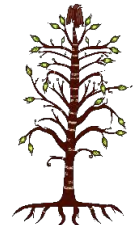


Providing Safe Diabetes Care with Indigenous Older Adults - Infographic

Statistics show that Indigenous peoples are diagnosed with diabetes at a younger age, have more severe symptoms when diagnosed, face higher rates of complications, and experience poorer treatment outcomes.¹



In response to local Indigenous community calls to improve diabetes care for Indigenous older adults, a co-designed educational infographic for healthcare professionals has been created. The co-design process included Indigenous older adults living with diabetes, Indigenous artists, Indigenous Elders, and diabetes educators across Waterloo–Wellington. It blends lived experience with best-practice research to strengthen relationships, improve care quality, and support better outcomes.

Highlights of the Infographic:

- Contextualizes how colonization increases risks of diabetes beyond genetic risks
- Offers references and links for further learning
- Provides actionable steps towards truth and reconciliation
- Presents historical timelines of diabetes within First Nations, Métis and Inuit families

Intended Audience:

- Certified Diabetes Educators (CDE) and health service providers (HSP) who support Indigenous Peoples living with diabetes

Intended Outcomes:

- Position health providers to be key partners in enabling Indigenous older adults to live safer and connected lives
- Provide best-practice resources to enhance relationship building and improve care outcomes
- Enhance organizational policy and practice to advance culturally safe care

A QR code below links directly to the infographic. Please consider posting or sharing it through your website.

Acknowledgement: Infographic Artwork by Ryan McTavish, Mohawk, Six Nations of the Grand River; Muckpaloo Ipeelie, Inuk, Nunavut; Sabastian Koprach, Métis Citizen, Georgian Bay Community; and Designer Andreea McKague

Partners: Healing of the Seven Generations, SOAHAC (Southwest Ontario Aboriginal Access Centre), WWOAC (Waterloo Wellington Older Adult Council), CMHAWW (Canadian Mental Health Association Waterloo Wellington), Guelph Family Health Team, Waterloo Wellington Diabetes, Waterloo Wellington Self-Management Program, Waterloo Regional Health Network, KW4 OHT, GW OHT, CND OHT



Infographic QR code:



¹ [Indigenous communities and diabetes - Diabetes Canada](#)

Providing Safe Diabetes Care With Indigenous Older Adults

"Changing to a low-glycemic, traditional Indigenous diet hugely improved my blood sugar levels and has helped me to better manage my diabetes."

– **Elder Marilyn Sutherland,**

Cree, Constance Lake First Nation, living with diabetes in WW

Colonial Care

Colonial systems drive health inequities, yet culturally appropriate care improves HbA1c levels¹. Communities following cultural traditions are more protected from Type 2 Diabetes Mellitus (T2DM).^{2,3}



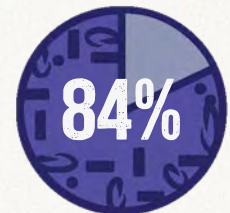
lifetime diabetes risk – First Nations (18+), Ontario.⁴

Generational Impacts

Addressing intergenerational, psychosocial root causes, such as historical trauma, helps to reduce the burden of T2DM in Indigenous Peoples.^{5,6}

Greater Risks

Diabetes is more prevalent and severe in Indigenous communities, with earlier onset and complication rates.⁷

