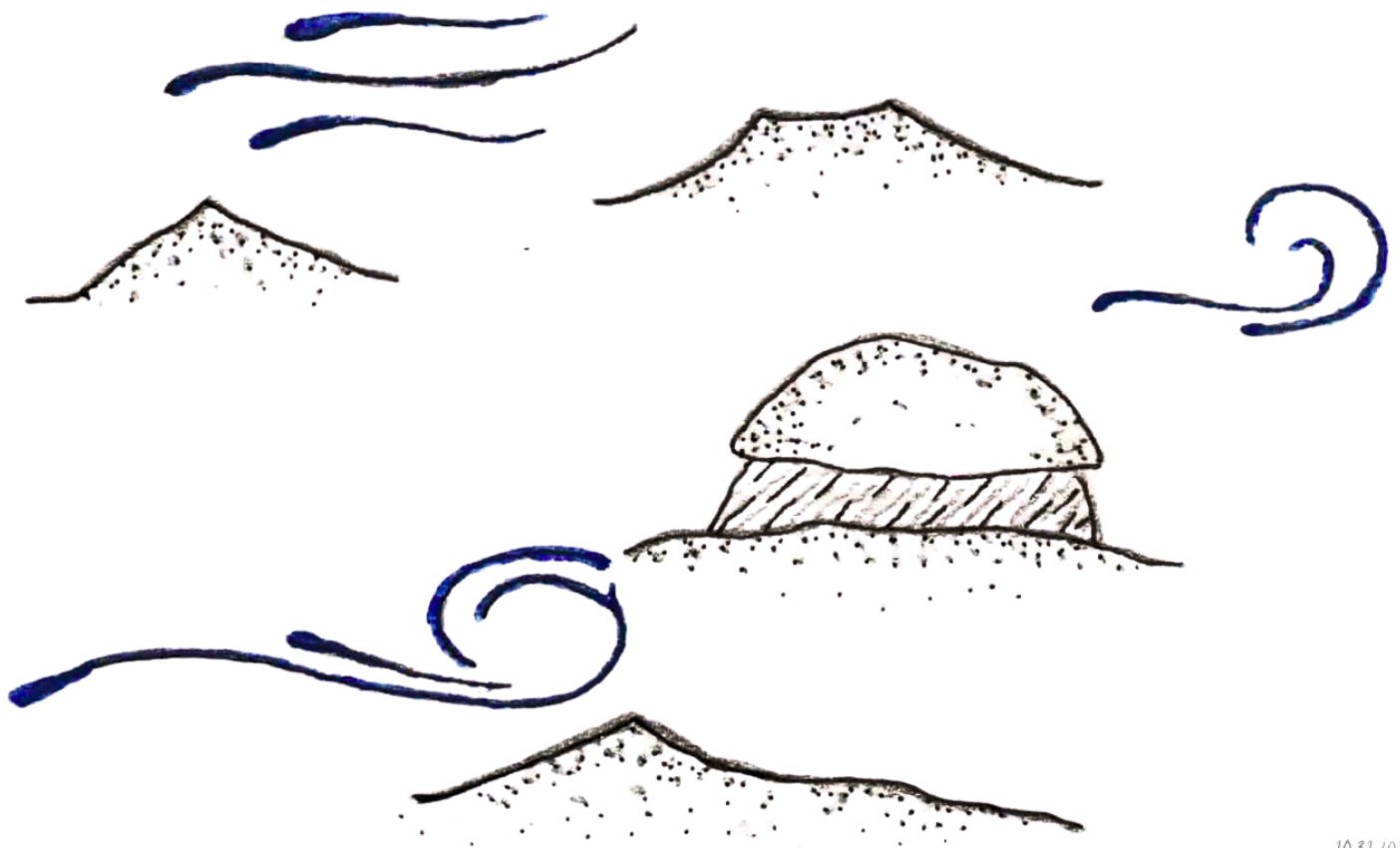


REFLECTION PRACTICE



Muckpaloo Ipeelie,
Inuk from Nunavut, MLT/CEO Urban Inuit Identity Project

10/31/2025
Muckpaloo Ipeelie

In support of:

The Providing Safe Diabetes Care with Indigenous
Older Adults Infographic

CONTENTS

3	-----	REFLECTIVE PRACTICE
4	-----	INTRODUCTION
6	-----	REFLECTION 1: SAM
11	-----	REFLECTION 2: ALICE
15	-----	REFLECTIVE PRACTICE QUESTIONS
17	-----	SUMMARY

