

**BACKGROUND*****Why Health Care Renewal Matters: Lessons from Diabetes*****Diabetes and First Nations People in Canada**

- **Diabetes is much more common, and growing more quickly, among First Nations adults**, who are two to eight times more likely to have diabetes than the overall Canadian population, depending on age group. Between 1997 and 2002, the percentage of First Nations men aged 45 to 65 with diabetes nearly doubled, compared to only modest increases among Canadian men in this age group overall (See Figure 9, page 29).
- **First Nations people have higher rates of diabetes-related complications.** Among Canadians with diabetes, First Nations people have higher rates of heart disease, chronic kidney disease, amputations and infectious disease, compared to non-First Nations people. Access to care may be a contributing factor, particularly for remote communities (See Figure 10, page 30).
- **Diabetes is also increasing among First Nations children and adolescents.** Although type 2 diabetes usually starts in adulthood, it is increasingly being observed among First Nations children and adolescents. This trend raises concerns about the long-term health of Aboriginal communities, where birth rates tend to be higher than the Canadian average. Young people who develop diabetes will have the disease for the rest of their lives and complications are likely to begin when they are young adults.
- **An interplay of genetic make-up and the environment is believed to be the cause of high rates of diabetes and heart disease among First Nations people.** First Nations and other Aboriginal communities in Canada tend to have higher rates of risk factors such as smoking, high blood pressure, and high cholesterol, as well as a genetic tendency to gain weight, leading to higher rates of pre-diabetes, a precursor condition. Low income, which is common in Aboriginal communities, is also associated with higher rates of diabetes and other chronic health conditions.
- **Prevention efforts can make a difference in First Nations communities.**
  - The Island Lake Regional Renal Health Program in northern Manitoba has become a catalyst for change in the prevention of diabetes and other chronic health conditions. By bringing care to a cluster of remote communities, the innovative program avoids the social disruption of long periods away from home and has become a focal point for activities to help people manage their disease and keep healthy (See story, pages 61-62).
  - Over the past 12 years, the Kahnawake Schools Diabetes Prevention Program, in a First Nations community near Montreal, has proven that the growth rate for new diabetes cases in an Aboriginal population can be slowed through a sustained, coordinated effort. The Kahnawake program is now serving its second generation of children and families through a range of community-based prevention activities that have brought diabetes incidence rates down almost to the Canadian average (See story, page 64 and video news release).

For more information on chronic health conditions and Aboriginal communities in Canada, please see the full report, ***Why Health Care Renewal Matters: Lessons from Diabetes***, an assessment of how quality of care affects people's health. The report is available at [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca).