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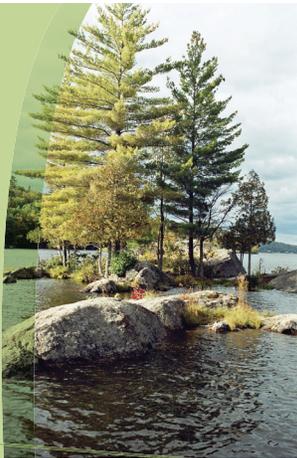
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Communities in Action

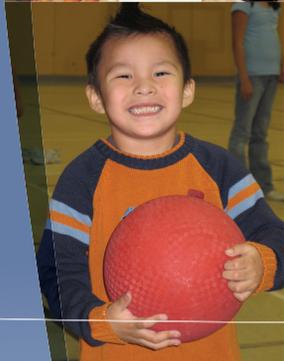
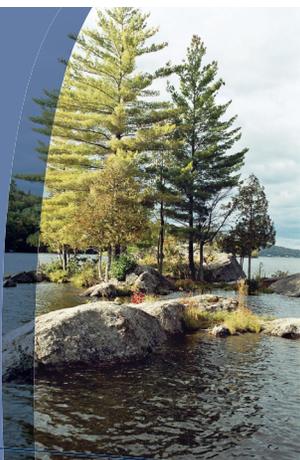
ABORIGINAL DIABETES INITIATIVE



Canada

Communities in Action

ABORIGINAL DIABETES INITIATIVE



Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.

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Communities in Action is based on a 2008 Health Canada study undertaken by Barbara L. Paterson, RN, PhD; Professor, Tier 1 Canada Research Chair in Chronic Illness, and Director, University of New Brunswick Chronic Illness Research Institute.

Health Canada wishes to thank the communities that participated in this study. Their contributions are greatly appreciated.

First Nations and Inuit across Canada are working to prevent or delay the onset of type 2 diabetes among people in their communities. They are also working to help people living with complications of the disease.

Each community is unique. We can learn from the knowledge and insights gained through this important work, including the activities outlined in this report.

This shared learning will enable us to see how First Nations and Inuit communities have used the Aboriginal Diabetes Initiative (ADI) to make their communities healthier.

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ABORIGINAL PEOPLE AND DIABETES

Aboriginal people are three to four times more likely to get the most common kind of diabetes – type 2 – than other Canadians. Type 2 diabetes occurs when the body has trouble using the insulin it makes. Insulin is important because it helps convert food into energy, but when the body doesn't use insulin properly, rising blood sugar levels can lead to serious complications such as kidney damage, heart disease, poor circulation, and blindness.

Almost 20% of First Nations people living on-reserve have type 2 diabetes, with the figure at about 4% among Inuit. Type 2 diabetes was originally called adult onset diabetes, but it has been diagnosed in Aboriginal children as young as five years of age. Diabetes has become widespread in Aboriginal communities. Before the 1940s, it was almost unknown.

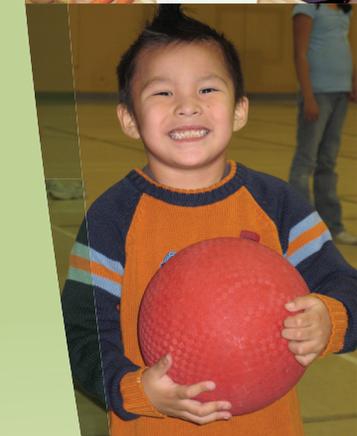
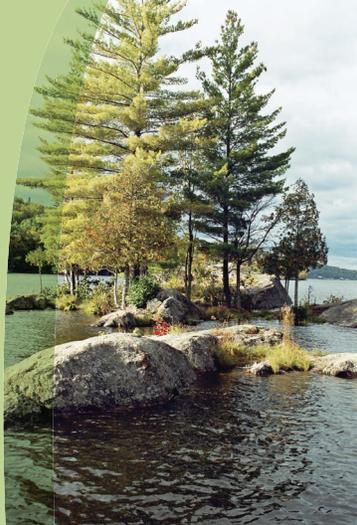
A number of factors have contributed to the higher rates of type 2 diabetes in Aboriginal people. For example, traditional food is often replaced with higher calorie, less healthy foods. Changes in diet, along with decreased physical activity, and other factors, contribute to higher rates of overweight and obesity which leads to increased rates of type 2 diabetes.

