Guidelines for First Nations and Métis People

There are a total of 17 First Nations reserves and a number of Métis communities in the Regina Qu’Appelle Health Region. According to the 2001 census, 10.7% of the residents in the RQHR self identified that they were Aboriginal, with 69.4% or 16,920 reporting they were North American Indian, 29.7% (7245) that they were Métis and 0.2 % (45) that they were Inuit.1

High prevalence rates for this population have been noted both nationally and provincially. The Canadian Diabetes Association in their 2008 Clinical Practice Guidelines notes that Type 2 diabetes mellitus is an epidemic among aboriginal people in Canada, with the age-adjusted prevalence 3-5 times higher than that of the general population.2

A review of the literature was unsuccessful in identifying guidelines that address the prevention and treatment of diabetic foot complications for this population. However, the 2008 Clinical Practice Guidelines of the Canadian Diabetes Association recommend that “management of prediabetes and diabetes in Aboriginal people should follow the same clinical practice guidelines as those of the general population with recognition of, respect for and sensitivity to the unique language, cultural and geographic issues as they relate to diabetes care and education in Aboriginal communities across Canada”2

While this recommendation is linked more broadly to diabetes, it has general application to the prevention and management of diabetes-related foot complications for the First Nations and Métis residents living in the RQHR.

The RQHR is fortunate to have information available from First Nations and Métis residents that identifies systemic barriers to the prevention and treatment of diabetic foot complications (Perspectives and Connections. A Report of the Diabetic Foot Care Pathway Development Project)3. Planning for service delivery for the First Nations and Métis population needs to take these into account. These barriers are listed below:

- lack of time for relationship building
- strict appointment times
- difficulty obtaining non-insured health benefits
- difficulty with transportation

---

Other barriers that have been identified by the RQHR Foot Care Working Group with respect to the First Nations population are:

**Wholistic Care**

- Focus on feet should not be to the exclusion of the person as a whole. The current predominant approach involves numerous service providers to address particular “parts” of an individual, i.e. one to transmit information, one to treat a particular body part (foot or enzyme or muscles or heart, etc.), one for mental health, one for disease, one for wellness, etc. Even though the spiritual and cultural components are verbalized, supports for these areas are not included in the Western Model. The First Nation and Métis worldview, on the other hand, includes the achievement of balance among all components. Thus, traditional ways are conducted for education, emotional support and spiritual journeying.

**Jurisdictional**

- It is not unusual for First Nations people to be transient between on and off reserve sites. Health care and follow up become very difficult and barriers occur as people go back and forth between jurisdictions. For example, there are territorial issues related to the ownership of health information (federal/provincial/regional and local control). As a result, health information may not follow the individual or family as they move from the reserve to the urban setting.

**Meeting basic needs**

- Many First Nations and Métis people, in the early stages of diabetes, are more concerned with trying to meet basic needs such as food, housing and/or addictions rather than taking care of themselves to prevent or stop the progression of diabetes. Diabetes becomes a concern only when their quality of life has become affected to the point where they can no longer function as before because of disability or intolerable pain. Consequently, treatment becomes more aggressive and educating begins in an attempt to prevent further compromise.

**Routine foot checks**

- People with diabetes often do not routinely receive checks or monitoring of their feet. The primary focus of physician visits is the control of blood sugar levels and addressing symptom-specific complaints. Attention to foot problems is given once the client expresses experience with foot discomfort. By then it may be too late to prevent complications.

**Family involvement**

- Families are not usually involved in diabetes education, thereby foregoing a needed support.

**Education**

- Education about proper foot care does not always reach high-risk populations such as First Nations and Métis. Written educational materials are often not effective because of literacy levels and language differences.
Continuity of care between the reserve and the urban centre

- Footcare surveillance and reinforcement of foot self care by reserve health care staff is not continued when people leave the reserve. High-risk individuals, therefore, may enter regional services only when a serious foot care condition has been developed. Thus, they are no longer high risk, but acute. Regional health care providers face the same dilemma when intervention and prevention strategies have been initiated but not followed when the client moves back to the reserve.

While services need to take into account the barriers identified above, the recommendations from *Perspectives and Connections. A Report of the Diabetic Foot Care Pathway Development Project* can serve as guidelines for service delivery to our First Nations and Métis population in the area of prevention and management of diabetic foot complications. At the suggestion of committee members, some of these recommendations have been enhanced. These enhancements have been included and noted below:

Risk identification
- A broad range of caregivers needs to be trained and educated to support community-based (foot) risk assessment and identification. Early screening is necessary to catch early signs and begin educating.

