



**Otipemisiwak**  
Métis Government

HEALTH  
DEPARTMENT



**Uncovering Gaps in**  
**Diabetes Management**  
**During Transitions in Care**  
**Among the Métis Population of Alberta**

# ACKNOWLEDGEMENTS

This report was made possible by the many wonderful Métis Albertans who shared their journey with diabetes. Their wealth of knowledge and experience provided the foundation for this community report. This project was completed in partnership with the Otipemisiwak Métis Government: the Government of the Métis Nation within Alberta (MNA) and academics from the University of Alberta Injury Prevention Centre, through financial support from the Canadian Institutes of Health Research (CIHR).

## MESSAGE FROM THE PRESIDENT



Diabetes affects many in our community, yet so little is known about the experiences of Métis Albertans living with diabetes. To address this, our Department of Health has set out on a mission to investigate and better understand the impact of diabetes on the health and well-being of Métis Albertans. As the President of the Otipemisiwak Métis Government: the Government of the Métis Nation within Alberta, I am pleased to share our latest report, *Uncovering Gaps in Diabetes Management During Transitions in Care Among the Métis Population of Alberta*.

This report explores the lived experiences of Métis Albertans during transitional care in their diabetes journey, identifying barriers like limited access to diabetes care specialists. By understanding these gaps in care, we can address the challenges faced by Métis Albertans and explore opportunities for community-based support and diabetes management grounded in community, such as peer support networks. This information is crucial for informing future research and wellness initiatives aimed at enhancing the health and well-being of Métis Albertans on their diabetes journey.

I would like to thank all of our partners for their support in developing this report.

Sincerely,  
Andrea Sandmaier  
President, Otipemisiwak Métis Government

*Understanding the individual and community-level factors Métis Albertans experience on their journey with diabetes can bridge the gaps in care during transitions and help eliminate barriers associated with factors that contribute to poor health outcomes for Métis Albertans.*



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## 1.0 INTRODUCTION

## 1.1 Métis People and Diabetes

Métis people continue to be underrepresented in Indigenous health research, resulting in a gap in understanding the health experiences of Métis people across Alberta and the Métis Nation Homeland.<sup>1</sup> This is true for many aspects of health and wellness, including chronic diseases such as diabetes.<sup>1,2</sup> While research on diabetes and Indigenous people in Canada is available, much of this research groups the experiences of all Indigenous people in Canada together, contributing to the lack of knowledge on Métis-specific experiences with diabetes.<sup>1,2,3</sup> Previous research has revealed Indigenous people with diabetes struggle to access continuous health care, experience a lack of cultural safety with health care providers, and encounter challenges to accessing healthy and nutritious foods.<sup>1,2,3</sup> Previous research has also focused on quantitative research, rather than research that reflects the lived experiences of Métis people from their perspective.<sup>3</sup> The health outcomes and lived experiences of Métis Albertans accessing care for diabetes must be better understood and recognized as distinct from other Indigenous people. This project aims to better understand and bring forth the experiences of Métis Albertans managing diabetes during transitions in care, specifically through the ages of 18–30 and 60+.

## 1.2 Rationale for this Study

An individual's health is influenced by many intersecting factors, known as the social determinants of health. These can be categorized as distal (historical, social, political, and economic components), intermediate (community resources and infrastructure), and proximal (physical and social environment).<sup>3,4</sup> For the Métis population, social determinants significantly impact chronic diseases, including diabetes, and add another layer of complexity when experiencing transitions in care. For Métis people, the complex and interconnected social determinants of health have a significant impact on health and wellness. Specifically, colonialism, racism, cultural and language suppression, and paternalistic policies have contributed to forced separation, erasure, and lasting intergenerational trauma within Métis communities.

Transitions in care refers to transferring an individual's care from one setting or level of care to another, such as receiving health care from a pediatrician to receiving health care from a family doctor once an individual reaches the age of 18.<sup>5</sup> Transitions in care can be challenging to navigate and can contribute to additional gaps in care, creating a situation that can lead to poor health outcomes.<sup>6</sup> Poor health outcomes associated with diabetes include blindness, cardiovascular disease, end-stage renal disease, hypertension, stroke, neuropathy, lower limb amputations, and premature death. There is a lack of evidence on best practices during transitional care for people with diabetes, which can increase the likelihood of poor health outcomes.<sup>4,6</sup> Previous research from 2006–2016 highlighted a 1.5 times higher prevalence of diagnosed diabetes among Métis Albertans compared to their non-Métis counterparts,<sup>7</sup> a prevalence that becomes most pronounced in the age group of 60 years and older. This suggests that a significant number of Métis individuals with diabetes may be encountering transitional periods. In Canada, the Métis population is younger, with 22.3 per cent of Métis people under age 14 (versus 16.4 per cent of non-Métis people).<sup>7</sup> The Métis population, as with other Indigenous peoples in Canada, is also aging. The number of Indigenous people in Canada over the age of 65 is projected to double by 2036.<sup>1</sup> The harmful consequences of poor diabetes care, combined with the increased prevalence of diabetes among the Métis population, puts Métis people at greater risk.<sup>1</sup>

Understanding how colonization has and continues to influence the increased prevalence of diabetes in the Métis community can help Métis Albertans mitigate the shame and stigma often accompanying a diagnosis and the hesitancy to seek diabetes treatment. Implementing distinctions-based care and culturally-sensitive diabetes education for Métis people can enhance their ability to manage diabetes. This approach not only strengthens their ties to their culture and community, but also improves their overall physical, mental, and spiritual well-being. The knowledge compiled in this report will help understand gaps in care during transitional periods that Métis Albertans experience in their journey with diabetes. Additionally, this report shares barriers and facilitators of diabetes management for Métis Albertans. Taken together, the study findings will help create strategies that are rooted in the everyday lived experiences of Métis Albertans with diabetes.



## 1.3 Métis People in Alberta

The Métis are an Indigenous people with a unique combination of identity, values, language, and cultural traditions. They are distinct from the other two Indigenous peoples of Canada (i.e., First Nations and Inuit), all of whom are recognized in Section 35(2) of the Constitution Act of 1982.<sup>4-7</sup> The MNA adopts the national definition of Métis, defined as “a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation ancestry, and is accepted by the Métis Nation.”<sup>8</sup> One in three Indigenous persons in Canada self-identifies as Métis.<sup>7,8</sup> Alberta has the second largest population of self-identified Métis people, accounting for 19.5 per cent of all Métis people in Canada.<sup>7</sup> The MNA is the governing body for Métis people within Alberta and actively represents over 68,000 Métis Citizens. The MNA advances Métis self-determination through cultural, economic, health, educational, political, and social development.<sup>9</sup>

## 1.4 Goal of Report

This report aims to bring forward the lived experiences and perspectives of Métis Albertans living with diabetes and understand how access to care changes across the lifespan and shapes health outcomes. Outlined in this community report are findings from 40 one-on-one phone and virtual Zoom interviews with Métis Albertans living with diabetes and their caregivers. This report is intended to provide a knowledge base for informing diabetes management and the development of strategies, resources, and programs for the MNA.



## 2.0 OUR APPROACH

*OVERVIEW OF STUDY METHODS*

The following section outlines the study methods used in this project. One-on-one interviews were conducted to understand the experiences and perspectives of Métis Albertans with diabetes and identify barriers and facilitators to managing and accessing care for diabetes. In total, we completed 40 interviews with Métis Albertans with diabetes and their caregivers. A complete description of the study methods can be found in Appendix 1.

