

Indigenous Self-Determination and Equity in Diabetes



Presented by:

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June 23rd 2022

Presented to: the Type 2 Diabetes Network, BCPSQC

Introductions



Valerie Suli'xwi'ye Bob



Tessie Harris



Zoom Meeting Participant ID: You are viewing participant's screen **View Options**

- Zoom Ratio 50% >
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- Annotate**
- ✓ Follow Presenter's Pointer
- Side-by-side mode

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Participants (2)

- Participant Name
- Participant Name

Raise Hand yes no go slower go faster more

Invite Mute Me

Chat

To: Everyone

File

Mute Start Video Participants Chat Share Screen Record Reactions Leave

Zoom Meeting Participant ID: [redacted]

You are viewing participant's screen View Options

Participants (2)

- Participant Name
- Participant Name

Raise Hand yes no go slower go faster more

Invite Mute Me

Chat

To: Everyone

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What supports wellness?



Learning Objectives

To summarize the **relationship between colonialism and Indigenous determinants of health**, and rates/severity/experiences of Type 2 Diabetes

To share what **self-determination** represents at the **individual, community and system levels**

To provide **examples of Indigenous self determination** in diabetes care

Call to action: to consider and action **increased equity** within diabetes care and services

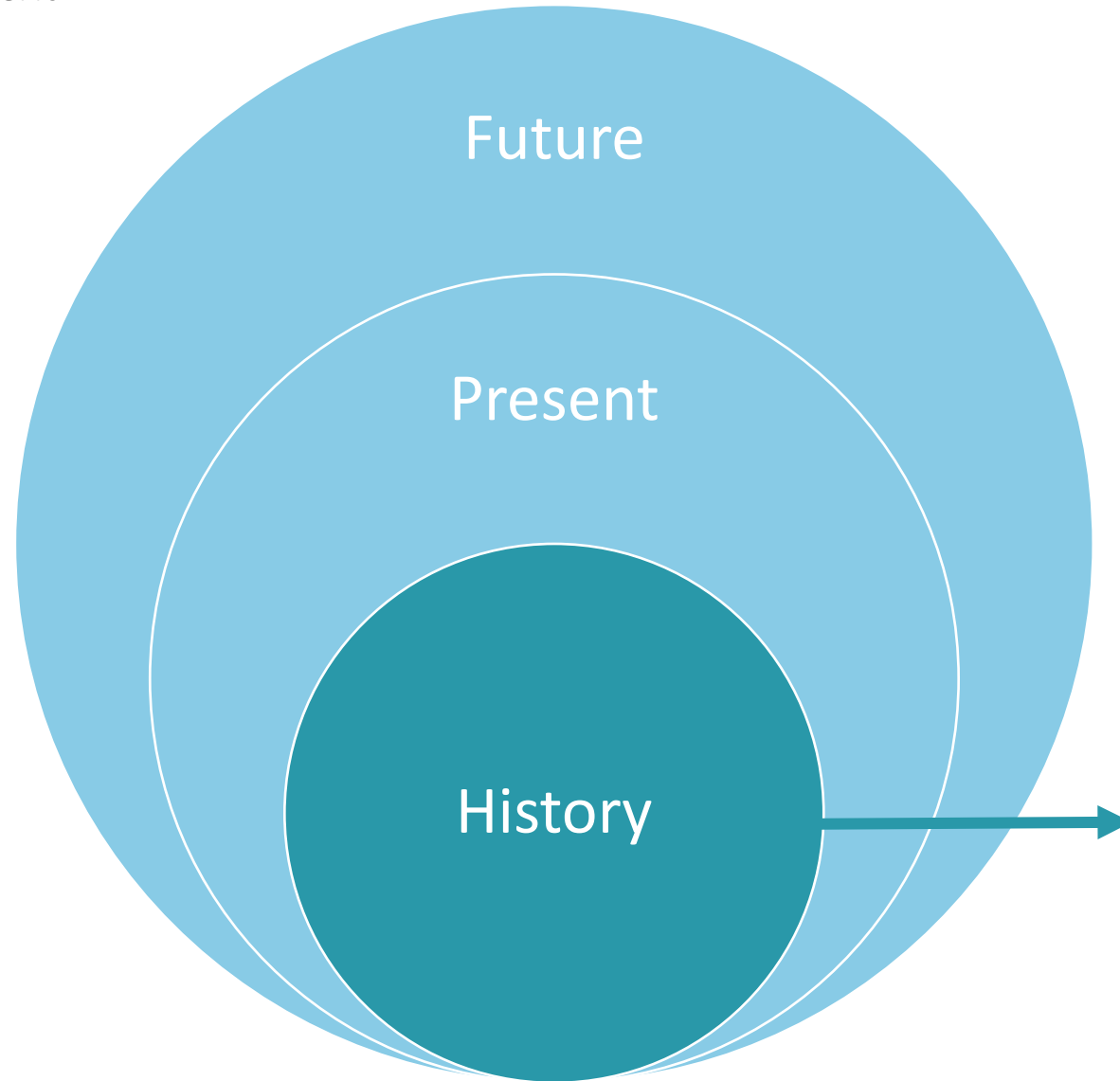




First Nations Health Authority
Health through wellness



Context



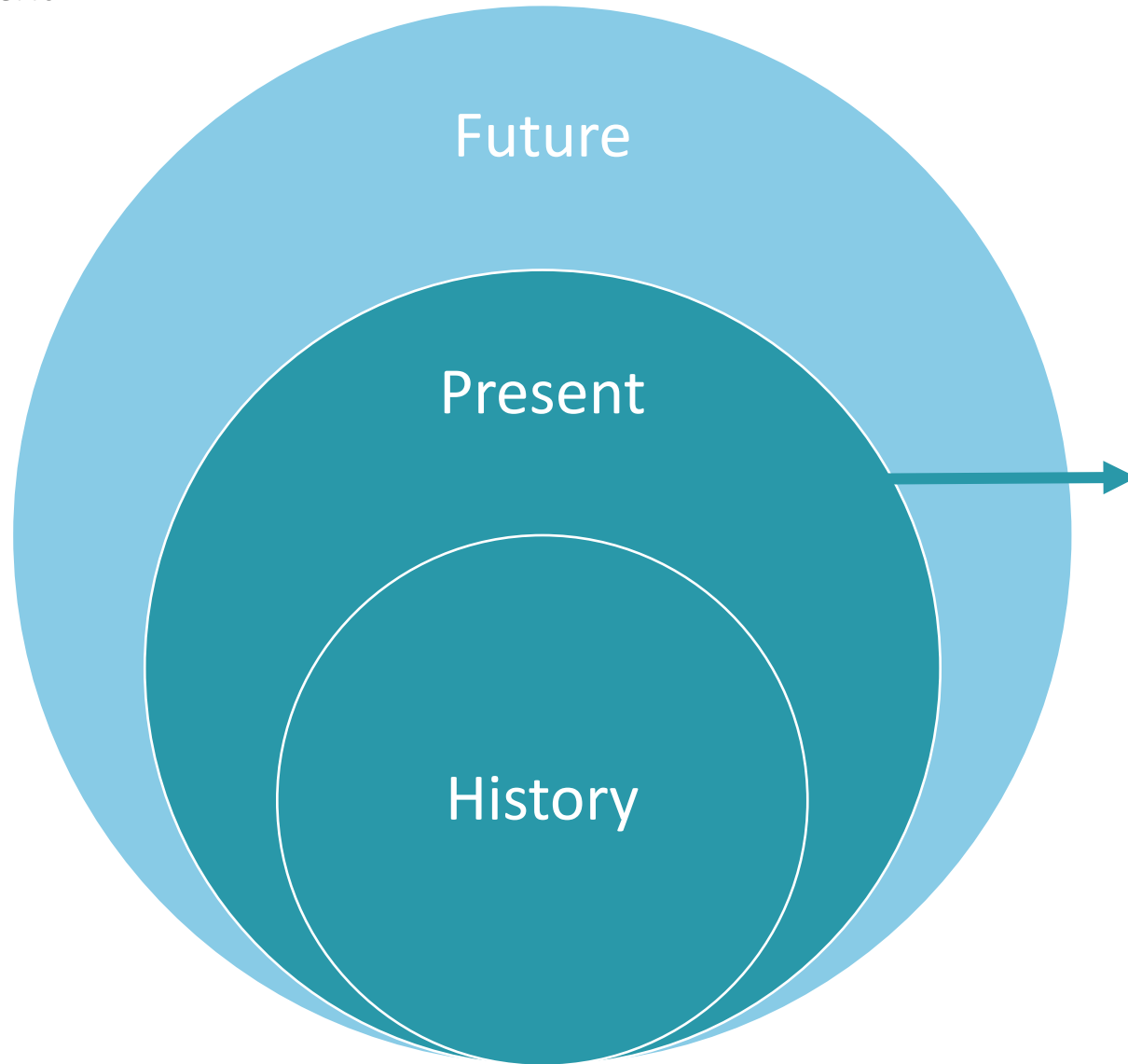
Thriving and complex, sophisticated communities