Access to services
- To increase access, participation and effectiveness, services to First Nations and Métis who are at risk for diabetes and diabetic foot problems should be delivered through outreach programs designed by and situated in communities.

Continuity of services
- Strengthen caregiver to caregiver relationships to facilitate information sharing and support integration.
- Persons living with diabetes should be tracked via a database to support follow-up contact about education, counseling and foot care. (Recommendation from the RQHR First Nations and Métis Diabetes Working Group)

Client/caregiver education
- Encourage and support culturally appropriate messaging and family discourse about healthy living, prevention of Type 2 Diabetes and early treatment of foot complications.
- Engage and inform the patient’s key family members when teaching about diabetes management, self care practices and wound prevention.
- Inform and involve caregivers, patients and other stakeholders about new and emerging initiatives in diabetes primary prevention, self-management and integrated foot care services.

---

Culturally competent care

- Develop a balanced holistic approach that better meets First Nations and Métis worldview. (Recommendation from the Foot Care Working Group)
- Foster culturally competent care by providing cross-cultural communication training and skill development that is closely akin to the caregiver’s role and the care site.
- Support First Nations and Métis citizens and communities in their efforts to strengthen cultural learning, social support and health promotion by fostering the development of healthy communities (through the use of talking circles, community forums, family circles).
- Include an Aboriginal healer on treatment teams. (Recommendation from the Foot Care Working Group)
- Educate service providers about historical trauma as a result of colonization, government policy and residential schools and its impact on First Nations and Métis people, especially on their ability to understand and receive health care services. (Recommendation from the Foot Care Working Group)

Health information

- Collaborate with First Nations leaders and communities in the development of profiles that highlight the delivery capacities and challenges in each of the First Nations reserve communities in the health region.
- Work with the Métis community to implement measures to gather Métis health service utilization information and to create a body of knowledge specific to Métis health issues and outcomes.
First Nations and Métis Diabetes Resources

- **Gift of Diabetes** (Video) – Follows an Ojibway man’s journey as he comes to terms with and learns to manage his diabetes, at the same time gaining insight into his culture and spirituality. (National Film Board of Canada: [www.nfb.ca/1-800-267-7710](http://www.nfb.ca/1-800-267-7710))

- **The Gift of Health** (Video) – Shows how people in Northern Saskatchewan are working to prevent type 2 diabetes through healthy lifestyle choices. (Y’uthe Askiy Productions Limited: [www.diabetes.kcdc.ca](http://www.diabetes.kcdc.ca)/306-425-4003)

- **Beating Diabetes** (Video) – Targeted towards aboriginal youth and their caregivers, this video provides information on diabetes, physical activity and nutrition. (Aboriginal Health Centre: 905-544-4320 ext 257)

- **The Challenge in Old Crow** (Video) – Concern over the health of the children in the village of Old Crow (Northern Yukon) leads to development of a health and fitness program, despite numerous obstacles. (National Film Board of Canada: [www.nfb.ca/1-800-267-7710](http://www.nfb.ca/1-800-267-7710))

- **First Nations and Métis People Restoring Health Through Partnerships** (Video) – Developed by RQHR Eagle Moon Health Office (EMHO) and Medical Media. Looks at determinants and status of health among First Nations and Métis people and describes the role and relevance of the EMHO to the RQHR. (Eagle Moon Health Office: 766-7190)

- **Sweetness in Life: The Diabetes Story** (Video) – A 13 part series (24 mins each) developed to help Aboriginal people understand, prevent and cope with diabetes. A wide variety of subjects are addressed, including exercise, healthy eating and recipes, Aboriginal languages, etc. (FilmWest Associates: [www.filmwest.com/250-769-3399](http://www.filmwest.com/250-769-3399))

- **An Invited Threat** (Comic Book) – A professionally illustrated comic book with an entertaining but clear message about diabetes prevention, geared towards aboriginal youth and adults. For order information, please see: The Healthy Aboriginal Network: [www.thehealthyaboriginal.net/604-876-0243](http://www.thehealthyaboriginal.net/604-876-0243)

- **Sacred Tree** (Book) – A compilation of teachings, views and illustrations from Native North American societies. (Four Worlds Centre for Development Learning: [www.fourworlds.ca/bookstore1.html#6/403-932-0882](http://www.fourworlds.ca/bookstore1.html#6/403-932-0882))

- **Perspectives and Connections: A Report of the Diabetic Foot Care Pathway Development Project** (Report) – Presents the results of an RQHR study about how to improve access to foot care for First Nations and Métis people. (Available for loan at RQHR Health Sciences Libraries)

- **National Aboriginal Diabetes Association (NADA)** (Website) - [www.nada.ca](http://www.nada.ca).