Since 1999, the Aboriginal Diabetes Initiative (ADI) within Health Canada's First Nations and Inuit Health Branch has provided funding to Aboriginal communities to address the increase of type 2 diabetes.

The main objective of ADI is to reduce the incidence of type 2 diabetes through a range of health promotion, prevention, screening and treatment services, delivered by trained health service providers and community diabetes prevention workers.

ADI reaches more than 600 Aboriginal communities across Canada. The initiative provides health promotion and disease prevention activities, screening services in some areas, and training and education programs.

- In First Nations communities, the rate of diabetes is nearly four times higher than in the general Canadian population.
- Rates of diabetes among Inuit are expected to rise significantly in the future given that risk factors such as obesity, physical inactivity, and unhealthy eating patterns are high.



COMMUNITIES IN ACTION

First Nations and Inuit communities have used many different and creative ways to promote healthy lifestyles and reduce the incidence of type 2 diabetes using funding provided through the Aboriginal Diabetes Initiative (ADI).

Under the ADI, a study was done to see what was working best – and most importantly, what people in communities thought about what works and why.

A team of researchers and ADI staff selected nine First Nations and Inuit communities to look at their ADI projects, based on how the community approached diabetes prevention through cultural traditions and customs, community partnerships and engagement, program evaluations already in place, and the likelihood of ongoing community support.

Researchers visited the communities and interviewed community health staff and participants in diabetes prevention projects. The researchers found that activities varied from community to community since an essential requirement for success was meeting local needs. In keeping with ADI specifications, projects were tailored to the unique circumstances and people found in different communities.

In this report, you will learn about these communities and the insights they gained in putting the ADI into action. You will see a wide range of activities that show how ADI worked. You will also see the common elements that emerged – the keys to success.

The experiences and insights gained by these nine communities are now being offered through this report to other First Nations and Inuit who are seeking to make a difference in reducing the incidence of diabetes and improving health in their communities.

THE COMMUNITIES, AND WHAT THEY LEARNED

Each of the nine First Nations and Inuit communities selected for this in-depth study have demonstrated a strong desire to reduce the incidence of diabetes in the area where they live – communities located across Canada from British Columbia to New Brunswick and from southern Ontario to Nunavut. Varying greatly in size from small hamlets to large communities and from rural, isolated locations to those near urban centres, each community has also demonstrated how using ADI funding effectively will result in important and innovative steps towards this goal.

Let's learn about the communities and listen to some of the insights they have gained through putting the ADI into action.

BARREN LANDS FIRST NATION, MANITOBA

Barren Lands First Nation is located in Brochet, Manitoba, on the northern shore of Reindeer Lake. The community is 928 km north of Winnipeg and 19 km east of the Saskatchewan border.

Approximately 500 Cree and Dene live on the reserve, with about the same number of people living off-reserve or on Crown land.

The influence of children and Elders in changing the community's diet and exercise habits is powerful.

Build in time to have fun and socialize when you present new information or engage people in an activity.

Diabetes prevention is a community responsibility – not just that of health care workers.

Partner with others in the community – especially those with influence – to convey the message that healthy eating and physical activity are a necessity.

Take advantage of what community members enjoy and know. Incorporate these things into your diabetes prevention program.

BLOOD TRIBE FIRST NATION, ALBERTA

The Blood Tribe (Kainai) are members of the Blackfoot Confederacy.