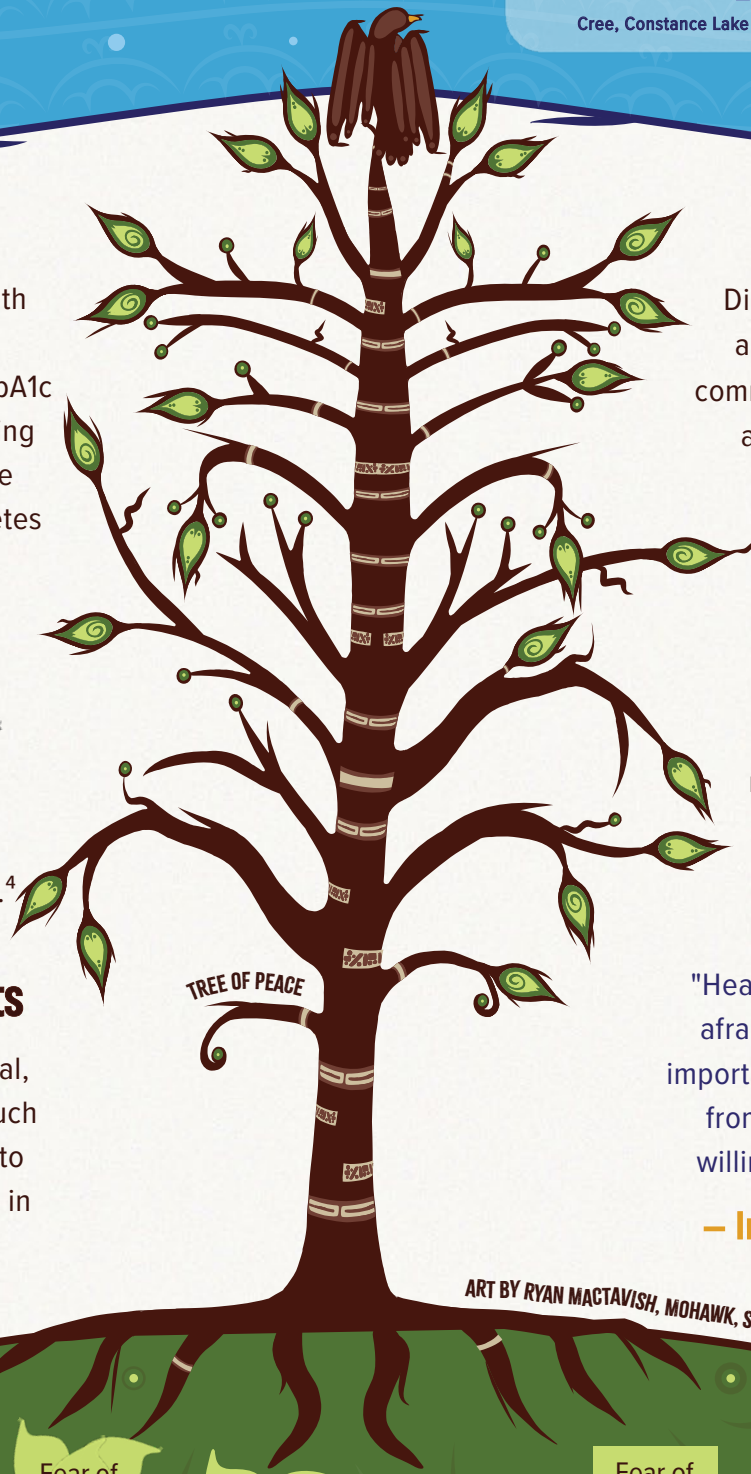


of Indigenous Peoples report discrimination in healthcare.⁸

Cultural Care

"Healthcare providers often feel afraid of making a mistake. It's important to approach relationships from a place of humility and a willingness to listen and learn."

– **Indigenous healthcare provider in WW**



ART BY RYAN MACTAVISH, MOHAWK, SIX NATIONS OF THE GRAND RIVER & ANDREEA MCKAGUE

Low Trust

Fear of Racism

Adverse Childhood Experiences

Clinical Uncertainty

Fear of Trauma

Literature links adverse childhood experiences with T2DM, as stress accumulating from multiple psychosocial sources.^{9,10}

Guelph Wellington survey (2024/25) reports primary care providers need training and confidence to support Indigenous Peoples living with diabetes.

Patients

Root Causes

Providers

Providing Safe Diabetes Care With Indigenous Older Adults

Developing Cultural Confidence in Indigenous Healthcare.

"culturally tailored diabetes education is an effective way of teaching self-management skills..."¹¹

Accountability

Use a culturally safe approach to holistically steward Indigenous knowledge and demonstrate respect for their input and communities. "As an Indigenous person, I felt seen when my physician noted that I was at higher risk of diabetes and therefore screened me earlier."