Colonial violence through policies, programs, deprivation, denial, discrimination

Incredible losses → complex, historical and intergenerational **trauma**

Relationships to land, culture, language and ceremony were **intentionally severed** by colonial actions

Context



Disproportionately higher rates of diabetes*

- **5%** non-Indigenous population
- **12.3%** First Nation living off reserve
- **17.2%** First Nation living on reserve

Limited access to diabetes services, education, supports

Structures and systems: health, economic, environmental

*Source: Public Health Agency of Canada



First Nations Health Authority
Health through wellness

SITUATING MY Current work and research:

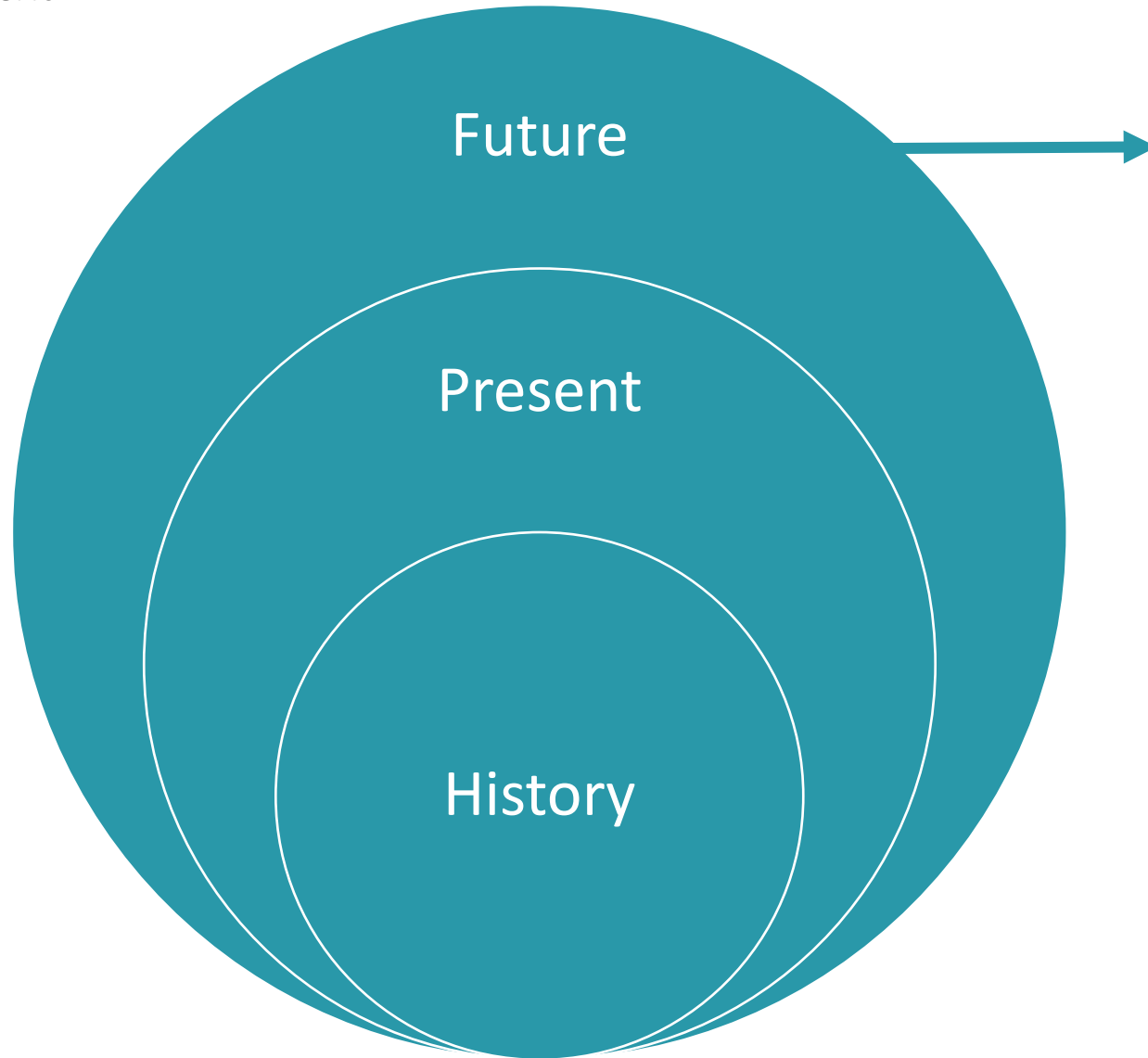
9 South Vancouver Island communities share a common philosophy, language (Sencoten) and ancestral knowledge:

