

Diabetes Action Canada Annual Workshop – GOAL GROUP INDIGENOUS PEOPLES HEALTH

THEME #1: Improving Patient Experience in Healthcare Systems

Indigenous Diabetes Atlas

Why do we need an updated Indigenous Diabetes Atlas? In 2000, a report was published in the Canadian Medical Association Journal, outlining the disparities in diabetes rates and outcomes between First Nations people and non-First Nations people in Canada. The report used data from the First Nations and Inuit Regional Health Survey, the Aboriginal Peoples Survey and data from Statistics Canada to estimate national disparities in diabetes rates. They also completed a brief review of studies published within specific regions identifying disparities in care.

The conclusion showed that diabetes among Indigenous peoples in Canada was an epidemic in the making, and supported calls for funding and programming to combat these disparities. This was a landmark moment for supporting efforts to reduce inequities in diabetes among Indigenous peoples in Canada, however several gaps exist in the report and the landscape has changed enormously since 2000.

What do we need to learn about diabetes among Indigenous peoples in Canada? With advances in databases, technologies and the importance of participatory approaches, several key gaps need to be addressed for an updated atlas of diabetes and its related complications among Indigenous people in Canada. The initial report relied on relatively small samples, did not include input from key Indigenous stakeholders, nor examine the question of disparities through a socio-ecological lens.

Why do we need an updated Indigenous Diabetes Atlas now? Over the past 20 years, the new infrastructure in Canadian provinces have bettered the capacity to study the health of entire populations, and are able to link population-based databases to Indigenous identifiers facilitating comparisons between Indigenous and non-Indigenous Canadians. Additionally, significantly more data are available through the First Nations Information Governance Council, Metis Health Repositories and Inuit Health than ever before.

Why the DAC Indigenous Goal Group should coordinate this effort. The Indigenous Goal Group is dedicated to improving the lives of Indigenous people living with diabetes and their caregivers. The Goal Group consists of a 12-person Patient Circle with representation from Aninishinaabe, Nēhiyawēwin, Innu, Inuit, Coast Salish and Oji-Cree nations, Indigenous scientists and health care providers as well as Indigenous community-based organizations that provide diabetes care and education services.

We are guided by a vision that emerged from a collective PATH exercise completed with Patient Partners in 2016. Priorities from our Patient Circle include a focus on culture for wellness to build a national community tackling disparities in susceptibility to diabetes and supporting holistic models of care.

Working with our patient circle and partner organizations a systematic scan to identify programs or interventions that are effectively preventing or managing diabetes among Indigenous peoples could provide a path forward for future initiatives to support equity.



WORKSHOP THEME #1 – Improving Patient Experience in Healthcare Systems

Questions:

1. How do patient partners and stakeholders want to be engaged in future efforts of creating the Indigenous Diabetes Atlas and other Goal Group projects? What is the best method for collecting feedback?
2. How can the Goal Group address direct challenge patients face in the healthcare system? How can we best communicate the information to practitioners and administrators?
3. What do you think are the biggest challenges? How does the Goal Group best address these?
4. Are Diabetes Action Canada's Goal Groups addressing a direct challenge encountered by patients in the current healthcare system?
5. How can the Goal Group co-Leads better use the Patient Circles as a resource for deciding the future direction of the projects?
6. How can the Goal Group communicate back the results to patient partners and communities in a meaningful way?

WORKSHOP THEME #2 – Rippling out Successful Community-Based Programs

Questions:

1. How do you see the Diabetes Atlas and other Goal Group projects making an impact on Indigenous and non-Indigenous Canadian populations?
2. How can the Goal Group direct outcomes found towards supporting for community-based organizations?
3. How can the Goal Group engage and implement outcomes in different regions and population in Canada?

WORKSHOP THEME #3 – Solutions to Improve Disease Self-Management

Questions:

1. How does our Goal Group raise awareness of the diabetes disparity and the reasons?
2. How can the Goal Group engage Diabetes Educators and Primary Care Practitioner in the direct delivery of care?
3. What role can patients play in communicating Goal Group outcomes to a broader audience?
4. How do we include patient-reported outcome measures and experience measures in our work? In what way and how frequently should we collect this data?

WORKSHOP THEME #4 – Strategic Partnership for Sustainability

Questions:

1. How can Patient Partners help to facilitate partnerships with communities, organizations and agencies?
2. Getting the right information to the right people can be a challenge, what does the Goal Group need to consider to enable successful partnerships?
3. Has our Goal Group explored all the appropriate levels of partnership? If not, what other strategic partnerships should be considered?