– Geri Duguid,

Mohawk, Six Nations of the Grand River, living with diabetes in WW

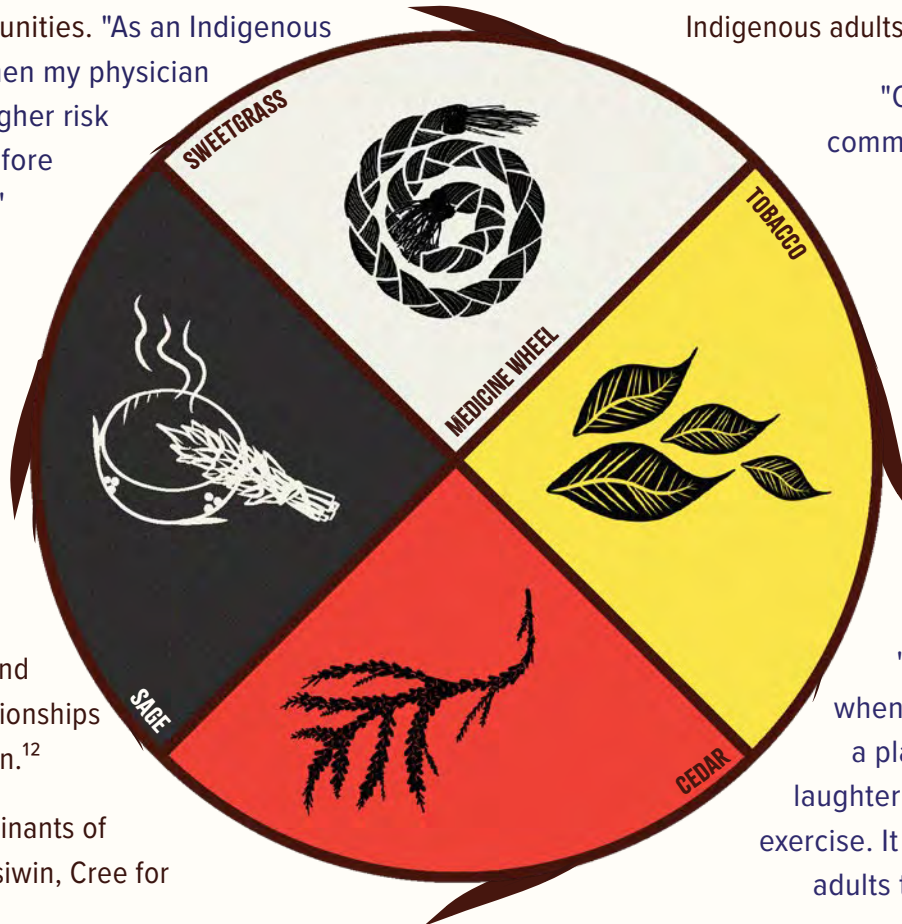
Empowerment

"Active coping and community connectedness can impact positive mental health for Indigenous adults with Type 2 Diabetes."¹⁵

"Consult with Indigenous communities about providing traditional medicines."

– Tauni Sheldon,

Inuk from Nunavik, Inuit Knowledge Keeper connecting Inuit across WW and spreading the message of reconciliation



3-Steps: Sensitive Care

Create a welcoming and safe space. Build relationships and invite identification.¹²

Support social determinants of wellness, Mino-pimatisiwin, Cree for "living a good life".¹³

Connect patients to Indigenous-led services and active local and/or home communities.¹⁴

Closing The Gaps

"We love to laugh, even when we're real sick. Create a playful environment, with laughter (it's medicine), activity, exercise. It helps Indigenous older adults talk about their health."

– Elder Marilyn Sutherland,

Cree, Constance Lake First Nation, living with diabetes in WW



1. Indigenous Diabetes Health Circle: <https://idhc.life/>

2. Southwest Ontario Aboriginal Health Access Centre: <https://www.soahac.on.ca/services/diabetes-education>

3. Indigenous Communities and Diabetes: Diabetes Canada: <https://www.diabetes.ca/resources/tools—resources/indigenous-communities-and-diabetes>

Deepen Your Knowledge

Diabetes and the Journey of A First Nations Older Adult

"Understanding trust in our communities is a process; the medical field was involved in assimilation."

– Donna Dubie,

Mohawk, Six Nations of the Grand River, Executive Director of the Healing of the Seven Generations

1876 – Indian Act ^{16,17}

Prior to colonization, diabetes was non-existent in Indigenous communities. Margaret's ancestors lived on the land. The Indian Act forced them onto a reserve, separating them from their way of life and impacting their holistic health. The government imposed a limited, rationed, Western diet. Many died prematurely from diabetes complications.

1870s-1996 – Residential Schools ^{18,19}

Margaret's parents are survivors of residential schools. They faced trauma, abuse, cultural loss, and malnutrition from underfeeding and nutritional experiments. They left at 17, moved to the city for work, and her father was diagnosed with diabetes at age 30.

