



**National
Indigenous
Diabetes
Association**

**Association
nationale
autochtone
du diabète**

Summer 2021 Newsletter

**STICKY MONEY: EXPERIENCES
PURCHASING SUGAR-SWEETENED
BEVERAGES AMONG INDIGENOUS
ADULTS RESIDING IN NORTH END
WINNIPEG**

**PLANTING THE SEED: A BABIES
FIRST FOOD GARDEN**

**SIR FREDERICK BANTING LEGACY
FOUNDATION (SFBLF)
UPDATE JUNE 2021**

IN THE BLINK OF AN EYE

**EMPOWERING INDIGENOUS
YOUTH: MENTORING PROGRAM
REDUCES DIABETES RISK AND
IMPROVES QUALITY OF LIFE FOR
YOUNG PEOPLE**

**INDIGENOUS TEACHINGS
AND KNOWLEDGE WITHIN
DIETETIC PRACTICE: STUDENTS'
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**EDUCATING FOR EQUITY: FINDING
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NIDA newsletters are distributed on a bi-monthly basis. The next newsletter will be September 2021, with submission deadline of September 10, 2021. We welcome submissions related to all things related to wellness of First Nations, Inuit and Métis Peoples.

Cover photo by Shinta Kikuchi. Inside cover photo by Eric Prouzet.

Please send submissions to executivedirector@nada.ca

Message from the Executive Director

Happy Summer from the National Indigenous Diabetes Association Board of Directors and staff!

We are so happy to announce we are working on a podcast series with Gerry Oleman and the Teachings In the Air Podcast team, Savannah Minoose, Jordan Robinson and Eugene Boulanger.

teachingsintheair.ca/

Check out the first episode in the series with guests Treffrey Deerfoot and Dr. Karen Hill.

teachingsintheair.ca/podcasts/season-4/special-diabetes-safety-in-ceremony-pt-1

Also keep an eye out for more information regarding our virtual National Indigenous Diabetes conference later this year on November 15, 16, and 17!

We'd like to remind that 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 available through MFNERC at <https://mfnerc.org/product/mino-te-mah-ti-zee-win-a-good-way-of-life-colouring-book/> and a free PDF version on our website at http://nada.ca/wp-content/uploads/2020/11/NIDA_MINOTEMAHTIZEEWIN_COLOURING_BOOK.pdf

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

All my relations,
Jeff LaPlante
Executive Director

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Sticky Money: Experiences Purchasing Sugar-Sweetened Beverages Among Indigenous Adults Residing in the North End Winnipeg

By Maria Kisselgoff

In partnership with National Indigenous Diabetes Association and Fearless R2W, we are sharing results from interviews conducted in the North End neighborhood as part of the research study "Sticky Money". The goal of the "Sticky Money" study is to explore the anticipated consequences or implications of a proposed policy to tax sugary beverages, from the perspective of various Indigenous groups in Manitoba. While the tax has been proposed with the aim of discouraging consumption of sugary drinks, we are concerned that if implemented, it will exacerbate existing social and economic inequalities facing Indigenous communities.

Interviewing Indigenous residents of the North End was a priority because the neighborhood is largely situated within a 'food desert' with a high density of expensive corner stores and more affordable large chain grocery stores located outside of the neighborhood's boundaries. Our first objective was to explore participants' experiences of shopping for sugary drinks, as this would be the precise point of the proposed tax's intervention.

Maria Kisselgoff is a MSc student in the Department of Food and Human Nutritional Sciences at the University of Manitoba, studying sugar-sweetened beverages. She completed her BSc in Psychology at Lakehead University. Maria immigrated to Canada (Thunder Bay, ON, Robinson-Superior Treaty 60) when she was 17 years old and enjoys being at the lake.

We conducted a total of 20 interviews between Nov 2019 and August 2020, with 6 interviews carried out in person, and 14 over phone once the COVID 19 restrictions were announced. Thanks to the recruitment efforts of Riel Dubois, community research assistant, the group of participants was diverse both in age and gender.