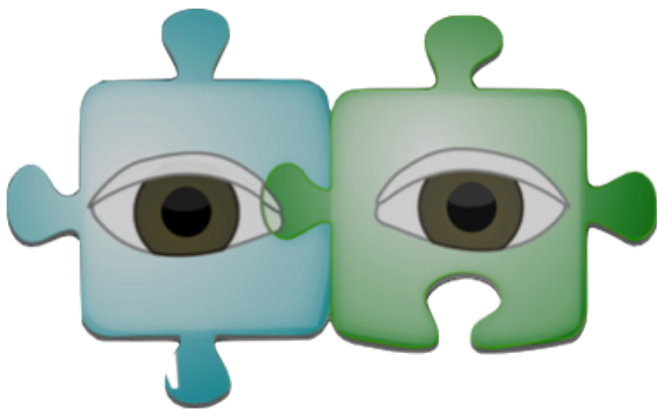
This information is designed to support the application of the [Infographic Providing Safe Diabetes Care with Indigenous Older Adults-Digital Copy.pdf](https://www.waterloowellingtondiabetes.ca/userContent/documents/ProfessionalResources/Infographic%20Providing%20Safe%20Diabetes%20Care%20with%20Indigenous%20Older%20Adults%2DDigital%20Copy.pdf) (<https://www.waterloowellingtondiabetes.ca/userContent/documents/ProfessionalResources/Infographic%20Providing%20Safe%20Diabetes%20Care%20with%20Indigenous%20Older%20Adults%2DDigital%20Copy.pdf>) into your clinical practice. It provides learning points that authentically respect Indigenous Peoples' right to self-determination of their health and wellbeing by enabling wholistic, culturally-rooted approaches to care.

REFLECTIVE PRACTICE

Two-Eyed Seeing

Etuptmumk or Two-Eyed Seeing, is a guiding principle framework, shared by Mi'kmaq Elder Albert Marshall, that advocates for bringing two distinct perspectives together: one eye sees with the strengths of Indigenous ways of knowing, and the other with the strengths of Western knowledge. This promotes using both perspectives together in a process of co-learning and co-creating, in healthcare towards culturally safe, wholistic approaches.

An Introduction to Two-Eyed Seeing v.2.2



Designed by Kristy Read for "Integrative science and Two-Eyed Seeing: Enriching the discussion framework for healthy communities"(2015) in Ecosystems, society, and health: Pathways through diversity, convergence, and integration. McGill-Queen's University Press.

"Two-Eyed Seeing is about how to walk with the mainstream. It is not instructions inside of a box, but provides a perspective that encourages thought towards what the working relationship can be. If you make a mistake, use the experience as a learning - this Two-Eyed Seeing approach is meant to encourage comfort, not anxiety."

Donna Dubie, Mohawk, Six Nations of the Grand River, living with diabetes, Executive Director Healing of the Seven Generations

Reminders:

- Self-reflection supports continuous learning and professional growth
- Commit to ongoing self-reflection with openness and humility
- Persevere even when the content feels uncomfortable
- Reconciliation is a life-long process requiring continual learning, reflection, and practice
- Mistakes are a normal part of the learning process; let them guide you

INTRODUCTION

Indigenous Peoples continue to experience systemic inequities rooted in historical and ongoing processes such as colonization and racism, which undermine Indigenous cultures & values, leading to lasting intergenerational trauma. These realities shape not only individual experiences but also the ways in which trust is built or broken within professional-patient relationships.

Reflection helps clinicians connect theory to everyday practice, improving how knowledge is applied in real patient care. It also supports ongoing professional development by encouraging thoughtful inquiry, helping providers become more intentional, adaptable, and effective in their work.

The following two reflections examine care encounters with Indigenous patients and how the provider's approach shaped each interaction. They emphasize the importance of cultural humility, relational accountability, and recognizing the ongoing effects of colonialism on health and social outcomes. Together, they support self-awareness, continuous learning, and culturally safe practice.

SENSITIVE CONTENT WARNING

The content in the reflections presented in this document may result in unpleasant feelings or in the recall of negative experiences. Truth-telling is an important part of reconciliation. We ask that all readers bear witness to the experiences. If you require support, please reach out to a trusted friend, mentor, or counsellor.

