

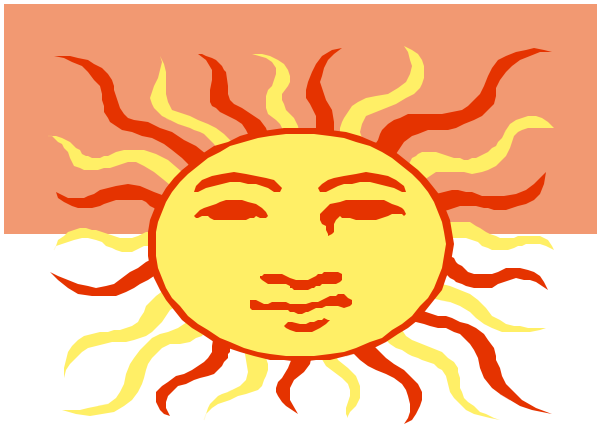
# Building a Bridge to the Future

A Diabetes and Population Health Promotion Story

As-sook-kun Osita-wa-win, Wapa-he os-chi  
Ozhitooing Aazhogan gii-mino-saag wabung  
Batir un pond pur le futur



**Diabetes**  
A Manitoba Strategy



## Community Setting For Albert's Story

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The following story is about Albert, an Aboriginal man recently diagnosed with type 2 diabetes. He lives with his family in a northern Manitoba community of 2000 residents. There is a gravel airstrip and one gravel road running through the community that connects with a small town approximately 2 hours away.

Water is obtained from a local lake and a small water treatment plant provides service to most homes. The community receives television and CBC radio. The main community industry is fishing and trapping. The native languages spoken are Cree, Ojibway and Michief at an adjacent community.

Community facilities include a grocery store, recreation centre, arena and pool hall. There are no parks or walking trails in his community. There is a newly built school for children from preschool to Grade 12, but it is only open during school hours. Activities at the recreation centre focus mainly on competitive sports for youth. The one grocery store has a pharmacy, some clothing and household supplies and a large section of packaged processed foods but limited fresh fruits and vegetables.

Health services are provided by a health centre staffed by two nurses, two community health workers and an itinerant physician who travels to the community one day a week. The nearest rural hospital is two hours away by car.



## Albert's Story



Albert was unsettled as he climbed behind the steering wheel of his '86 Ford pick-up truck with the 'Bonnie and Clyde' rusted out fenders and leaky box. It seemed that the many years and miles had taken their toll on the once attractive and efficient vehicle. Having just heard the news from the doctor that he had type 2 diabetes, Albert felt like his truck - old, run down and beyond repair.

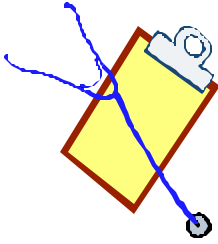
This 50-year-old father of six children and husband to Mary, coming up to 30 years in September, was feeling vulnerable and tired. A sense of hopelessness came over him, considering the health history of his relatives and his community. He rolled up the window, even though the sweat was running down his forehead, into his eyes and dripping off the tip of his nose, leaving a small puddle on the floor mat below. Having completed what he thought was his escape from the relentless attack of black flies that were out in full force in this north of the 53<sup>rd</sup> community, he leaned his wet forehead on his hands, which were grasped to the steering wheel in an almost prayerful manner.



Albert was nearing the edge of despair as he sat there alone with run-away thoughts of his family's history and the devastating effects of diabetes - his father had died 20 years ago from complications relating to diabetes, his uncle lost his vision, two other of his father's surviving brothers have diabetes which has since led to lower limb amputations. This disease had not left the women in his family unharmed. His aunt Frances' life has been forever altered from complications that have led to renal disease, requiring her to make long and exhausting trips to the Health Sciences Centre in Winnipeg for dialysis treatments. He also remembered when his own mother had travelled to Winnipeg because she had 'high blood sugars' during pregnancy.

Of his own offspring, one of his sons discovered he had diabetes only after he suffered a heart attack; one other son and his oldest daughter also have type 2 diabetes. He remembers the day shortly after her 15<sup>th</sup> birthday when she was diagnosed. Albert wrestled with sorrowful thoughts that abruptly turned into anger then rage, as he thought about his grandson William and granddaughter Jolene who are both overweight due to limited activity and less than healthy food choices. To them, a favourite pastime is to hang out with friends at the local store eating chips and drinking pop.

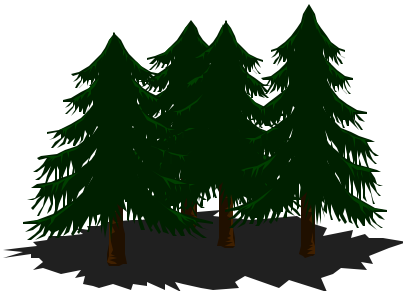
What would his future hold? Down which path would his diabetes take his health and his life? What hope was there for him? Had his health plummeted to a depth from which he could never recover? His anxiety was now joined by regret, sadness and a sobering jolt of reality. What would become of his family and his community who he loved with all his heart?