We analyzed all 20 interview transcripts to identify common

EXPERIENCES PURCHASING SUGAR-SWEETENED BEVERAGES AMONG INDIGENOUS ADULTS RESIDING IN THE NORTH END NEIGHBORHOOD, WINNIPEG MB



RESULTS FROM THE 2019 -2020 INTERVIEWS



OVERARCHING THEME: BALANCING ON THE REDLINE

- Sugar-sweetened beverages (SSB) are an integral part of social interactions and personal habits among resident of the North End
- When shopping for SSB, participants described having to 'balance' the physical, economic, and social redlines that border the North End neighborhood
- Place and context were important to the discussion because experiences purchasing SSB differed significantly when shopping:
 - Inside vs. outside of the North End
 - Corner stores vs. large chain grocery stores
- Shopping for SSB, particularly as an Indigenous person, was a source of judgment and stereotyping
- Participants navigated the reactions they received while shopping for SSBs through various mechanisms.

"Like a lot of times the closest place you can go to is like a random corner store that has noodles, maybe some old veggies and fruits and then rest of it's just junk food. If you want to get farther, you usually have to take a bus or walk. But how many people in there have money for a bus? How many people have accessibility needs? How cold is Winnipeg?"

Sub-theme: Balancing SSB purchasing constraints with savvy shopping approaches

FOOD INSECURITY <ul style="list-style-type: none"> • Food swamp • Tight budgets • Constrained diets 	SSB PRICES <ul style="list-style-type: none"> • "Pop is cheap" • Price variability • Deals as an incentive 	SAVVY SHOPPING <ul style="list-style-type: none"> • Heightened awareness of SSB prices & deals • Price shopping • Sharing is caring
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"For those that just stay in the area, like obviously just the easy chips, noodles, Pepsi, and just the bread that they need, and everything else that goes with it. When impoverished you have X amount of things you can actually get."

"Like, I can never afford enough at one time and so it's... I'm buying one big thing of powdered juice and a case of bottled water, um, and then I'm trying to figure out how I can make money to buy the next thing of juice for the next week, like. So I'm never p- I can never afford to buy enough drinks that I need for the week."

"I go to Walmart or like a superstore or something, I'll buy my Gatorade there, because it's, uh, a little bit cheaper than going to the corner store, definitely."

"Cause I mean I think about my family too ... It's like if I buy myself a pop, I'm gonna obviously just get two-liters instead."

Sub-theme: Balancing (stereo)typical reactions while shopping for SSBs with resilient coping approaches

JUDGMENT-FREE ZONE North End & corner stores are safe spaces <ul style="list-style-type: none"> • No reactions • Regulars 	DANGER ZONE Outside of the North End & large grocery stores are not safe spaces <ul style="list-style-type: none"> • SSB judgment • Racism & stereotyping 	COPING MECHANISMS <ul style="list-style-type: none"> • Armoring up • Reframing • Regulating
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"No, they're, they're like oh hey! You've come back again! Uh...Yeah they know me pretty much, because I've been going there since I was little."

"People stare at me, and I notice like it's white people. And it's mostly like white, old ladies that look at me and just glance, just like snub me for like having junk food and pop."

Um, doesn't really make me feel nothing. I just block it out."

"Yeah. Yeah. Anytime I go into a grocery store or any type of store that's not in the North End, I immediately feel judged. I have- usually I have walkers following me around the store"

"Um, when I'm in the North End, even at Giant Tiger ... here on North Main, or the Safeway down here on McGregor and Mountain, I don't get followed. I don't get stared at. I don't get people watching me to make sure I'm not stealing."

"Well, a lot, my mentality on all those kinds of things is that it is what it is. I cannot- I can't change other people's opinions of me when they're just looking at me."

patterns and themes. We found that sugary drinks are an important aspect of North End residents' social and personal life that is partially shaped by experiences of poverty and food insecurity, or limited access to food. Shopping for sugary beverages is not as simple as "just going to the store and buying a drink" because there is a lot of planning, management, and coping that is involved in this seemingly benign process. Participants' shopping experiences for sugary drinks are characterized by the overarching theme of "balancing on the redline" of the neighborhood. Much like walking on a tight rope or balance beam – participants described having to continuously manage physical, economic, and social obstacles when shopping for sugary beverages and other foods. Food insecurity and poverty was a concern for the participants, and many described sugary drinks as expensive and unaffordable, but at the same time having limited ability to buy healthier alternatives.