First Nations and Inuit Hope for Wellness Help Line at 1-855-242-3310 or the online chat at www.hopeforwellness.ca

Indigenous Women and families: Talk4Healing – Beendigen
1-855-554-HEAL – call, text or live chat; Crisis Line: 1-888-200-9997 www.beendigen.com/programs/talk4healing/

Residential School Survivors Program: Indian Residential Schools Resolution Health Support Program; 1-866-925-4419
(for survivors and family members)

Indigenous Peoples impacted by Missing and Murdered Indigenous Women and Girls Crisis | MMIWG; 1-844-413-6649 www.mmiwg-ffada.ca/contact

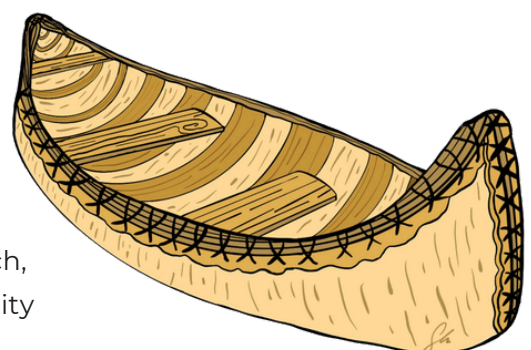
CONTEXT

Diabetes affects Indigenous Peoples at disproportionately high rates due to a complex interplay of biological, social, and historical factors. Colonization, the disruption of land-based food systems, residential schools, Indian hospitals and ongoing systemic inequities have shaped health outcomes in Indigenous communities for generations.

Many Indigenous older adults carry experiences of **trauma**, **disrupted family structures**, and **mistrust** of healthcare systems. These realities can influence engagement in care, access to services, and long-term self-management for older adults, their families, and their communities. Indigenous patients may need time during appointments to build trust, share concerns, and discuss broader factors affecting their health. Typical 15–20 minute visits and provider pressures can limit relationship-building opportunities and culturally responsive care. However, trust can begin in moments—through respect, listening, and honesty.

Despite these challenges, Indigenous communities hold profound strengths—resilience, strong family and community connections, traditional practices, and wholistic approaches to wellness. For many older adults, cultural identity, spirituality, and connection to the land serve as protective factors that support chronic disease management.

For primary care teams, understanding this broader context—and practicing cultural humility—opens the door to more effective, respectful, and meaningful relationships.



Sabastian Koprich,
Métis Citizen, Georgian Bay Community

REFLECTION 1: SAM

“Sam,” age 66, is an Indigenous older adult living in an urban center. Diagnosed with type 1 diabetes about 20 years ago, they are managing their glucose through long and short-acting insulin. They find using their continuous glucose monitor (CGM) challenging, and their A1c has been between 8-10% for the past 3 years.

Presenting Concerns

Sam wants to improve their blood sugar readings, grounded in traditional knowledge, and participation in ceremonies. Sam is looking for guidance on how to safely participate in a fasting ceremony. They request assistance completing documentation to maintain uninterrupted diabetes supply coverage.

Clinical Snapshot

- A1c: 9.8%
- Cholesterol: 4.90
- Triglycerides: 0.81
- eGFR: 94
- LDL Cholesterol: 3.31
- HDL Cholesterol: 1.30

What Matters to Sam

Sam prioritizes whole-person wellness, integrating spiritual, physical, emotional, and mental health practices rooted in culture and ceremony. Sam wants to learn to carbohydrate count to improve insulin dose accuracy, but finds this approach more medicalized than their preferred way of managing health. Their past experiences of racism and judgment in healthcare make a Two-Eyed Seeing approach essential, and they want their care team to recognize and respect Indigenous knowledge alongside Western medical perspectives. Sam is proud of the lifestyle changes they’ve made to support glucose management and is eager to learn additional strategies that align with their values, culture, and preferred ways of healing.

DISCUSSION

1. How Cultural Safety Influences Sam's Diabetes Management

Accessing appropriate healthcare has been challenging. Sam was not consistently connected with a diabetes education center, as building a therapeutic relationship that aligned with their goals and values was difficult.

