic continuation of health service.

- → If audio visits or tele-health visits are feasible, ensure that people with diabetes can continue to consult with their practitioner, and have information on how to reach their clinic/provider and how to schedule a phone consultation.
- → When audio/tele-health visits are not feasible, in-person access to care should be made available while adhering to strict infection risk reduction procedures described below. Even when audio/tele-health visits are taking place, some patients will still need to be seen inperson and the same provisions should be instituted.
- → Primary health centers should consider actively reaching out to their most vulnerable patients. These are the elderly and those with multiple comorbidities (hypertension, cardiovascular disease, or kidney disease). In addition, increased vulnerability may be a result of poverty, food insecurity, lack of education, unemployment. These individuals should also be considered at higher risk of developing complications related to diabetes. These more vulnerable patients should be actively followed and called by phone or have an appropriate home visit with necessary precautions.
- → Work with local pharmacies to ensure uninterrupted access to essential medication for the management of diabetes. People should have the ability to obtain a 90-day supply of medication to reduce likelihood of missed doses.
- → If available, community health workers, with appropriate personal protective equipment (PPE), can help deliver medication to individuals with chronic disease and conduct home visits.



# REDUCING RISK OF INFECTION TO PATIENT AND PROVIDERS

Providing in-person care at primary health centers for individuals with chronic disease requires significant fore-planning and preparation in order to minimize risk of exposure to the patient and the provider.

→ This starts before the patient arrives at the clinic. Messaging needs to be conveyed that if they are experiencing COVID-19 like symptoms, they should come into the clinic only if they are feeling distressed and need to be seen in-person.

PAHO Pan American Health Organization BE AWARE. PREPARE. ACT. www.paho.org/coronavirus

- → For those patients who need to be seen in the clinic the following should be put in place:
  - Triage of patients outside the clinic building to take advantage of air circulation. Triage
    can occur under a shaded area or tent without the side walls. Patients waiting to be triaged
    should stand/sit in line using 2 m social distancing. Triage should entail a list of symptoms
    and an infrared temperature screen. If there is no concern for COVID-19, the patient can
    be triaged into the clinic for primary health care services. Individuals triaging should have
    adequate PPE and be trained on screening and triage based on the most recent WHO case
    definition for COVID-19.
  - If a patient does have COVID-19-related symptoms they should be triaged to a "COVID-19 rule out and management" area. This initial COVID-19 rule out area can also be outside the building. This part of the clinic should be clearly separated in space than the areas where patients without COVID-19 symptoms are being cared for.
- → Providers should be wearing appropriate PPE in triage, COVID-19, and non-COVID-19 areas This entails at a minimum a surgical facemask and gloves. Providers caring for patients with COVID-19 (or suspected cases) should wear a facemask with shield, N95 when available, gown, and gloves. All patients entering the clinic should be provided with a mask.
- → Ensuring practicing providers and staff are COVID-free is also critical, so that the clinic setting does not become a source for spreading coronavirus.
  - » If a provider or clinic staff tests positive for COVID-19, they can only return to work when: at least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared.
  - » If a provider or clinic staff has had "contact" with a person infected with COVID-19,then the following recommendations may be considered if feasible: self-quarantine for 14 days; when self-quarantine for all potential contacts is not possible, then providers/staff should check their temperature twice a day and self-isolate if any temperature or symptoms develop.

A significant contact is:

- Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
- Direct physical contact with a probable or confirmed case;
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper PPE;
- Other situations as indicated by local risk assessments.





World Health Organization



# **PROMOTE DIABETES SELF-MANAGEMENT**

Critical during this time of limited access is the patient's ability to undertake some diabetes selfmanagement. It has been shown that diabetes self-management education can improve glycemic control. People with diabetes on insulin should have a reliable means of checking their blood sugar when feasible. When available, government-subsidized glucometers and test strips should be provided.

Key self-management messages/learnings should be relayed to clients via phone, WhatsApp, social media, etc. The following topics could be discussed to promote self-caring behaviors:<sup>4</sup>

- monitor personal health data
- treatment options
- healthy eating
- being physically active everyday
- medication usage
- preventing, detecting, and treating acute complications: hypoglycemia, hyperglycemia, medicine supply management
- preventing, detecting, and treating chronic complications: immunizations, eye care, foot care, dental care, kidneys
- healthy coping strategies

# MANAGEMENT OF PATIENTS WITH DIABETES WHO HAVE COVID-19<sup>5</sup>

People with diabetes and COVID-19 are more likely to experience severe disease than those without. Clinical presentation often includes fever, cough, shortness of breath, fatigue. Other symptoms include headache, gastrointestinal symptoms, and upper respiratory tract symptoms (rhinorrhea and sore throat) are less common. Some patients will develop smell and taste disorders. Severe COVID-19 results in acute respiratory distress syndrome (ARDS), respiratory failure, arrhythmias, acute cardiac injury, shock, multiple organ failure and death. Individuals with diabetes and COVID-19 are more likely to develop severe COVID-19, require ICU care, and die.