He knew, from the experience of his relatives, that there were medical professionals who could help him care for his disease, but this was little comfort as he tried to come to terms with his diagnosis. The years ahead looked bleak. Yes, he would have to leave it in the hands of the doctors, nurses and community health workers to help him deal with his diabetes. Even with their help, he would still have to cope with the daily routine of meal planning, regular activity, blood sugar testing and possibly medication. This recent turn of events would take him, a very able, strong and proud man, well outside his comfort zone. He dreaded the thought of all the unknowns that lay ahead of him - all the appointments, all the buildings and room numbers and names to remember, all the sitting in waiting rooms, all the tests, all the figuring out of dates and times - it overwhelmed him.



As it turned out, the health system did come to Albert's rescue and did an admirable job in helping him to reduce his risk for diabetes complications. Albert participated in a diabetes self-management education program. He gave some thought to a smoking cessation program that was repeatedly offered to him and he began to walk a bit more and a bit more often, around his community, even though there were no pathways or trails, as such, and he was taking his chances on the only gravel road leading in and out of town. He participated in community health clinics when he knew about them. But it was the 'in-between health visits' time that set him adrift without a lifeline, or so it seemed. During those times, he felt that he was alone in his fight with diabetes and he would often become anxious and fearful that he would not be able to do it all by himself. He often wondered how his relatives and community had coped with this disease.



Albert continued to manage his diabetes and has been successful in preventing the disease from causing further complications, despite limited access to health services and diabetes education, seasonal employment and income, language barriers and limited social and community support networks. It has not been easy, especially during those 'in-between times' when he is never really sure he is doing the right thing as he struggles to balance western medicine and his traditional ways. Against the odds he has become a role model for his entire family. His strength comes from a sense of duty to provide a living example of how to take control of your health and fight this disease that affects so many of his family and community members.

## A Population Health Promotion Intervention: The Story continues .....

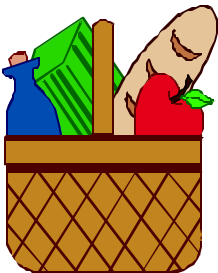


On this warm and humid August night the air is thick and black, with the exception of the blinding flashes of lightning that turn the night into day and give way to explosive and full volume crashes of thunder, making everything in the house shake.

Albert is so tired not even cannon fire in the same room is going to keep him from sleep. The outside world drifts farther and farther away as he enters into a better place - the land of dreams, and oh what a wonderful dream he is having! He is enjoying his health and his family - there are no worries - no apparent threat of any kind weighing him down - he has limitations but no disability. He is alive - really alive and while he cannot run like a deer the way he used to, he feels as though he could do almost anything.

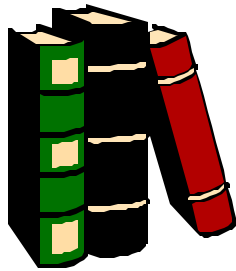


Around him his family members are happy and enjoying each other's company. It seems that everybody is up and about, moving and full of energy. There are people walking everywhere. There is a path that comes right up to Albert's door. He puts on his walking shoes and so does his wife Mary and the two of them start down the path that winds through their community. The first thing they pass is a garden being tended by a group of children and their grandparents. 'Is this a weed, Grandmother?' asks one of the little boys. This garden is being managed by the whole community and has become instrumental in providing a world of knowledge and skills on a number of subjects from vegetable growing and horticulture to healthy eating, food preparation and preservation to a responsibility of stewardship of the environment and an understanding of Mother Earth.

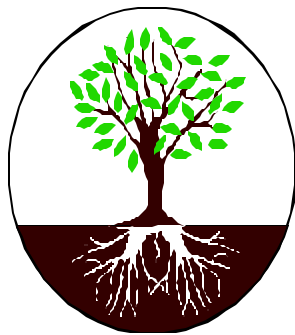


The path continues around the bend in the creek to the community Health Centre where people go regularly even if they are not sick. The Centre offers a food bank, a community kitchen with cooking classes for grandparents, parents and children and a daycare. Community members go there to learn about how healthy eating and regular physical activity can help them take charge of their health. The programs work closely with the local store to ensure access to healthy food choices.

The Health Centre staff help the community promote wellness and prevent disease such as diabetes from controlling their lives. It is more than the knowledge that they gain - it is a strong spirit and a holistic approach that emerges from all the support they receive from the community. Everybody seems to care about them and Albert feels that if he needed anything - any support of any kind, all he would have to do is ask - this is the Northern way.

