

Type 2 Diabetes and Indigenous Peoples

2018 Clinical Practice Guidelines Summary

Key Messages:

- Indigenous peoples living in Canada are one of the highest risk populations for diabetes & complications. Screening for diabetes should happen earlier and more regularly.
- Particular attention is needed for Indigenous women and girls of child bearing age. High hyperglycemia and maternal obesity put the baby at risk for obesity & diabetes.
- Focus on building therapeutic relationships with Indigenous persons with diabetes is important when screening, managing, and treating diabetes.
- Purposeful learning and continuous self-reflection is required by the health care worker to integrate Indigenous specific contexts within the clinical approach to diabetes management.

Key Messages about Diabetes for indigenous peoples and their communities

- If you are in a community with high rates of diabetes, see a health care

provider to learn about ways to be tested for and prevent diabetes.

- Learning about the complex medical, social, and cultural contributions of diabetes is key to prevention.
- Ask about community initiatives that promote healthy behaviors (community gardens, walking groups, fitness groups, school groups for children).
- If you are pregnant or planning to get pregnant, get screened for diabetes. Look for support groups for pregnant women and new moms.

More Information

It is important for health care workers to acknowledge that a connection to traditional world views and ways of life can be protective. In Canada, age standardized prevalence rates for diabetes are 17.2% among First Nations individuals living on reserve, 10.3% among First Nations individuals living off reserve, and 7.3% among Metis people, compared to 5.0% in the general population. The lifetime risk of developing diabetes for First Nations persons is also higher than the lifetime risk of non-First Nations people 8 in 10 compared to 5 in 10. With this in mind Indigenous individuals are also often diagnosed younger, have more severe conditions at the time of being diagnosed, and develop higher rates of complications. Women especially are at risk if at child bearing age, rapid type 2 diabetes

progression, pregnancy complications, and poorer health outcomes. There are many factors that contribute to whether a person develops diabetes however; the World Health Organization recognizes that colonization is the most significant social determinant of health affecting Indigenous Peoples worldwide. Undermining Indigenous cultures and values led to lasting and intergenerational effects on mental health, family relationships, and Indigenous ways of knowing and connecting to the land. Other factors that may contribute to higher rates of diabetes in Indigenous populations include environmental exposures to mercury, arsenic, PBC polychlorinated biphenyl, and chlorinated pesticides. Low levels of vitamin D and potential genetic vulnerability may also be relevant. Adverse childhood situations, stress, and poverty are also confounding variables involved.

Screening: should be done in collaboration with community leaders, Indigenous peoples, health care providers, and funding agencies to engage entire communities. It is important to incorporate local and cultural contexts, build trusting relationships, and improve diabetes knowledge to move forward in prevention efforts. Screenings for people not showing symptoms should be done every 6 – 12 months especially when living with risk factors.