Schelangen – Is the "**WAY of LIFE**" handed down through the millenia...passed on through strict oral histories of the cosmos, the land, animals, birds, creatures, fish, sea dwellers. It is not a myth, legend, or story. It is a way of life that guides us through our rights of passage from before birth to the end of our physical bodies that returns to the world of our ancestors. Guiding principles.

The SENCOTEN language is embedded in the land and all the knowledge seen and unseen pass through in countless SEASONAL ROUNDS...When we share this knowledge with our children there is no end to that knowledge. The teachings live on and never become a project or program but a daily act of LIVING.

Saltwater People, who once lived as much on the sea as on land, the tides were the clock that fixed our daily activities. The moon that signaled Winter storms also warned us to put our paddles away and stay on land. Some moons were also signs to prepare for the annual cycle of the reef fishery that distinguished us from other people. As a people without any major rivers we learned to create artificial reefs when the salmon passed through our Straits.

Context



Transformation of services to be:

- Place based
- Trauma informed
- Strengths based
- Economically viable
- From traditional and modern science
- Built upon local strengths, assets and knowledge

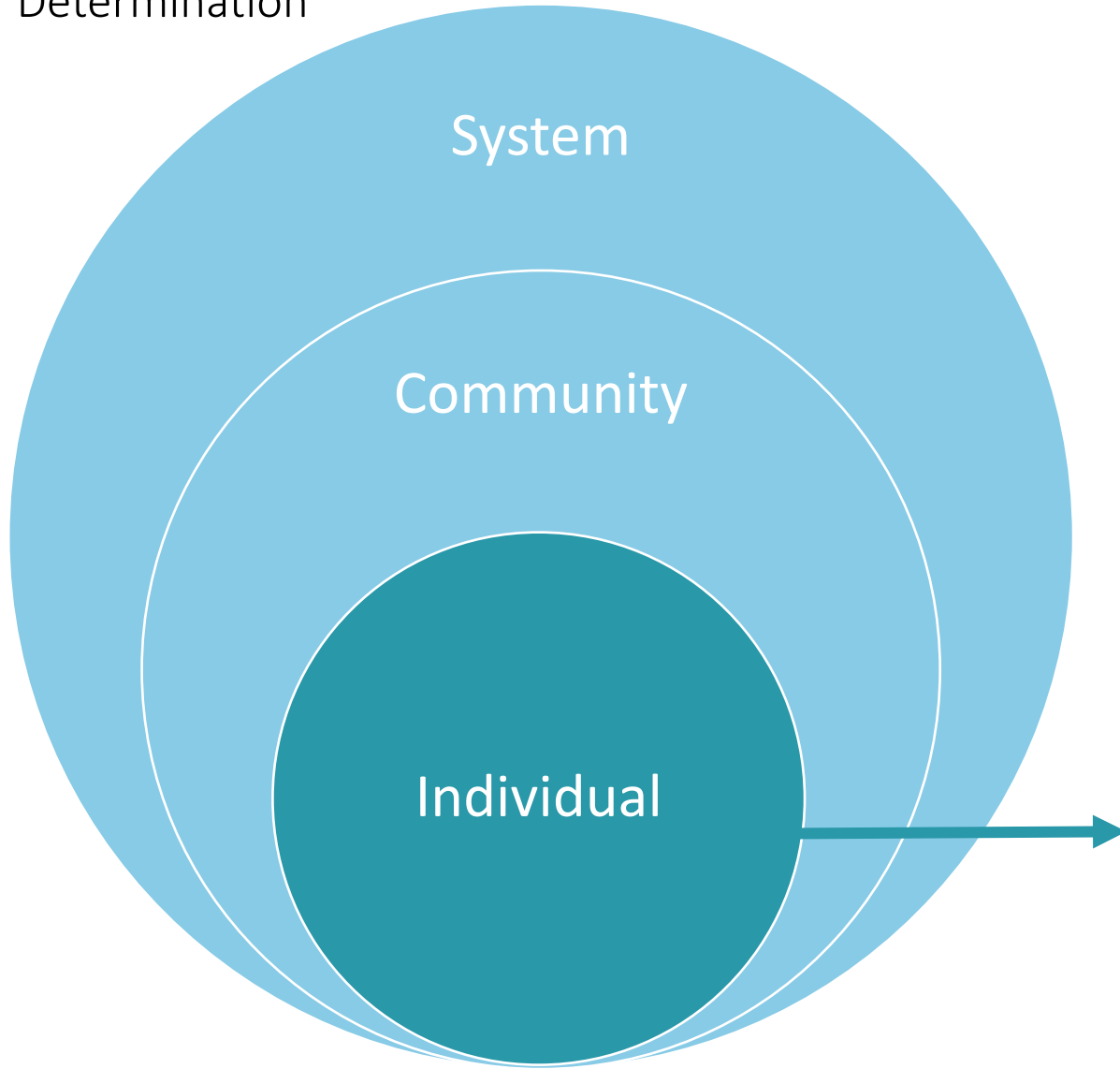
Research, planning, design and delivery of any programs or services is **led by Indigenous** people and communities