## 2.1 Guiding Principle of Two-Eyed Seeing

Conceptualized by two Mi'kmaq Elders, Albert and Murdena Marshall, Two-Eyed Seeing recognizes the strengths of Indigenous and Western knowledges.<sup>10</sup> Two-Eyed Seeing is a guiding principle that recognizes Western and Indigenous ways of thinking, the meaning of ourselves, our relations, and all of creation as distinct but existing together, side by side.<sup>10,11</sup> Two-Eyed Seeing carries the gift of multiple perspectives by incorporating Métis teachings and ways of knowing. The guiding principle of Two-Eyed Seeing is also a way to reclaim Indigenous knowledge systems. Two-Eyed Seeing is a way to revitalize “broken” methods, recapture culture, and begin a journey towards healthy communities for Indigenous and non-Indigenous peoples.<sup>11</sup> Two-Eyed Seeing provides an opportunity to remember, honour, cherish, and claim Indigenous knowledge systems, including Indigenous culture, language, and teachings. Two-Eyed Seeing is a promising, generative guiding principle using the best strengths of Indigenous and Western scientific ways of knowing to benefit all. It is also an essential tool for Indigenous knowledge reclamation and resurgence.<sup>11</sup> It is not an incorporation of another knowledge system or a mixing of knowledge systems, but rather, two knowledge systems existing together, side by side.

## 2.2 Narrative Inquiry/Individual Interviews with Métis Albertans with Diabetes and their Caregivers

One-on-one interviews were conducted from August 2021 to November 2021, using a narrative inquiry approach. Narrative inquiry aims to give Métis Albertans an opportunity to share their experiences and knowledge about accessing appropriate diabetes-related care during transitions in life, notably during the emerging adult

(18–30) and peri-senior (60+) stages of life. At the beginning of each interview, the interviewer introduced themselves to establish a connection with the participants. This approach also allowed for the use of conversational methods, such as storytelling, to emphasize a sense of connectedness and create a safe environment to build trust between the interviewer and participants. The interviews were guided by prompting and semi-structured questions. These questions were based on themes established from a previous survey related to diabetes, and were designed to initiate and encourage conversation. Please see Appendix 2 for the full interview guide.

The interviews were audio-recorded and transcribed by the MNA Department of Health research staff. Transcripts were then shared with participants for validation that their narratives were represented correctly, and subsequently analyzed thematically to identify common experiences and perspectives among interview participants. The resulting themes are shared in Section 3 of this report.

## 2.3 Ethical Considerations

This project was grounded in the Principles of Ethical Métis Research, which were developed by the Métis Centre of the National Aboriginal Health Organization (NAHO).<sup>12</sup> The ethics application for this project was developed by research staff at the MNA, and approval was granted by the University of Alberta Human Research Ethics Board to conduct this study. The stories and experiences of Métis Albertans collected as part of the individual interviews are stored securely by the MNA. The MNA is the steward of the data collected on behalf of Métis Albertans.

Before participating in the one-on-one interviews, Métis Albertans were provided with information about the project and an opportunity to ask questions to MNA research staff. Métis Albertans who wished to participate in the interviews were asked to sign a consent form. The consent forms provided can be found in Appendix 3. The Métis Albertans who chose to participate in the interviews were informed they could share as much as they desired and withdraw their participation at any point during the interview. Participants had an opportunity to review their interview transcripts and were informed they could remove information or add to their stories. Participants were compensated with an honourarium for their time and knowledge.



## 3.0 STUDY RESULTS

*EXPERIENCES AND PERSPECTIVES OF MÉTIS  
ALBERTANS WITH DIABETES*

The following section outlines the study results from the one-on-one interviews with Métis Albertans. The findings from the interviews primarily pointed to financial difficulties with managing diabetes, mainly due to a lack of insurance benefits, inequities in accessing safe continuous care, and the structural influences of colonization on diabetes prevalence. These factors put Métis Albertans at higher risk of developing comorbidities or having future adverse effects.

#### Three themes emerged from the interviews:

- ∞ Experiences with diabetes care providers and supports
- ∞ Métis perspectives on diabetes and its management
- ∞ Challenges and barriers to managing diabetes and possible solutions

To further illustrate the themes above, direct quotes from Métis Albertans are organized by theme.

## 3.1 Experiences with Diabetes Care Providers and Supports

### Experience being diagnosed with diabetes

Métis Albertans discussed their experiences as a youth being diagnosed with diabetes, often describing a family member that had been diagnosed with diabetes in the past and attributing their diabetes to genetics. Participants diagnosed at a young age in rural areas were sent to either Edmonton, at the Stollery Children's Hospital, or Calgary, at the Alberta Children's Hospital, to receive care for their diabetes until they reached the age of 18.

*“I was nine when I was originally diagnosed. I was only in Grade 5 at the time and I was being bullied in school, so I was kind of making up being sick so I could go home after lunch. So, I'd tell my mom that I wasn't feeling well, and she noticed that I was drinking a lot and peeing a lot, and dad was*

*diagnosed a couple of years previously with Type 2 diabetes. She had taken me to the doctor and then we found out that I was Type 1 diabetic, and my blood sugar was 23 at the time. Then I was in the hospital for two weeks in Fort McMurray and went through different programs, and they taught me how to do my injections and stuff. Then I was released, and I think I was sent to Edmonton, to the Stollery Children's Hospital for their department in diabetes and they kind of took me under their wing until I was 18."*

Métis Albertans described the emotional experiences, namely being scared and unsure of their future, when being diagnosed with diabetes. One participant described feelings of disbelief due to diabetes affecting only the men in their family.

*“I was diagnosed in June of 1996. I was 23 years old, and I was diagnosed at that time with gestational diabetes. As I was pregnant, I was informed that this type of diabetes would eventually go away. After I delivered my baby, I went to see a dietitian and an educator at the local hospital, and they told me that I was going to have to administer some insulin because my sugars were relatively high. After that, they did more bloodwork and I went back to my doctor to follow up on the test results. It was then that they diagnosed me with sugar diabetes, what they were calling it back then. That was in October of 1996. I remember going home from my doctor's appointment. I was living with my mom. I just remember walking in the front door and as soon as she looked at me, I just started crying. I couldn't believe this was happening to me, because it was the men in our family that had diabetes. I was scared and I wasn't sure what was going to happen to me.”*

Métis Albertans who had a history of diabetes in their family felt their diagnosis of diabetes was not surprising but was still shocking to them.

*“It was probably four years ago. I had just got a physical through the doctor, including the blood test. He called me back to review those and told me I had diabetes. It was a bit of a shock, but I guess in a way, not surprising, because a lot of my family has diabetes as well. I understand that there is some genetic reason for getting diabetes.”*

## Negative experiences with health care providers and impact on future diabetes management

Métis Albertans spoke of their initial experience being diagnosed with diabetes and the poor support they received from their health care providers (i.e., physicians, nurses, pharmacists) following their diagnosis. One participant described an experience of feeling as if their general practitioner was prejudiced against Indigenous peoples, which led to feelings of fear when visiting their general practitioner. The participant also felt that their diabetes management was impacted due to this fear and the lack of patient alternatives.