There are some 10 000 Blood Tribe members living both on and off the 1400 km² reserve located southwest of Lethbridge, Alberta.

The Blood Tribe administrative centre is located in the village of Standoff, where the health department is also situated. Other communities are: Moses Lake, Lavern, Old Agency, Fish Creek, Fort Whoop-Up, and Bullhorn.

Many innovative strategies have emerged from partnerships between community and external stakeholders that share similar concerns.

Many successful strategies are inexpensive if there are sufficient human resources available and a commitment to the cause.

Create opportunities for activities that give people a sense of pride without constantly reminding them of their health problems.

Progress can be attributed to the active involvement and support of Elders.

CLYDE RIVER, NUNAVUT

This Nunavut hamlet on the northeast coast of Baffin Island is home to some 1000 people (98 per cent Inuit).

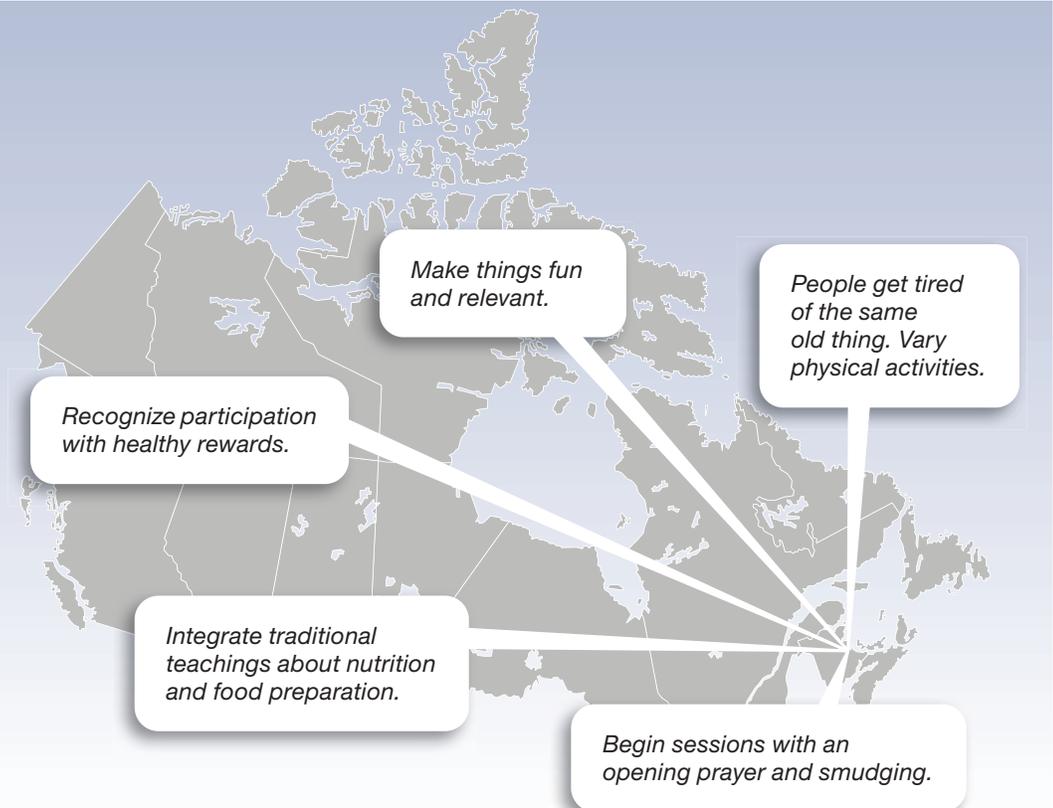
The traditions of Inuit culture are practised daily by Clyde river residents. This includes working with skins, hunting polar bear, fishing for arctic char, seal hunting and dog teaming.



ELSIPOGTOG FIRST NATION, NEW BRUNSWICK

Elsipogtog First Nation, with a population of 2800, is located on a cove of the Richibucto River. It is the second largest Mi'kmaq community in Atlantic Canada.