Restore **self determination** and agency

Transform collective experience from trauma to resilience and revitalization



Self Determination



Access to quality services

- Culturally based
- Reflective of Indigenous worldview(s) and perspectives of diabetes and wellness
- Locally available and accessible

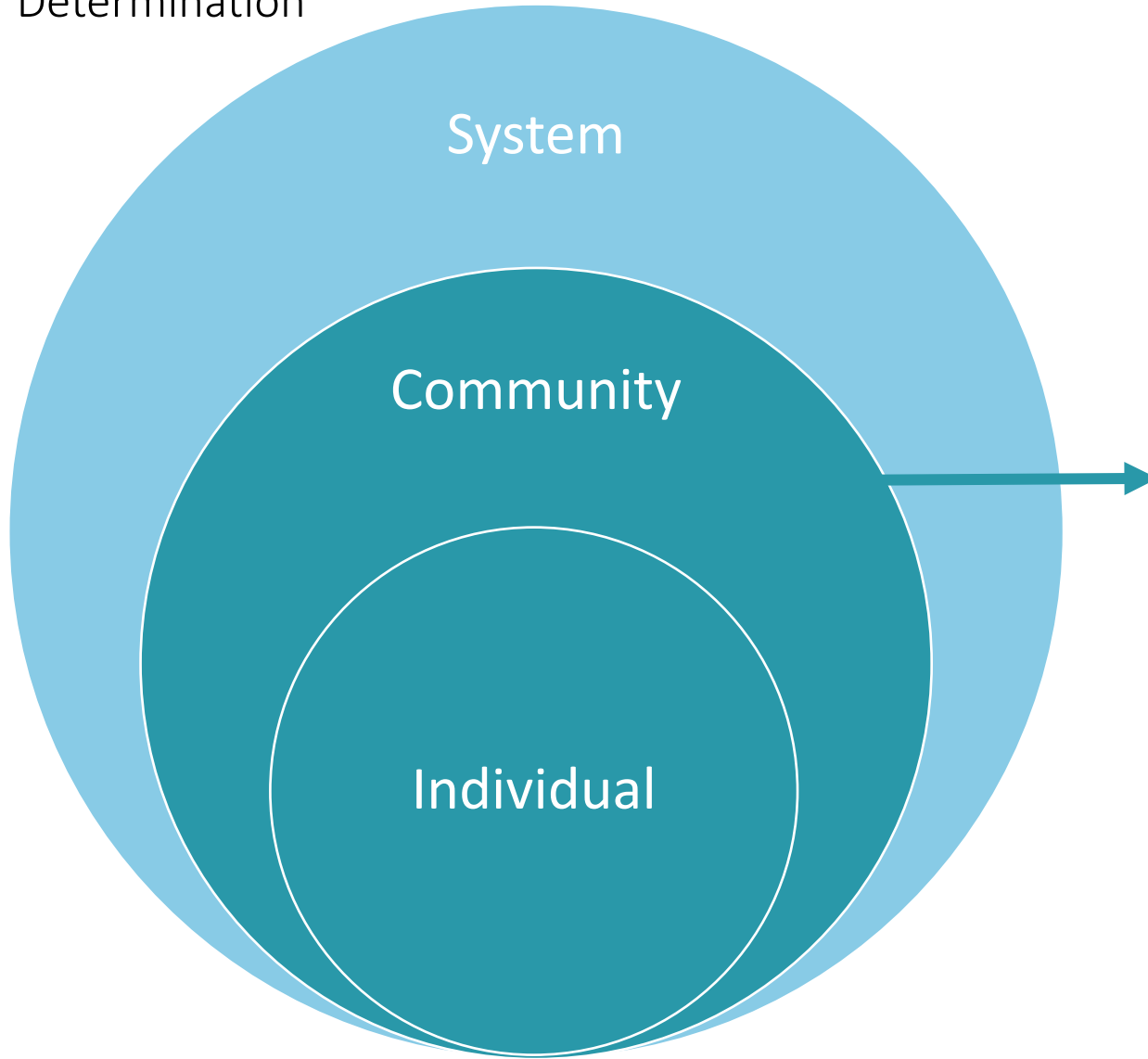
Access to technology

- CGBM system – empowerment and informed decision making

Agency

- Care plans and treatment plans are based on each person's priorities, needs and goals
- Respect and support

Self Determination



What is the community's **stage of readiness**, and their **capacity/priorities**?