---

**REGIONAL DIABETES INITIATIVE**
Phone: 766-4774  E-mail: cheri.dujardin@rqhealth.ca

November 2008
<table>
<thead>
<tr>
<th>Reserve</th>
<th>Clinic Address</th>
<th>ph/fax</th>
<th>Tribal Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry The Kettle</td>
<td>Box 180 Sintaluta, SK  S0G 4N0</td>
<td>727-2101/727-2052</td>
<td>File Hills</td>
</tr>
<tr>
<td>Cowessess</td>
<td>Box 100 Cowessess, SK  S0G 5L0</td>
<td>696-2263/696-2374</td>
<td>Independent</td>
</tr>
<tr>
<td>Day Star</td>
<td>Box 143 Punnichy,SK  S0A 3C0</td>
<td>835-2884/835-2724</td>
<td>Touchwood</td>
</tr>
<tr>
<td>Gordons</td>
<td>Box 416 Punnichy,SK  S0A 3C0</td>
<td>835-2020/835-2142</td>
<td>Touchwood</td>
</tr>
<tr>
<td>Kahkewistahaw</td>
<td>Box 850 Broadview,SK  S0G 0K0</td>
<td>696-2660/696-3154</td>
<td>File Hills</td>
</tr>
<tr>
<td>Kawacatoose</td>
<td>Box 384 Raymore,SK  S0A 3J0</td>
<td>835-2720/835-2630</td>
<td>File Hills</td>
</tr>
<tr>
<td>Little Black Bear</td>
<td>Box 40 Goodeve,SK  S0A 1C0</td>
<td>334-2306/334-2721</td>
<td>Touchwood</td>
</tr>
<tr>
<td>Muscowpetung</td>
<td>Box 610 Fort Qu'Appelle,SK  S0G 1S0</td>
<td>723-4779/723-4710</td>
<td>Independent</td>
</tr>
<tr>
<td>Muskowekwan</td>
<td>Box 59/249 Lestock, SK  S0A 2G0</td>
<td>274-4640/274-4643</td>
<td>File Hills</td>
</tr>
<tr>
<td>Ochapawace</td>
<td>Box 550 WhiteWood,SK  S0G 5C0</td>
<td>696-3557/696-3446</td>
<td>File Hills</td>
</tr>
<tr>
<td>Okanese</td>
<td>Box 759 Balcarres,SK  S0G 0C0</td>
<td>334-2532/334-2545</td>
<td>File Hills</td>
</tr>
<tr>
<td>Pasqua</td>
<td>Box 50 Circle of Care Center Pasqua,SK  S0G 5M0</td>
<td>332-3763/337-3766</td>
<td>File Hills</td>
</tr>
<tr>
<td>Peepeekisis</td>
<td>Box 518 Balcarres,SK  S0G 0C0</td>
<td>334-2804/334-2280</td>
<td>File Hills</td>
</tr>
<tr>
<td>Piapot</td>
<td>General Delivery, Zehner,SK  S0G 5K0</td>
<td>781-4833/781-7063</td>
<td>File Hills</td>
</tr>
<tr>
<td>Sakimay</td>
<td>Box 339 Grenfell,SK  S0G 2B0</td>
<td>697-2970/697-3461</td>
<td>Yorkton</td>
</tr>
<tr>
<td>Standing Buffalo</td>
<td>Box 818 Fort Qu'Appelle,SK  S0G 1S0</td>
<td>332-4681/332-4945</td>
<td>File Hills</td>
</tr>
<tr>
<td>Starblanket</td>
<td>Box 456 Balcarres,SK  S0G 0C0</td>
<td>334-2206/334-2606</td>
<td>File Hills</td>
</tr>
</tbody>
</table>