*“From my recollection, my mom had taken me to the doctor because I had a yeast infection, of all things. I remember that doctor, my general practitioner, saying that I was either diabetic or pregnant. I was put in the hospital immediately and started on insulin, and then basically I was left to fend for myself with my general practitioner (GP), who I think was not impressed with the Aboriginal population. I think he was a bit prejudiced. I would go see my doctor and he would yell at me because I’ve always been overweight and because my blood sugars were a bit higher. So, I always have a fear of God going to the GP and we basically handled it on our own and probably didn’t do the best job that we could have because there were really no patient alternatives.”*

Participants discussed the value of using a strengths-based approach and providing patients with clear information on how to manage diabetes. For example, instead of telling patients they should lose weight to help manage their diabetes, health care providers should encourage patients to pay attention to nutritional labels and understand the implications of carbohydrates, sugars, and fats on a person with diabetes. Despite the value of these strategies, Métis Albertans indicated health care providers often shamed patients for their weight or blamed patients for their diabetes, instead.

*“Have a strength-based approach to working with those with diabetes. Yes, I am carrying more fat than I need to. Yes, I take in more unnecessary refined calories on most days than I need to. And I exercise every day, and I grow my own food, and I forage for healthy things, even in the city. That’s important to focus on because I don’t know too many people who respond*



*well to shaming them into doing something. That may produce short-term effects. But for me, that's never long-term effects. It just discourages me. When I went to that dietitian and she said, 'Just look and see if it has less than 3 grams of sugar and then pick that one,' or 'Walk 20 minutes after a meal.' Those little things that I can feel good about, that notion of, 'Give me a carrot as opposed to a whip.'"*

Negative experiences, which include incidences of blaming, discrimination, biases, and a lack of connectedness and communication between health care providers and patients impacted Métis Albertans who had sought out regular care from their main diabetes care provider. Those who had negative interactions with their health care providers, and the health care system in general, indicated they were hesitant to seek care for their diabetes.

*“It was so much negative feedback. Who wants to go back and listen to all of that, you know? I never blamed myself for not going back because I felt like I was being put down all the time. I just couldn't do anything right. Everything I was doing was wrong. All their negative feedback really has had a negative impact on me and my actions with my diabetes. I think I spent the better part of my early years as a diabetic not following any of the rules. I ate what I wanted, and I didn't see an endocrinologist for years. I didn't go see an educator. I drank as often as I could. I rarely took insulin.”*

## Positive experiences with health care providers and impact on future diabetes management

Métis Albertans described positive experiences with their health care provider impacting their treatment and management of diabetes. One participant described their experience with their health care provider as having a good partnership and feeling like friends, which made them feel they were heard and improving their diabetes.

*“With my general practitioner, I've talked about everything, anything, and he will either directly give me an opinion, and we disagree or agree. He's very good that way. It's like we're friends first, then we're doctor and patient kind of thing, too. So, he's very good at helping me get better with my diabetes and sugars. I feel like I'm heard, I'm very comfortable with him.”*

One participant described their physician framing weight loss in a manageable way when they were struggling to lose weight as a part of their diabetes management plan.

*“I had one physician, and this was very early on in my journey with this one physician, I think he was an endocrinologist, that’s the specialist for diabetes. I’ve struggled for every little pound that I could get off and he said, ‘Every pound of fat has 100 miles of blood vessels. So, every pound that you can get off is helping your body 100 miles. If you think of it that way, be encouraged for every half pound.’ Every pound makes a difference.”*

Métis Albertans who had health care providers who ensured patients received holistic and informed care were more likely to be aware of possible comorbidities with diabetes. Providing thorough and comprehensive information about an individual’s diabetes also encouraged good health behaviours and better management of diabetes.

*“I have this one diabetic counsellor that I was seeing, and she would always put pins into my feet, and I said, ‘I’ve never had that done before, what’s going on?’ She said something about people having diabetic feet and that can cause a lot of problems healthwise and can even lead to heart attacks and stuff like that. I said, ‘Well, I’ve never had that done. Nobody’s ever talked about that before.’”*

## Self-directed care and its impact on diabetes management

Métis Albertans described instances where they felt their physician did not have up-to-date information on diabetes treatments. One participant stated they often did their own research prior to seeing their physician as they felt their physician repeated outdated diabetes treatment methods.

*“My doctor isn’t the best at sharing information. I’ve been going to him for quite a while, and I tend to come to his office with my own research. I go to him already with that knowledge because I know he won’t share new information, or he doesn’t know up-to-date treatments. He just says the same old stuff.”*

Self-directed care (relying on self-advocacy and self-management) can positively influence Métis Albertans' confidence in their abilities to manage their diabetes and advocate for themselves. It can also be a consequence of mistrusting health care professionals, receiving unsafe care, or not receiving enough information to help manage their diabetes.

*“I’m an educated person. I do my research. I pay attention. I don’t have a big problem dealing with doctors or communicating with them. However, I think that, with other people within the Nation, sometimes that education isn’t there. Sometimes that communication isn’t there and there’s a lot of mistrust of professionals. I mistrust doctors as well because of my experience, but there’s never been any reflection on my culture or heritage or anything like that in my case, but I know through other friends and family, that isn’t the case.”*

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### Impact of Alberta Health Services' programs on diabetes management

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Alberta Health Services (AHS) provides educational programs for diabetes, both Indigenous-specific and non-Indigenous specific programs. Indigenous-specific programs are limited to urban areas, specifically in Calgary and Edmonton. Métis Albertans found diabetes programs offered by AHS were useful at all stages of their journey with diabetes and provided valuable information about managing diabetes.

*“Alberta Health Services has their diabetes workshops. I think there’s about eight of them and I attended most of those. I think I missed one or two. I think those are generally quite good. They start to be a little bit repetitious at the end, but I don’t doubt they sort of need that as well, because everyone’s coming there with different levels of knowledge. I think those are great and should continue.”*

## Alternatives for diabetes management

For many Métis Albertans who were interviewed, their health care providers did not discuss alternative treatments. Many Métis Albertans also did not want to be given alternative treatments. One Métis Albertan described an experience where they had sought advice from their doctor about reversing their diabetes through changing their lifestyle and diet, however with further internet research, they found conflicting information.

*“I don’t think I need alternatives. The only thing is I asked [my doctor] not too long ago if it [was] true that if you change your lifestyle and your eating habits and stick to it, you can reverse your diabetes in some cases. He said some people can do that if they stick to it and stay to it, but then I Googled around and there were people saying that was false. So, I don’t know what’s true when it comes to alternatives.”*

Some Métis Albertans described alternative treatments, including different medications. Other participants did not want to rely on pharmaceuticals and wanted to manage their diabetes through diet or exercise.

*“They all tell you diet and exercise, right? That’s the most common sense. I guess that’s the treatment. They have offered me different things, like a monitor.”*

Métis Albertans expressed a dislike of relying on medications, due to side effects or their diabetes not responding to the medication. When Métis Albertans asked for alternatives to medications, participants stated health care providers were reluctant to recommend alternatives, or they recommended alternatives the patient did not agree with. Métis Albertans indicated health care providers should work with their patients to ensure the treatment plan reflects what the patient wants, and that Métis Albertans are equal partners in their care plan.

*“I’ve tried many different pills. I’m on a massive amount of these pills that I don’t like taking because the side effects scare me. They say you must lower your blood sugars and that’ll help. Well, I am and I have been, and it’s not helping. The last time I was at the doctor a couple of weeks ago, I asked again because I was desperate. She said we could try compression socks. That’s what I’m trying and that’s it.”*

## 3.2 Métis Perspectives on Diabetes and Its Management

### Impact of diabetes on daily life

Some Métis Albertans felt diabetes would shorten their life or inhibit their quality of life, or perceived diabetes as a death sentence if they could not manage their diabetes.

