

# chronic disease in unama'ki

Health Information Bulletin #3



## Inside this edition:

- *Understanding the root causes of chronic disease*
- *A good formula for health*
- *Heart health in Unama'ki*

This health bulletin is about chronic disease in Unama'ki. The most common are *diabetes, heart disease, lung disease, kidney disease and arthritis*.

The rates of chronic disease are much higher for people in our communities than for the non-Aboriginal population. We are also *developing signs of chronic illness at a younger age* than people outside our communities. Many of us are living with several chronic diseases at once.

The rates of hospitalization, disability and death due to *chronic disease complications are also much higher* for people in Unama'ki than for other Nova Scotians.

We are working to change this.

For those with chronic illnesses, *many of the right services are in place* to help them manage their disease. They need to have the knowledge, tools and support to be able to keep their lives in healthy balance.

Our people have always known that all life is made up of a system of relationships; between the sun, the moon, the air, the water, the earth and the animals. The key to tackling chronic disease in our communities is to *understand how everything connects at the personal level*. Some connections are obvious, others may be more of a surprise.

## What's chronic disease?

Most of the diseases we see in our families, like diabetes and heart disease, are chronic diseases. Once we get them we live with them for the rest of our lives. There is no cure, but most chronic diseases can be managed so that we live good and long lives.

Poorly managed diabetes often connects to other chronic health problems. It can be a root cause of heart disease, kidney failure, blindness and limb amputations.

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The Unama'ki Client Registry was used to generate the statistics in this Health Bulletin. This is the third in a series of short profiles that highlight some key findings to help us better understand and address the health needs of our people.

(everything is connected)  
msit koqoey wiaqtaqne'wasik

# Getting to the root of things

People in Unama'ki suffer from high rates of chronic diseases – many that can be avoided. When we do a better job of managing diabetes, we'll start to turn the tide on the other chronic illnesses that are so common among us.

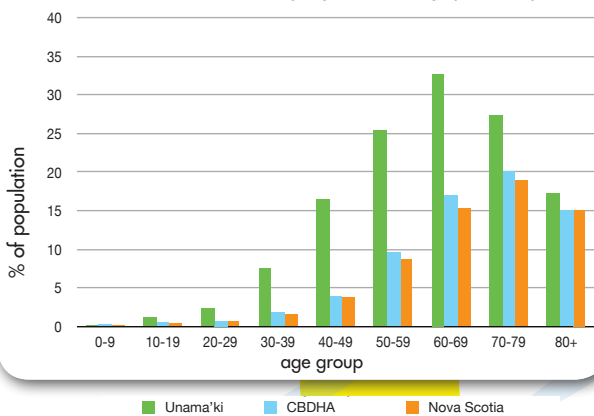
High rates of kidney failure and heart problems often happen because of un-managed blood sugars. This tells us **we need to do a better job of keeping people's diabetes under control**, so we can prevent other chronic diseases.

All of the charts in this bulletin tell a few important stories. They show that the rates of chronic disease in our communities are much higher than in Cape Breton District Health Authority (CBDHA) and Nova Scotia. We tend to develop chronic diseases at a younger age, are sicker with them, and die younger because of them. Changing this means understanding that *all of these chronic diseases are caused or made worse by the same root causes*.

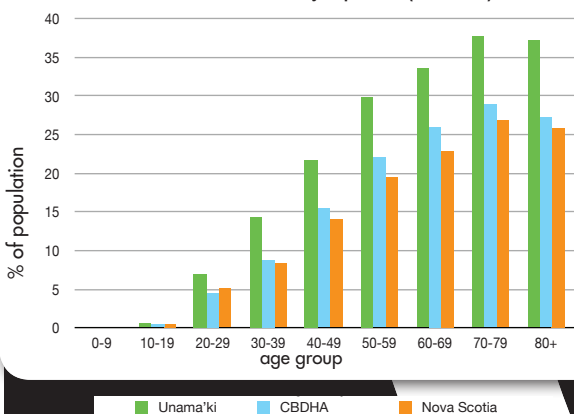
Just like how polluting the environment affects everything in the chain of life, *what we put into our bodies and how we live affects all parts of our health*. Too much alcohol, cigarette smoke, fatty processed foods, living with stress and not using our muscles enough is all like dumping toxic waste into a stream. It weakens our bodies, making it easier for disease to strike. It also makes the health problems we already have much worse.

