

NATIONAL INDIGENOUS DIABETES ASSOCIATION SUMMER 2023 NEWSLETTER



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EXECUTIVE DIRECTOR MESSAGE

Taanishi. (hello in michif)

Please enjoy this edition of
the summer NIDA newsletter.

Maarsii. (thank you in michif)



NATIONAL INDIGENOUS DIABETES ASSOCIATION SUMMER 2023 NEWSLETTER

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

These past months have been very busy at the National Indigenous Diabetes Association(NIDA).

We are happy to share that we are hosting our first in-person conference since 2018 at River Cree Resort & Casino in Enoch, Alberta (Edmonton) from November 21st to 23rd, 2023. We hope to see a lot of you join us for the great program we are preparing! If you are interested in presenting, please ensure to see the Call for Abstracts information further in this newsletter.

We would like to sincerely thank our contributors to our newsletters:

- Natalie Riediger and Anne Waugh from the University of Manitoba (UM)
- Ariel Root, Pearl Mamakwa, Camille Smith, Madison Pierce, and Janet Gordon from the Sioux Lookout First Nations Health Authority (SLFNHA)

Don't forget to scroll to the end of this newsletter to support Tamara Beardy for her upcoming event All for One Run: A Diabetes Awareness Walk/Run! Tamara will be making her way from Tataskweyak Cree Nation to Winnipeg, Manitoba starting August 13th, 2023!

Wishing you all a very happy Summer season that brings happiness and peace to you and your loved ones!

All my relations,
Celeste Theriault

SAVE THE DATE!

*National Indigenous
Diabetes Association*
— Conference 2023—

November 21st – 23rd, 2023

For more information,
visit www.nada.ca



National
Indigenous
Diabetes
Association

Association
nationale
autochtone
du diabète



CALL FOR ABSTRACTS

2023 NATIONAL INDIGENOUS DIABETES CONFERENCE

NOVEMBER 21 - 23, 2023

RIVER CREE RESORT & CASINO ENOCH, AB

SUBMISSION DEADLINE AUGUST 31, 2023

A DIABETES JOURNEY: WORKING TOGETHER TOWARDS WELLNESS

REGISTER: WWW.NADA.CA

On May 5th 2023 NIDA staff spent the day in community and received beautiful red shirts from the Brokenhead Medical Centre to honour MMIWG2S+ while also distributing diabetes resources to the community for National Indigenous Diabetes Awareness Day.



CALL FOR INDIGENOUS BC ARTISTS

Physical Activity
Colouring Book

NIDA ~ I-SPARC ~ PHSA ~ TIA

Seeking Indigenous artists from the six regions of BC to design colouring pages for a physical activity colouring book depicting their own style, culture and traditions. The book will follow a story told by Elder Gerry Oleman who will lay the foundation of teachings in the book, while touring communities and regions throughout BC.

Please submit your application for consideration to Celeste Theriault at celestetheriault@nada.ca

Compensation per image: **negotiable**

Submission Deadline: **July 31, 2023**



In collaboration
with:



NIDA ISPARC PHSA INDIGENOUS YOUTH WELLNESS AND TIA CALL FOR BC ARTIST SUBMISSION: INDIGENOUS PHYSICAL ACTIVITY COLOURING BOOK



NIDA ~ I·SPARC ~ PHSA ~ TIA

Seeking Indigenous Artists from of the six regions of BC to design colouring pages for a physical activity colouring book depicting their own style, culture and traditions. The book will follow a story told by Elder Gerry Oleman who will lay the foundations of teachings in the book, while touring communities and regions throughout BC. For more information and the application click [HERE](#).

Please submit your application for consideration to: Celeste Theriault
celestetheriault@nada.ca

Submission Deadline: July 31, 2023

PERSPECTIVES ON SUGAR-SWEETENED BEVERAGE TAXATION AMONG INDIGENOUS ADULTS FROM ISLAND LAKE FIRST NATIONS

BY ANNE WAUGH AND NATALIE RIEDIGER

Between July 2021 and July 2022 our research team, in partnership with Four Arrows Regional Health Authority, conducted interviews with Indigenous adults in Island Lake First Nation. These interviews are a part of a larger research project that sought to explore perspectives on sugar-sweetened beverage taxes across multiple locations in Manitoba. Sugar-sweetened beverages are any beverage sweetened with added sugar, including pop and fruit drinks. Taxes on sugary drinks have been proposed by health organizations globally and in Canada. These taxes are intended to reduce the consumption of sugary drinks, in response to the prevalence of health conditions such as Type 2 Diabetes. The first and only sugar-sweetened beverage tax in Canada is in Newfoundland and Labrador, implemented in fall 2022. This specific analysis explores perspectives on, and the potential impacts of a tax on sugar-sweetened beverages using decolonizing perspectives, due to the colonial nature of the tax system in Canada.

