

Prevention of Type 2 Diabetes in Aboriginal Women

An Action Plan

June 2008

Table of Contents

Preamble 3

Introduction 3

Key Elements of the Action Plan 4

 A. Prevention 4

 B. Partnerships 4

 C. Cultural Approach 4

 Diagram 1 - Model for the Prevention and Control of Diabetes Type 2 5

Action Plan for the Prevention of Diabetes Type 2 in Aboriginal Women 6

 Goals 6

 Strategies 6

Conclusion 8

Appendix A – Model to Raise Awareness and Knowledge of Diabetes Type 2 Prevention in Aboriginal Women 9

Preamble

First Nations, Inuit and Métis women are at high risk for developing diabetes Type 2 and gestational diabetes.¹ Aboriginal children are also at high risk for developing diabetes Type 2. Indeed, some may have diabetes without even knowing it.

Diabetes is a disease that can damage the heart, kidneys, and feet. As such, it is important to take certain measures such as having blood glucose, lipids, and blood pressure checked at regular times for the early detection of disease and, or complications.

Diabetes can be prevented; it can also be discovered early and managed effectively. In addition to being at high risk for developing diabetes, Aboriginal women face both cultural and socioeconomic barriers in accessing adequate health services. These factors complicate the unique challenges of diabetes prevention among this sector of the population. Hence a proactive, culturally relevant Action Plan is needed that identifies practices to effectively prevent Type 2 diabetes in First Nations, Inuit and Métis women.

Introduction

The Native Women's Association of Canada (NWAC) has the mandate to develop and implement a diabetes prevention plan of action as an aggregate of thirteen Native women's organizations across Canada. Founded on the collective goal to enhance, promote, and foster the social, economic, cultural, and political well-being of Aboriginal women within both Aboriginal and Canadian societies, NWAC is committed to advancing Aboriginal women's health through education and awareness.

The *intent* of this Action Plan is to provide NWAC with strategies designed to reach Aboriginal women who may or may not have access to Internet technology and inform them of measures and best practices to undertake in the prevention of diabetes Type 2. This includes women who live on-reserve, in rural areas, and in cities.

The term "Aboriginal" is intended to be inclusive, and is respectful of the distinct cultures that exist among Aboriginal groups, specifically First Nations, Métis and Inuit.

¹ Key message obtained from: International Diabetes Federation. (2003). Global strategic plan to raise awareness of diabetes. Retrieved May 28, 2008 from <http://www.idf.org/webdata/docs/Awarenessdoc.pdf>

Key Elements of the Action Plan

There are three key elements to the Action Plan: Prevention, Partnerships and Cultural Approach

A. Prevention

The Action Plan is prevention-oriented: Primary prevention is designed to limit the number of people who develop diabetes by including, but not limited to, the promotion of healthy lifestyles, improving nutritional status and physical fitness.²

Health promotion and reducing risk factors related to diabetes can be achieved through individual and community-wide efforts. NWAC's extensive network of women and women's groups can facilitate better access by Aboriginal women to information about diabetes and its prevention. Aboriginal women play a primary role in maintaining the health and wellbeing of family and community; they are the life givers, main care givers, educators and communicators within communities. Aboriginal women have significant influence as role models.

B. Partnerships

The development of partnerships with all stakeholders at all levels is a critical component of making the Plan successful. Prevention and control of diabetes Type 2 requires collaborative efforts by community, government and non-governmental organizations alike. NWAC, a national organization with regional and local affiliates can play a key role in aligning efforts.

C. Cultural Approach

NWAC has incorporated a wholistic approach in this Action Plan that reflects a traditional approach to health and wellness.

i. The NWAC Wholistic Approach

The Action Plan embraces a wholistic approach for the prevention of diabetes Type 2 as is indicated in Diagram 1). Aboriginal women with and without diabetes are the focus of the Plan of Action and are presented at the centre of the circle. Four aspects of wholism and health are included: the physical, emotional/mental, environmental, and spiritual.