*Diabetes, heart disease, kidney disease and arthritis are also very closely connected*. Very often, a person suffers from two or three chronic diseases at once.

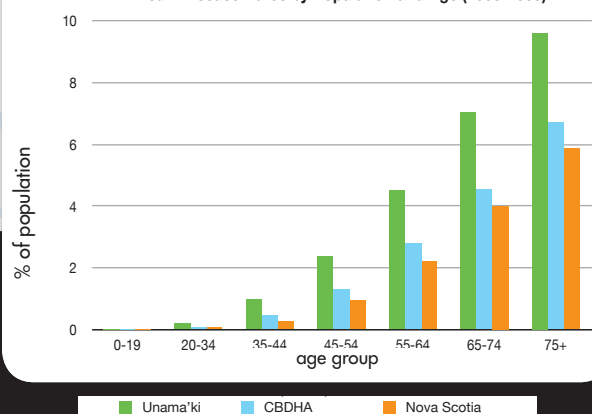
Prevalence of Diabetes by Population and Age (2005-2009)



Prevalence of Arthritis by Population (2005-2009)



Heart Disease Rates by Population and Age (2005-2009)



# Health = butt out + get out + chill out + less take out!

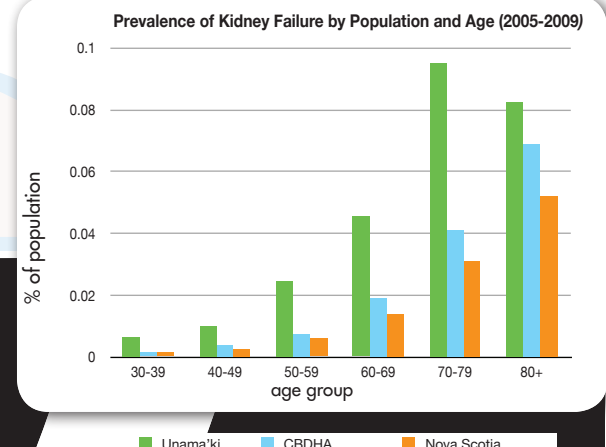
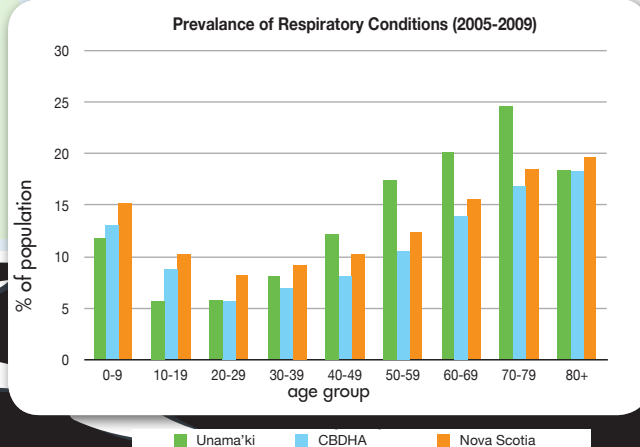
Great news! Our kids have lower rates of lung problems than children in Cape Breton District Health Authority or Nova Scotia. One reason could be that we're doing a better job of protecting them from second hand smoke by not smoking in our cars or in the house. If we can stop our kids from ever becoming smokers, we could have lung disease beat in a generation!

For example, people who don't get enough exercise and eat lots of fatty foods tend to get diabetes, lipid problems and high blood pressure. These in turn result in high rates of heart disease, kidney failure and arthritis.