A total of 39 interviews were completed, with participants from all four of Island Lake Anishinew Nations: Wasagamack, St. Theresa Point, Red Sucker Lake and Garden Hill. Participants were recruited and the interviews were conducted by research assistants from Four Arrows Regional Health Authority, with support from our research team at the University of Manitoba. Most participants were employed at the time of the interviews. The interviews were then transcribed, word-for-word, and analyzed with the help of computer software.

Initially, almost all of the participants expressed indifference or a lack of familiarity with taxes on sugary drinks. When it was brought up in the interviews, a few questioned whether a tax could be implemented in their communities. Some individuals then reacted with more emotion, including shock that something like a sugary drink tax was even being considered given the already high costs of food and sugary drinks.

Participants then reflected on the potential of a sugar-sweetened beverage tax to effect behaviour change. Some participants did not think their behaviour would change as they were not regular purchasers or consumers of sugary drinks. Others shared they would drink less, but still continue to purchase sugary drinks. Therefore, there was not a consensus amongst participants on the perceived effectiveness of a tax as it depended on the person and their current intake of sugary drinks.

About half of our participants spoke of support for taxation of sugary drinks, motivated by concerns for health. These respondents thought that taxes could improve health, through reducing consumption and directly for individuals with diabetes. Participants were also willing to support the tax if healthier alternatives were provided. The uses for the possible revenue generated by a tax, was another reason respondents discussed supporting the tax, and some changed their minds considering these possibilities. Some examples of supported uses for tax revenue were: subsidies for healthy foods, building gyms or community health promotion facilities, going back into the community, or funding research and education. For some participants, support for the tax was dependent on what drinks were going to be included.

In contrast, participants' distrust of the government, or skepticism, was one main reason for a lack of support for taxation, particularly when it came to the use of potential revenue generated from a tax. Respondents were not supportive of tax revenue adding to general revenue.

Participants also reported a lack of support for taxes due to whom they thought would be negatively affected. Community members, children and youth, people who are addicted to sugary drinks, and individuals who are already struggling to afford food were examples of groups who were thought to be negatively affected. The existing high cost of food in the communities was repeatedly mentioned as a concern, as prices are notably higher when compared to other areas of the province. Many felt that if a tax were implemented in Manitoba, the Island Lake communities would be particularly negatively impacted.

Overall, Indigenous adults from Island Lake Anishinew Nations had mixed feelings about the taxation of sugary drinks. Support for taxation was primarily due to the potential for the generated revenue to positively affect health, or the general positive impacts of drinking fewer sugary drinks on health. However, participants also shared a lack of support because of governmental distrust and the potential negative effects on already vulnerable people and their budgets, given the already high food prices. Health was important to participants, but there was hesitancy as to whether a tax policy was the answer to improving health, due to the possibility that if implemented, there might be harmful effects, and it would not be addressing the underlying reasons why community members consume sugary drinks.

Attitudes Towards A Proposed Tax On Sugar-Sweetened Beverages In Island Lake First Nations



Government skepticism and critique

(in response to where the money generated from tax would go)

“umm I hope it goes to something great...I don't know not with government (laughs)”

-Participant 28

The price effect and disposable income squeeze

(in response to how tax would impact purchasing habits)

“ah umm still...still still gonna buy it but ah umm affects you around your money like same thing with the gas right... like umm it's a little bit more higher but you can't buy less (paused) you know what I mean” -Participant 27



Unfamiliarity and Indifference

(in response to hearing about the SSB taxation)

“Oh my God..... Well I don't like it” - Participant 2

Support for Sugar-Sweetened Beverages (SSB) founded on health reasons

(In response to how they would feel about SSB taxation being introduced in Manitoba)

“I think it would be a good thing... because then pop will be more expensive to buy and the less people drink it you know they are not really...exposing themselves to diabetes I guess” -

Participant 30



SEEKING ANISHININOWAK KA-ISHIMAMITINENTAMOWAAC TO IMPROVE DIABETES MODELS OF CARE BY: ARIEL ROOT, PEARL MAMAKWA, CAMILLE SMITH, MADISON PIERCE, JANET GORDON

Diabetes diagnoses within First Nations communities served by the Sioux Lookout First Nations Health Authority (SLFNHA) remains higher in all age groups (14%) compared to the Ontario population (9.7%; SLFNHA, 2022)[1]. Diabetes services to First Nations communities in northwestern Ontario are delivered by federal, provincial, and First Nations governed organizations, though jurisdictional ambiguity has resulted in inequities, service gaps, and fragmented services (SLFNHA, 2022). Services vary between communities, and most often rely on targeted, short-term funding that is not guaranteed for subsequent years.