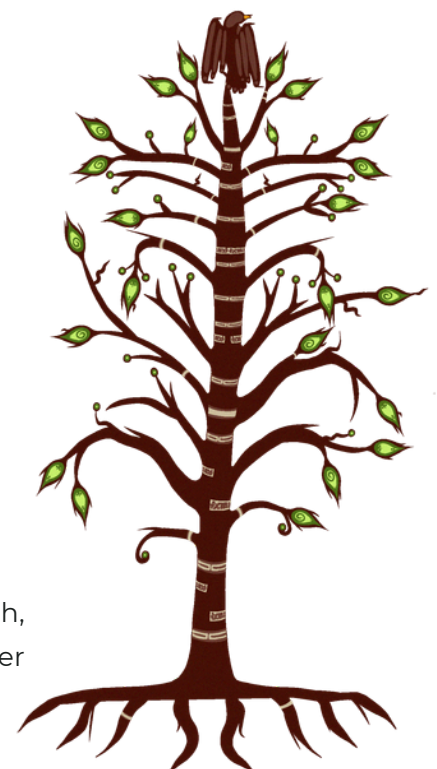
Many Indigenous older adults—including Sam—have experienced racism or felt dismissed within healthcare settings. These experiences lead to feeling unsafe, reducing transparency, as well as increased concern that their preferences will not be respected or advocated for when they differ from clinical guidelines.

2. How Primary Care can Respectfully Honour Culture

Learn from your patients by showing genuine interest in their experiences and culture. Ask permission to discuss cultural practices and health beliefs, and respect if they choose not to share. Listening with curiosity and openness helps build trust. Mistakes may happen, but they are part of learning and practicing culturally safe care.

As health care providers, practicing humility means allowing the patient to guide the appointment and identify what feels most important to them in that moment. There are many resources available to support this learning—such as the [Providing Safe Diabetes Care to Indigenous Older Adults infographic](#)—which offer valuable context about the history and experiences of Indigenous Peoples.

Ryan MacTavish,
Mohawk, Six Nations of the Grand River



DISCUSSION

How Health Care Providers can Honour Culture

Using the [infographic Providing Safe Diabetes Care with Indigenous Older Adults-Digital Copy.pdf](#)

- Page 1 – Historical root causes for lack of trust
- Page 1 – Cultural care requiring listening and learning
- Page 2 – 3 steps to Sensitive Care
- Page 2 – Traditional medicine connection
- Ceremony and Fasting

“Living with diabetes, when I fast, I first put down my tobacco and set my intentions. I ensure that my blood sugars are in a good place. I started with a one-day commitment first, until I could increase it to two days. I use faith and prayers. I have the fire. I know the Creator recognizes I am in Ceremony. My body lets me know if I need to adjust. I test my A1c at the end, and all is well.”

Cathy Andrus, Ojibwa from Alderville First Nation, older adult living with diabetes, Seniors Programs at Healing of the Seven Generations

“Seek diabetes educator or HCP [Health Care Provider] direction as an individualized assessment should be done by a health care provider 1-3 months prior to fast.” (<https://nada.ca/wp-content/uploads/NIDA-2024-Eng-Ing-Brochure-Web.pdf>).



Ryan MacTavish,
Mohawk, Six Nations of the Grand River

LESSONS LEARNED

Wholistic Wellness

Indigenous worldviews often include spiritual, emotional, mental, and physical dimensions of health. Diabetes management must reflect this broader understanding rather than focusing solely on glucose monitoring.

Relationship-Based Care

Providers must acknowledge historical harm and approach care with openness, curiosity, and respect for Indigenous knowledge systems. A strong therapeutic relationship improves trust, and outcomes through a strengths-based, empowering approach. Spending time to listen and ask about Sam's goals signals respect and fosters openness.

Community and Family Involvement

Prioritize ways to safely connect with culture and participate in ceremonies while living with diabetes.

Reducing Barriers

Center Sam's needs by assessing whether support with administrative tasks could reduce their overwhelm. Build on Sam's strengths—resilience, cultural practices, and lived experience—to set meaningful, achievable goals using a Two-Eyed Seeing approach. Focus on small, realistic steps and build on successes to strengthen confidence over time.



Sabastian Koprach,
Métis Citizen, Georgian Bay Community

REFLECTION 2: ALICE

Alice is a 58-year-old Indigenous woman with multiple chronic health conditions, including type 2 diabetes, dyslipidemia, liver disease, and mental health concerns. Her recent HbA1c is 13.1%. She has a history of missed appointments and inconsistent medication observance. Alice faces significant social challenges, including living in a multigenerational household with interfamily conflict.

Presenting Concerns

Laboratory results indicating poor glycemic control, liver disease. She is seeking mental health support.

