



TYPE 2 DIABETES AND INDIGENOUS PEOPLES: SUPPORTING A CULTURALLY- SAFE AND SELF-DETERMINED JOURNEY

Presented by:

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Territory Acknowledgement

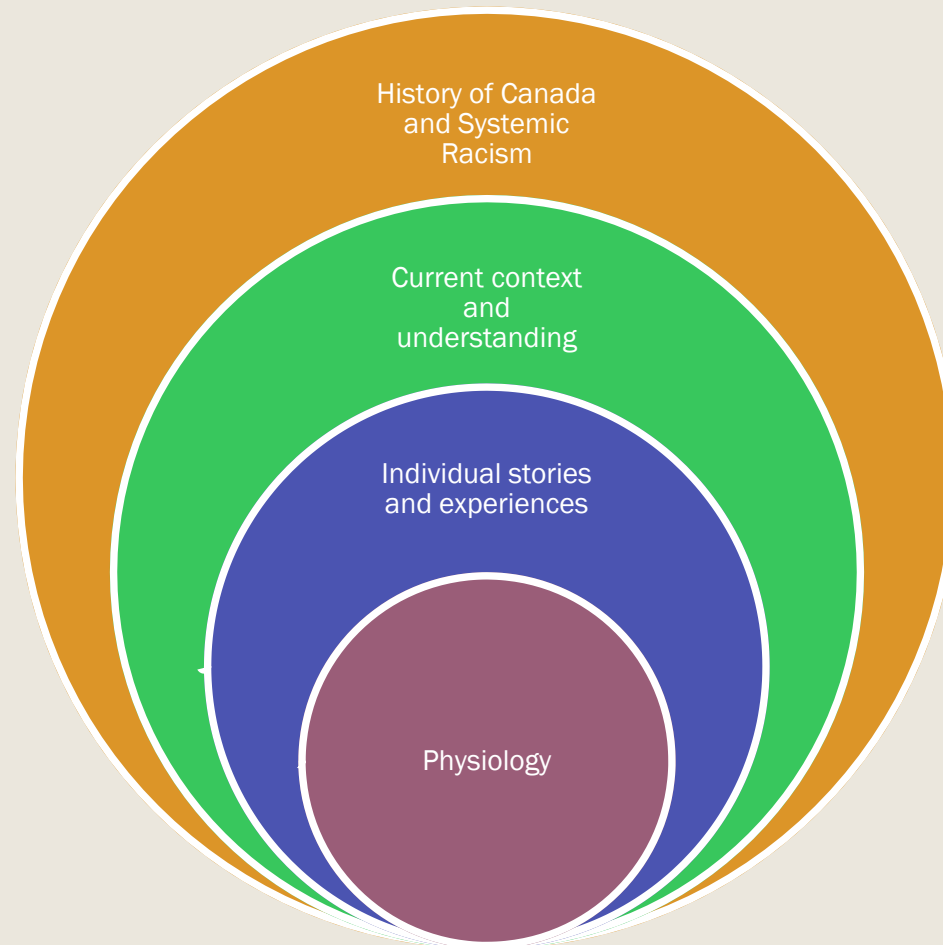


Acknowledgements

- Other Acknowledgements

- *Personal privilege*
- *Some of you may know way more about the research on these concepts*
- *We are not researchers, nor have we been able to review all relevant research, but let's also acknowledge that most research methodologies are inherently colonial*
- *It is a complicated topic, not black and white (no pun intended), not linear, and every single individual has different experiences*
- *Some of this may be hard to hear, we are not pointing fingers or trying to place blame, but rather trying to positively impact change and ultimately improve the lives of people at risk for or living with diabetes*

Root causes of diabetes - Complex, but not impossible!



Reflection question: What do you know and understand about Indigenous peoples' experience in health and healthcare in Canada?

Whiteboard question: What have you seen, heard, or done that has improved your understanding of these experiences?

Diabetes Risk Factors?