In development of a research grant in June 2022, we spoke with 29 people from 3 communities served by SLFNHA who are living with diabetes, have a family member living with diabetes, provide health care support to community members living with diabetes, or had perspectives about diabetes that they wanted to share. We wanted to know Anishininowak ka-ishimamitinentamowaac[2] regarding diabetes services that are available, the shortcomings, considerations, and services desired. We wanted to ensure that findings from these conversations could exist beyond the grant to: refine program activities; reduce the number of repeat questions we ask community members; and honour the knowledge shared. Therefore, we summarized findings from this engagement in a report written for community members who contributed to this work, and health care providers seeking to improve the diabetes care they deliver to community.

Understanding diabetes, complications, barriers to care, and service needs informed by Anishininowak ka-ishimamitinentamowaac is essential to improve models of care. Health record data has been reviewed to help quantify diabetes complications, identifying that First Nations people living with diabetes in community experience twice the rate of hospital visits compared to those living elsewhere in Ontario (SLFNHA, 2022). Further, foot and leg amputations among First Nations community members are about 5 times higher than among other Ontario communities, and the rate of amputations almost doubled between 2008 and 2019 (SLFNHA, 2022). Community members elaborated that common diabetes complications include amputations (100, 102, 115)[3], ulcers and infections (115), hearing and vision issues (99, 105), and that, overall, communities “have lost lots of people to diabetes” (100; SLFNHA, in press[4]). Community members described that “more young people [are] getting diabetes. It tells you that something is not going right” (101), highlighting increasing concerns about diabetes (SLFNHA, in press). Though diabetes services are theoretically available in community from

[1]Sioux Lookout First Nations Health Authority (2022). Shookaawaapinewini Maawantoonikewin - Diabetes Report. Sioux Lookout, Ontario

[2]Translates to and better captures the concept of ‘community member perspectives’

[3]Numbers included in brackets make reference to different community members who participated and shared. They are included following quotations to illustrate diversity or frequency of similar perspectives shared.

[4] Sioux Lookout First Nations Health Authority (in press). Shookaawaapinewin Mamow Wicihewin: Anishininowak ka-ishimamitinentamowaac. Sioux Lookout, Ontario.

[1]Sioux Lookout First Nations Health Authority (2022). Shookaawaapinewini Maawantoonikewin - Diabetes Report. Sioux Lookout, Ontario

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various providers, mismanagement of medications, unavailable health services, and underutilized health services were shared as speculations contributing to diabetes complications in community (99, 101, 102, 105, 115; SLFNHA, in press). Community members provided specific examples to improve diabetes care in community that were summarized in broader categories of program and system changes. Program changes included ways in which primary care and public health providers deliver care, content, or education regarding diabetes. System changes included challenges and barriers for diabetes management related to food systems, health care access, and resources in community. Some community members reflected on changes in community that have had profound impacts on lifestyle and overall community health, indicating a need to look back to go forward. “There’s a lot of change over the years when you look at the history of what our Elders used to do” (101), and that “when I go to my trapline [...] my sugar always goes right down [...] and it stays there till I come back” (113). Wellbeing of people may require “doing something together [...] Before as a community, we did some things together like a big family. It’s different now. Families grow, and they do things [on their own]” (101; SLFNHA, in press).

Community engagement with First Nations communities is essential to ensure ongoing alignment with community perspectives and priorities. Knowledge from this work will guide improvements to diabetes models of care for community members. After approval, and sharing back with community members, the Anishininowak ka-ishimamitinentamowaac report will be publicly shared on SLFNHA website. For more information, please contact research@slfnha.com.



MAP LEGEND

- Sioux Lookout First Nations Health Authority
- Served Communities
- Regional Communities
- Treaty Boundary

Communities
Served by SLFNHA

**THE HEART & STROKE FOUNDATION IS PLEASED TO
ANNOUNCE THE INAUGURAL PERSONAL AWARDS FOR
INDIGENOUS SCHOLARS RESEARCH COMPETITION.
COMPETITION IS NOW OPEN. APPLICATIONS WILL BE ACCEPTED UNTIL
SEPTEMBER 1ST, 2023.**

The Heart & Stroke Foundation is pleased to announce the inaugural Personal Awards for Indigenous Scholars research competition.

