Peace, Unity and Wellness

FIRST NATIONS HEALTH AND SOCIAL
SECRETARIAT OF MANITOBA

2018-2019 DIP Annual Report

DIABETES INTEGRATION PROJECT (DIP)

Staff

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Thompson Team - Vacant
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The Diabetes Integration Project had a busy year in the provision of mobile diabetes care and treatment services in 20 First Nations communities in the Manitoba Region. The Diabetes Integration Project is supported through a number of partnerships with the First Nations communities, Tribal Councils, Manitoba First Nations Diabetes Leadership Council and the various health professionals in the key specialty areas.

Key Issues/Challenges

Addressing the epidemic of type 2 diabetes in the First Nation communities requires an increase in funding to increase the wages/salary level for nursing staff and to increase the number of communities receiving DIP services. Increasing the resource base for DIP and influencing both provincial and federal governments to incorporate a screening, location of disease and treatment platform in the current health care system are necessary and proven best approach. Poverty is a major contributing factor to the epidemic of diabetes and eliminating poverty is central to reducing complications for those living with type 2 diabetes.

Linkages to First Nation Communities

Winnipeg Team
Hollow Water
Peguis
Roseau River (Discontinued services Oct 2018)
Long Plain
Sandy Bay
Swan Lake

Dauphin Team
Pine Creek
Skownan
O-Chi-Chak-Ko-Sipi
Ebb & Flow
Keeseekoowenin

Thompson Team
God's River
God's Lake
Bunibonibee
Tataskweyak (Split Lake)
Nisichawayasihk (Nelson House)
Chemawawin

Status of Activities

DIP continues to provide mobile diabetes care and treatment services in nineteen (19) First Nation communities in Manitoba. DIP utilizes the Diabetes Canada's Clinical Practice Guidelines for the Prevention and Management of Diabetes (2018) as the "Gold Standard of Care" which provides a

framework for the diabetes care and treatment activities provided by the Mobile Diabetes Health Care Service Delivery Teams.

DIP 10 Year Review and Business Case Development

DIP has been providing services since 2008 and will be conducting a 10 year program review. What is evident is the need to review the services, what works well, where improvements are needed, and to hear directly from the clients currently receiving services. The information/feedback collected will assist us to better understand the current and potential future state of DIP programming in Manitoba and to develop a strong, evidence based, business case to support the expansion of services to all First Nations communities in Manitoba utilizing a Tribal Council/First Nation approach to service delivery.

The FNHSSM hired Cynthia Carr, an epidemiologist to complete the project. Ms. Carr solicited input and feedback; by surveys and focus groups, from Tribal Council & community health staff, clients receiving DIP services and program staff to better understand program benefits to clients and community, current capacity and program challenges. This information along with information obtained from key informant interviews; held with physicians, specialists, First Nations and Inuit Health Branch (FNIHB) and DIP staff, will be used to develop the business case.

The expansion of the Diabetes Integration Project into the 43 remaining First Nations communities remains a challenge as there are higher rates of diabetes, kidney dialysis, and amputation rates. Type 2 diabetes rates in our children are also increasing exponentially. Diabetes/kidney screening has been recognized as a gap and there is ample evidence available that stresses the need for change as the current system is not meeting the needs.

Accomplishments

The DIP Model of Care utilizes a one-to-one anti-racist, anti-colonial approach and builds on the strength of the First Nation communities in its delivery of care to its' citizens. The one patient to one provider model allows DIP to work with each client individually to meet the needs of each client and allows for the development of a therapeutic relationship. DIP has demonstrated the success of this approach in the clients' ability to manage their diabetes improves thereby reducing the progression of diabetes related complications.

Training and capacity development activities are a very important aspect of mobile diabetes care and treatment service delivery. One priority is to develop and support a workforce that is fully aware of the unique history, knowledge of the cultural values and belief system, as well as to ensure the DIP Team nurses have the skills necessary to conduct the clinical assessments. Through training and capacity development activities, the DIP Team Nurses are supported to engage with clients from an anti-racist, anti-colonial and strength based approach. Clients are supported to make changes in their diets, physical activity, taking their medication and managing their disease.

All DIP Team nurses are experts in type 2 diabetes care and treatment services. All nurses are trained in "Point of Care Testing" to assess diabetes management, kidney damage/kidney function. Testing produces quick results in 6 - 12 minutes. Client

education is provided based on the results, which creates an opportunity for education to increase awareness of their condition and what clients need to do to improve their health. Clients have advised they like the fact that results are obtained immediately and the education is tailored to the individual client.

All DIP Team nurses are trained on how to collect finger poke samples for Point of Care Testing, Quality Assurance and Point of Care Testing protocols.

Calls to Action

The Truth and Reconciliation Report recommendation # 23 calls upon all levels of government to increase the number of Aboriginal professionals working in the health care field; ensure the retention of Aboriginal health care providers in Aboriginal communities; and provide cultural competency training for all health care professionals. The Diabetes Integration Project Model of Care provides an "anti-racist, anti-oppressive approach to diabetes care and treatment services. All DIP Teams have been provided with skills-based training and capacity development to ensure the nurses are aware of our culture and history.