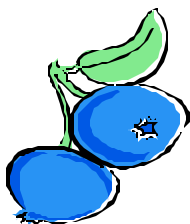


They continue down the path to the school, which was recently built for preschool to grade 12 students. This is not just another building in the community - it is a beehive of activity from early morning hours when the 'Walking School Bus' drops off their pre-schoolers or kids ride their bikes. After soccer, volleyball, badminton and a variety of other activities; youth, family and elders participate in preparing food for the school Breakfast and Snack Program. Albert checks the schedule on the bulletin board inside the front doors of the school to find out the next opportunity for he and Mary to take the computer course that had been promoted. He recently participated in a telehealth diabetes education program and is now interested in learning more about computers. No - this is not just a building that houses classrooms for kids between the hours of 9:00 and 3:30! This is a centre for learning - a place where anything is possible and futures are made - a place that connects this community to virtually every other place on this planet and helps all community residents bring out the best in themselves and everyone else in their lives.



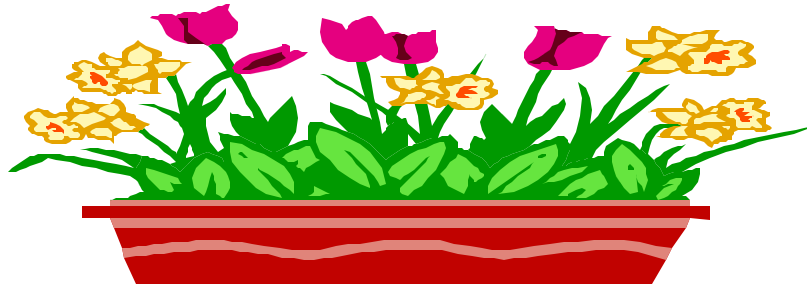
Not far down the path is the Recreation Centre where FUN is the way to wellness for the youngest in the community to the oldest. The influence of the community Health Centre can be felt here, as can the school, the library and the arts and cultural centre. The same is true no matter where you are in this community. Healthy supportive messages are consistent and ever present and healthy behaviours are recognized and affirmed. If there were one phrase that could describe this community it would truly be, 'Northern Health in Northern Hands'.

The path leads to the local RCMP station that is integrated into this harmonious community life. From coordinating safety programs such as bicycle safety in the summer, hunter safety in the fall and snowmobile safety in the winter, the police are respected members of the community. While part of their role is still law enforcement, they are 'community builders' and are sought after to help bring out the best in the residents and help them reach their full potential. When a resident strays from the law, and in this community culture this is very rare, they collaborate with other community builders to help the individual make amends and move ahead with dignity and regained respect. When somebody needs a hand they are there to help, from building community trails to flipping pancakes at the annual Sports Day.



Down from the police station is a long stretch of trail that is a favourite for its abundance of saskatoons, gooseberries, pincherries, chokecherries and blueberries. Albert and Mary take no time at all to fill a gallon ice cream pail with the plentiful saskatoons. Then it's time to go home and turn these into some mouth-watering jam that Mary learned to make without sugar at the local recreation centre.