Through this award, Heart & Stroke is seeking to increase the representation of best-in-class Indigenous researchers across heart and brain health research fields in Canada. Developed in collaboration with Indigenous communities, the awards aim to remove financial burdens associated with completing post-graduate studies to enable outstanding students the ability to focus on their studies, undertake a program of research, and engage with mentors as part of their training and development.

These awards will be offered to students accepted to or enrolled in Master's or Doctoral programs in Canada who identify as Indigenous and who are studying in an area specific to heart or brain health. These multi-year awards will function as salary stipends intended to enable trainees to focus on their studies and advance in their chosen field. Funding for the Personnel Awards for Indigenous Scholars has been made possible by the Canada Brain Research Fund (CBRF), an innovative arrangement between the Government of Canada (through Health Canada) and Brain Canada Foundation; the Canadian Institutes of Health Research (CIHR), Canada's primary health research funding agency, and its Institute of Circulatory and Respiratory Health; and Heart & Stroke, Canada's health charity leading the fight to beat heart disease and stroke.

Full competition guidelines for the Personnel Awards for Indigenous Scholars can be found here:

<https://www.heartandstroke.ca/what-we-do/research/for-researchers>

<https://www.coeuretavc.ca/ce-que-nous-faisons/recherche/coin-des-chercheurs>

Amount of Award

·Up to 8 Masters Students will be eligible for funding of \$25,000.00 per year for up to 2 years (maximum \$50,000.00 over 2 years)

·Up to 5 PhD students will be eligible for funding of \$30,000.00 per year for up to 3 years (maximum \$90,000.00 over 3 years)

Key Dates

2023 Personnel Awards for Indigenous Scholars

Competition Open Date

May 1, 2023

Application deadline

September 1, 2023, 3 PM EDT

Award notification date

November 2023

Award start date

January 1, 2024

Value

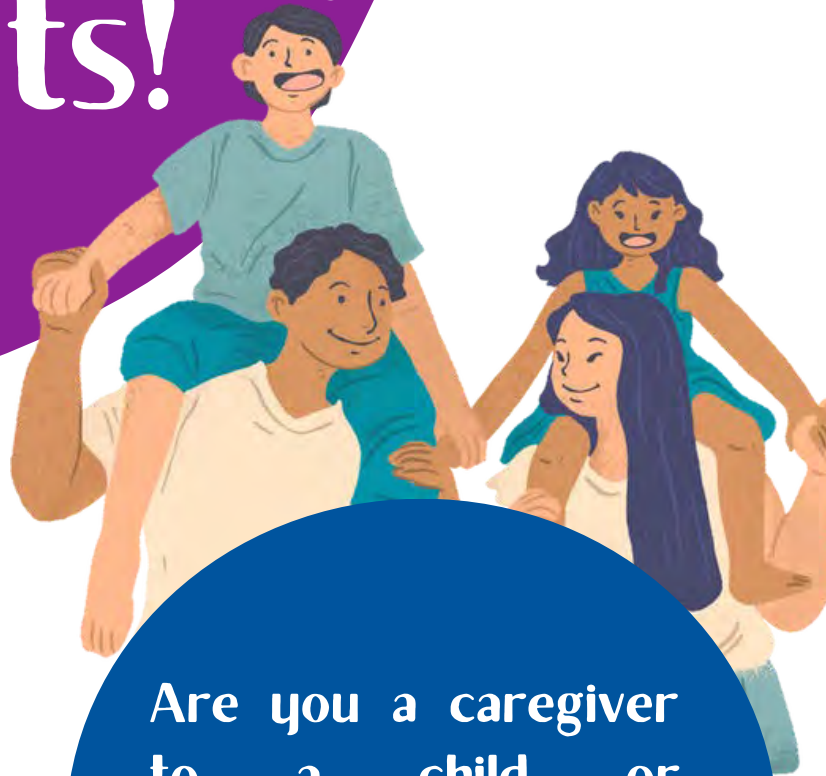
Masters: Up to \$50,000 CAD (\$25,000 per year for up to two (2) years

Doctoral: Up to \$90,000 CAD (\$30,000 per year for up to three (3) years

Contact Email: research@heartandstroke.ca

We're Seeking Participants!

Invitation to share ideas for a Canadian childhood diabetes registry in an online event



What is involved?

- Joining a Zoom workshop on **July 18, 12-2:30pm EST**
- Sharing knowledge and ideas about how information on people's experiences with diabetes could be used to improve care
- **\$75 in gift cards as expression of appreciation**

Are you a caregiver to a child or adolescent living with diabetes?