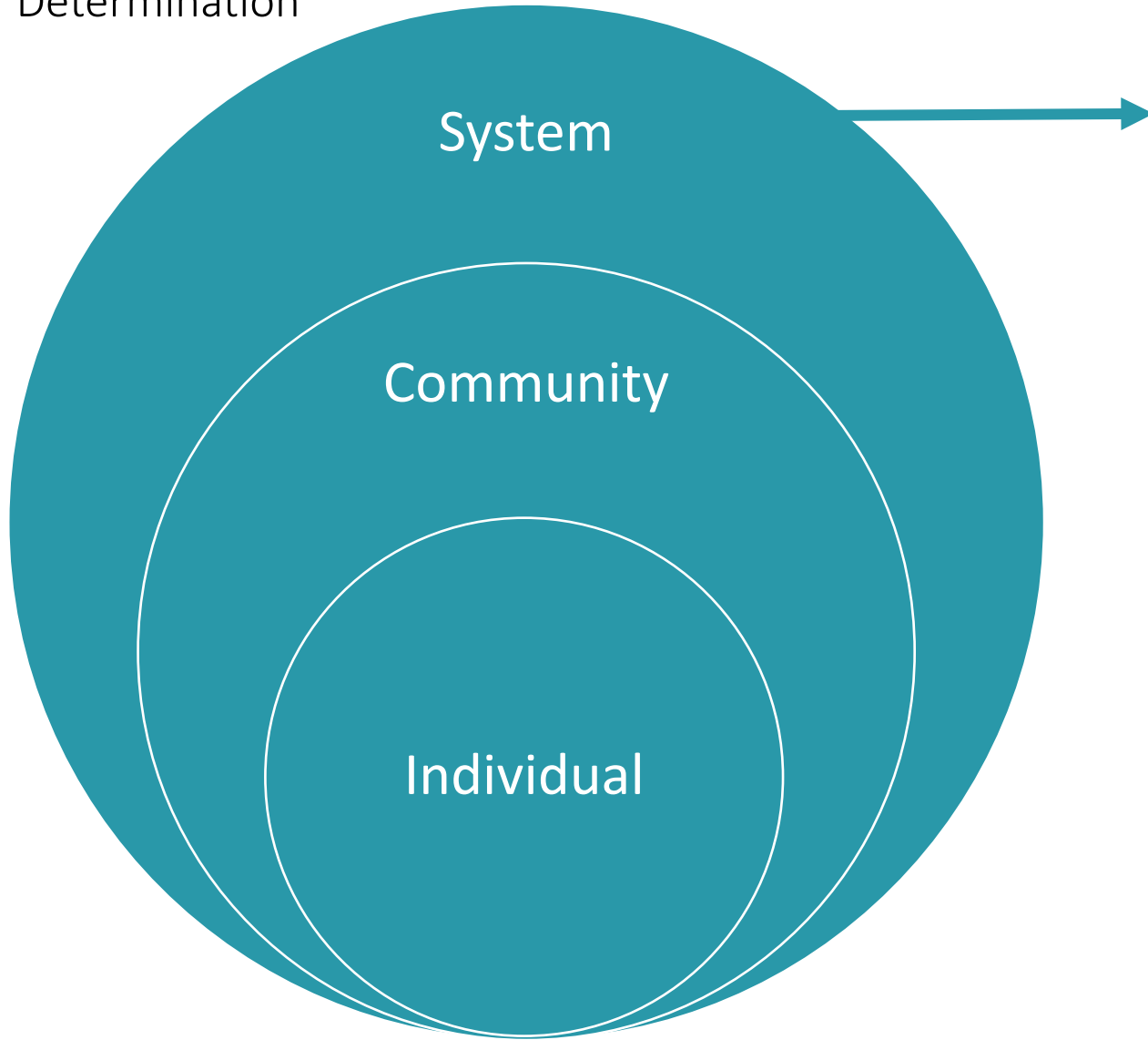
Referrals and registries

- Streamlined connections between organizations and clinics
- Systems to follow clients and their care needs – RedCap
- Reduce barriers to referrals (e.g. requiring MD)

Programs led by community

- Structured in/informed by relevant and local context
- Building capacity within community members
- Inclusive of mental, emotional, physical and spiritual needs

Self Determination



Upholding **Indigenous** ways of knowing

New **funding** structures

Redistribution of **decision-making** authority

Data collection and infrastructure/systems to support monitoring progress

Collaborative and economic **partnerships**

Nimble, responsive and **flexible support** as needed (funding, information, education)



Examples, seeds of resurgence

Walking Together in the Same Direction

- Community engagement project on Vancouver Island
- Co-developing a culturally rooted model that will enhance the culture and resilience that is already present within the communities and bridge gaps in care