"we don't get to pick what we eat, we eat what we're given and that's not a choice. You know, we're always choosing... You know, we always have a choice, but our choices are not always good choices. We get to choose from two bad choices, you know, um. So we're not giving... We're not given that, uh, healthy opportunity to grow and to learn and to flourish or any of that."

Participants balanced their budgets and the cost of sugary drinks through savvy means of price shopping, and always buying enough to share with

others.

Participants described the typical reactions they received when shopping for sugary drinks. Context was again extremely important, since shopping within the North End boundaries and typically convenience stores, participants received virtually no reactions or reactions that were positive such as store owners recognizing them as regulars. However, shopping outside of the North End and large stores was largely an unpleasant experience. Participants described receiving looks and comments questioning the contents of their shopping carts, specifically by white people, judged for their weight or stereotyped as suspected thieves. In response, participants actively employed various protective, self-regulating, and reframing mechanisms that balanced out the negative, stereotypical reactions.

Overall, limited financial means, food access

constraints, and judgment around sugary drinks, contributed to the challenges of purchasing sugary drinks BUT also access to other food alternatives. Given that participants already experience and internalize judgments and stereotyping associated with purchasing sugary drinks, we expect that a tax policy, if implemented, may contribute further to the stigmatization of sugary drink consumption and its consumers. Furthermore, raising the price of sugary drinks, through a tax, may exacerbate the food insecurity and the stress many people already experience in managing their food budgets, which contributes to sugary drink purchasing.

Further analysis will be conducted on the acceptability of this proposed tax among the North End participants. Stay tuned!

We welcome any feedback on these results. Please email: sugartax@umanitoba.ca

SAVE THE DATE!!

**The National Indigenous Diabetes Association
will be hosting the *virtual***

National Indigenous Diabetes Conference

November 15, 16, and 17, 2021

More information to come...



Planting the Seed: A Babies First Food Garden

By Cody McGregor

With our economy and communities restricted by the Covid-19 pandemic, the Indigenous Diabetes Health Circle (IDHC) has found new and creative ways to pass on our traditional knowledge of growth and wellness, safely to the families we serve. Through building on the framework and messaging of the Indigenous Diabetes Health Circle's 7 Generations Gestational Diabetes Prevention Program, came a pilot program aiming to address the many known issues that have an impact on Indigenous health today.

Planting the Seed: A Babies First Food Garden is an IDHC led initiative in collaboration with the Barrie Native Friendship Centre (BNFC) that provides the tools and step-by-step instruction needed to prepare a home garden for first time growers. With a focus on experiential learning, the program revitalizes topics such as Three Sisters mound planting, Honouring our Traditional Foods and the connection between our LAWS (Land, Air, Water, Sun). Participants discuss and strategize ways to address challenges such as food sovereignty and food security, then implement action to bring forward positive change and reclaim an ancestral diet.

My name is **Cody McGregor** and I am the Diabetes Wellness Worker for Central Ontario Indigenous Diabetes Health Circle (IDHC). Raised in Barrie, most of my adult life has been spent in Orillia - approx. halfway between my home communities of Six Nations and Whitefish River First Nation. With a strong connection to the land and family at both locations, I can also relate to Indigenous people living in urban settings for school, family, work and the pursuit of other opportunities. As a graduate and former instructor of the Anishnaabemowin and Program Development at Georgian College I've had the opportunity to work with students of all ages. And, as a former IDHC (SOADI) Reztore Pride presenter/performer, I've been able to blend Indigenous health, music and culture with youth across Ontario in the promotion of healthy lifestyles.

The three-part series program begins with the distribution of organic, heirloom seeds, procured from Matchbox Seed Co. located in Caledonia Ontario. IDHC resources, seeds, soil and other supplies make up the gardening bundles distributed by the Barrie Native Friendship Centre to local community participants by curbside pick-up and contactless delivery. Inspiration and step-by-step gardening instruction was graciously provided by Six Nations Community Food Animator Kitty Lickers, who brings years of experience operating and supporting community gardens in both Canada and the United States.