- Diabetes Canada

- *'Certain ethnic groups, including African, Arab, Asian, Hispanic, Indigenous and South Asian peoples, are at very high risk for and have a high prevalence of type 2 diabetes (12-15% in the Western world). The reasons for this are multifactorial and include genetic susceptibility, altered fat distribution and higher prevalence of metabolic syndrome.'*
- Chapter 5 of the Clinical Practice Guidelines then goes on to talk about lifestyle interventions as approaches to prevention of type 2 diabetes

- Lifetime risk for diabetes

- Published in 2016, Turin and Colleagues estimated that a 20 year old First Nations person has an 80% risk of developing in their lifetime (Canadian data)
 - 75.6% for men and 87.3% for women

Defining important concepts

- Race – a category of humankind that share certain distinctive physical traits
- Ethnicity – the cultural identity of a person which can include language, religion, nationality, ancestry and culture
- Social constructs – an idea that has been created and accepted by the people in society, and may change over time
- Racism – a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race
- Systemic racism – policies and practices entrenched in established institutions, which result in the exclusion or promotion of certain groups. No individual intent is necessary.
 - *Institutional racism – racial discrimination that derives from individuals carrying out the dictates of others who are prejudice*
 - *Structural racism – inequalities rooted in the system-wide operation of a society that excludes members of particular groups from participation in social institutions*

Current Thinking of the System

- Thrifty Gene Hypothesis

- *A theory (1962) that the ancestors of people who lived during times of feast and famine had metabolic ways of storing food when it was in abundance, but in modern times just causes constant storage*
- *Critiqued and disproven in research within the past 20 years*

- Poor behaviours, poor choices

- *Perspective that people at risk for diabetes or living with diabetes just need to be better humans – eat right and exercise and all will be well*

What is race and how does it link to our genetics?

Race and Type 2 Diabetes

Minorities are at a greater risk for type 2 diabetes. Here's why

By Andrew Curry

November 2017 | [Type 2, Health and Heritage, Complications and Conditions](#)

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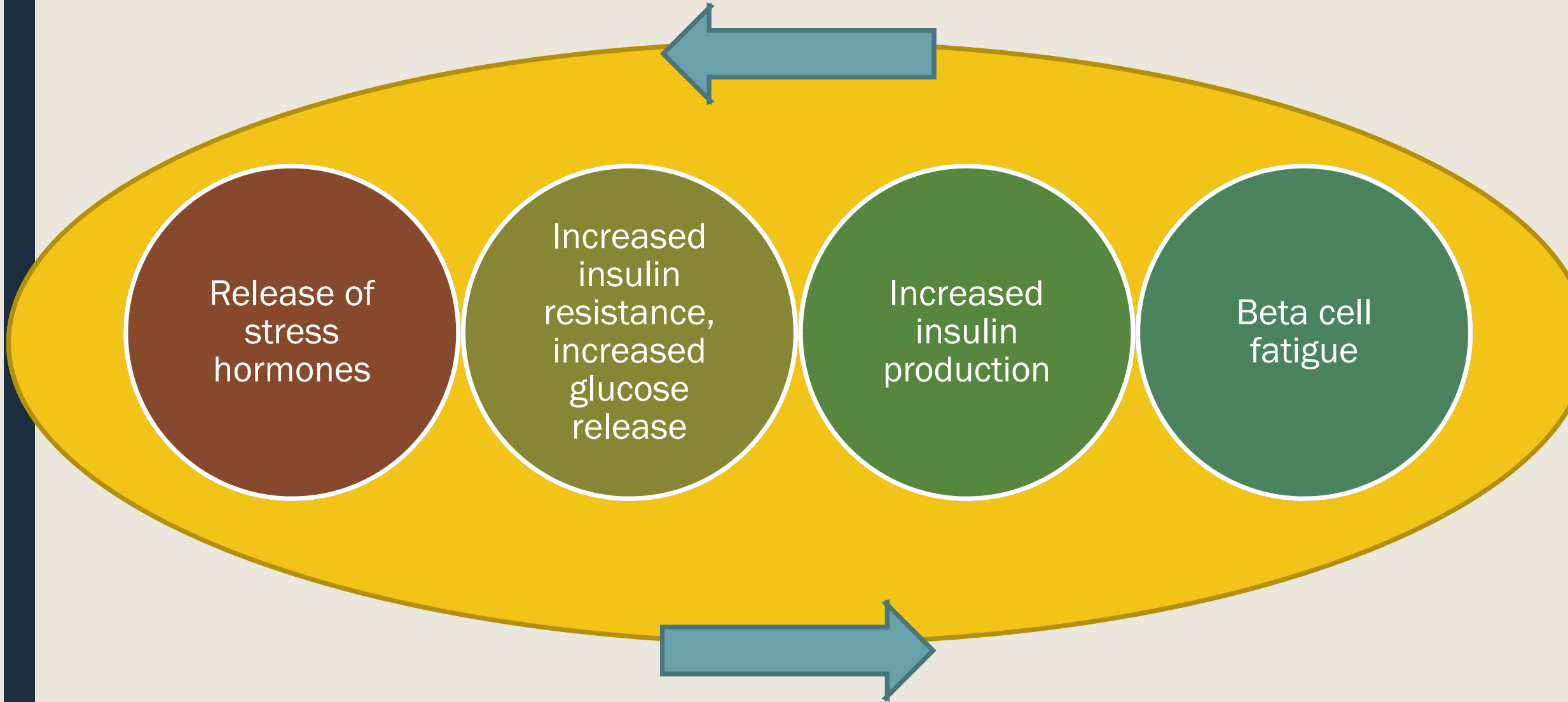