Elsipogtog is known for its health initiatives, including its community-based health care plan and its Health and Wellness Centre.



HAISLA NATION – KITAMAAT VILLAGE, BRITISH COLUMBIA

Home to 740 Haisla living on-reserve, Kitamaat Village is located at the head of the Douglas Channel, a 90-km fjord that serves as a saltwater corridor linking the community and nearby Kitimat, British Columbia with the Pacific Ocean.

The Haisla name for Kitamaat Village is Tsee-Motsa which means Snag Beach.

You need a leader who can withstand criticism and will support you.

Go with the flow. Community members will tell you when – and if – you should carry out certain programs.

You need to make personal contact to get people out. Posters aren't enough.

They will come if there is food. Advertise that you are serving traditional food, and they will come to hear about diabetes.

Relationships are important. Community members have to know you truly care about them.

KAHNAWAKE MOHAWK TERRITORY, QUEBEC

Kahnawake Mohawk Territory was founded in 1680 and established at its present location in 1716. It is a Kanien'kehaka (Mohawk) community and one of the eight communities that make up the Mohawk Nation. Kahnawake Mohawk Territory is situated along the St. Lawrence River, south of Montreal, Quebec. It has a population of 8000.

Media blitzes with consistent messages tailored to the target audience are remarkably successful.

You have to go beyond healthy nutrition and exercise. All aspects of a person's health must be considered.

The impact of programs is improved dramatically with trust and support for Indigenous knowledge.

A strong outreach component is essential. Programs that simply wait for clients to come are not as effective.

NUNATSIAVUT, NEWFOUNDLAND AND LABRADOR

Almost 7000 Labrador Inuit live in Nunatsiavut, which was designated in 2005 under the land settlement agreement.

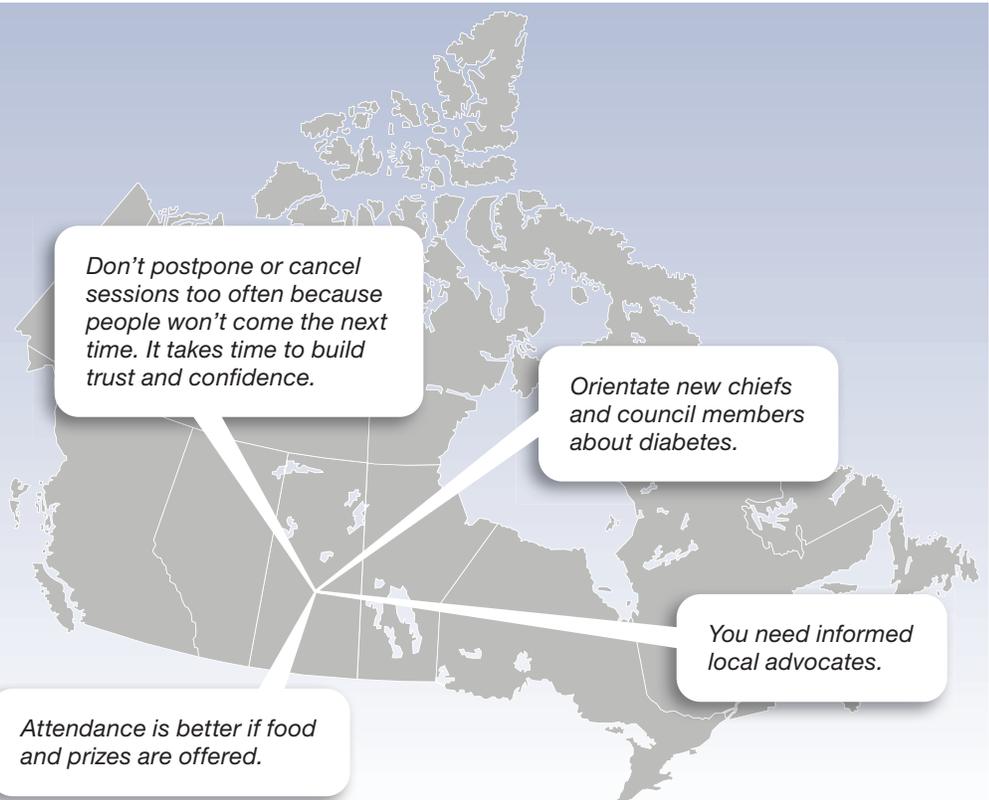
The Nunatsiavut government's central offices are located in Nain. Other communities in the 72 000 km² area are Hopedale, Rigolet, Makkovik and Postville. Nunatsiavut's health department is located in Happy Valley–Goose Bay.