*“It’s a sign of aging. It’s a sign of a loss of longevity and quality of life. If I don’t balance my life in terms of making sure that I’m taking care of my diabetes, it means that I won’t be able to spend much time with my daughter, who’s 17 now, and maybe in another dozen years, she may be a mom and be married with children or something like that. So, it means I need to take care of it so I will be around for my grandchildren.”*

Métis Albertans felt their health care providers assigned blame to the patient for their diabetes, resulting in feelings of shame. Further, participants felt health care providers often did a superficial assessment of the participant’s diabetes and assumed their diabetes was poorly managed. This led to participants feeling neglected by health care providers and receiving culturally unsafe care. Health care providers were also unaware of the distinctions between status First Nations and Métis peoples and the health care coverage they receive.

*“On good days? It means restrictions. On bad days, it means a death sentence, depending on how I’m feeling. If I go to some new specialist or to a walk-in clinic for a cold or whatever, and the first thing they say is you’re killing yourself, you’re not looking after your diabetes. Well, how do they know I’m not looking after my diabetes? Is it because I’m overweight? I still have good blood sugars. My blood pressure is good. Everything’s good. I just had blood work yesterday and everything was good. So that first impression starts when they ask you if you’re Métis or First Nations. They always ask you that. I think there’s still a lot of stigma around delivering health care to Indigenous peoples, especially when you don’t have the treaty peoples’ health care and when they say you’re not covered under that. We’re Métis. There’s no health coverage except my Blue Cross and Alberta health care.”*

For some Métis Albertans, their diagnosis was a sign to change their lifestyles by changing their eating habits or exercising to manage and treat their diabetes. Participants articulated diabetes is a constant stressor and difficult to maintain. Métis Albertans also stated diabetes affects more than their blood glucose levels; it impacts their health when they catch a cold or a virus, or causes comorbidities, such as neuropathy.

*“Diabetes means to me changing our lifestyle. It just changes the whole person you are, it affects your mood, how you’re feeling. If you happen to get a common cold, your sugars fly up. It’s a terrible thing to have. It’s a constant worry to keep it controlled. If you get pressure ulcers, you’re not able to go out, walk and lower your blood sugar levels. It’s a daily struggle to maintain it.”*

### Complex causes of diabetes

Métis Albertans believed the primary cause of diabetes was genetic, and diet exacerbated the effects of diabetes.

*“I believe, for the most part, it’s genetic. Diet can make it worse - meaning that the health of your body can make it worse, but I don’t believe that diet causes it. From what I’ve learned, it can be managed through diet and exercise, but it’s not caused by diet and lack of exercise.”*

One Métis Albertan stated the cause of diabetes was related to lifestyle. They specifically pointed to drinking and smoking as risk factors due to the sugar and chemicals present in alcohol and cigarettes.

*“I think it’s more your lifestyle, like your eating habits and everything that you do, like smoking and drinking, because alcohol has sugar in it and smokes have a bunch of chemicals.”*

Métis Albertans often felt eating unhealthily, drinking alcohol, being overweight or obese, or smoking was the cause of the onset of their diabetes. Some participants pointed to how the food industry having highly processed food at lower price points than fresh, nutritious foods, has created an environment where economically-disadvantaged people may eat unhealthily and be at a higher risk of diabetes.

*“It’s not in the best interest of corporations to feed us in a good way. I can’t eat well off things that are made in a factory, but I can eat well from things that grow from a plant outside of a factory, and that’s a privilege to be able to have the space and the means to do that, and even to be able to have the means to buy things from the farmer’s market. A bag of spinach or a box of raspberries are going to be a lot cheaper at a place like Wal-Mart, which is also going to be selling you 99 cents for a big pop, right? So, there’s something tied in with the whole colonial, capitalistic consumer-driven economics that we live in that is not sustainable on any level.”*

Many participants also stated colonization and the prevalence of a western diet as opposed to a diet inclusive of traditional foods has contributed to the prevalence of diabetes in their family and in the wider Métis community.

*“What we hear from the scientific community and the physicians is it’s diet and lifestyle related. I don’t doubt that, however, I think what also needs to be taken into consideration is intergenerational trauma. I mean, I have grandparents who were in residential school and were starved. I have a single mom parent who went through a lot of poverty and purchasing healthy food or food in general was not always possible. So, I think there’s a piece of that intergenerational trauma there. I think there’s a piece of our history that, pardon the pun, feeds into where we’re at nutritionally and with our health today.”*



## Methods of managing diabetes

From the perspective of Métis Albertans, being diagnosed with diabetes signalled a lifestyle change and the methods suggested for managing diabetes involved regular exercise, taking medications as instructed by their physician or health care provider, and eating in portions according to their dietitian or other health care professional. Participants felt small, incremental changes in adjusting their lifestyle would lead to better diabetes management.

*“Exercise more. Get out of the house. They don’t have to do marathons or anything like that, but just go for a few walks around the block. Just changing your lifestyle, taking your medications, and listening to your doctor. I mean, not all of it, but most of it, like when they say to eat veggies and eat portions. Like your meat portions should be the size of a deck of cards and then your plate should be half veggies, then your pastas and potatoes, they’re a quarter cup. That’s another baby step. But if you do all that, I think you can curb your diabetes, you may not get rid of it completely, but you can keep it in check if you do.”*

Métis Albertans articulated an effective treatment and management protocol for diabetes can be achieved by using available resources on diabetes management and making intentional choices. Participants also acknowledged making changes, such as incorporating exercise daily or changing their diet can be difficult, but will ultimately benefit Métis Albertans with diabetes.

*“I think there’s so much information and different resources that people can investigate on the Internet today. I think that all of that, combined with a little bit of luck, will have them on a healthy lifestyle track. I think that people also don’t want to change their diets and they don’t want to change the foods that they grew up on, comfort foods and home cooked meals like Mom used to make. They don’t want to change any of that. Exercise is another thing. I mean, anybody can put themselves on an exercise routine or they can not. I think it’s all choice. I believe staying healthy is easier said than done.”*



## Financial burden of diabetes management

To monitor blood glucose levels, people with diabetes need medical equipment such as blood glucose monitors and test strips, which are quite expensive – a basic blood glucose monitor with 100 test strips costs around \$115/month and a continuous glucose monitor is around \$300/month.<sup>13</sup> To manage blood glucose levels, people with diabetes may also need medications, which can be quite costly. These financial burdens can be a significant barrier for Métis Albertans with diabetes. Some Métis Albertans have coverage through their employers or their spouses' employer, but without consistent, sustainable coverage, Métis Albertans are in a precarious position in accessing diabetes care. Participants articulated that financial support, either through the federal or provincial governments, or through the MNA, would be very beneficial to Métis Albertans with diabetes.

*“That’s a big factor as well, having access to not only the medication, but the insulin. I know that monitoring blood sugars are key to being healthy. That’s likely the most imperative one because you can live a crappy lifestyle and still maintain your diabetes if you have the right medication and a way to monitor your blood sugar consistently. I use the Dexcom G6 meter that hooks right up to my phone and gives me alarms. I can check every five minutes for my blood sugar. That’s life changing, but it costs a minimum of \$300 a month. Without proper coverage, I can’t maintain the level of health that I need or to live to even see my grandchildren. Those are big things, government support or Métis Nation supports would be fantastic.”*

Non-insured health benefits (NIHB) are administered by Health Canada’s First Nations and Inuit Health Branch (FNIHB) and provides eligible First Nations and Inuit people with a specified range of medically-necessary health-related goods and services when they are not covered through private insurance plans or provincial/territorial health and social programs.<sup>2,14</sup> Non-insured health benefits include prescription drugs, over-the-counter medication, medical supplies and equipment, short-term crisis counselling, dental care, vision care, and medical transportation.<sup>2,14</sup> Métis people are not eligible for non-insured health benefits administered under FNIHB, which means Métis people without their own insurance coverage do not have their medications and medical devices (e.g., strips, glucose monitoring systems, insulin needles) covered. This can have significant implications for managing their diabetes.

