

# Diabetes and Society

## *Building Solid Foundations: Responding to the Needs of Canada's Aboriginal Peoples*

"We must move forward," wrote Alan Patt, of the Diabetes Council of Canada, Ottawa, Ontario, Canada, in the last issue of *Canadian Journal of Diabetes* (1). This issue of the journal contains a number on papers on Aboriginal peoples, and I am happy to report that Health Canada's Aboriginal Diabetes Initiative (ADI) is moving forward now.

Type 2 diabetes was virtually unknown among Aboriginal people prior to 1940. It has since reached epidemic proportions among First Nations and Métis peoples, with a prevalence 3 to 5 times that of Canada's non-Aboriginal population (2).

In 1999, in response to these excessively high rates of diabetes, the federal government funded the ADI. It provided some communities with the resources to deliver diabetes care and treatment, and lifestyle support services that are community-based, culturally appropriate and accessible.

We have learned much in these first 6 years of ADI's existence. We have learned the importance of moving from awareness to action by creating environments with tools and supports to foster sustained, positive behaviour change. We have learned that traditional knowledge and practices can be effectively combined with Western practices. We've learned that mobile screening programs for complications are effective in increasing access to care and treatment services. We've learned the importance of building and strengthening the capacity within communities to deliver comprehensive, quality diabetes programs. However, it is disturbing to note that the trend towards diagnosis at earlier ages is expected to persist, given the high rates of obesity. Diabetes has been diagnosed in Aboriginal children as young as age 5 (2).

We also now have a better understanding of the fact that the healthy lifestyle practices required to reduce the burden of diabetes are difficult to achieve because of the socio-economic challenges faced by many Aboriginal people, i.e. inadequate housing, lack of affordable, nutritious food and a sense that they have no control over their lives.

As a result, we have discovered that we must take social determinants into consideration when designing our programs. Comprehensive and integrated actions are essential. This was recently confirmed by the World Health Organization in its recent report entitled *Preventing Chronic Diseases: A Vital Investment* (3).

An enhancement of ADI was announced in the 2005 federal budget, committing \$190 million over 5 years to improve the quality of life for Aboriginal people. As part of the planning process for an enhanced ADI, Health Canada conducted a number of workshops across the country involving

Aboriginal organizations, community members, lay workers, healthcare professionals, academics and representatives from provincial and territorial governments.

Discussions focused on prevention, screening, care, capacity building, current knowledge and promising practices. Feedback from these workshops will support the development of synergies among healthcare systems, combine resources and develop plans to reduce gaps in health service delivery. Research and surveillance workshops are being planned, providing an opportunity to develop a participatory research agenda and knowledge exchange, to support a high standard program to achieve real outcomes.

The enhanced ADI will accommodate:

- expanded prevention programs in First Nations and Inuit communities;
- community human resources trained to provide education and deliver prevention and health promotion programs;
- diagnostic and screening capabilities that are accessible in more communities; and
- strong linkages between provincial/territorial and federally supported healthcare programs.

Should we be optimistic? Absolutely. While the challenges are great, there is a spirit of collaborative commitment between governments and communities and between healthcare practitioners and the public. The enhanced ADI will support the development of multisectoral interventions and the mobilization of communities and partners to action. With so much engagement in the field of Aboriginal healthcare, and in particular, diabetes, it's difficult not to be optimistic!

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## REFERENCES

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