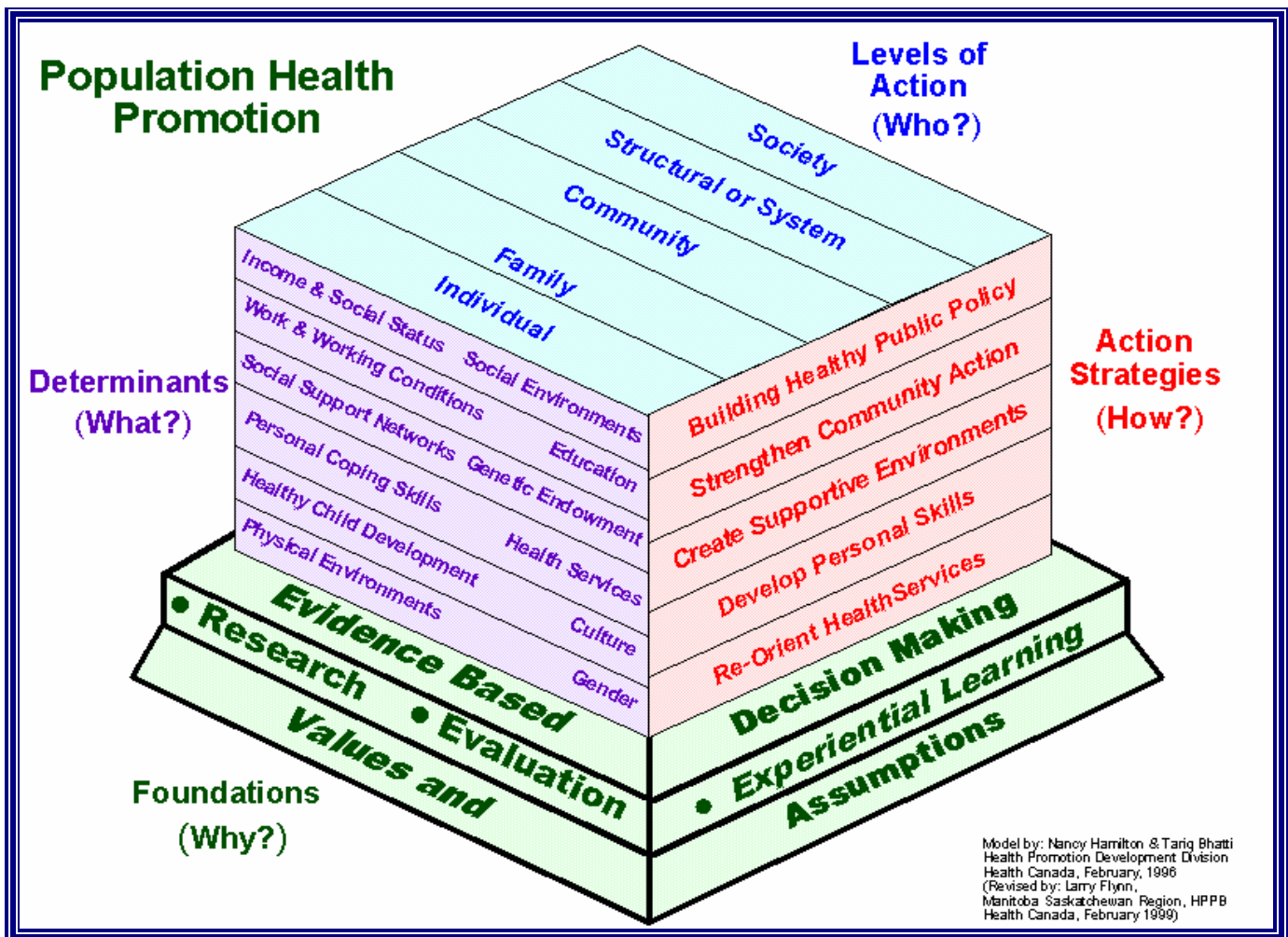
With his lips still smacking, Albert hears some rustling and opens his eyes to the morning sun peaking over the window ledge and turning the picture frames on the dresser to brilliant sheets of gold. Had he been dreaming? Yes, the reality rushes in. But, what a wonderful dream! There is a great distance between his current realities and what he experienced in his dream but Albert is inspired. He has seen a future that is filled with hope and promise. He turns to Mary, gently brushes her hair back and kisses her softly on the forehead.



# Population Health Promotion

A Population Health Promotion Approach -

- is about **creating conditions** that make **healthy choices easy choices**;
- is an approach to address the causes of health inequalities;
- attempts to address root causes rather than symptoms; and
- strives to improve the health status of the entire population and reduce inequities in health between groups.



## Health Promotion Action Plan

Please take a few minutes to think about how YOU might begin to take action using a population health promotion approach.

To **improve my health or quality of life**, an area I would like to work on is -

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To **improve the health or quality of life of my family**, an area I would like to work on is -

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To **improve the health and quality of life of my community**, an area I would like to work on is -

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Signature

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Date

## Diabetes In Manitoba

### **The number of persons with diabetes is increasing dramatically.**

- ✓ In Manitoba, the number of persons with diabetes has doubled in the 14-year period from 1986 to 2000.
- ✓ The number of persons with diabetes will continue to increase due to the aging of the population.
- ✓ In Manitoba, the prevalence is projected to increase from about 5% of the total population to over 8% of the population by 2025.
- ✓ In adults 20+ years old, the prevalence is projected to increase from about 7% to over 11%.
- ✓ In Manitoba in 2002, it was estimated that there were *6000 new cases* of diabetes. This translates into approximately 500 new cases per month.

### **The number of First Nations people with diabetes has increased at a faster rate than the rest of the population.**

- ✓ In Manitoba, the number of First Nations people with diabetes has more than doubled in the 10-year period from 1989 to 1999.

### **Most cases of diabetes are in the older age groups.**

- ✓ Cases of diabetes peak in males 65 to 69 years old, and in females 70 to 74 years old.

### **First Nations people are diagnosed with diabetes at a younger age and have the disease for a longer duration.**

- ✓ In Manitoba, First Nations people have a higher prevalence of type 2 diabetes and its complications, including renal failure and lower limb amputation.
- ✓ Most First Nations people are under 25 years of age and do not have diabetes yet.

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*For further information about diabetes initiatives in Manitoba  
contact your local Regional Health Authority  
or log onto the Diabetes & Chronic Diseases Unit web site at  
[www.gov.mb.ca/health/diabetes](http://www.gov.mb.ca/health/diabetes)*

***'By working together  
we can alter the course  
of this devastating disease.'***

- Diabetes: A Manitoba Strategy (1998) -