*“The worst part is most people don’t understand that First Nations, the government pays for their health care, and that doesn’t include Métis people. They are very misinformed. I believe Métis people should be having the same rights as the Inuit and the First Nations. That would help tremendously.”*

Métis Albertans with diabetes who had previous coverage and now find themselves without coverage struggle significantly with paying for their medication, medical devices, and other health services important to managing diabetes, such as dental care. One participant stated they needed regular dental care as a part of their diabetes management plan, but when they had looked at the MNA website, dental care was only covered in cases of emergency.

*“I feel that I hit the ‘lotto’ when I was approved for coverage under my husband’s benefits. A large portion of my diabetes care was paid for, and still is paid for, because we still have benefits for a little while. We are now retired in rural Alberta, and we will not always have a benefits package. We are covered only 80 per cent for drugs and we have no dental care whatsoever. To my understanding and experience with having good oral hygiene, it has been recommended to come in every four months just because of my age and because I have diabetes. Oral health problems like cavities and infections of the gums are more common in people that have diabetes because the blood supply to that area in your mouth is reduced. As I near 50, I know that my oral health will be much worse because of my diabetes and because of my age with no dental coverage. I investigated where I could get support financially and I found nothing. The MNA does offer dental care, but it is only for emergencies. So, I would have to wait until I’m completely suffering before I can seek support. I would love to see a dental plan or some assistance for people who have diabetes.”*

## Métis community and diabetes management

Métis Albertans stated the Métis community does not play a role in their diabetes management or were not aware how the Métis community can play a role in managing their diabetes.

*“I don’t believe the Métis community plays a role at all. At least I’ve never been aware of them playing a role.”*

However, Métis Albertans did have suggestions as to how the community could play a role. One participant suggested facilitating connections within the community for Métis Albertans with diabetes, through informal support groups or networks, would provide community-based peer support.

*“I think being accountable in some way to another group of people, not in a shame-based way, but in a supportive way. Being able to be amongst your peers who are also going through the same thing and having the opportunity to share what worked for them so that it might also work for you.”*

Métis Albertans stated they would be appreciative of the Métis community playing a role in their health and wellness. Participants identified key areas where the Métis community could play a role in prevention or management, which included accessing Métis-specific diabetes education courses, taking into consideration certain foods that are meaningful to Métis culture, such as bannock. Participants also stated they would like information on a more affordable diet, as well as having diabetes education delivered by a Métis person.

*“I learned somewhere that Aboriginal people are at a greater risk of diabetes due to their genetic predisposition. I believe prevention is key, but it must start somewhere. I also believe that there should be a program that would pay for Aboriginals to take dietitian courses, diabetes education courses, and programs like that, so that Aboriginals have someone who truly understands their disease, their frustrations, and the way they live. One of the biggest obstacles I had was trying to talk Aboriginal issues to dietitians, and they would just tell me what I should be eating. To eat fish or salmon, lobster, crab, and stuff like that, or a lot of chicken, and I had to get the chicken with no skin, which was so expensive. We didn’t always have money for stuff like that. So, we ate what we could afford, and I remember my childhood growing up and even my adult life, it was a lot of bannock and lard or bannock and butter, and a lot of macaroni and tomatoes. So, I think speaking to an educator that was Aboriginal, I think they would understand my diet a little bit better. I think that would have been a bit more beneficial to me.”*

## Métis culture and diabetes management

One participant suggested incorporating cultural activities such as jigging into an exercise regimen to encourage physical activity while also practicing an important aspect of Métis culture.

*“When I think of Métis culture, I think of one really big thing: the dancing, the jigging. Movement is part of lifestyle change, is part of encouraging ourselves to have joy, regardless of what body size or type we have, to express joy through it, and have fun. That’s a big piece.”*

Métis Albertans suggested the Métis community could facilitate culturally-specific interventions in the community, specifically for those reconnecting with their culture or who were not aware of traditional teachings related to diabetes. Most of the suggestions provided during the interviews revolved around prevention, education, and incorporating traditional concepts of health and medicines into Métis Albertans’ diabetes care.

*“It hasn’t played a big part in my life, growing up, trying to be in a community. We have not been strong in our cultural traditions, but I think as we get older now, we’re seeing how much sense they made in leading a good life and to be healthy using the old medicines. Certainly, learning more about traditional medicines and teachings has been something we’re doing and trying to learn from some of the Elders about things like when you have a sore throat chewing on a root can help take the sore throat away instead of giving antibiotics and things like that.”*

## 3.3 Challenges and Barriers to Managing Diabetes and Possible Solutions

### Financial barriers to managing diabetes

Métis Albertans with diabetes discussed the issue of healthy and nutritious food being unaffordable, and therefore inaccessible. One participant stated high glycemic index foods, which are often highly processed and lead to high blood sugars are affordable and more accessible to Métis Albertans with limited incomes.

*“Being able to afford to eat healthy. At the grocery store, they have all these ends-of-the-aisle sales. They’re generally the things that are highly processed, a lot of sugar, very little nutritional value. It’s going to spike your blood sugar; it’s got the high glycemic index. These are things that your body doesn’t need, chemicals you can’t even pronounce. They’re cheap and they are plentiful and that can be a challenge for sure.”*

Other than financial support and lowering the costs of food overall, participants suggested buying local, learning how to forage, and understanding how traditional diets could help with managing and preventing diabetes. One participant suggested more awareness about hunting and fishing rights for Métis people as a solution to financial barriers to managing diabetes.

*“It would be beneficial to spread the word about the hunting and fishing rights. Also accessing knowledge about foraging, accessing the knowledge of those who still remember what we can eat that grows in the ground, access to the food and knowledge about the food. Understanding that food is getting away from the whole supermarket food focus and getting back to where our ancestors got their food and their traditional diet.”*

Métis Albertans commented on the lack of diabetes specialists in rural areas, with most specialists located in urban areas. Participants also indicated that for Métis Albertans with diabetes, the financial cost of travelling to these areas was a significant barrier in accessing diabetes specialists.

*“When I was diagnosed, there was nothing in my community, nothing at all. Still, I don’t even have a diabetes doctor in my community. It’s really hard to get one and it’s too expensive to travel to the city to see one.”*

## Effect of comorbidities on diabetes management

Métis Albertans described comorbidities that may not have been relayed to them by their health care providers. One Métis Albertan with diabetes talked about his experience with his eyesight deteriorating and chronic fatigue as a comorbidity caused or exacerbated by diabetes.

*“I didn’t have much information about other effects of diabetes as I got older, and I wish my doctor had told me. Bladder retention is one, loss of sight in the dark when the light starts to go down. My eyesight decreases exponentially. I can’t see things without shining a light on them anymore. I must spend more time exercising, which is probably a good thing anyways, but I have got to make that time. I think that I have chronic fatigue. Sometimes if I don’t get a proper sleep, it can affect me while I’m awake.”*

Métis Albertans articulated they wish they had more education on potential comorbidities that not only affect the pancreas, but also their eyesight, nerves, kidneys, heart, and teeth/gums.