The gardening group will continue on to the second installment with a focus on diabetes prevention and the role that early childhood traditional nutrition plays in maintaining optimal health through all stages of life. The practical activity for session two is a lesson in making homemade baby food puree using kitchen utensils, locally sourced ingredients and home grown,

early spring veggies. Participants are able to check-in to share progress pictures as well as seek additional support through the programs social media site BNFC Wiisnadaa: Let's Eat.

The group will hold it's final gathering at the end of summer to prepare for the fall harvest. Sustainability will be the emphasis with practical activities that include how to harvest and store seeds from the vegetables grown over the summer. Participants and their children will have gained valuable experience in growing a vegetable garden and a shared sense of community and comradery with fellow learners.

The Planting the Seed: A Babies First Food Garden model is both affordable to implement and informative to attend. This type of series is an engaging approach to the prevention of chronic disease and offers many opportunities to connect valuable health messaging to practical life experiences. The template can be adjusted to suit all seasons and meet the needs of communities across Turtle Island.

To learn more about this program and the many other services provided by the Indigenous Diabetes Health Circle, contact Diabetes Wellness Worker Cody McGregor at (705) 220-8910 or via email at dwwcentral@idhc.life. Follow the IDHC on social media at www.facebook.com/IDHCHealth or visit the website at www.idhc.life.



Sir Frederick Banting Legacy Foundation (SFBLF) Update June 2021



By C. David Sadleir, Ph.D.,
P.Eng.

Nature of Youth-onset Type 2 Diabetes

The number of youth, 19 and under, living with diabetes worldwide is unknown but there is widespread agreement those numbers are rising. The rise in youth-onset type 2 diabetes is accompanied by relative gaps in knowledge across a wide spectrum compared to type 1.

The 'surveillance gap' is a special challenge. One cannot manage effectively what cannot be measured. Canada has among the largest number of health surveillance systems with a youth component but is unable to routinely track and report the number of youth living with diabetes.

- * Increasingly, youth-onset type 2 is unresponsive to diet, exercise and oral medication, eventually requiring insulin; maybe in 50% of the cases.
- * Youth-onset type 2 is initially invisible and progressive; cell damage can be in progress at time of diagnosis. As a result, type 2 is potentially more severe than youth-onset type 1 and in general, more severe than adult-onset type 2.
- * In Canada, a dichotomy is emerging with type 1 occurring more frequently in ages 8 - 12; type 2 in ages 15 - 19.

Youth-onset Type 2 Diabetes in Indigenous Peoples

- * Indigenous peoples in Canada; Aboriginal and Torres Strait Islanders in Australia; and African Americans, Native Americans, Latinos and Asian Americans in the United States are at higher risk of type 2 and have a much higher hospitalization rate.
- * Historic colonialism, geographic remoteness and a broader view of health and wellness have combined to:
 - > increase diabetes risk

Sir Frederick Banting Legacy Foundation Our programs are designed to educate, to raise awareness of the risks of diabetes and to directly help people living with diabetes and, at the same time, honour and preserve the birthplace of Sir Frederick Banting, co-discoverer of insulin and Canada's first Nobel Laureate. Our focus is on disease prevention and disease self-management through education, clinical innovation and sustained support with an emphasis on youth. Finding new models of care to enhance the quality of life for youth living with diabetes and helping them meet the 'transition' challenges of moving from the pediatric to adult healthcare system are key aspects of our programs.

- > produce much higher diabetes prevalence
- > add complexity for healthcare delivery
- * Age of onset for Type 2 is even younger in Indigenous youth than for non-Indigenous

The latest SFBLF diabetes issues report, Youth-onset Diabetes in Indigenous Peoples: Canada and Australia, considers the rising prevalence of youth-onset type 2 diabetes among Indigenous peoples, what's missing in terms of support and identifies immediate priorities for action, including comparative status with Australia. Find the Executive Summary at bantinglegacy.ca/Indigenous-youth-summary and the full report at bantinglegacy.ca/Indigenous-youth

Help Celebrate the Discovery of Insulin - 100th Anniversary - 2021

Insulin was discovered by four medical heroes at the University of Toronto in the fall of 1921. At the outset, Fred Banting, Charles Best and Bertram Collip had not yet reached 30 years of age. Best was the youngest at 22, and John Macleod, 45, the oldest.