Initial Registered Dietitian (RD) Clinic Appointment

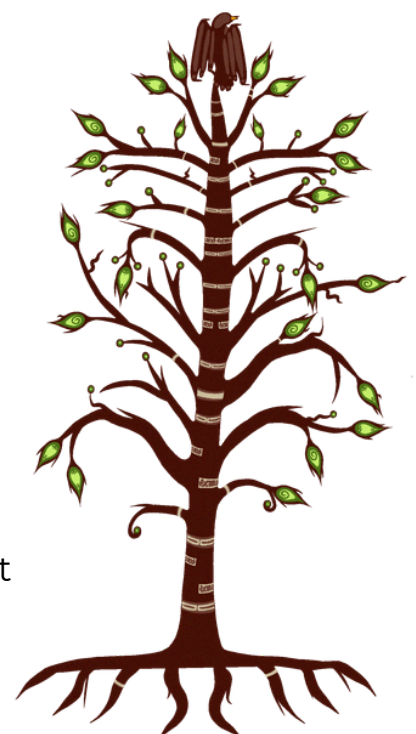
I reviewed Alice's history and prepared to support her glycemic management, while staying open to her priorities. When I greeted her, she began to cry. I sat quietly, gave her space, and listened as she spoke through her tears.

Alice shared that her health felt like it was unraveling and that both her family and health care providers were blaming her. I realized the most important action I could take was to hold space for Alice and to follow her lead. This would prioritize trust building as a foundation for ongoing support.

After about 30 minutes, she began to settle. She apologized for taking my time and explained that recent diagnoses had left her feeling overwhelmed. We acknowledged that her feelings were valid and that she deserved space to express them.

With the time remaining, we agreed to meet again in two weeks to continue her diabetes care. By the end of the visit, Alice expressed gratitude and agreed to work with me and the broader care team—support she had previously declined.

Ryan MacTavish,
Mohawk, Six Nations of the Grand River



DISCUSSION

Indigenous approaches to health emphasize the interconnectedness of spiritual, emotional, mental, and physical well-being. Diabetes care should reflect this wholistic perspective, extending beyond glycemic control to consider factors such as stress, trauma, and burnout. Supportive, patient-centred conversations can help identify distress and guide appropriate care options.

Building a strong therapeutic relationship is essential. Trust, respect, humility, and collaboration foster engagement and improve outcomes. Taking time to listen and understand what matters most to the individual strengthens relationships and supports more effective, culturally responsive care.

How Health Care Providers Can Honour Culture

Consider utilizing the Providing Safe Diabetes Care for Indigenous Older Adults Infographic: [Infographic Providing Safe Diabetes Care with Indigenous Older Adults-Digital Copy.pdf](#)

- Page 1 – Historical root causes for lack of trust
- Page 1 – Cultural Care requiring humility, listening and learning
- Page 2 – 3 steps to Sensitive Care
- Addendum 1 – Adverse Childhood Experiences (ACEs) and lived experience

“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 Nations, older adult living with diabetes, Seniors Programs at Healing of the Seven Generations

LESSONS LEARNED

Cultural Considerations

Providers must acknowledge historical harm and approach care with openness, curiosity, and respect for Indigenous Peoples' beliefs that include mental, spiritual, physical or emotional needs. Many, like Alice, require space and time to heal emotionally before clinical therapies can be effectively implemented, alongside cultural modalities.

Collaborative Care

Shift from prescriptive care to collaborative care with more focus on overall health outcomes rather than clinical numbers. Providers' expectations should align with patient realities and care plans should reflect patients' priorities.

Practical Flexibility

Despite clinic norms, more time may be needed for appointments - this allows for a relaxed environment - where Alice can share the stories and experiences that are most meaningful at this time.



Sabastian Koprach,
Métis Citizen, Georgian Bay Community

REFLECTIVE PRACTICE QUESTIONS

Note: The following questions were developed from requirements across different health and social sector colleges. Adapt them where necessary to fulfill reflective practice requirements and guidance for your college/field.