PRINCE ALBERT GRAND COUNCIL, SASKATCHEWAN

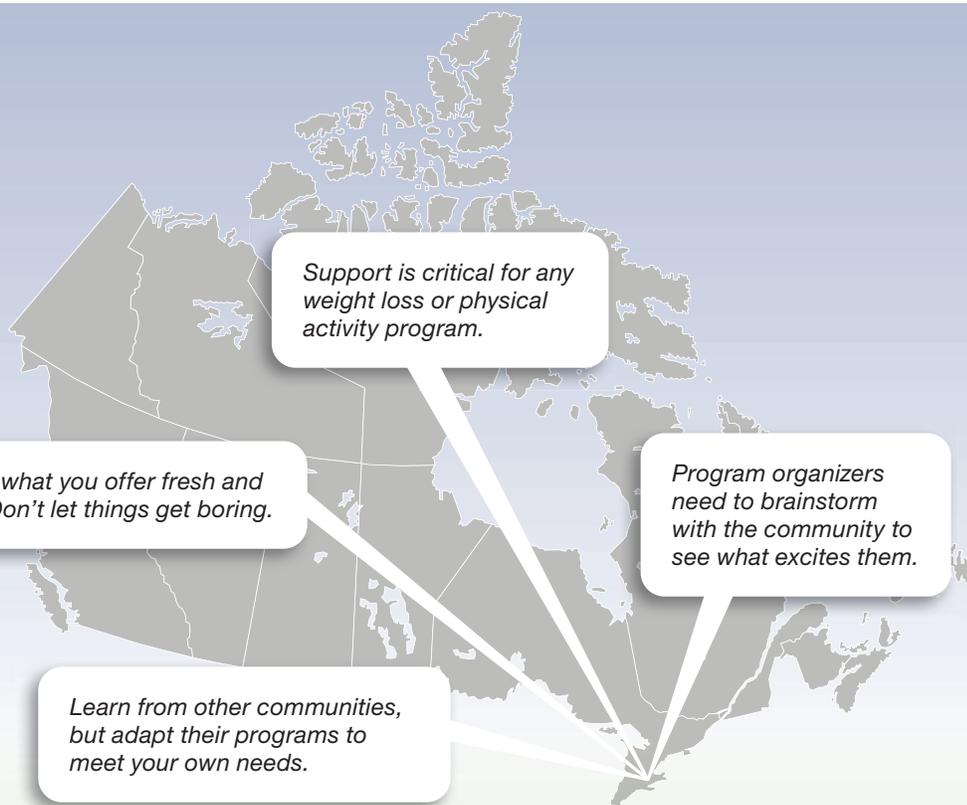
Prince Albert Grand Council (PAGC) is a tribal council that represents 12 First Nations in central and northern Saskatchewan.

Through the PAGC Department of Health and Social Development, ADI-funded services have been provided to eight First Nations communities: Wahpeton Dakota Nation, James Smith Cree Nation, Montreal Lake Cree Nation, Cumberland House Cree Nation, Shoal Lake Cree Nation, Red Earth Cree Nation, Hatchet Lake Denesuline Nation, and Little Red (of the Lac La Ronge Indian Band).