People in Unama'ki are dying younger from kidney failure and diabetes than patients in CBDHA and Nova Scotia. The good news is that we can all do something about this. *Diabetes and kidney disease can be managed.* More can be done to support people with these conditions so they can enjoy a longer life.

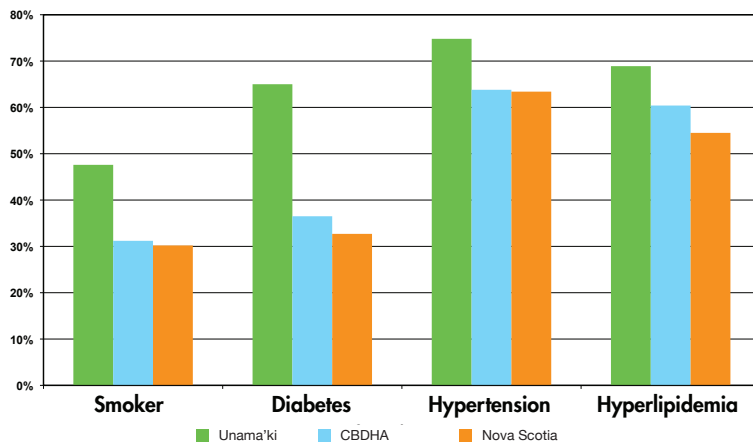
We also found out that *there is a difference between the health of men and women in Unama'ki.* Women are diagnosed more often with diabetes, but men tend to have more complications from the disease. This could be because women go to the doctor more regularly when they are younger. It could also mean that men in our communities are avoiding routine medical checkups and screening.

*no cigarettes*  
*exercise*  
*less stress*  
*nutritious food*  
**= better health**



# Heart Health

**Risk Factors Among Those who Have Had a Heart Attack 2005-2009**



A person can have a heart attack without having any chronic illness. But if someone is a smoker, has diabetes, is hypertensive or has hyperlipidemia ... the odds of having problems with your heart are very high. When it comes to heart attacks, people in Unama'ki rank the highest in risk factor rates compared to CBDHA and the rest of Nova Scotia.

All of that lines up with the data that shows our people are also suffering from heart failure at a younger age than the rest of CBDHA and Nova Scotia. We are also being readmitted to the hospital more often after having a heart problem.

***The good news: data shows we are getting the same quality of care as others in CBDHA and Nova Scotia. But we need to do more to reclaim our health by taking better care of ourselves and each other.***

Good information about the health of our communities can help us answer some difficult questions: How does our health compare with the rest of the province? How can we close the gap between our health and other Nova Scotians? How should we use our health care resources? What services will we need in the future?

Together with government and academic partners, we have created the Unama'ki Client Registry (UCR). It is a community-owned, locally-designed information system that allows us to link data from a variety of provincial sources. This is the first registry of its kind in Canada.

We have the highest standards of privacy protection. The registry has undergone a rigorous privacy impact assessment and there are extensive security safeguards in place to protect the information contained in it. The Unama'ki Client Registry does not contain names or addresses.

The Unama'ki Client Registry has put the strength of information into local hands. Before this, there was a lot we didn't know about the health of our people. We could not say with certainty how many suffered from heart disease or cancer, or how many women were regularly screened for cervical cancer. Now, we know these things and much more. Our health information gives us the power to negotiate with government and other partners for the services we need to improve the health of our people.

*welalin*

We would like to thank Health Canada (First Nations and Inuit Health Branch), the Public Health Agency of Canada, and the Nova Scotia Department of Health and Wellness for financial and in-kind support of the Tui'kn Partnership's efforts to improve access to timely and reliable population health information for our communities.

The information in this bulletin was generated by linking the Unama'ki Client Registry with the Nova Scotia provincial administrative health data, including the Medical Services Insurance (MSI) physician billing data and the Canadian Institute for Health Information (CIHI) Hospital Discharge Abstracts Database (DAD). It also includes data produced by Cardiovascular Health Nova Scotia (CVHNS).



*Tui'kn Partnership*  
Because health belongs to all of us.