*“If I have to have a disease like this, then I just wish there was something that the doctor would do to help with the other issues – they just seem to focus on the blood sugars. Neuropathy is not my only issue with diabetes, I’m moving into some kidney and heart issues now.”*

Métis Albertans pointed to comorbidities because of neglecting their diabetes, either due to avoidance of treatment or health care providers not providing patients with proper education and supports to manage their diabetes. Participants stated their comorbidities were often long-term issues, such as neuropathy or retinopathy.

*“I have experienced a lot of challenges and I still experience challenges today. I remember going to see my family doctor and I had a sore on my foot, and he had a look at it and told me it was an ulcer. In 2009, I had*

*developed this foot ulcer and I had to go and see a specialty doctor again, a podiatrist, and that hasn't stopped since then. It wasn't until I saw the neurologist that he told me I had peripheral neuropathy in both of my feet. Now, the neuropathy has gotten so bad in my feet and my legs that I really have no feeling from my knees down. I also developed gastroparesis, but I believe that it's controlled fully now with what I eat and my medication. I also have swelling in both my eyes, and on some of my blood vessels back there are aneurysms. Should one of them burst, it will result in blindness. I do take a lot of pain medication because of my neuropathy and other complications in my feet, and because I take all of that, I suffer from insomnia something terrible."*

### Support networks and information for managing diabetes

Métis Albertans articulated online and offline support groups and/or forums within the Métis community would help in creating a relationship centred around accountability and well-being and incorporating kinship. Informal support groups could also act as a resource-sharing network, where Métis Albertans can share their experiences trying different medications, healthier recipes, exercise tips, or sharing information on health care providers.

*“ Even a support group or somebody who has done their research and is able to reach out to other diabetics and say, this is what I tried, what did you try? Sharing knowledge, like diabetic recipes, exercise groups, information about specialists and sharing that knowledge with each other. But I don't know of anybody who can help make a group like that.”*

Métis Albertans felt educational resources, such as a resource library or educational sessions in a community context would help them manage diabetes and be a valuable resource for diabetes prevention. The lack of education on managing diabetes, from basics like understanding the parameters of what an individual's blood glucose level should be to preventing comorbidities, was often not addressed by health care providers.



*“I mean, the education is there if you want it. For somebody maybe that is new to being diabetic, I think education or information resources are helpful. For instance, if the MNA was able to put together a really good comprehensive library of supports and make that available for Métis citizens, it will help people get good quality information about diabetes.”*

### Limited access to diabetes specialists and services

Services needed for Métis Albertans with diabetes, such as foot care specialists, are often not available in rural areas on a consistent basis.

*“Well, there’s really nothing for us here, besides your primary health network, which only has a pharmacist for diabetics and some beginner’s classes. There’s really nothing here. There is no foot care clinic here in Fort McMurray for people with diabetes. For people with diabetes, foot care is important, because they need people who know how to cut nails properly, so diabetics don’t get ingrown toenails and infections. There is no foot care for diabetics in the city, they’re all in Edmonton or Calgary and those trips are expensive.”*

Foot care clinics are important for people with diabetes as they are more susceptible to infections and nerve damage. Participants also voiced the need for other diabetes-specific services in rural settings.

*“I think a good pharmacy with a dedicated pharmacist for diabetics. We had one pharmacist we used to see in the city [referring to Edmonton] that kept up with the current diabetic education trends and gave us advice. Since we moved out of the city, we don’t have access to anyone like that.”*





## 4.0 DISCUSSION, FUTURE DIRECTION, AND RECOMMENDATIONS

The project's findings emphasize a need for health care providers to practice cultural safety when working with and in service to Métis people. Culturally safe care can strengthen the trust between patient and health care provider, allowing for better system navigation, accessible health services, and improved health outcomes for Métis Albertans.<sup>15-17</sup> Cultural safety is integral to creating equitable policies that work for and in service to Indigenous peoples, and advancing reconciliation.<sup>17</sup> Understanding the ways in which social determinants of health and power impact the health of Indigenous populations is essential to identifying health inequities in policies and informing strategies to develop sound, culturally safe and equitable policies.<sup>15</sup>

The project findings also identify the need for more Métis health care providers, as Métis health care providers are more likely to understand a Métis patient's lived experiences with the health care system.<sup>15</sup> Though the *Truth and Reconciliation Calls to Action* reflect the need to increase the number of Indigenous health care workers and ensure the retention of Indigenous health care providers in Indigenous communities, the number of Indigenous health care providers has not increased significantly.<sup>18</sup> There must be a dual approach of mandating cultural safety training for health care providers as well as training and retaining Métis health care providers to create a safe and welcoming environment for Métis Albertans and the wider Métis community across Canada.

Project findings also pointed to a significant need for non-insured health benefits. Though Métis people experience significant health disparities compared to the non-Indigenous population in Canada, they do not have non-insured health benefits like eligible First Nations and Inuit people do.<sup>19</sup> Non-insured health benefits cover drugs, dental and vision care, medical supplies and equipment, mental health counselling, and medical transportation. The lack of non-insured health benefits, coupled with the ongoing health disparities for Métis people, contributes to poor health outcomes.<sup>19</sup> The findings from this project draw attention to the need to advocate for the federal government to develop health legislation to provide health benefits for Métis people across Canada or to offer flexible funding for Métis Nations across Canada to create self-determined, provincial benefits programs for Métis people, much like the Métis Health Benefits program in the Northwest Territories.<sup>19</sup> Financial assistance for Métis

Albertans with diabetes to cover their medication, medical devices, and health services would be beneficial. Furthermore, the provision of non-insured health benefits would increase Métis Albertans' quality of life with diabetes.

Following the suggestions of some of the Métis Albertans who took part in the project, informal information sharing through support groups, resource pages, or educational sessions by the MNA would be beneficial in helping Métis Albertans manage their diabetes. Information sharing on culturally relevant diabetes management, such as understanding what a healthy, balanced diet looks like, sharing knowledge on traditional medicines for helping diabetes, counting carbohydrates, understanding the parameters of normal blood sugar levels, and traditional activities encouraging physical activity, like jigging, were all voiced by Métis Albertans. The development of a support group for Métis Albertans with diabetes was a popular suggestion. Studies have shown that support groups for people with Type 2 diabetes have improved self-management of diabetes, improved glycemic control, and improved the overall health of those participating in a support group.<sup>20,21</sup> Having a resource library or educational sessions in a community context would also create a culturally safe environment for Métis Albertans with diabetes, which they may not have with their health care providers.

The voices, perspectives and lived experiences of the Métis Albertans who participated in this project articulate the challenges Métis Albertans with diabetes face but also point to potential solutions to these issues. This project provided a deeper understanding of barriers and facilitators of diabetes management for Métis Albertans with diabetes while experiencing transitional care and provides a strong foundation to advocate for equitable diabetes care for Métis Albertans. Understanding the individual and community-level factors Métis Albertans experience on their journey with diabetes can bridge the gaps in care during transitions and help eliminate barriers associated with factors that contribute to poor health outcomes for Métis Albertans.

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# APPENDIXES

## Appendix 1: Detailed Study Methods

This research project used mixed methods that prioritized Métis ways of knowledge, values, and perspectives in the design, data collection, analysis, and interpretation of results. The methodology used qualitative interviews of Métis Albertans with diabetes based on a narrative inquiry approach. The MNA provided guidance on the direction of the methodological approach of this research project to ensure that it was culturally relevant, community-engaged, and supportive of self-determination.

### Interviews

The MNA organized 40 one-on-one interviews with Métis Albertans with diabetes and their caregivers across the six MNA Regions. Each interview lasted approximately one hour and were held via phone or using virtual platforms such as Zoom or Microsoft Teams.

