

Together, with provincial and federal partners, our Mi'kmaw communities in Nova Scotia created the

Nova Scotia First Nations Client Linkage Registry*

This is an update to the communities about our health information, produced by the **Strength in Numbers Project (2016)**.

** At this time, our Registry does not include Acadia and Sipekne'katik First Nations' population numbers.*

Diabetes / Kidney Disease

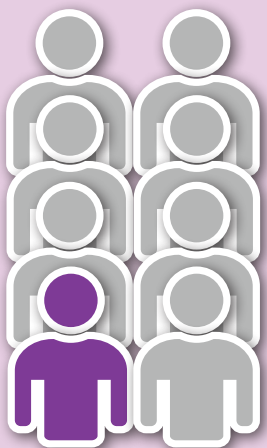
Population-level health data gives us quality information to support community education and planning.



About **1,300** of us over 20 years old have diabetes (out of 6,100).



While the numbers are small, they have a huge impact. In our First Nation communities, about **1 in 4 (20 of 80) of the new cases of diabetes were in people younger than 40** (2012-2013).



This is a **much higher rate compared to the Nova Scotia** population, where 1 in 10 of the new diabetes cases were in people younger than 40 years old.

We already knew that our communities have high rates of diabetes.

Now we can also see that it's affecting people in our communities at a **younger** age than the rest of the Nova Scotia population.

That means we need to:

- do more diabetes prevention (eat better and be more active)
- screen for it sooner and
- do more diabetes management.

Let's take a closer look at our data ...



**We know what to do.
We have the information to back it up.**

Data sources for this bulletin:

- Diabetes Care Program of NS
- NS Renal Program
- Reproductive Care Program of NS

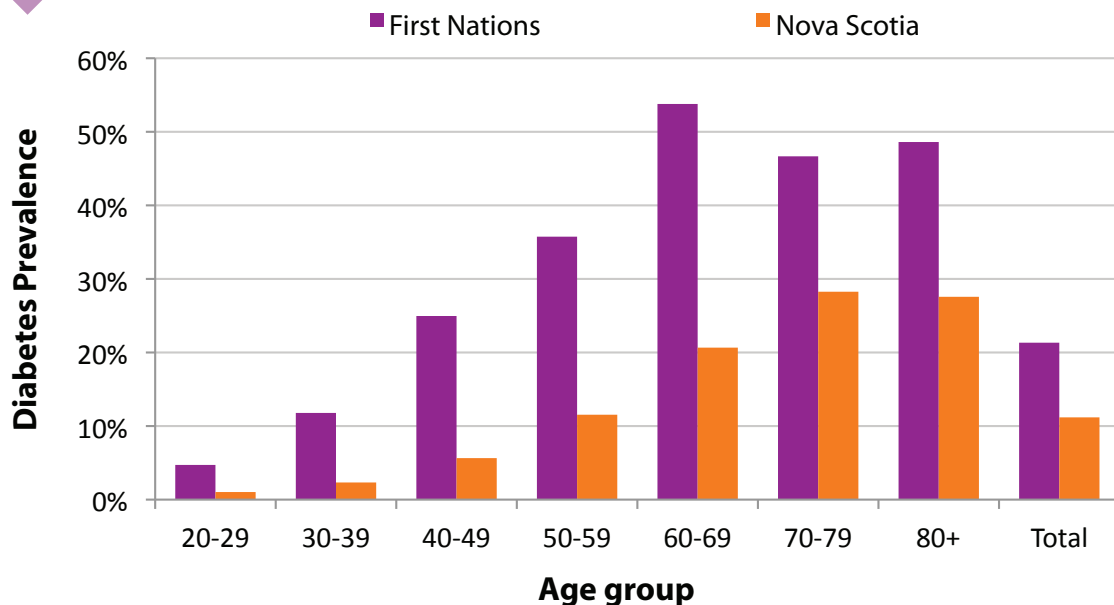
Diabetes prevalence is **5x** higher among those aged 20-29 & 30-39 in our communities compared to the rest of Nova Scotia ...

4x for 40-49yrs ...

3x for 50-59 & 60-69yrs ...

2x overall

About **1/2** of our seniors have diabetes.



Diabetes prevalence for population aged 20+, 2012/13 (by age group)
Source: Canadian Chronic Disease Surveillance System, v2014

Our data shows we're not using the Diabetes Centres as much as we could. We need to talk about why.

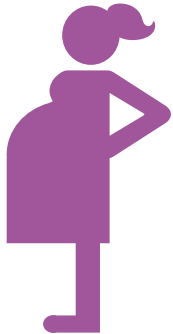
We can start the conversation at our Community Health Centres. Every one of our communities has a diabetes team that can provide some services. Diabetes Centres can provide additional support for people with more complex needs, including pregnant women, women planning for pregnancy, young people and people with diabetes complications.



Those of us with diabetes had 2x more hospital admissions than people without diabetes.

If you get informed and take action, you can live a long healthy life with diabetes.

Diabetes and Pregnancy



Close to **1 in 7** pregnant women in our communities is developing gestational diabetes (that's the kind that happens during pregnancy).

This rate will go even higher if we don't take action now.

Moms: screen early and often

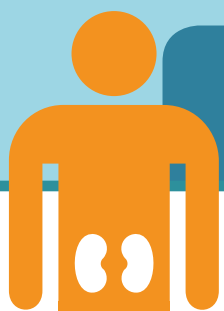
Our high rates and increased risks of diabetes means that women and families need to plan for a healthy pregnancy. Get screened for diabetes before you become pregnant.

Even if you don't have diabetes when you get pregnant, gestational diabetes can develop. Get screened for diabetes as soon as you know there's a bun in the oven!

If you do have diabetes during pregnancy, you can protect your baby with a healthy diet and the right amount of exercise.

Once the baby is born, get screened again. The more you know, the healthier you and your family can be.

Babies exposed to diabetes while in the womb are **6x** as likely to develop diabetes.



Kidney Disease

The number of people with kidney disease from our communities is small.

But, on a population basis, we are about **4.5x** more likely to be on chronic dialysis, compared to the rest of Nova Scotia.

On a population basis, compared to NS ...

- people from our communities are needing dialysis at a younger age;
- more First Nations women are being followed for chronic kidney disease;
- there is a higher rate of First Nations men with end stage kidney disease on dialysis.

People from our communities have an increased risk for chronic kidney disease if they have diabetes, high blood pressure, heart disease, a family history of kidney disease, smoke, are over-weight or are older than 50.

Diabetes is the leading cause of kidney disease, followed by high blood pressure.

There are **4 things** to take away from our data about how to **stay ahead of diabetes & kidney disease.**

1

Screening for diabetes and kidney disease is our 1st step to a healthier community.

Diabetes and kidney disease develops at younger ages in our communities and may go undetected for many years.

Women under the age of 30 can reduce their risks for diabetes and gestational diabetes by keeping a healthy weight and staying active.

2

We can prevent diabetes in this and our next generations.

3

We all need to take care of our health – men and women; old and young.

Let's support our people to live healthy lives.

Kidney disease is a serious health problem that can be prevented with a healthy lifestyle, early detection and management of conditions like diabetes and high blood pressure.

4

Knowing you have kidney disease and/or diabetes means you can do things to manage your health.

Check out all the great information at:

nada.ca

(National Aboriginal Diabetes Association)

You can start by talking to your **Community Health Nurse.**