1950s-1980s – 60's Scoop ²⁰

Margaret is taken from her parents at age 6 and adopted by a non-Indigenous family in the City. Margaret is raised "white." She struggles with her mental health and belonging. These early adverse childhood experiences contribute to her later diabetes diagnosis. She is hospitalized once for low-blood sugar.

2008 – Truth and Reconciliation ²¹

Margaret begins her journey to reclaim her Indigeneity. She is reunited with lost cousins and aunts. She learns of her birth families' long struggles with diabetes. She is diagnosed with T2DM and yearns to 'live well with the diagnosis.'

Present Day – Truth and Reconciliation Commission - Small Steps of Self-Determination

Margaret connects with a local Indigenous health centre where she attends diabetes education classes. She reconnects to the land, and her healthcare provider helps her to access some traditional foods through local Indigenous community programs. Margaret starts to feel improvement in her mental health and ability to manage her blood sugar levels.

Diabetes and the Journey of An Inuk Older Adult

*Country foods: Country food is the Inuit specific term used for their traditional foods (e.g. game meats, migratory birds, fish and foraged foods). Country foods are an integral part of Inuit identity and culture and survival.



1934–1950s – Forced Relocation to High Arctic^{27,28}

Ning's family is coerced to relocate to the uninhabited high arctic region by the Canadian government under false promises of better living standards. They face extreme conditions, isolation, unfamiliar food, and loss of hunting lands. Country foods* (low in carbohydrates) and active lifestyles once protected Inuit from diabetes.



1936–1981 – Sanitaria (Indian Hospitals) Era²⁹

In 1960, Ning's mother, along with many Inuit, is sent to a sanitarium for tuberculosis and hypothyroidism treatment. Removed from her family, culture and language, she feels isolated and alone. Unable to access country foods, she is fed a high carbohydrate diet. She undergoes non-consensual medical experimentation, emotional and physical abuse, and remains at the Sanitarium for three years. The trauma leaves her fearful of westernized healthcare for life.

1950s–1960s – Sled Dog Slaughter & Food Insecurity^{30,31}



Ning's mother returns home to Nunavik. Soon after, the Canadian government issues the sled dog slaughter; dogs play an integral role in the survival of Inuit. This leads to high levels of depression, a loss of a way of life, food insecurity and reliance on processed foods. Her mother unknowingly carries a gene linked to diabetes—only identified in Inuit in 2016.

1900–1990s – Residential Schools & Sixties Scoop Truth and Reconciliation^{32,33}

Ning's older brother is taken to residential school, losing connection to his culture. He is the first relative to be diagnosed with diabetes and eventually dies from diabetes-related, cardiac complications. Ning, born in the late 1960s, is taken at birth in the Sixties Scoop and only reconnects with her birth family and cultural identity as an adult.

ART BY MUCKPALOO IPEELIE, INUK FROM NUNAVUT, MLT/CEO URBAN INUIT IDENTITY PROJECT

Reconciliation & Self-Determination^{34,35}

Ning's family experiences the beginnings of reconciliation through land claims agreements and a resurgence of self-determination in her ancestral Inuit community. Living in the south, Ning struggles to access country food and culture but finds support through local Inuit gatherings. Diagnosed with diabetes, she receives care from a physician who has some knowledge of Inuit culture, which makes her feel safe and seen. They work together to create a care plan that draws on both Western medicine and *Inuit Qaujimajatuqangit*/ᐃᓄᐃᑦ ᑎᓄᐃᑦ ᐃᑦᐃᑦ, Inuit traditional knowledge, to manage her health. They connect with Inuit Diabetes Network and Tungasuvvingat Inuit in Toronto, who offer some support in this region of Ontario.

Providing Safe Diabetes Care with Métis Older Adults

“We need to know substitutions for foods, especially those we should totally not eat. I love to bake and share food with people, and it would be helpful to know which different flours would work in a Bannock recipe. Also, it would be helpful if providers knew about Métis Nation Ontario services and could refer us.”

– Ann Nash,

Métis, older adult living with diabetes in WW

Origins & Culture ³⁶

William is Métis. Métis Peoples have a distinct culture born from First Nations and European unions in the 18th–19th centuries, known for music (fiddle), dance (jigging), and art (beading, dot painting). The Cree called them Otipemisiwak, “those who govern themselves.” Historically free of diabetes, their active, land-based lifestyles and traditional diets like pemmican (calorie-dense dried meat and berries) offered protection.