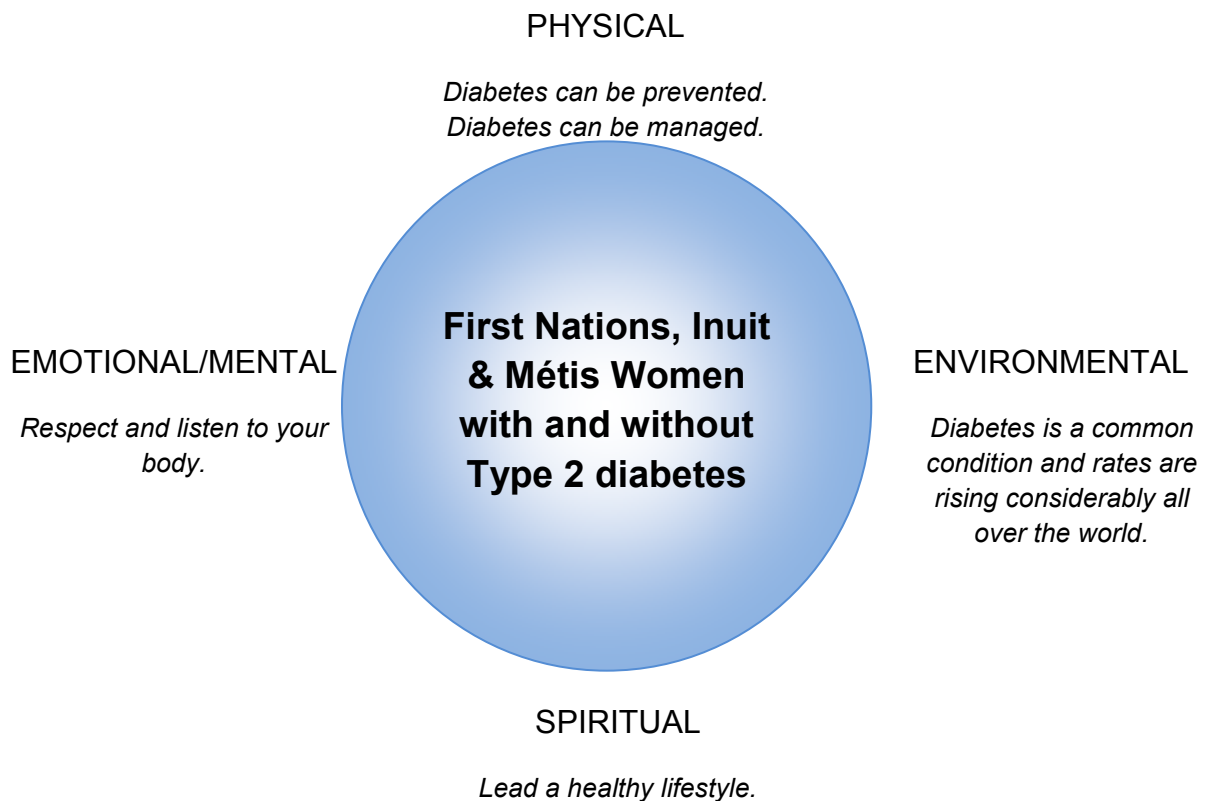
² This concept was obtained from the document, Population health promotion practice in the primary prevention of type 2 diabetes which was prepared for the Population Health Promotion: From Issues to Action "Getting Started" Echo Valley Centre, Fort Qu'Appelle, Saskatchewan, Fall 1999. Retrieved May 29, 2008 from <http://www.health.gov.sk.ca/type-2-diabetes-prevention>

The Model contains key messages and action items that correspond to each of the four quadrants (see Appendix A). The messages are intended to guide women with or without diabetes toward actions to prevent or control diabetes.

ii. Using the NWAC Model for the Prevention and Control of Diabetes Type 2

The Model is a teaching and/or learning tool. Individuals, groups, communities or organizations can use it to learn about Type 2 diabetes prevention. For example, in the Physical realm, a key message states that diabetes can be managed effectively, pointing to specific actions to assist Aboriginal women in managing the effects of the disease. Similarly, a key message for women without diabetes in the Emotional/Mental realm is “*respect and listen to your body. Diabetes can be discovered early and managed effectively.*” Specific actions follow that are intended to inform the reader of methods of the early detection.

Diagram 1 - Model for the Prevention and Control of Diabetes Type 2



Action Plan for the Prevention of Diabetes Type 2 in Aboriginal Women

Goals

1. Increase awareness and knowledge among Aboriginal women in Canada about diabetes Type 2, the risk factors and complications associated with the disease, and specific lifestyle changes that can prevent the onset of the disease.
2. Create more awareness and knowledge of ways to prevent complications early among Aboriginal women who have diabetes.

