

Our Health Counts

An inclusive community-driven health survey for First Nations, Inuit, and Métis populations in Ontario cities

Diabetes

The Truth and Reconciliation Commission of Canada (TRC) Call to Action 19 calls for an establishment of “measurable goals to identify and close the gaps in health outcomes” between Indigenous and non-Indigenous populations on indicators including chronic diseases, such as diabetes.¹ First Nations and Metis peoples are at disproportionate risk of diabetes - and associated co-morbidities and complications such as chronic kidney disease - due to ongoing colonial injustices, which include barriers to safe, timely, adequate healthcare.^{2,3} Given limitations and gaps in health data for First Nations, Inuit, and Métis (FNIM) populations living in urban and related homelands, a meta-analysis technique was developed for respondent-driven sampling (RDS) data and applied to Our Health Counts (OHC) Hamilton, Toronto, London, Thunder Bay, and Kenora data sets. The aim of this meta-analysis technique is to obtain an overall pooled prevalence of diabetes among FNIM adults living in Ontario cities.

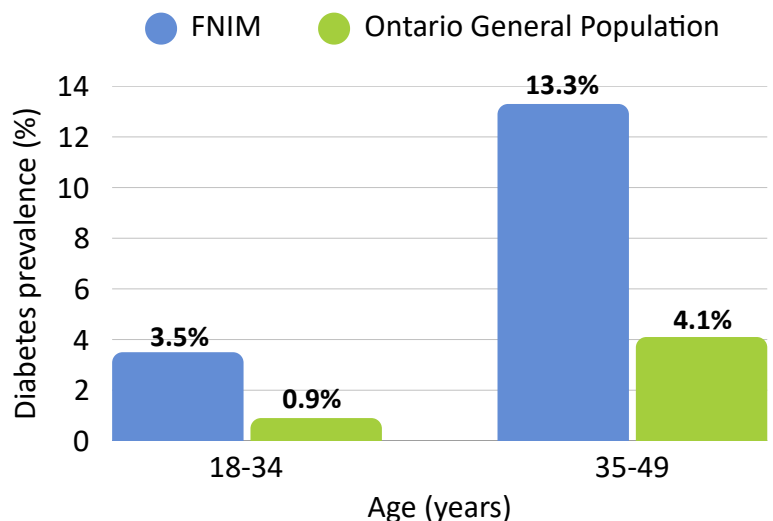
11.3% of FNIM adults living in Hamilton, Toronto, London, Thunder Bay, and Kenora report a diabetes diagnosis

This prevalence is about **1.6 times higher than the general adult population living in Ontario** (CCHS 2015-18),⁵ which is in part due to a lack of access to upstream health supports and traditional foods. Since FNIM populations are much younger than the general Ontario population and less likely to have access to health services⁶ to diagnose diabetes, this prevalence difference is concerning.

FNIM adults in younger age groups have **3-4 times higher prevalences of reported diabetes diagnosis** compared to their non-Indigenous counterparts,⁴ as show in the graph below.

“I don’t always have access to the traditional foods I want or need. These foods are essential for maintaining good health, controlling blood sugar, and managing high blood pressure”