- Answering the question:
 - “How can we be who we are as First Nations people while integrating our Traditional knowledge with the best of Western approaches to diabetes care?”



Indigenous Diabetes Health Circle

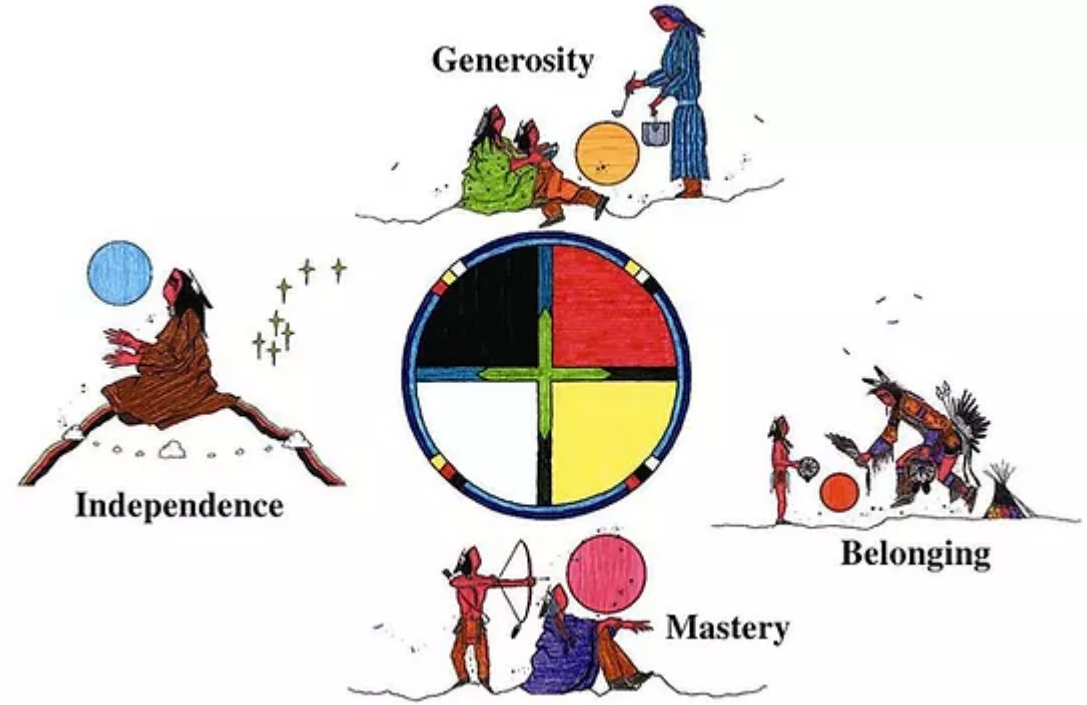
- Promotes diabetes awareness and care from an Indigenous perspective
- Assists Indigenous communities in identifying appropriate resources and services, planning, prevention and awareness strategies



Examples, seeds of resurgence

Indigenous Youth Mentorship Program

- Resiliency-informed T2DM prevention and treatment through cultural connection and relationship
- Circle of Courage – model of resilience



Tee-Cha-Chitl “Getting Well Again”

- Nuu-Chah-Nulth diabetes approach
- Bridging traditional knowledge, food sovereignty, and diabetes care
- Led by NTC communities, grounded in NTC values, local to NTC context



Review

What supports wellness?