Strategies

1. Develop a declaration of the organization's continued commitment to assisting First Nations, Inuit and Métis women in Canada in the prevention of Type 2 diabetes and gestational diabetes.
 - i. Create this statement with the understanding that two forms of prevention are included. **Primary prevention**³ identifies and protects First Nations, Inuit and Métis women who are a high risk population from developing diabetes. **Secondary prevention** involves the early detection and prevention of complications, thereby reducing the need for treatment.
 - ii. Continue to relate this commitment through the promotion of healthy lifestyles and the provision of relevant information that will assist in the prevention of diabetes in a culturally relevant and gender sensitive manner. Present and promote the *Model*, as detailed in [Appendix A](#).
 - iii. Emphasize the strength of Aboriginal women's roles in communities.
 - iv. Facilitate the prevention of diabetes in the workplace by promoting healthy food options at meetings and conferences.
 - v. Circulate this declaration to constituents and post on the NWAC website.
2. Develop a network of partnerships with non-government and government organizations at the community, provincial and national levels to collaboratively approach the prevention of diabetes among First Nations, Inuit and Métis women. The nature of the partnerships will vary depending on the following activities:

³ These definitions and further explanations about these two aspects to prevention can be obtained from the International Diabetes Federation website on Prevention at <http://www.idf.org/home/index.cfm?node=20>

- i. Identify best and promising practices regionally that reflect the needs of Aboriginal women on-reserve, and in rural and urban settings. Distribute this information while considering the following:
 - a. Healthy Living Activities for grades 4 to 6 - An activities book for children developed by MACH Diabetes Prevention Project for Children in partnership with the National Aboriginal Diabetes Association and the Diabetes Medicine Bag.⁴
 - b. Diabetes prevention developed by Tungasuvvingat Inuit.⁵
- ii. Conduct information sharing and healing sessions each year over the next three years to bring together 'grassroots' women living on-reserve, and in rural and urban settings. The design of some of these sessions will compensate for those who might otherwise not have been able to attend due to lack of resources and, or level of comfort in attending a larger gathering.
- iii. Develop and distribute a set of teaching tools that could include a DVD/video for use by Aboriginal women in making their children aware of the risks associated with diabetes specific to Aboriginal populations, and tips on how to prevent it.
- iv. Develop and distribute a set of diabetes prevention tools specifically for women who live in poverty and who face a myriad of challenges and barriers specifically due to their socio economic status.
- v. Identify and distribute information about best and promising practices that health educators and health care providers can use to promote the prevention of diabetes among Aboriginal women and their children. If it is determined that there are gaps in this area, a reference and series of fact sheets will be developed for the NWAC website identifying culturally appropriate information and linkages for future, new, and current non-Aboriginal health care providers. It is acknowledged that risk factors related to diabetes are magnified for Aboriginal populations and those in the position to provide health care services should be made aware of this and related

⁴ Obtain more information at <http://www.nada.ca/docs/8/203.pdf>

⁵ Obtain more information at www.inuitdiabetes.ca

3. Create a database of organizations website linkages to assist Aboriginal women and health care providers including community health representatives, doctors, nurses, dieticians in the prevention of gestational and Type 1 diabetes. Include in these linkages First Nations, Inuit and Métis best and promising practices for use throughout the life cycle. Promote the use of these linkages by stating how these different websites can assist First Nations, Inuit and Métis women who live on-reserve, in the country or city. To begin, include the following in these linkages:
 - National Aboriginal Diabetes Association
 - Tungasuvvingat Inuit
 - Canadian Diabetes Association
 - Health Canada
 - International Diabetes Federation

Conclusion

The intent of Action Plan and its key elements - prevention, partnership development and cultural approach - is primarily to address some of the unique challenges faced by Aboriginal women related to diabetes Type 2 through targeted promotion and awareness raising activities. The implementation of the Plan will reaffirm NWAC's commitment to the prevention of diabetes Type 2 in Aboriginal women.

The NWAC's wholistic approach for the prevention of diabetes Type 2 includes a teaching / learning tool, and a Model to Raise Awareness and Knowledge in the Prevention of Diabetes.

Appendix A – Model to Raise Awareness and Knowledge of Diabetes Type 2 Prevention in Aboriginal Women

The intent of the Model is to wholistically and strategically guide:

- A. First Nations, Inuit and Métis women in the prevention and early detection of diabetes;
- B. First Nations, Inuit and Métis women *who have diabetes* to prevent further complications as result of having diabetes.