During the clinical management of patients with diabetes and COVID-19 intensive glucose monitoring and aggressive management of hyperglycemia is critical. Hyperglycemia is a risk factor for developing severe COVID-19. These people will have significant hyperglycemia due to the infection, inflammation, and stress of the infection. However, one must be vigilant as hypoglycemic events may also occur. This has especially been the case with the use of hydroxychloroquine.

Laboratory examinations will often show decreased white blood cell counts, particularly lymphocytopenia. Patients with severe COVID-19 will have elevated neutrophil counts, inflammatory markers, positive D-dimer, raised blood urea and creatinine levels. Chest computed tomography most commonly shows ground-glass opacifications with or without consolidative abnormalities. They are also more likely to be bilateral, have a peripheral distribution, and involve the lower lobes. This is the main reason that prone positioning of awake patients has shown improved ventilatory capacity.



**BE AWARE. PREPARE. ACT.** 

www.paho.org/coronavirus

## ANGIOTENSIN CONVERTING ENZYME INHIBITORS AND COVID-19

Coronavirus binds to target cells though angiotensin-converting enzyme 2 (ACE2), which is expressed by epithelial cells of the lung, intestine, kidney, and vessels. The expression of ACE2 is increased in patients with diabetes, especially those taking either ACE inhibitors or angiotensin II type-1 receptor blockers. There is no evidence to support the discontinuation of angiotensin converting enzyme inhibitors or angiotensin receptor blockers in patients with diabetes. Inappropriately discontinuing drugs with well-defined and scientifically proven health benefits increase cardiovascular risk.<sup>6,7</sup>

## **DPP4 INHIBITORS AND COVID-19**

The role of DDP4 inhibitors in COVID-19 is still being explored. At this time there are no recommendations to start or stop DDP4 inhibitors in people with diabetes.<sup>8,9</sup>

# ADDRESSING THE MENTAL HEALTH NEEDS OF PATIENTS WITH DIABETES



Stress and anxiety imposed by the uncertainty and the social isolation of the COVID-19 may affect people with chronic disease, such as diabetes. Social distancing regulations have kept people away from family and loved ones that often form a critical support group. It is important that providers continue to ask about and address mental health problems. Discussing the importance of emotional well-being opens the space for candid conversation.



**BE AWARE. PREPARE. ACT.** 

#### Management of People with Diabetes in the Time of COVID-19





**BE AWARE, PREPARE, ACT.** www.paho.org/coronavirus

National Indigenous Diabetes Association Newsletter • www.nada

## REFERENCES

- 1. Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet.* 2020;395(10229):1054-62.
- 2. Remuzzi A, Remuzzi G. COVID-19 and Italy: what next? *The Lancet.* 2020;395(10231):1225-8.
- 3. World Health Organization. Information note on COVID-19 and NCDs. <u>https://www.who.</u> int/who-documents-detail/covid-19-and-ncds. Accessed May 15, 2020.
- 4. Funnell MM, Brown TL, Childs BP, et al. National standards for diabetes self-management education. *Diabetes Care.* 2010;33(Supplement 1):S89.
- 5. Hussain A, Bhowmik B, do Vale Moreira NC. **COVID-19 and diabetes: Knowledge in progress**. *Diabetes Research and Clinical Practice*. 2020;162:108142–108142.
- World Health Organization. COVID-19 and the use of angiotensin-converting enzyme inhibitors and receptor blockers. <u>https://www.who.int/news-room/commentaries/detail/</u> <u>covid-19-and-the-use-of-angiotensin-converting-enzyme-inhibitors-and-receptor-</u> <u>blockers</u>. Accessed May 15, 2020.
- 7. American Heart Association. Patients taking ACE-i and ARBs who contract COVID-19 should continue treatment, unless otherwise advised by their physician. <u>https://newsroom.heart.org/news/patients-taking-ace-i-and-arbs-who-contract-covid-19-should-continue-treatment-unless-otherwise-advised-by-their-physician</u>. Accessed May 15, 2020.
- 8. Gentile S, Strollo F, Ceriello A. COVID-19 infection in Italian people with diabetes: lessons learned for our future (an experience to be used). *Diabetes Res Clin Pract.* 2020;162:108137.
- 9. Chen CF, Chien CH, Yang YP, et al. Role of dipeptidyl peptidase 4 inhibitors in diabetic patients with Coronavirus-19 infection. J Chin Med Assoc. 2020.

 $\odot$ 

Attribution-NonCommercial-ShareAlike 3.0 IGO (CC BY-NC-SA 3.0 IGO)

PAHO/NMH/NV/COVID-19/20-0021 © Pan American Health Organization, 2020. Some rights reserved. This work is available under license <u>CC BY-NC-SA 3.0 IGO</u>.



BE AWARE. PREPARE. ACT. www.paho.org/coronavirus



# **MOBILE FRIENDLY**

GAIN INFORMATION ON THE GO

# NADA.CA