Calls to Action

GOAL: increased equity within diabetes care and services, through

- **Transformation of health systems/programs to support Indigenous worldviews as foundation to programs** rather than additions to existing programs
 - Indigenous leadership at every level for decision making, program design, program delivery
 - Individual, community and system levels
- **Building capacity** in community
 - Increasing access to education, financial resources, supports for communities to their train members to provide diabetes awareness, screening, and wellness support
 - Focus on planning (proactive/upstream), problem solving, **by the community for the community**
 - Establish the/a support network for additional supports as needed
 - Restore wholistic wellness values through investment in cultural revitalization – incorporating language, art, music, stories, dance, traditional food and other cultural activities.



Calls to Action cont.

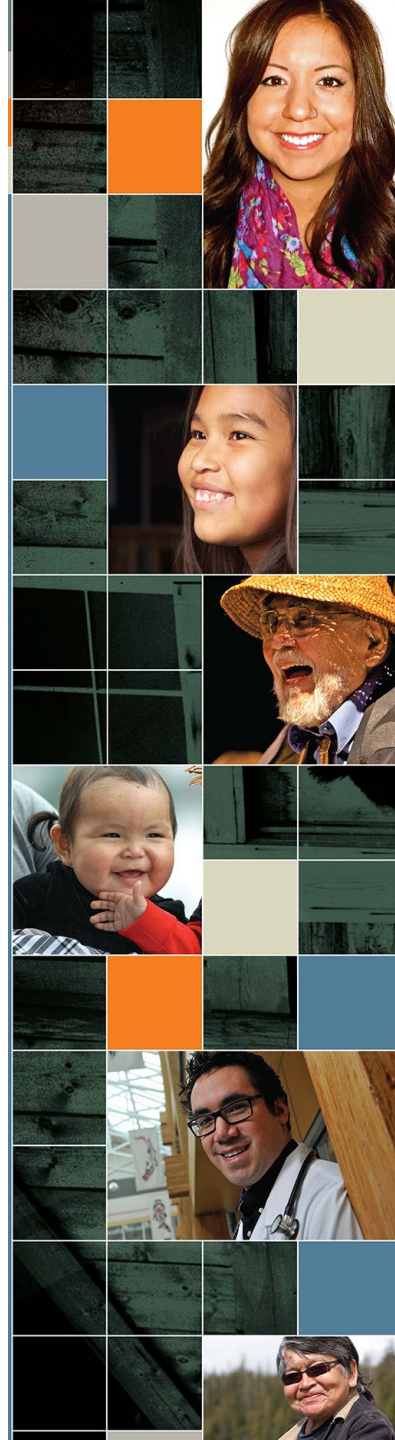
GOAL: increased equity within diabetes care and services, through

- Building a **model of strengths based wellness indicators**
 - For individuals, communities, and the health system
 - To guide the development of initiatives and programs
 - That reflect the values, priorities and strengths of each community



A word cloud featuring various Indigenous values and concepts. The words are arranged in a cluster, with some overlapping. The colors of the words include purple, blue, yellow, red, and green. The words are: language, relevance, connection, safety, relational, cultural continuity, identity, 7 generations, sustainability, respect, agency, and balance.

Q and A



Thank you

Gayaxsixa (Hailhzaqvla)
Huy tseep q'u (Stz'uminus)
Haawa (Haida)
Gila'kasla (Kwakwaka'wakw)
Kleco Kleco (Nuu-Chah-Nulth)
k^wuk^wstéyp (Nlaka'pamux)
Snachailya (Carrier)

Kukwstum'clhkal'ap (St'atimc)
Tooyksím níin (Nisga'a)
Kukwstsétsemc (Secwepemc)
čěčěhaθεč (Ayajuthem)
Sechanalyagh (Tsilhqot'in)
kw'as ho:y (Halq'eméylem)
T'oyaxsím nísím (Gitksan)

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