Their research was done in a remarkably short time; May to December 1921. The first patient, 14-year-old Leonard Thompson, injected with insulin at the Toronto General

Hospital on January 11, 1922, experienced an allergic reaction. Collip worked day and night to purify the extract and on January 23, 1922, Leonard's 2nd injection was successful.

This youthful team achieved their result without modern technology; instead with rudimentary equipment, hand-drawn charts and the help of dogs. Their work led to one of the greatest medical discoveries of all time.

Banting and Macleod shared the 1923 Nobel Prize in Medicine and Physiology. Each shared their prize with Best and Collip respectively. Banting was the first Canadian to win a Nobel Prize; remains the only Canadian and the youngest-ever recipient to win in that category.

bantinglegacy.ca/discovery-celebration/

Learn more about diabetes

* Free 3D Virtual Tour of Banting's birthplace

bantinglegacy.ca/virtual-tour/

* Free eLearning course

bantinglegacy.ca/understanding-diabetes/

Test your knowledge; have some fun

* Take the 100th Anniversary Quiz

bantinglegacy.ca/discovery-celebration/

Make an impact

* Organize a diabetes awareness day in your school or workplace

* Use our Infographics to help

bantinglegacy.ca/prevention-campaign/

Check your type 2 diabetes risk

* Students:

bantinglegacy.ca/survey

* Adults:

www.healthycanadians.gc.ca/en/canrisk

* Seek early screening from your family physician



In the Blink of an Eye

By Denise Barnard

Diabetes is the leading cause of blindness in Canada. For Ryan Hooey, it's a lesson he learned firsthand.

Ryan Hooey remembers when he lost his sight like it was yesterday. He went bowling on a Saturday night eight years ago, and when he woke up on Sunday morning, he couldn't see. He was only 26 years old.

Diagnosed with [type 1 diabetes](#) when he was seven, Ryan learned to give himself [insulin injections](#) and managed his diabetes as a young adult. He excelled in sports, earning a college baseball scholarship.

Despite his family history of diabetes—many members of his family, some of whom are Indigenous, live with type 1 or type 2—and the fact that diabetes is the leading cause of [blindness](#) in Canada for people aged 20-65. Ryan never ever expected to experience diabetic retinopathy firsthand.

Starting from scratch

"I had to relearn everything, from how to use a computer and phone, and how to prepare food," he says. Support came from specialists at the Canadian National Institute for the Blind ([CNIB](#)), who helped him learn independent living skills. Ryan now works for the organization and has a guide dog named Joe.

Unfortunately managing diabetes without being able to read the feedback from his insulin pump was harder. "All of the alerts sound the same. If I don't have a sighted person around to help me, I can get in trouble pretty quickly." He has become a passionate advocate, talking to diabetes product manufacturers about the need for accessibility modifications to better help him and other Canadians manage their diabetes.

Showing his support

Ryan is also supporting Diabetes Canada by raising awareness about Diabetes 360°, and the need for a national diabetes strategy to improve prevention, screening and treatment so people can avoid diabetes-related complications where possible, and also help them afford the costs related to the disease especially when they don't have insurance. Research is also an important part of the strategy.

Now 34 and living in Windsor, Ont., Ryan worries about the future of his two-year-old daughter, Abigail, whom he has never seen. "I don't want her— or any child — to have to grow

Denise Barnard is manager of content at Diabetes Canada, the registered national charitable organization that is making the invisible epidemic of diabetes visible and urgent.

up with diabetes like I did.” He and his family also worry about his future and about other [diabetes-related complications](#): “I often worry about what could happen next. Does it get worse than blindness? Will something have to be amputated? Will I need dialysis?”

But he is not without hope. “I want to see my daughter get married. With research, anything is possible.”

Did you know?

2021 marks the 100th anniversary of the discovery of insulin. Today, more Canadians have diabetes than ever before. Diabetes or prediabetes affects 1 in 3 Canadians. One in 2 young adults will develop diabetes in their remaining lifetime. We can’t wait another 100 years to End Diabetes. #LetsEndDiabetes Visit [100 Years of Insulin](#) to learn more, including how you can support those living with or at risk for the disease.