Loss & Resistance ³⁷

Métis Peoples have resisted displacement and the loss of land, rights, and livelihoods. These losses have led to economic instability, disrupted diets, sedentary lifestyles and mental health struggles, contributing to diabetes emergence in later generations. William feels that having regained hunting rights will help Métis Peoples to live more active lives again.

Cultural Disconnection & Trauma

Métis Peoples experienced both Residential Schools and the Sixties Scoop. Many Métis, including William’s grandparents, hid their identity, leading to cultural disconnection and worsening health outcomes. William’s journey to trace his roots includes reclaiming his heritage and uncovering diabetes in his family.

Belonging ^{38, 39}

Métis gatherings are essential to fostering community and healing. William joined his local Métis council, advocating for culturally specific health research and funding to address the diabetes crisis in his community. He is especially concerned about how diabetes impacts daily functioning and increases risks of hypertension and heart problems for Métis older adults.

Healing & Reconnection ^{40, 41, 42}

Reconnecting with land and culture is key to managing diabetes for Métis Peoples. William becomes a Registered Dietitian, contributing to public health efforts and improving culturally specific access to care for Métis communities.



Providing Safe Diabetes Care With Indigenous Older Adults

"Many of us, such as in my family, have diabetes ourselves, as well as our relatives (including our youth). We are trying to do our best, but it is hard when healing from traumas, feeling low, trying to remember all the healthcare instructions... We need empathy, validation and to feel seen by providers."

– Cathy Andrus,

Ojibwa from Alderville First Nation, Senior Program Coordinator at the Healing of the Seven Generations, living with diabetes in WW

Cultural Care

It is important to link trauma assessment and treatment with an active promotion of Indigenous culture within a clinic, such as adding Indigenous language in assessment and in signage, including Indigenous patients on boards, and updating policies to allow the use of Traditional Indigenous Medicine (TIM) and foods.²²

Adverse Childhood Experiences (ACEs)

ACEs, including trauma and stress, can disrupt biological pathways. Studies have shown a correlation between experiencing more ACEs and a higher risk of developing diabetes.²³

Greater Risks

Diabetes is more prevalent and severe in Indigenous communities, with earlier onset and complications such as chronic kidney disease, lower limb amputation, severe retinopathy, depressive symptoms and suicide ideation.^{24,25}

Fear of Mistakes

"It is important to approach relationships from a place of humility and a willingness to learn. When we do that, patients are more likely to want to help you on your path of understanding, which will help not only them and their care, but also future generations to come. Staying open and curious goes a long way."

– Indigenous primary healthcare provider in WW

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Providing Safe Diabetes Care With Indigenous Older Adults

"The determinants of wellness inherently recognize elements of self-determination, identity, language and land as fundamental to health."²⁶

Accountability

"As a healthcare provider, I ask myself: 'do I have a role in any kind of cultural prescription for this patient?' Then I make a note in the chart and refer to appropriate Indigenous-led cultural care."

– Non-Indigenous Physician at Indigenous-led healthcare centre

3-Steps: Sensitive Care

Create a safe and welcoming space. Build relationships by being transparent and curious, inviting identification.

Link: <http://geriatricessentialslearning.ca/courses/caring-for-indigenous-older-adults-in-waterloo-wellington/>.

Support social determinants of wellness, Cree for social Mino-pimatisiwin, "living a good life," such as access to language interpreters, food sovereignty, traditional medicines, transportation and medication supplies.

Link: <https://sac-isc.gc.ca/eng/1572537161086/1572537234517>.

Connect Indigenous patients and their partners in care to Indigenous-led services and active local and/or home communities.

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Empowerment

"Advocating for and being aware of Indigenous focused programs as well as traditional food sources may be very beneficial in our community in particular and could help many Indigenous older adults on their journey to managing their diabetes."

– Indigenous primary healthcare provider in WW

Closing The Gaps

"...understanding the generational and historical traumas, as well as racial and social conditions of colonization helps Indigenous patients feel seen and gives opportunities to providers to take a wholistic, more inviting approach."

– Amber Bell, Anishinaabe Kwe, living in WW

Link: <https://rgpc.ca/news/recording-now-available-across-the-lifespan-experiences-of-indigenous-older-adults-accessing-care/>.

"My NP provided bus tokens for me to attend my appointments, which helped me to manage my diabetes."

– Elder Geri Duguid,

Mohawk, Six Nations of the Grand River, living with diabetes in WW