Conclusion

Addressing diabetes and other chronic diseases in First Nation communities requires a two pronged approach as the best means to reduce the impact of diabetes and its complications. Increasing the resource base to incorporate a screening, location of disease and treatment platform in the current health care system are necessary and proven best approach.

Acknowledgement

We thank the FNHSSM Board of Directors, Senior Management and all FNHSSM staff for their ongoing support. We also thank Dr. Barry Lavallee, who provides the guidance and direction in the application of mobile diabetes care and treatment services in Indigenous populations. We'd also like to thank the Manitoba First Nations Diabetes Leadership Council, Tribal Councils, Health Directors, the First Nations communities, Independent First Nation communities, FNIHB, and the University of Manitoba specialists for their continued support.

RESEARCH PROJECT: SPOR DIABETES STRATEGIES FOR PATIENT ORIENTATED RESEARCH – National Training in Culturally Safe Diabetes Education

This research project builds on the success of the DIP Model of Care, which builds upon the anti-racist, anti-colonial, strengths-based approach developed by the Diabetes Integration Project.

Partners

University of Toronto, Canadian Institutes for Health Research and 16 other Universities & Foundations across Canada

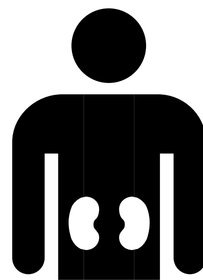
Work to be undertaken

The goal is to develop an education program to train healthcare practitioners and students in a novel culturally appropriate and safe model of First-Nations community-based diabetes care. This training program will focus on reaching primary care providers across Canada who care for both Indigenous and non-Indigenous vulnerable persons living with diabetes.

Benefit to First Nations

Increased awareness of racism and its impact on the health of Indigenous people. Research data and analysis that will assist leadership at the Chief and technical level to advocate for changes in the provincial and federal levels.

RESEARCH PROJECT: I-KHEALTH - IMPROVING RESPONSIVENESS ACROSS THE CONTINUUM OF KIDNEY HEALTH CARE IN RURAL AND REMOTE MANITOBA FIRST NATION COMMUNITIES



This partnership-based program of research brings together community-based researchers from the FNHSSM Diabetes Integration Project, First Nation patients with lived experience of renal disease, University of Manitoba university-based researchers and health care professionals (kidney specialists, nurses, dietitian, and social worker). The research project will focus on the continuum of renal care (from presenting renal health to expanding treatment options). The proposal has been successful and is expected to start in September 2018.

Partners

First Nation patients with lived experience of kidney disease, University of Manitoba (UM) and the Manitoba Renal Program

Work to be undertaken

There are four studies that make up the overall research project. Mapping patient journeys in rural and remote areas;

- Assessing primary health care's role in kidney health;
- Evaluating and developing appropriate kidney health education; and
- Exploring alternative models of dialysis treatment delivery.

Benefit to First Nations

A diagnosis in an earlier stage of chronic kidney disease (CKD) can lead to interventions that help manage the disease and reduce the possibility of progressing to later stages and the need for dialysis.

RESEARCH PROJECT: SPOR KIDNEY "CAN-SOLVE CKD – OPTIMAL APPROACHES TO CKD CASE FINDING IN INDIGENOUS COMMUNITIES

The SPOR - Kidney application is an extension of the FINISHED Project (2012-2015) and is co-lead by Dr. Adeera Levin, University of British Columbia and Dr. Paul Komenda (Manitoba Renal Program) and Dr. Barry Lavallee (Indigenous Lead). This is a 5 year initiative which will run from September 2016 – March 2021.

Partners

University of British Columbia and Manitoba Renal Program

Work to be undertaken

Working with 3 – 4 rural/remote First Nations communities in MB to plan and implement screening for diabetes, blood pressure and kidney health checks.

Benefit to First Nations

Individual

- Education and support
- Helping keep kidneys healthy and prevent or delay kidney health problems or the need for dialysis

Community

- Community based & community guided screening

Health Care System

- Improving early detection rate and reducing need for urgent/emergency dialysis
- Sustainability moving forward

RESEARCH PROJECT: TYPE 2 DIABETES IN MANITOBA (Diabetes Atlas)

Partners

Request from MB Health, Centre for Health Policy

Work to be undertaken

Another project that DIP is involved in is based on the previous work done by Dr. Pat Martens in 2002 entitled, "The Health and Health Care Use of Registered First Nations People: A Population Based Study." This research project will provide an analysis of major trends in type 2 diabetes prevalence and incidence in Manitoba from 1983 to 2015. It will look at health service use, physician visits, hospitalization, prescription drug use, changes over time, as well as provide an overall picture of diabetes complications. This project is expected to provide a "snapshot" of diabetes within the Manitoba Region and is expected to wrap up in the fall of 2019.

Benefit to First Nations

Analysis of major trends in type 2 diabetes, prevalence, incidence, complications and mortality in Manitoba from 1979 – 2015. Data to support program planning.