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Empowering Indigenous Youth: Mentoring program reduces diabetes risk and improves quality of life for young people

By Rosalind Stefanac

Who: Dr. Jonathan (Jon) McGavock, Professor, Department of Pediatrics and Child Health, University of Manitoba

Research highlights/discoveries:

- * How using a holistic approach to health and wellness can help prevent and treat type 2 diabetes in Indigenous youth and improve quality of life

Dr. Jon McGavock at a glance:

- * Appointed Professor at the University of Manitoba (2021)
- * Held CIHR Applied Public Health Chair (2014-2019)
- * Received CIHR New Investigator Award (2010)
- * Awarded Diabetes Canada Scholar award (2008)
- * Earned PhD at the University of Alberta (2004)

How did you get interested in diabetes research?

When I was doing my PhD in Edmonton, I was really interested in exercise and its impact on health. Then my cousin got diagnosed with diabetes, and that got me reading the literature around exercise and diabetes. It was fascinating to discover how powerful the effects of exercise can be on improving blood sugar control and complications related to diabetes, such as heart disease.

What about your interest in Indigenous youth?

While working in a pediatric diabetes clinic in Winnipeg, I kept seeing Indigenous children coming in for treatment. I discovered that Indigenous youth from northern communities are 10-20 times more likely to develop type 2 diabetes compared to other children. I knew I needed to figure out strategies to help children in these communities, which typically face poverty,

Rosalind Stefanac is a Toronto-based writer specializing in health topics.

lack of access to care and healthy foods, as well as overall systemic racism stemming from colonization.

How did you find a solution?

I approached it as a social issue rather than a strictly biological and physiological one. I began working with Indigenous scholars and others living in these communities to figure out the societal issues that were creating barriers to healthy living. In 2006, we got our first grant to work with Garden Hills First Nation and set up some programs in the community. We've been going strong ever since.

Tell us about the program.

Rather than focusing on healthy eating and exercise only, we adopted a model that includes elements of resilience, Indigenous teachings and peer mentoring to empower youth to become leaders in the future. We discovered that not only does this kind of program reduce risk factors for diabetes, [but] it improves quality of life. With funding from Diabetes Canada, we scaled up and offered the Indigenous Youth Mentorship Program in other communities in Manitoba and eventually other provinces. Now we're up to about 1,000 children involved in the program every year.

How old are the children in the program?

They're nine to 11 years old, but the program is delivered by adolescents in the community aged 14-18. Those entering the program eventually become mentors themselves.

What's next?

We're studying the impact of bringing together multiple Indigenous communities to share their knowledge and experiences with each other. What we've seen so far is that being connected to peers who are facing similar things and are trying to improve their well-being together is very powerful. We want to see this program, run by Indigenous youth, incorporated into all Indigenous communities across Canada.

Listen to Dr. McGavock's [interview](#) on the Diabetes Canada Podcast.

The last word

"Dr. McGavock has taken a systemic problem in Canada's Indigenous communities and found a viable solution that respects the Truth and Reconciliation Commission of Canada's Calls to Action, and that goes well beyond improving diabetes care."— Dr. Seema Nagpal, vice president, Science & Policy, Diabetes Canada

Did you know?

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Indigenous Teachings and Knowledge within Dietetic Practice: Students' Reflection

By Chantal Perchotte, Hannah Derksen & Page Chartrand

Hannah Derksen is a 4th year Human Nutritional Sciences student at the University of Manitoba. For the past two summers, Hannah has worked as an undergraduate research assistant for Dr. Natalie Riediger, Assistant Professor in the Department of Food and Human Nutritional Sciences.

Page Chartrand (She/Her) is a recent graduate from the University of Manitoba with a Bachelor of Science in Human Nutritional Sciences. She is currently working under Dr. Natalie Riediger as a research student funded by PIKE-Net in Winnipeg.

Chantal Perchotte recently completed a Bachelor of Science in Human Nutritional Sciences at the University of Manitoba. This is her second summer taking part in the PIKE-Net Summer Research Internship, working with Dr. Natalie Riediger.