SIX NATIONS OF THE GRAND RIVER, ONTARIO

Six Nations of the Grand River is the most populous First Nation in Canada. The 180 km² area is located near Brantford, Ontario. More than 22 000 people (half on the reserve) live here. The six nations are: Mohawk, Oneida, Seneca, Onondaga, Cayuga, and Tuscarora.



COMMON ELEMENTS

While the activities in the selected communities varied, it was clear that there were common elements that underlined their success.

KEYS TO SUCCESS

- EFFECTIVE LEADERSHIP
- COMMUNITY SUPPORT AND BUY-IN
- INVOLVEMENT OF ELDERS AND YOUTH
- INTEGRATING THE TRADITIONAL AND NEW
- TEACHING IN FUN AND RELEVANT WAYS
- COLLABORATION AND PARTNERSHIP

PUTTING THE ABORIGINAL DIABETES INITIATIVE INTO ACTION

In communities all across Canada, First Nations and Inuit have made the Aboriginal Diabetes Initiative work effectively. As we describe some of these activities, you will see how they demonstrate the six keys to success.

EFFECTIVE LEADERSHIP

- In each of the communities, there was at least one leader who made a difference – someone with a vision about how diabetes could be prevented.
- Leaders often had to persevere to make their vision come to life. In the beginning, they might have been the only ones who believed their vision was a good idea. But they persisted and were able to gain community support.
- Effective leaders, the ones who changed their communities, stood out from the crowd. Everyone knew who they were and could observe them playing a strong consistent role in diabetes prevention. These leaders also acted as role models, by eating healthy foods and keeping physically active.
- Some of the people showing leadership are health workers, and while some aren't members of the community, they acted and cared as though they were.
- In other situations, the leader might be an Elder in the community. This was the case in **Elsipogtog First Nation**, New Brunswick. An Elder, who was a graduate of the Yellowquill College Community Diabetes Prevention Worker training program, recognized how to involve the family in diabetes teaching so that learning about diabetes was truly a “family affair.”
- In the **Blood Tribe First Nation**, Alberta, a community health promoter read about a running shoe developed for Aboriginal people. He contacted the company to see if they could make a product for people with diabetes. And they did!

COMMUNITY SUPPORT AND BUY-IN

Diabetes prevention was supported first by community leaders and then the communities at large. Throughout the communities, there was one consistent message: *the community has to own the project.*

This sense of community participation and support can be seen in **Kahnawake Mohawk Territory**, Quebec, with the Kahnawake Schools Diabetes Prevention Project (KSDPP). The variety of activities conducted through KSDPP shows that there is cooperation and support from a variety of sectors. In addition to promoting healthy eating in schools, the project has developed a community walking path in collaboration with other local organizations. Community activities are often school-focused, such as



occasions where parents are invited to eat with their children at school. Other examples include traditional cooking workshops for young mothers, and organized walks.

In **Elsipogtog First Nation**, New Brunswick, a fitness centre was re-opened with ADI funding. As of April 2008, 293 individuals joined the fitness centre. The staff of the Health and Wellness Centre presented results of an evaluation to the Chief and Council. Chief and Council were so pleased with the use of the centre that they committed to sustaining it as a community initiative. A community member even donated services to repair the Health Centre's rutted and damaged driveway.

In **Kitamaat Village**, British Columbia, the success of the diabetes program is due, in part, to being responsive to community interests. Realizing the extreme popularity of basketball in northern British Columbia, a free two-day basketball tournament was organized in Kitamaat Village. It was planned to offer only healthy food choices at the recreation centre canteen. Therefore, funds were received from Diabetes and My Nation and other sources to pay the team the \$2,000 it would normally have made from canteen sales. A measure of flexibility was also required to keep the french fries the community loves to eat at basketball games. The canteen agreed to add healthier options to the menu and those who made the healthy choice had a chance to win prizes. In addition, the First Nations radio station broadcasting the tournament provided on-air diabetes information during breaks in the games.