### Study Participants

Identification and recruitment of Métis Albertans for the interviews was led by the MNA. The MNA used existing governance structures to reach potential Métis participants across the province in a culturally appropriate and respectful way. Email invitations were sent to Citizens of the MNA through the biweekly MNA newsletter. The MNA also used social media platforms, including Facebook, Twitter, and Instagram, to invite Métis Albertans to participate in the interviews. See Appendix 1 for promotional materials used in this study. In total, 40 Métis Albertans participated in the one-on-one interviews.

Once potential interview participants were identified, a Research and Project Coordinator at the MNA individually contacted potential participants by e-mail or telephone. Potential participants received an information letter and consent forms (Appendix 3) describing the purpose of the interviews and expectations regarding participation. Only Métis Albertans who had provided signed consent took part in the interviews. No Métis Albertans under the age of 18 were invited to participate in the interviews for the purpose of this study.

## Procedures

Participation in the interviews was voluntary; participants were free to stop the interview at any time, for any reason. All participants received a \$50 honourarium. Before the interview began, both the participant and the researcher shared their personal backgrounds and perspectives. This step aimed to establish a level playing field, positioning the participant as an equal partner in the research process, instead of creating a typical, top-down dynamic between the researcher and the participant. Following completion of the interview, participants were contacted to review the transcript prior to data analysis.

## Data Collection and Analysis

The Research and Project Coordinator at the MNA transcribed the audio files using QSR International's NVivo12. The transcriptions were then anonymized, removing any identified (e.g., names) or identifiable (e.g., well known family members) information.

Transcriptions were shared with Métis Albertans who participated in the interviews so they could provide additional comments, descriptions, and feedback. Participants were also able to request parts of their stories contained within the transcripts be removed. Once participants reviewed the transcripts, the files were stored on the MNA's server. The research staff at the MNA performed primary qualitative data analysis of the transcripts using an inductive approach to identify themes and subthemes related to barriers and facilitators of diabetes management during transitional care for Métis Albertans with diabetes.

## Appendix 2: Interview Guide



### **Uncovering Gaps in Diabetes Management During Transitions in Care Among Members of the Métis Nation of Alberta: a Two-Eyed Seeing Approach**

#### **Phase 2 – Interviews with Métis community members living with diabetes discussion guide**

**Principal Investigator:** Dr. Don Voaklander, PhD. Injury Prevention Centre, School of Public Health. University of Alberta

**Co-Applicants:** Dr. Jason Randall, PhD. Injury Prevention Centre, School of Public Health. University of Alberta

**Project Coordinator:** Ms. Mariam Ahmad. Research and Project Coordinator, Chronic Diseases. Métis Nation of Alberta

**Funding Support:** Canadian Institutes of Health Research (CIHR)



### **Interview Guide**

This study phase will use a Two-Eyed seeing approach in which Métis ways of knowing are combined with qualitative research techniques. The previously proposed approach was to have Métis Gatherings - an Indigenous research and information-sharing approach based on conversational methods, including talking circles, storytelling, and yarning methods. Unfortunately, due to COVID-19, the data collection will be re-oriented to use a narrative inquiry approach to collect qualitative data about their lived experiences and knowledge. A narrative approach will use prompts to initiate and encourage conversation. The purpose of the narrative inquiry is to give participants an opportunity to share their experiences and knowledge about accessing appropriate diabetes-related care during transitions in life trajectories, notably during the emerging adult (18 – 30) and peri-senior (60+) stages of life. Through prompting questions, the semi-structured approach will allow researchers to have a bit of direction to explore important themes identified in the survey analysis. The influences of colonialism, intergenerational trauma, resilience, cultural healing, and traditions on accessing appropriate care for diabetes will also be explored.

The following prompting questions will be used to foster the conversation:

#### **Access to supports and services related to diabetes management**

Can you speak to your experience being initially diagnosed with diabetes?  
Can you speak to your experience communicating with health care professionals?  
Can you speak about the supports in your community that you access for diabetes-related care?  
Does your health care professional offer alternative treatments to your diabetes?

#### **Métis traditions and diabetes**

Can you tell us what diabetes means to you?  
In your opinion, what causes diabetes?  
In your opinion, how can someone living with diabetes stay healthy?  
How does Métis community play a role in diabetes prevention, treatment, and management?

#### **Challenges and barriers to managing diabetes**

What challenges have you experienced living with diabetes?  
What do you feel would help you to better manage your diabetes?  
What supports and services for Métis individuals living with diabetes are needed in your community?

## Appendix 3: Consent Form



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### PARTICIPANT INFORMATION SHEET

**Title of Study:** Uncovering Gaps in Diabetes Management During Transitions in Care Amongst Members of the Métis Nation of Alberta: a Two-Eyed Seeing Approach

**Principal Investigator:** Dr. Don Voaklander, PhD. Injury Prevention Centre, School of Public Health. University of Alberta (780-492-0454)

**Study Coordinator:** Mariam Ahmad. Research and Project Coordinator, Chronic Diseases. Métis Nation of Alberta. (587-415-1056)

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#### Why am I being asked to take part in this research study?

You are being asked to attend one interview to share your experiences and knowledge about living with diabetes in Métis communities across Alberta. The study will explore factors that help you to access the diabetes-related care you need as well as factors that make it harder to access the care you need. The impacts of colonialism, intergenerational trauma, resilience, culture, and traditions on diabetes will also be explored.

This information sheet gives you information about what will happen if you choose to participate, and how your information will be handled and protected. Before you decide, one of the researchers will go over this form with you and you are encouraged to ask questions. You will be given a copy of this form for your records.

The interview and survey are part of a larger research study that aims to understand the gaps in diabetes-related care experienced in Métis communities across Alberta.

#### What is the reason for doing this study?

The purpose of this study is to help identify gaps in care during transitions in life stages, specifically during emerging adulthood (ages 18 – 30) and during the transition to older adulthood (ages 60+). Little information is available on the experiences of Métis individuals living with diabetes; this study is important to help identify their strengths, challenges, and needs. This knowledge will help the Métis Nation of Alberta (MNA) design and deliver Métis-specific health services and programs for community members living with diabetes.

#### What will I be asked to do?

If you decide to participate, you will be asked to participate in a 60-minute one-on-one interview with a member of the research team, which will be held over the phone or online through Zoom or Microsoft Teams.

During the interview, you will be encouraged to share your experiences and knowledge about living with diabetes. You may share as much or as little as you feel comfortable with. During the interview, you may choose to share your name, or you are free to use a pseudonym.

The interview conversations will be audio-recorded and transcribed into text. You will have an opportunity to review the transcribed text and provide any additional comments or clarification. Any information that could identify you or your community will be removed from the transcribed text, including your name.

**What are the risks?**

We will respect your privacy but may ask questions that some people are uncomfortable answering. If we ask any questions that make you uncomfortable, you can tell us that you prefer not to answer. You may leave the interview at any time.

There is a risk that the discussion may result in you feeling sad or anxious. If this happens, we can help connect you with the MNA Supports and Services Navigator or the MNA Wellness Program for additional support after the interview. You will be able to talk about your feelings and they can connect you with other resources.

It is not possible to know all the risks that may occur in a study, but our research team has taken all reasonable safeguards to minimize any known risks to a study participant.

**What are the benefits to me?**

You may not get any direct benefit from being in this research study. You will have an opportunity to share your experiences and knowledge about living with diabetes with other Métis participants in a supportive environment. The information you choose to share will be used by the MNA to develop and deliver culturally-appropriate diabetes programs and services for Métis Albertans.