1. How has my own social location, including settler status, race, education, biases, beliefs, worldview, professional role and loci of power, shaped how I understand diabetes as it relates to Indigenous Peoples? What impact does this have on how I approach individual care? For example, do I apply purely biomedical focus on nutrient analysis or a wholistic approach that includes spiritual, mental, emotional and physical well-being analysis and support? Do I recognize traditional foodways as medicine rather than just sources of fuel?
2. Considering how Indigenous Peoples have both collective and personal negative experiences with healthcare, how can I actively re-build trust with individual clients/patients and local Indigenous communities?
3. In recognizing the impacts of colonization, how can I empower Indigenous patients/clients to enhance their social determinants of wellness? How can I consider food sovereignty and access, traditional medicines, land-based healing opportunities, transportation support, medication supplies, adaptation of office environment, etc.?

REFLECTIVE PRACTICE QUESTIONS

Note: The following questions were developed from requirements across different health and social sector colleges. Adapt them where necessary to fulfill reflective practice requirements and guidance for your college/field.

4. What commitments can I make within my practice and with my team to support Indigenous self-determination, health sovereignty, and collective well-being?

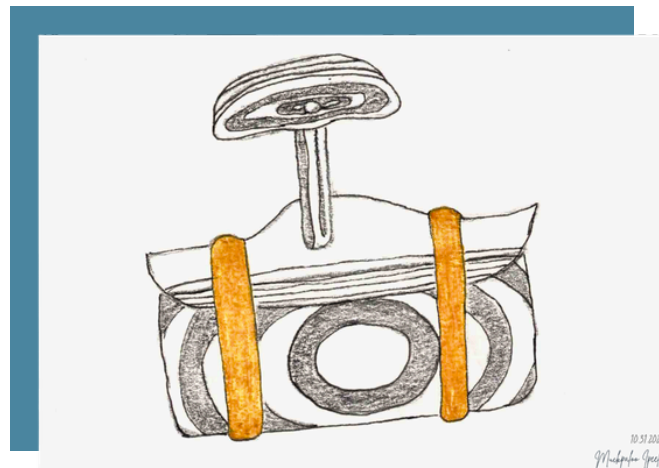
5. What future learning needs have you identified from the reflections presented?

Examples for consideration:

- How to address the fear of making mistakes and impacts on my practice.
- How to move from cultural “understanding” to cultural humility by embracing lifelong learning and valuing Indigenous knowledge systems alongside biomedical and Eurocentric approaches.
- How to embed principles of food sovereignty and respect for traditional food practices into my nutrition advice.
- How to better collaborate with Elders, traditional healers, and Indigenous health navigators.
- How to advance culturally safe practices within my organization, to ensure a welcoming and inclusive environment for Indigenous people.

SUMMARY

Creating a culturally safe space, responding to the client's needs and communication style, and removing the power distance between provider and client, may create good health and social outcomes. As a practitioner providing care to Indigenous older adults living with diabetes, it is important to move beyond a purely clinical lens and instead, approach each interaction with openness, respect, and a willingness to learn from the client's lived experience or immediate needs, for best health outcomes. Reflective practice is not about assigning blame or justifying actions, but about engaging in honest, constructive evaluation. This process supports the development of a culturally aware, empathetic practice.



Muckpaloo Ipeelie,
Inuk from Nunavut, MLT/CEO Urban Inuit Identity Project

ACKNOWLEDGMENTS

Gratitude is extended to the Elders, Indigenous community members, patient navigators, and healthcare collaborators who support culturally safe diabetes care. Their shared knowledge and partnership guide the development of more respectful and effective primary care practices.

WRITING AND EDITING GROUP

Cathy **Andrus**
Stephanie **Bunn**
Donna **Dubie**
Tianna **Dip**

Trina **Fitter**
Susie **Gregg**
Julie **Goodwin**
Keri **Howell**

Scholastica **Madu**
Sarah **Osman**
Sandra **Paleczny**
Christine **Platt**

Aderonke **Saba**
Marilyn **Sutherland**

RESOURCES

- **CanMEDS–Family Medicine Indigenous Health Case Study Compendium | Second Edition**
 - (<https://www.cfpc.ca/CFPC/media/Resources/Indigenous-Health/CanMEDS-Indigenous-Health-2024-EN.pdf>)
- **Self-reflective HCP practice (Indigenous Cultural Safety, Humility, and Anti-racism Practice Standard) resource already in existence:** <https://chcpbc.org/wp-content/uploads/2024/08/RD-Indigenous-Cultural-Safety-Standard-Final.pdf>

**INFOGRAPHIC
PROVIDING SAFE
DIABETES CARE
WITH INDIGENOUS
OLDER ADULTS**