INVOLVEMENT OF ELDERS AND YOUTH

Both Elders and youth were found to play important roles in diabetes prevention.

The Elders often have a powerful influence in changing community behaviour. Young people can also have a positive effect as role models for First Nations and Inuit youth, and they can influence their parents too.

In **Kitamaat Village**, British Columbia, you can see young people learning from older people – as well as the other way around. For example, a diabetes circle for school children was led by Elders with diabetes because the organizers knew that the children would listen to the Elders since that was something they had been taught to do by their parents.

There are also examples of young people having influenced their parents. This is evident in a trip to the grocery store made by a mother and her son. Having learned about the nutritional value of broccoli at the school, he asked his mother to buy the vegetable. When she said she didn't know how to cook it, her son explained that while it could be cooked, it was also good eaten raw. Broccoli was added to the family menu.

Barren Lands First Nation, Manitoba has a walking program for kids and another for Elders. Supervised walks have been organized for the children from the community to the airport (about half a kilometre away). Shorter walks within the community provide an opportunity for exercise and socializing for the Elders.

At a recent Youth Symposium held in **Nunatsiavut**, Newfoundland and Labrador, the youth council chose diabetes as one of the topics for the yearly event. Two Elders from each community also attended. The day-long session included a variety of teaching methods, such as games that illustrated insulin resistance and skits to show what they had learned about preventing diabetes.

After the session one young participant said: “The Elders were really a good bunch. They participated with us and they were fun. They got so excited when they told us about the things they remembered from the old days, like the caribou hunt. They told us things about how things used to be – like how they used to eat – and I learned a lot from them.”

INTEGRATING THE TRADITIONAL AND THE NEW

All the selected communities drew upon their cultural traditions in the design and delivery of diabetes prevention programs and projects. At the same time, they also incorporated new activities that appeal to youth.

This can be seen in the Inuit community of **Clyde River**, Nunavut, where activities include youth-oriented initiatives, as well as traditional hunting and fishing practices.

For example, Hunters often take community people out on hunting trips. While some store-bought food is taken on these trips as backup, the food for dinner is expected to be obtained on the land. When these groups return, they share their food with the community by putting it out in front of people’s houses and issuing an invitation over the local radio station.

For the youth, the Clyde River Sea Slugs Hip Hop Group incorporates aspects of Inuit culture into its dancing, with most dances designed to tell a traditional story. Last year, about 60 local youths participated in the group. Practices are held three times a week, with healthy snacks served at the break.

In **Kahnawake Mohawk Territory**, Quebec, the Making Adult Decisions (MAD) program promotes a healthy lifestyle and diabetes prevention by introducing young people to traditional Mohawk ways. MAD uses medicine walks as one means to give youth some hands-on learning opportunities. The program also introduces them to traditional foods through cooking workshops designed to teach healthy eating. MAD builds on the cornerstones of ADI, and uses a holistic framework for health promotion and diabetes prevention.



In **Kitimaat Village**, British Columbia, the old and young got together for a successful event when Elders took young people out on a fishing trip. The youth who were out of touch with traditional ways, including fishing, learned much that day about healthy eating from these Elders. The Elders discussed their history and traditional ways of fishing. The youth caught and gutted the fish. Then they were taught how to cook the fish, which was later served to their families. The community is now looking to make this a regular event – and planning to build a smoke house so the young people will know how to smoke fish in the traditional way.

In **Barren Lands First Nation**, Manitoba, berry picking is a popular traditional activity. The community diabetes prevention worker rents a boat to transport people of all ages to favourite berry picking spots along the shores of the surrounding lake. She also provides a healthy lunch. This is a popular community activity since it combines physical exercise with socializing. The diabetes prevention worker includes discussions about the nutritional value of berries in talks she gives to pregnant women.

In **Six Nations of the Grand River**, Ontario, traditional dancing has been introduced into the diabetes prevention program – with a twist! Traditional dancers teach young people how to dance the Smoke Dance – and, in turn, the youth taught the dancers how to move to a dancing program on a video game console.