Building Bridges: Integrating First Nations Perspectives & Communities into Dietetics Virtual Gathering was a series of three virtual sessions which included talks and discussion periods surrounding the topics of food sovereignty, traditional foods and nutrition, and how dietetic services can better attend to First Nations communities (please see summary of speaker topics in table). The Gathering was organized by the National Indigenous Diabetes Association in partnership with the University of Manitoba (UM) Department of Food and Human Nutritional Sciences, and included over 80 students, faculty, First Nations health workers, and Registered Dietitians working in Manitoba. The Gathering was organized in part to inform dietetic curriculum. As UM Human Nutritional Sciences students and prospective nutrition professionals, we were excited for the opportunity to attend these events and take part in learning from Elders, community members and health and nutrition professionals. It has been a unique opportunity for us to observe how Indigenous communities can inform our training, and it is encouraging to see events such as Building Bridges take place as part of curriculum development.

Not only was this conference a fantastic opportunity to learn more about First Nations communities, food sovereignty, and traditional food practices, but it was also a firm reminder of the importance of Indigenous studies in health professional programs such as ours. As potential future health professionals in Manitoba, we feel it is extremely important to have the capability to assist and promote health and wellness to all people in Manitoba. As we have learned through this conference, food patterns and practices are distinct from one culture to another, and the ability to support diverse communities and individuals is so important in ensuring everyone has access to adequate health and dietetic services.

Given that over 18% of Manitoba's population identified as

Indigenous in 2016[1], the importance of health professionals being trained to provide culturally safe care cannot be understated. This Gathering, and the implementation of an Indigenous health component in dietetics education in Manitoba, will allow students to learn more about colonialism and gain experiential learning opportunities with community.

As students, the Gathering was also a great opportunity to learn from and build bridges with practicing dietitians who are either working within Indigenous communities or identify as Indigenous. These connections that were built from the dietetic and Indigenous community radiated positive vibes and it left us incredibly hopeful for the future of dietetics in Manitoba.

While we think about our future careers as we enter the field of nutrition and dietetics, we are grateful for the chances we get to learn from those in the field and those in the communities they serve. There were many lessons to be taken from the Building Bridges sessions. One overall teaching that stuck with us is that we must continue doing the work of listening, sharing and building relationships with those we hope to work with one day.

References:

1. Statistics Canada. (2019). Focus on geography series, 2016 census. <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=9&LANG=Eng&GK=PR&GC=46>

Summary of Speaker Topics	
Sherry Copenace Onigaming First Nation	Original foods gifted to Anishinaabe and their contribution to wellness
Jessica Flett & Barb Thompson Co-Chairs, Manitoba First Nations Diabetes Leadership Committee	Insights for opportunities for UM dietetics training to support First Nations communities
Tabitha Robin Mixed Ancestry Cree University of Manitoba	Lessons from the Language: A Cree Food Perspective
Byron Beardy Garden Hill First Nation Four Arrows Health Authority	The Connections of Land-Based Language in the Context of Food from An Indigenous Lens
Kathy Bird Peguis First Nation	The Importance of Traditional Foods & Medicines
Demian Lawrenchuk Fox Lake Cree Nation Food Matters Manitoba	Wild Nutrition
Gordie Walker Norway House Cree Nation	Pimatisiwin "The Good Life"
Kayla Perry, RD Rolling River First Nation First Nations Health & Social Secretariat	Working as a Registered Dietitian with First Nation Communities
Dr. Barry Lavallee Keewatinohk Inniniw Minoayawin Inc.	Anti-racism in Health Systems and Institutions

Educating for Equity: Finding Wellness with Diabetes

By Dr. Lynden (Lindsay)
Crowshoe, Dr. Elaine Boyling,
Sara Scott, Mohamed Ibrahim.
On behalf of the Educating
for Equity team, with much
gratitude to the members of the
advisory group.

Since 2011, the Educating for Equity (E4E) team has been developing teaching for healthcare providers to improve health and healthcare with Indigenous people with diabetes. The E4E team has developed a knowledge resource from the insights of Indigenous people living with diabetes and healthcare providers across Canada. This resource provides directions for healthcare that honours the realities of Indigenous people with diabetes. In 2019, we engaged a diverse advisory group of urban Indigenous people managing diabetes to deeply explore and strengthen the E4E knowledge resource with hopes of building knowledge focused to Indigenous people with diabetes. Over a series of conversations, the group offered insights of their personal and collective experiences of diabetes. For this article we share the group's knowledge of colonization and culture as teachings on ways of finding wellness with diabetes.