We would love to hear about your experiences and ideas on how to improve care

Diabetes care providers across Canada are bringing together youth living with diabetes, family caregivers, clinicians and researchers to co-design a Canadian childhood diabetes registry. The next page contains more detailed information about how this will work!

Nous sommes à la recherche de participants!

Invitation à partager des idées au cours d'un événement en ligne concernant un registre canadien du diabète chez les enfants



De quoi s'agit-il?

Rejoignez un atelier Zoom **le 18 juillet de 12h à 14h30 HNE**

Partager des connaissances et des idées sur la façon dont les informations sur les expériences des personnes atteintes de diabète pourraient être utilisées pour améliorer les soins et informer le développement de notre registre.

• **Des cartes-cadeaux d'une valeur de 75 \$ en guise de remerciement**

Êtes-vous un fournisseur de soins d'un enfant ou d'un jeune atteint de diabète?

Nous aimerions connaître votre expérience et vos idées sur la manière d'améliorer les soins

Les fournisseurs de soins du diabète à travers le Canada rassemblent des jeunes atteints de diabète, des aidants familiaux, des cliniciens et des chercheurs pour concevoir ensemble un registre canadien du diabète chez les enfants. La page suivante contient des informations plus détaillées sur la façon dont cela fonctionnera !

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- **\$75 in gift cards as expression of appreciation**

Are you aged 16-24 and living with diabetes?

We would love to hear about your experiences living with diabetes

Diabetes care providers across Canada are bringing together youth living with diabetes, family caregivers, clinicians and researchers to co-design a Canadian childhood diabetes registry. The next page contains more detailed information about how this will work!

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Des cartes-cadeaux d'une valeur de 75 \$ en guise de remerciement

Avez-vous entre 16 et 24 ans et souffrez-vous de diabète?

Nous aimerions connaître votre expérience en tant que diabétique.

Les fournisseurs de soins du diabète à travers le Canada rassemblent des jeunes atteints de diabète, des aidants familiaux, des cliniciens et des chercheurs pour concevoir ensemble un registre canadien du diabète chez les enfants. La page suivante contient des informations plus détaillées sur la façon dont cela fonctionnera !



Family and Child Health
INITIATIVE

We're Looking For Participants!

Youth Living with Diabetes | Caregivers of Youth with Diabetes |
Diabetes Healthcare Professionals | Researchers

Invitation to join an online event to share
experiences and ideas on how to improve
childhood diabetes care in Canada

July 18th 12–2:30pm EST

Contact us at fchi@thp.ca



Family and Child Health
INITIATIVE

Nous sommes à la recherche de participants!

Jeunes atteints de diabète | Soignants des jeunes atteints de diabète |
Professionnels de la santé spécialisés dans le diabète | Chercheurs

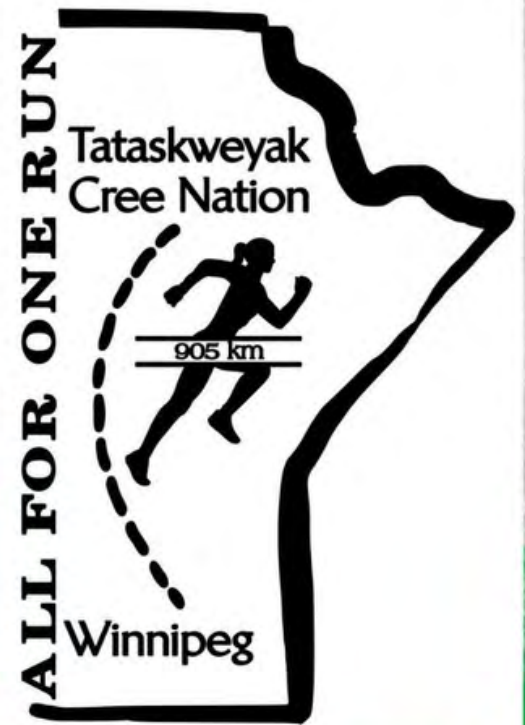
Invitation à participer à un événement en ligne
pour partager votre expérience et vos idées pour
améliorer la gestion du diabète chez les enfants
au Canada.

le 18 juillet de 12h à 14h30 HNE

Contactez-nous à fchi@thp.ca



ALL FOR ONE RUN



DIABETES AWARENESS WALK/RUN TATASKWEYAK CREE NATION TO WINNIPEG, MB

Start date: August 13, 2023 @ 9:00AM
Location: Tataskweyak Cree Nation School
905 kilometres - approximately 25 days

EMT donations:

bea-tam@hotmail.com

follow me:

Facebook: All For One Run

IG : [all_for_one_run](#)

Please contact for more info:

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