FNHSSM REGIONAL FOOT CARE PROGRAM

Introduction

Donna Saucier, RN/BN MHS is working as the Regional Foot Care Program Coordinator, based out of the KTC Building in Thompson, started working full-time on September 25, 2017. Alyssa Cook, part-time administrative assistant currently on maternity leave.

Overall goal is to reduce diabetes-related foot complications in Manitoba First Nations Communities. Support is provided to all First Nation communities and Tribal Councils to ensure that they hire nurses who have successfully completed the Assiniboine Community College (ACC) basic foot care course and are qualified to provide safe and competent foot care services in the communities.

Key Issues and Challenges

The development of Data/Methodology/Storage/Management Framework includes the following:

- September 27, 2018 -on-going discussions with Dr. Komenda, Dr. Embil and Dr. Lavallee on the development of a clinical decision-making tool to support the Foot Care nurses in the field. Data to be captured utilizing an iPad application.
- January 31, 2019- A follow-up (teleconference) meeting was held to determine the costs associated, ongoing support requirements and maintenance.
- Moving-forward, we will continue to explore other data management systems.

Data Collection

The foot care data collection tool has been developed in consultation with a number of key stakeholders and foot care nurses using an excel spreadsheet to capture relevant data until an acceptable data management system is in place.

Training was provided via telehealth sessions in August and October for the foot care nurses on how to complete the data tracking excel spreadsheet. Sessions were open to any person who wanted to learn. More telehealth training sessions will be planned for the coming fiscal year.

Sterilization Procedures (on-going)

Sterilization with the autoclave is considered best practice. Currently reviewing the literature around chemical sterilants.

Capital Requirements

Issues surrounding having capital to build an extension to accommodate a dedicated sterilization room

Recruitment and Retention of Foot Care nurses, including accommodations

Linkages to First Nation Communities 2018/19

Foot Care Program re: presentations, updates and discussions at the following:

- May 10th- Tribal Home & Community Care Coordinators meeting via teleconference
- June 6th -MFNDLC via teleconference
- June 26th – ISC (FNIHB) via teleconference
- September 11th -DIP Winnipeg office via teleconference
- September 12th & 13th -MFNDLC program updates via teleconference

- September 18th- DIP Winnipeg office (face to face)
- October 14th -Meeting at FNHSSM with HD and DIP
- October 25th -Meeting at FNHSSM with HD, DIP and ISC
- November 14th -World Diabetes Day, program updates for FNHSSM staff via telehealth
- November 20th -Meeting with ISC, FNHSSM & SIL via teleconference re: foot care nurse
- November 27th -KTC ADI foot care presentation
- December 6th -Admin Week -CPR recert and program updates in Winnipeg
- December 11th -MFNDLC program updates via teleconference
- December 13th -Health Techs meeting-presentation via teleconference
- January 15th -IRTC Health Directors - program updates via teleconference
- January 21st – IRTC & SERDC nurses- program updates via teleconference
- January 24th – Tribal Diabetes Coordinators- program updates face to face in Winnipeg.
- February 6th -eHealth Conference -program presentation in Winnipeg.
- February 20th – MFNDLC program updates via teleconference
- February 27 & 28- FNHSSM Chronic Diseases Workshop for CHRs in Winnipeg – part of planning committee and presented in one of the break-out sessions.
- On-going communication with First Nations communities via phone, emails and face-to-face meetings

Status of Activities

Development of a Foot Care Evaluation Framework Training and Capacity Development

- Nurses are requesting "refreshers" on the ABPI and autoclave. Recommendation: To look at doing these refreshers during the ADI, Home & Community Care or other health-related program quarterlies/meetings at the TC or Community level.

- It would be beneficial to train other staff (CHRs, HCAs, ADI workers, etc.) so they are knowledgeable and comfortable using the autoclave to sterilize equipment & then it is not only the responsibility of the nurse.

Accomplishments

Basic Foot Care Training (North) – University College of the North (UCN), Thompson

- # 2 training session in the North
- Completed through a contract with ACC.
- Training dates: Nov 13, 2018 – January 24, 2019
- Graduates: 9 nurses successfully complete the course

South Basic Foot Care Training – Brandon

- Completed through a contract with ACC
- Training dates: March 12, 2018- April 27, 2018
- Graduates: 9 nurses successfully completed the course

Foot Care Supplies/Equipment

- Replaced all Dremels with a rotary device that is designed to be used on the human body-specifically the feet.

Foot Care Nurses

- Autoclave Training (Sterilization)
- Basic Foot Care Standards, Policies and Procedures Manual
- Ankle Brachial Pressure Index (ABPI)
- Training dates: April 10-12, 2018 (20 nurses) and May 27 -30, 2018 (10 nurses).

Telehealth Training Sessions-How to Complete the Data Tracking Tool, an excel spreadsheet

- 4 sessions held in August 2018
- 6 sessions held in October 2018

First Nations Health and Social Secretariat of Manitoba

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