Colonization and Diabetes: Knowledge is Empowering

Colonization is an underlying cause of diabetes. It systematically limits access to resources and disrupts community cohesion, creating tremendous stress in our lives as Indigenous people. Acknowledging the impact of colonization has on diabetes, the advisory group noted that Indigenous people become overwhelmed, leading to feelings of fear, anger, self-blame and denial; reactions that further impact self-care. The following are ways to make meaning of stress arising from colonization and find opportunities for being well:

1. Learn how colonization induces social hardships in our lives, which then influences diabetes. Areas to explore include barriers to resources, disrupted relationships, historical trauma and racism perpetuated by society and healthcare.
2. Seek understanding of how stress influences the body and one's health behaviour choices (such as what you eat and how you are physically active), reflect on the stressors in your life and how you respond.
3. Explore ways to address key stressors in your life. Have conversations with others to share, listen, offer validation of experiences, celebrate differences in knowledge and explore

Educating for Equity (E4E) is a research collaboration (2010–2016) among stakeholders from Australia, Canada, and New Zealand that explores how health professional education can reduce disparities in chronic disease care and improve outcomes for Indigenous populations.

possibilities.

Connecting to Culture

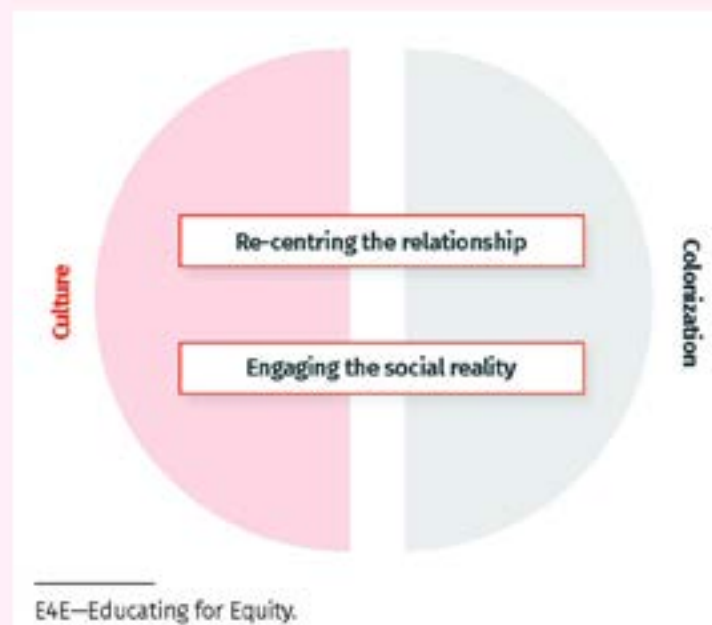
Connecting to culture supports wellness. One advisor described how Elders helped her to reconnect to her culture after she was diagnosed with diabetes. Learning about the strength and resilience of her ancestors gave her a sense of pride that helped her overcome feelings of shame she had internalized due to racism and abuse. Connecting with culture gave her strategies and principles to guide her wellness journey. The following are examples of how connecting to culture helps promote wellness with diabetes:

1. Engage in cultural activities as they are grounded in traditional approaches to relationships, knowledge and wellness. Activities people found helpful included: humour; stories; teachings; arts; beading; spirituality; ceremony; Traditional Healing; and food gathering and preparation.
2. Contribute to community. This traditional teaching includes sharing of knowledge and resources with others, which can support one's sense of connection and purpose. Many people spoke about being motivated to improve their own wellness as part of role modeling for and supporting their children, community and future generations.
3. Culturally meaningful physical activity is an important part of managing diabetes and regulating stress. Activity has a deeper meaning, which could include physical, mental, spiritual, and social activity. Examples included: being on the land; berry picking; walking; dancing; games; sports; caring for family and friends; socializing; social and political activism; and teaching and learning. Being active also includes physically engaging with culture and contributing to community.

Conclusion

By understanding links between colonization, stress and diabetes, one can see and act on those factors of influence as an important part of healing. Our cultural ways of knowing and being help us to make meaning of diabetes and provides opportunities for finding wellness with diabetes.

Figure 3. Conceptual model of the E4E Care Framework





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