

Examining the economic impact of diabetes in Indigenous Peoples in Canada



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Overview

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We conduct work for Health Canada and other national agencies.

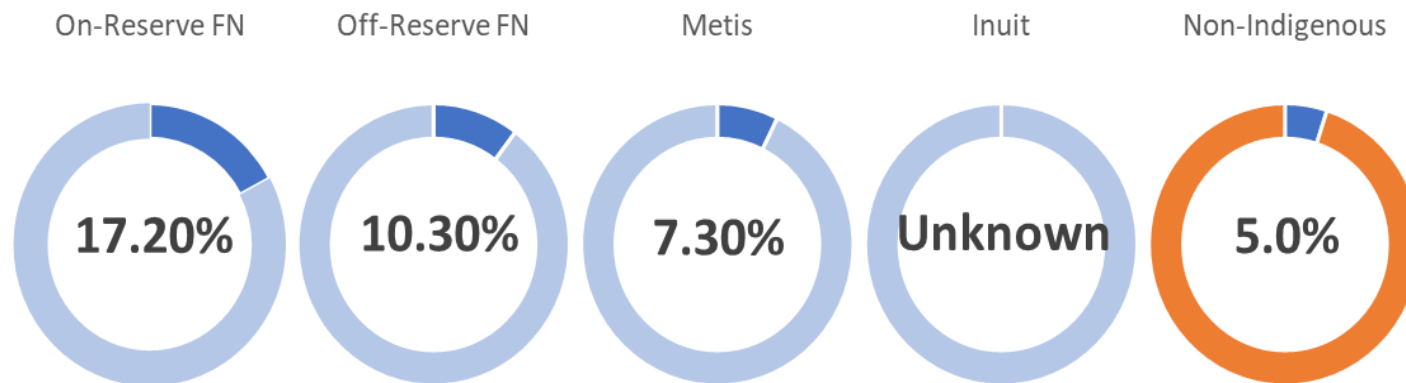
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Diabetes Burden

- Disproportionately high rates of diabetes in First Nations and Metis populations
- Less information on Inuit peoples but rates of diabetes more than doubled between 2001-2006.

FIGURE: NATIONAL AGE-ADJUSTED PREVALENCE OF DIABETES BY POPULATION

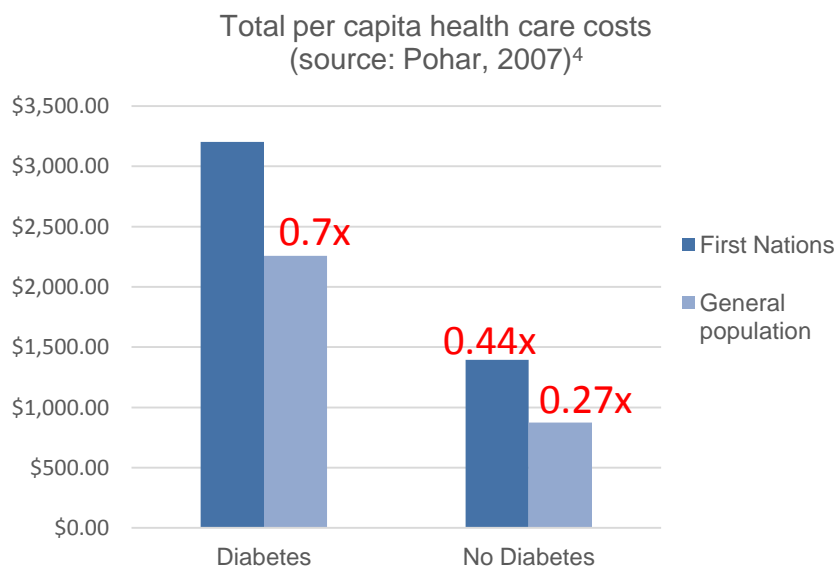
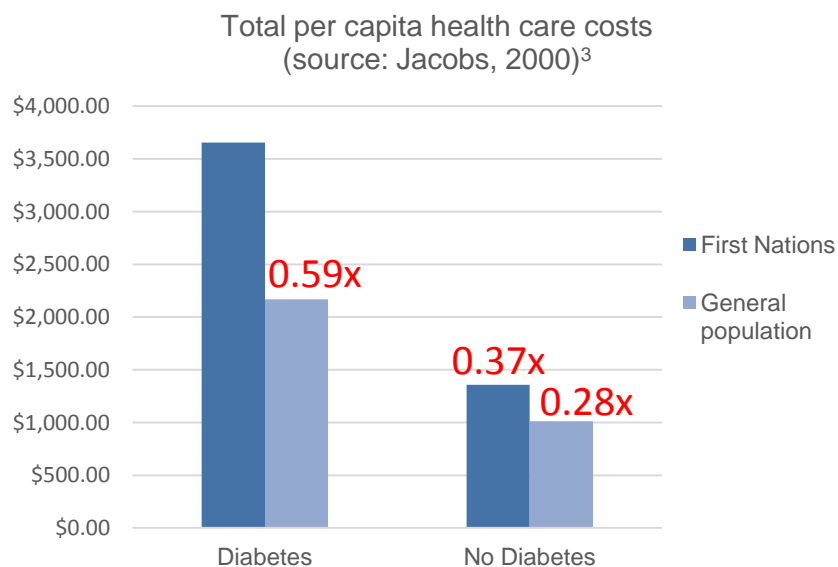


Diabetes burden (2)

- Many associated risk factors (genetics, obesity, physical inactivity)
- Develop diabetes at younger age
- Increased rates of diabetes related complications (nephropathy/ESRD, retinopathy/blindness, neuropathy/amputation), hospitalization and mortality
- Not managed well in primary care system. (screening, medications, diet)
 - Poor management and outcomes
 - Many challenges with complexity of patient needs – holistic approach needed
- Reliance on emergency care
 - Reactive and episodic

Economic Impact

- Limited research (four studies, all in status-First Nation's populations)
- Diabetes is a significant driver of excess healthcare costs in First Nations populations.
 - Increased system utilization (hospitalization, major co-morbidity)
 - Increased prevalence



Context

- A mix of socioeconomic deficits, complicated by historical and ongoing cultural, social, political, and economic factors perpetuate social and health inequalities for Indigenous peoples

Conventional DoH	Indigenous DoH	Other DoH with Indigenous-specific impact
Income Social status Poverty Education Employment Social supports Genetics	Colonization Connectivity to land Self-determination Historical trauma	Globalization Racism Gender Worldview

Adapted from: King and McGavock, (2017); King et al. (2009); Jacklin, (2017)

"Any effort to address the health disparities between Indigenous peoples and other Canadians must... attend to the relationship between colonization, inequality and health... such efforts must also attend to the loss of cultural continuity and identity due to active suppression of Indigenous culture and knowledge, including Indigenous concepts of health and wellness as well as severe social and economic disadvantage. Many interventions aimed at Indigenous communities have met limited success in part because they have failed to account for local conceptualizations of wellness."

Rice et al., (2016)



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