- The outwardly visible differences between people, ie. what puts a person into a racial category, is only 0.2 percent of our genetic material
- As understanding of genetics has improved, the links between genes and diabetes seems less certain
 - *Genes matter, but not in the way most people think – Diabetes runs in families*
- We cannot deny that some groups of people have higher rates of diabetes – but let's dive deeper into why

Risks beyond race

- BIPOC have common experiences historically and today – colonialism and trauma
- Colonialism, trauma, and poverty are more powerful risk factors for diabetes than race
- Examples in research
 - *Cheryl Currie (U of A)*
 - **Past-Year Racial Discrimination and Allostatic Load Among Indigenous Adults in Canada: The Role of Cultural Continuity (2020)** - Experiences of racism and lack of culture impacted the allostatic load of individuals
 - **The Biological Impacts of Parental Residential School Attendance on the Next Generation (2018)** - Offspring of residential school survivors had increased allostatic load
 - *Gaskin and Colleagues (John Hopkins)*
 - **Disparities in Diabetes: The Nexus of Race, Poverty, and Place (2014)** - Black people had higher odds than white people, but having low income and living in a poor neighbourhood increased the odds of diabetes for both

Our bodies on stress



Natural History of Type 2 Diabetes



*IFG=impaired fasting glucose.

Adapted from International Diabetes Center (Minneapolis, Minn).



Trauma

Poverty

Food
Insecurity

Loss of
Culture

Early Childhood and
Intergenerational Impacts

Environmental and Living
Conditions

Colonialism and Racism

Jessica's Story



A hopeful future – what role can you play

- Support self-determination
- Be an ally and an equal, not the expert
- Do not make assumptions about people – ask respectful questions and allow time for relationship building
- Continue work to understand how the experiences of an individual or an entire race are linked to conditions that we often frame as ‘behavioural’

Further Reading

- Dr. Charlotte Loppie – Professor at UVic
- Dr. Malcolm King – SFU
- Dr. Margo Greenwood – UNBC and Author of *Determinants of Indigenous Peoples' Health in Canada – Beyond the Social*
- FNHA Cultural Safety Webinar Series – www.fnha.ca – Wellness -> Cultural Humility

■ Post Webinar Reflection Questions -

- *How do you think the Canadian narrative and history impacts the Indigenous experiences in the healthcare system today?*
- *Do you think that your current diabetes resources/tools/approaches could benefit from adaptation to better support Indigenous Canadians in their diabetes journey?*

Haw'aa
Thank you!
Huy chexw a!

References

- <http://www.diabetesforecast.org/2017/nov-dec/race-and-type-2-diabetes.html>
- <https://www.worldatlas.com/articles/what-is-the-difference-between-race-and-ethnicity.html>
- <http://guidelines.diabetes.ca/cpg/chapter5>
- https://www.researchgate.net/publication/329791189_The_Biological_Impacts_of_Parental_Residential_School_Attendance_on_the_Next_Generation_Open_Access
- https://www.researchgate.net/publication/336540178_Past-Year_Racial_Discrimination_and_Allostatic_Load_Among_Indigenous_Adults_in_Canada_The_Role_of_Cultural_Continuity
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5088075/>
- <http://www.aclrc.com/forms-of-racism>