**Do I have to take part in the study?**

Being in this study is your choice. If you decide to participate, you are free to change your mind and stop being in the study at any time. If you decide to withdraw from the study, it will in no way affect the care, treatment, or services that you are entitled to receive.

You may also choose to only participate in parts of the conversation and are not required to answer any questions that you are not comfortable with.

You may request to withdraw at any time. You may request that any information you provide be excluded from reports and publications up to two weeks after the data has been transcribed. You may not request that any information you provide be removed after it has been included in a report or publication.

**Will I be paid to be in the research?**

You will be paid an honorarium of \$50 for participating in the interview. You will still receive your honorarium and reimbursement should you choose to withdraw during the interview, or request that your information be excluded from any reports or publications.

**Will my information be kept private?**

During the study we will be collecting data about you and your experiences. We will do everything we can to make sure that this data is kept private. We will store all data at the MNA in secured computers that only the research team will have access to. Additionally, the research team will only be able to use the data with the approval of the MNA. Any paper documents will be stored in locked filing cabinets.

No data relating to this study that includes your name will be released outside of the MNA or published by the research team.

If required by law, we may have to release your information with your name, so we cannot guarantee absolute privacy. However, we will make every legal effort to make sure that your information is kept private.

After the study is complete, the MNA will continue to securely store data that was collected as part of the study. At the MNA, data will be stored for a minimum of 5 years after the end of the study. If you leave the study, we will not collect new information about you, but we may need to keep the information that we have already collected.

By consenting to participate in this research you are allowing the research team to collect, use, and disclose information about you as described above.

**What if I have questions?**

If you have any questions about the research now or later, please contact Mariam Ahmad, at 587-415-1056.

If you have any questions regarding your rights as a research participant, you may contact the Health Research Ethics Board at 780-492-2615. This office has no affiliation with the research team.

This study is being sponsored by the Canadian Institutes for Health Research (CIHR). The research team is receiving money from the study sponsor to cover the costs of doing this study. You are entitled to request any details concerning this compensation from the Principal Investigator at (780) 492-0454.

Should you want to take part in one of the interviews, please fill out the enclosed consent form.



UNIVERSITY OF ALBERTA  
SCHOOL OF PUBLIC HEALTH



**PARTICIPANT CONSENT FORM**

**Title of Study:** Uncovering Gaps in Diabetes Management During Transitions in Care Among Members of the Métis Nation of Alberta: a Two-Eyed Seeing Approach

**Principal Investigator:** Dr. Don Voaklander, PhD. Injury Prevention Centre, School of Public Health. University of Alberta (780-492-0454)

**Study Coordinator:** Mariam Ahmad. Research and Project Coordinator, Chronic Diseases. Métis Nation of Alberta (587-415-1056)

<b>Please answer the following questions:</b>	<b>Yes</b>	<b>No</b>
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to leave the study at any time without having to give a reason and without affecting your future access to services?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand who will have access to your study records (including transcripts and data analysis)?	<input type="checkbox"/>	<input type="checkbox"/>
This study was explained to me by: _____		

**I agree to take part in this study:**

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Printed name

Date: \_\_\_\_\_

**I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate:**

\_\_\_\_\_  
Signature of research staff

## Appendix 4: Promotional/Engagement Material

MÉTIS NATION OF ALBERTA

**DIABETES**

**ONE-ON-ONE  
INTERVIEWS**

..... \$50 HONORARIUM .....

Share Your Experience  
email [health@metis.org](mailto:health@metis.org) to sign up



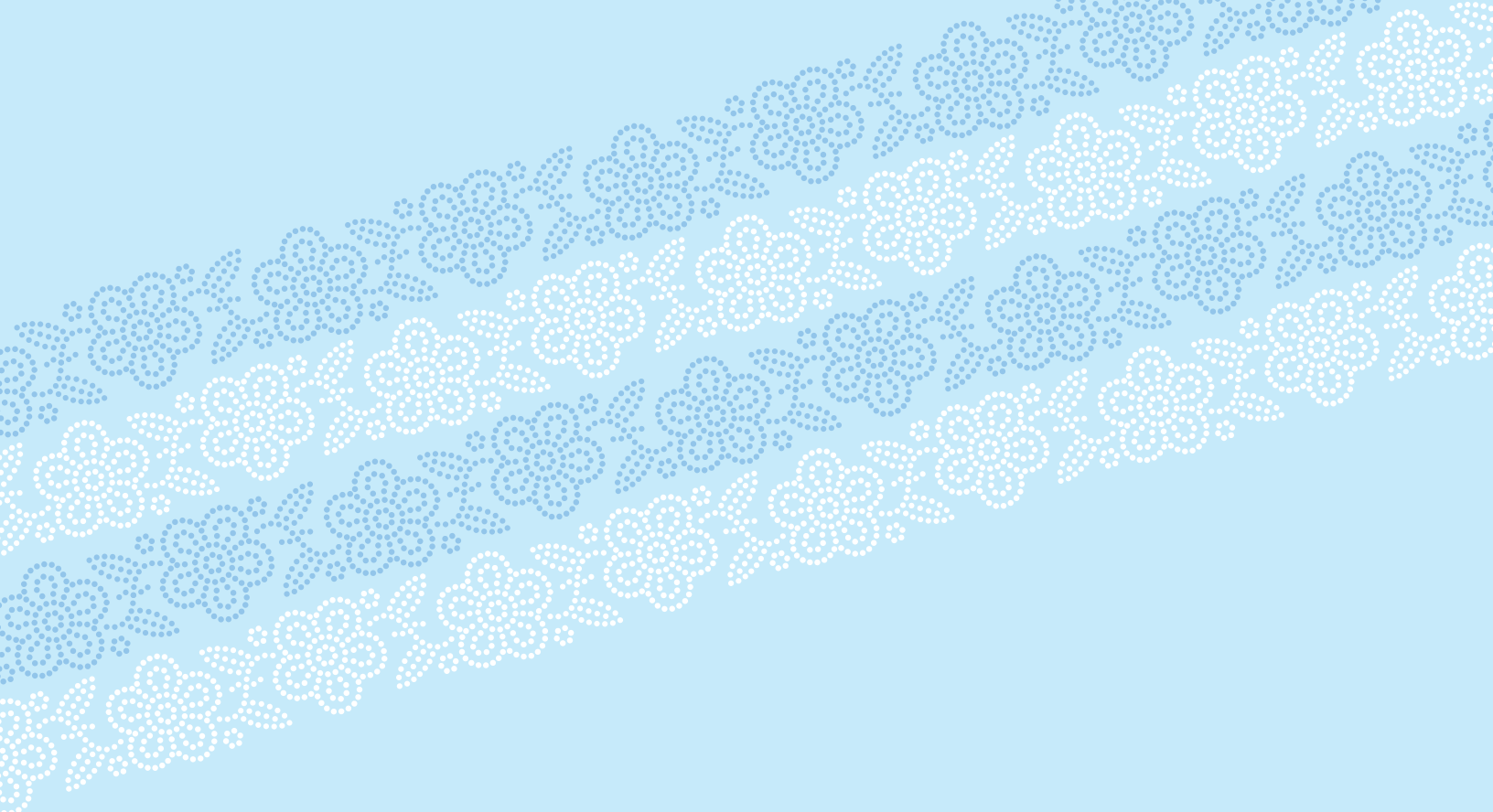












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**Métis Government**

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Delia Gray Building • 11738 Kingsway Avenue • Edmonton

780-455-2200 • 1-877-454-0684 • [albertametis.com](http://albertametis.com)

