

DIABETES

RESEARCH CONDUCTED BY

The Métis Nation of Ontario AND
The Institute for Clinical Evaluative Sciences

WHAT IS DIABETES?

- Diabetes is a long term, chronic disease that prevents the body from turning sugar from food into energy. Diabetes can lead to several serious health problems including heart disease, stroke, kidney failure, blindness and amputation.

WHY STUDY DIABETES AMONG THE MÉTIS OF ONTARIO?

- Little is currently known about diabetes in the Métis population, or how Métis people with diabetes access and receive care. This lack of critical health information makes it challenging to target programming and resources where they will be most effective in improving Métis health status and outcomes.

WHO WERE INCLUDED IN THE STUDY?

- Health related data from five provincial databases were linked to the Métis Nation of Ontario Citizenship Registry data to provide information on diabetes rates among on approximately 14,000 Métis citizens in Ontario. These data were then compared to the general population of Ontario.

HOW WIDESPREAD IS DIABETES AMONG THE REGISTERED MÉTIS POPULATION?

- The prevalence of diabetes among registered Métis in Ontario was 26% higher than in the general Ontario population, and this was true across all age groups and for both males and females.

CASES OF DIABETES: OVERALL (OUT OF EVERY 100 PEOPLE AS OF APRIL 2007)

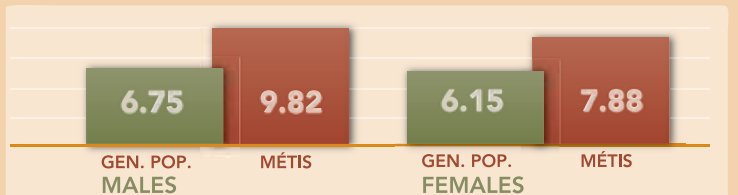


- Within the registered Métis population, the rate of diabetes was 25% higher among Métis males than among Métis females - much larger than the 10% gender difference in the general population.
- The incidence of newly diagnosed cases of diabetes reported for fiscal years 2006/07 and 2007/08 was also 24% higher among registered Métis compared to the general Ontario population.

WHAT ABOUT CARE AND TREATMENT FOR MÉTIS PEOPLE WITH DIABETES?

- Registered Métis with diabetes were 86% more likely to be hospitalized due to a heart attack or pre-heart attack than people with diabetes in the general population.
- Registered Métis did not visit a primary care physician as often as did the general Ontario population. Only 50% of registered Métis reported seeing a doctor five or more times during the two year study period, compared to 55% in the general population.

CASES OF DIABETES: BY SEX DIABETES CASES IN ONT. AT APRIL 1, 2007



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- Registered Métis were 18% less likely to receive care from a diabetes specialist.
- Métis seniors with diabetes aged 65 years and older were more likely to use insulin and to test their own blood sugar than seniors in the general population. They were also less likely to receive medication for high blood pressure.
- Métis seniors with diabetes were less likely than diabetic seniors in the general population to try to control their diabetes through diet alone.
- The higher rates of hospitalization combined with the finding of less frequent visits to primary care and specialist physicians suggests room for improvement in the upstream management of diabetes among the Métis.
- Together these results suggest that urgent action is needed to address the disproportionately high rates of diabetes and other chronic conditions among Métis citizens.
- Métis communities would benefit from targeted diabetes prevention and public health promotion as well as programs which improve access to both primary and specialist care.

HOW SHOULD WE INTERPRET THESE RESULTS?

- This landmark research represents the first population-based study of diabetes among the Métis of Ontario.
- The results indicate that registered Métis are suffering from unacceptably high rates diabetes and this is of major concern.
- The reasons for these differences are complex. Social determinants of health such as housing, education levels and lower socioeconomic status are likely impacting rates of diabetes and other chronic conditions among the Métis, as well as engagement in risk behaviours.
- A higher proportion of Métis people live in remote and rural areas in Northern Ontario where access to health care and supports are more limited. The less frequent visitation to both primary and specialist care among Métis with diabetes may be indicative of these problems with access which, in turn, may be affecting rates of diabetes and other chronic conditions among the Métis as well as health outcomes more generally.
- Because diabetes develops over long periods of time it is essential that we continue to monitor disease rates among the Métis of Ontario and begin to identify the reasons for these higher rates. The MNO will use this information to target programs and resources to where they will be most effective and have the greatest impact on Métis health status and outcomes.
- Collecting more data over longer periods of time will increase the extent to which we can generalize the results of this kind of research to the entire Métis population in Ontario, which in the 2006 census numbered around 73,000 people.



DETAILED REPORTS ARE AVAILABLE
ONLINE AT

www.metisnation.org

PROJECT CONTACT:

Lisa Pigeau, Manager of Policy, Planning and Research
at: lisap@metisnation.org or
613-798-1488 (toll free: **1-800-263-4889**) ext. **105**

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