TEACHING IN FUN AND RELEVANT WAYS

Everyone agrees – diabetes prevention programs work best if they are fun and relevant to people’s everyday lives.

An example of how community workers try to make children’s activities both fun and innovative can be seen in **Six Nations of the Grand River**, Ontario. The community workers have the children put rubber chickens in a parachute. The children pull the edges out taut and, flipping the parachute up and down, try to make the chickens fly. The children also play another game where the chickens get passed from child to child in a relay race.

In **Rigolet**, Newfoundland and Labrador, family square dancing nights are held on Fridays, with adult sessions on Saturday nights. Square dancing is an activity that is fun for the whole family. A Rigolet resident, who wore a pedometer on one occasion, was amazed at the number of steps she took while dancing.

The **Prince Albert Grand Council**, Saskatchewan, is working with an Aboriginal theatre group in Saskatoon to develop a humorous video with a message on living with diabetes. Using First Nations actors, it will target adults and their families, and will also be used with high school audiences. The video is intended to be a springboard for discussions about diabetes.

In **Barren Lands First Nation**, Manitoba, diabetes cooking classes are not only a way of learning about good nutrition, but a way to have fun. The social aspects of the classes are important to the women and men taking part. For example, while the food was cooking, participants would engage in activities such as nutrition bingo.

In **Elsipogtog First Nation**, New Brunswick, Family Fun Nights are an effective way to get people to think about diabetes without feeling judged or pressured. The slogan for these sessions is “Olatin-Oleasin-NaOleeteseg” (Eat Well – Be Well – Live Well). About 40 family members usually take part in these gatherings that not only include diabetes presentations, but also supporting games and healthy snacks.

COLLABORATION AND PARTNERSHIP

An essential key to success in communities addressing diabetes was the sense of commitment to the cause. A commitment to collaboration and partnership – both within the community and outside – was found to be very important.

An example of this can be seen in the **Blood Tribe First Nation**, Alberta, where a Healthy Lifestyle Committee is responsible for planning and implementing diabetes prevention initiatives. The Committee uses an approach that requires the mobilization and coordination of community resources and personnel. This approach has resulted in programs and agencies that share common goals to work together. Partnership between the health promotion team and the school staff has led to changes in the lunch menu for all community schools. School lunch menus are revised monthly, and menu items that were high in saturated fats and empty calories have been replaced with healthier foods.

The **Prince Albert Grand Council**, Saskatchewan, believes in the value of external collaboration. The council involves hospitals and health authorities outside the local communities in a partnership that has resulted in improved procedures for documenting gestational diabetes. These procedures ensure continuity and consistency in the care of community members.

In **Kitimaat Village**, British Columbia, community leaders have been successful in getting partners who can help them with diabetes prevention and care. This includes the provincial government’s Northern Health Authority which works with the community to provide resources, share in planning and support new initiatives. This partnership has also improved referral services and communications with health care practitioners.

CONCLUSION

The examples we have shared in this report give a good idea of successful diabetes projects in First Nations and Inuit communities. These are only the highlights – many more innovative projects and activities are happening in communities across the country.

These examples show what has been done with the help of the Aboriginal Diabetes Initiative and what other communities can do.

Sharing this knowledge will help other Aboriginal communities across Canada use these insights to move forward with diabetes prevention and care.

There is one more point to keep firmly in mind: ***know your community***.

All the projects and activities described in this report reflect unique communities. These activities were successful, in large part, because they were adapted to fit each community's culture, interests, and needs.

We'd like to offer our thanks to all the communities featured in this report, for sharing a small part of their story.

First Nations and Inuit communities have shown just what can be done to reduce the incidence of diabetes.

With the help of the Aboriginal Diabetes Initiative, health workers, leaders and community members made a real difference – promoting healthy living and changing environments for the better!