The messages found under each of the quadrants (physical, emotional / mental, environmental, and spiritual) are intended to guide all Aboriginal women on adopting specific actions to prevent and/or control diabetes:

Key Messages and Action Items

1. Physical

- A. First Nations, Inuit and Métis women with diabetes key message: ***Diabetes can be managed effectively***
 - i. Doing physical activity for 30 minutes a day helps control blood sugars, helps maintain a healthy body weight, lowers cholesterol, raises HDL (good cholesterol), and lowers blood pressure;
 - ii. Take medication as prescribed;
 - iii. Check blood sugars regularly;
 - iv. Keep blood sugars within target range as advised by a physician. Keep your blood sugar levels as close to normal as possible to help to prevent complications;
 - v. Know your body and listen for signs of high and low blood sugars.
- B. First Nations, Inuit and Métis Women without diabetes key message: ***Type 2 diabetes can be prevented.***
 - i. Request your physician check your blood glucose, blood pressure, and lipids once a year;
 - ii. Consider lifestyle changes necessary to prevent diabetes. These may include:
 - Manage your weight by eating healthy, balanced meals;
 - Get regular physical activity / exercise
 - Learn to manage your stress because it can cause your blood sugar to rise
 - Lose weight if you are overweight

2. Emotional / Mental

A. First Nations, Inuit and Métis women with diabetes key message: ***Diabetes can be discovered early and managed effectively.***¹

- i. Educate yourself about diabetes. Know the signs for high and low blood sugar. Know what you need to do to address both of these conditions.
- ii. Learn about healthy eating.
- iii. Look after yourself emotionally. Talk to the community health representative, public health nurse, or nurse practitioner about your fears.
- iv. Find a support group. Talk about what works for you in managing your diabetes and any difficulties you may have.
- v. Have courage in living with diabetes and take control of your disease, don't let the disease control you.
- vi. Know and understand the complications of diabetes and learn what you can do to avoid complications. This includes having examinations and tests. Some of these are listed:
 - Visit your doctor every 3 to 6 months to have your blood sugars and blood pressure checked. Also have your feet examined and tested for feeling.
 - Visit your dentist every 6 months
 - Have an eye exam every year
 - Cholesterol (LDH and HDL) and triglyceride test
 - Urine test for protein (microalbuminuria dipstick test) and for kidney changes
 - Blood glucose to test accuracy of glucometer
 - Electrocardiogram (EKG)
 - Exercise EKG before beginning vigorous exercise
 - Ankle-brachial index (ABI) to test for arterial disease
 - Electromyogram (EMG) if suspect for diabetic neuropathy
- vii. Find out the services available in your area that can help you live with diabetes.

B. First Nations, Inuit and Métis women with diabetes key message: ***Members of your family are also at risk for developing diabetes. Let them know about this.***¹

- i. Educate your family about diabetes.
- ii. Look to your family for help in managing your diabetes.

C. First Nations, Inuit and Métis Women without diabetes key message: ***Respect and listen to your body.***

- i. Learn about the signs and symptoms of diabetes type 2 and gestational diabetes.
- ii. Aboriginal people, a high risk group for developing Diabetes Type 2, are often first diagnosed when complications appear such as a heart attack, or stroke. Report any new symptom such as:
 - pain or discomfort in the back, usually along the bra line;
 - chest pain;
 - numbness or shooting pain in your hands or feet.

3. Environmental

Key message: ***Diabetes is a common condition among First Nations, Inuit and Métis peoples. Diabetes¹ is a common condition among other groups of people. The rate of Diabetes is rising considerably all over the world.***

A. First Nations, Inuit and Métis Women with Diabetes:

- i. You are not alone, if you have diabetes.
- ii. You are a role model and others in your family and community

B. First Nations, Inuit and Métis Women without Diabetes:

- i. By virtue of simply *being* Aboriginal, you are at higher risk for developing Type 2 diabetes. You are also at higher risk if you have an immediate family member who has diabetes. In addition, all of the following points will increase your risk for developing Type 2 diabetes. They are:
 - a. Little or no exercise
 - b. High levels of stress
 - c. Eating foods that are high in sugar and high in fat
 - d. Smoking
- ii. By living a healthy lifestyle you are a role model for your children. Teach your children about making healthy food choices and being physically active so it becomes a way of life for them.

4. Spiritual

Key message: ***Lead a healthy lifestyle.***

- A. Aboriginal cultures look at healthy living wholistically. Among many First Nations there is an understanding of the linkages between mind, body and spirit.
- B. Medical professionals (doctors and nurses) may have a different outlook than your own. They can better help you if you let them know what your needs are.
- C. Elders, spiritual people and healers can be important sources of support and information. Speak with them.