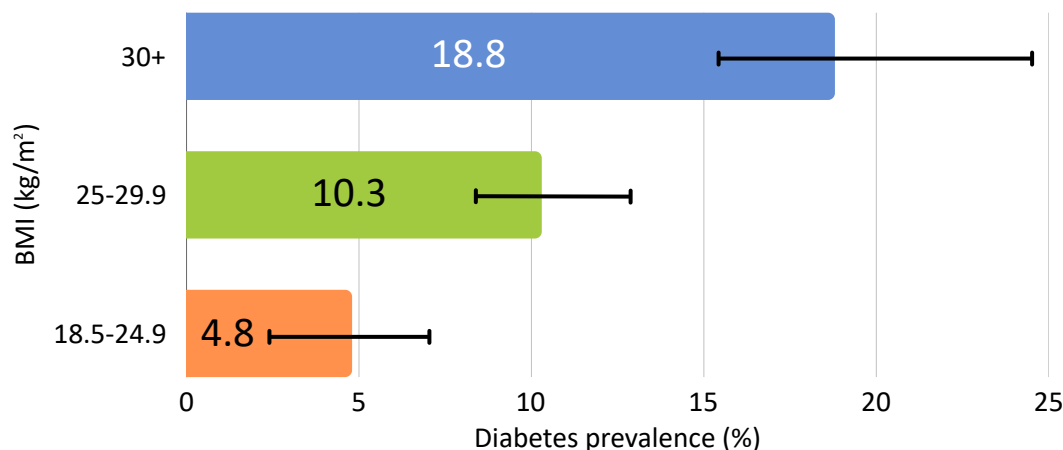
- OHC Ontario survey participant



11.9% of FNIM adult women living in Hamilton, Toronto, London, Thunder Bay, and Kenora report a diabetes diagnosis

This prevalence is close to **DOUBLE** the prevalence of diabetes (6%) among adult women in the general adult population (CCHS 2015-18).⁴

FNIM adults with higher BMI have higher prevalences of reported diabetes diagnosis, as shown in the graph below.



* BMI is a measure of body fat based on height and weight

Policy Implications

Implement TRC Call to Action 19¹: We call upon the provincial and federal governments to work in partnership with Indigenous peoples in reducing gaps in health outcomes between Indigenous and non-Indigenous populations.

Implement TRC Call to Action 20¹: We call upon the provincial and federal governments to recognize, respect, and address the distinct health needs of First Nations living off reserve, Inuit, and Métis.

Implement TRC Call to Action 21¹: We call upon the provincial and federal governments to provide sustainable funding to existing and new Indigenous healing centers to address the physical, mental, emotional and spiritual harms.

Such efforts include:

- Identifying gaps in health outcomes by obtaining valid, representative, population-level health information through Indigenous-led surveys
- Establishing measurable goals for health outcomes to track progress in gap reduction
- Reducing barriers to access to healthcare services to address modifiable risk factors of chronic diseases, such as diabetes
- Provide funding for longitudinal and survival data analyses in order to better understand chronic diseases, such as diabetes, among Indigenous populations
- Increase access to diabetes prevention methods, including but not limited to geography-specific traditional foods for diabetes control as well as culturally relevant prevention programs

Definitions	Indigenous adults: persons 15 years and older self-identified as Indigenous, such as First Nations, Métis, Inuit or other Indigenous nations, living or using services in the cities of Hamilton, Toronto, London, Thunder Bay, Kenora
Notes	Older age groups were not included in this fact sheet due to smaller sample sizes in those age groups and, thus, risk of identification
Sources	1. Truth and Reconciliation Commission of Canada (2015); 2. Diabetes Canada Clinical Practice Guidelines...et al. (2018); 3. Walker et al., (2020); 4. Government of Canada (2022)
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More info	http://www.welllivinghouse.com/what-we-do/projects/our-health-counts/

Population-based estimates created using respondent-driven sampling



Our Health Counts

Diabetes Reference

Our Health Counts (OHC) is an inclusive community-based health survey for First Nations, Inuit, and Métis (FNIM) populations living in Ontario cities and is part of the largest Indigenous population health study in Canada.

Adult participants were selected using respondent-driven sampling, a statistical method which uses social networks in the community to recruit FNIM populations living in Ontario cities.

The following prevalence estimates were obtained based on OHC participants in Hamilton, Toronto, London, Thunder Bay, and Kenora.

OHC diabetes survey question: “Do you have diabetes as diagnosed by a healthcare provider?”

Prevalence of diabetes among FNIM adults within Hamilton, Kenora, London, Thunder Bay, and Toronto

Ontario City	Prevalence (%) (95% CI)
Hamilton	14.8 (29.4, 20.3)
Kenora	4.5 (0.0, 9.2)
London	14.7 (0.5, 20.0)
Thunder Bay	8.2 (4.8, 11.6)
Toronto	14.7 (10.6, 18.7)
Pooled	11.3 (7.1, 15.4)

Prevalence of diabetes among FNIM adults across Hamilton, Kenora, London, Thunder Bay, and Toronto within each BMI category

BMI (kg/m ²)	Prevalence (%) (95% CI)
30+	18.8 (12.4, 25.1)
25-29	10.3 (6.8, 13.8)
18.5-24	4.8 (1.8, 7.8)

