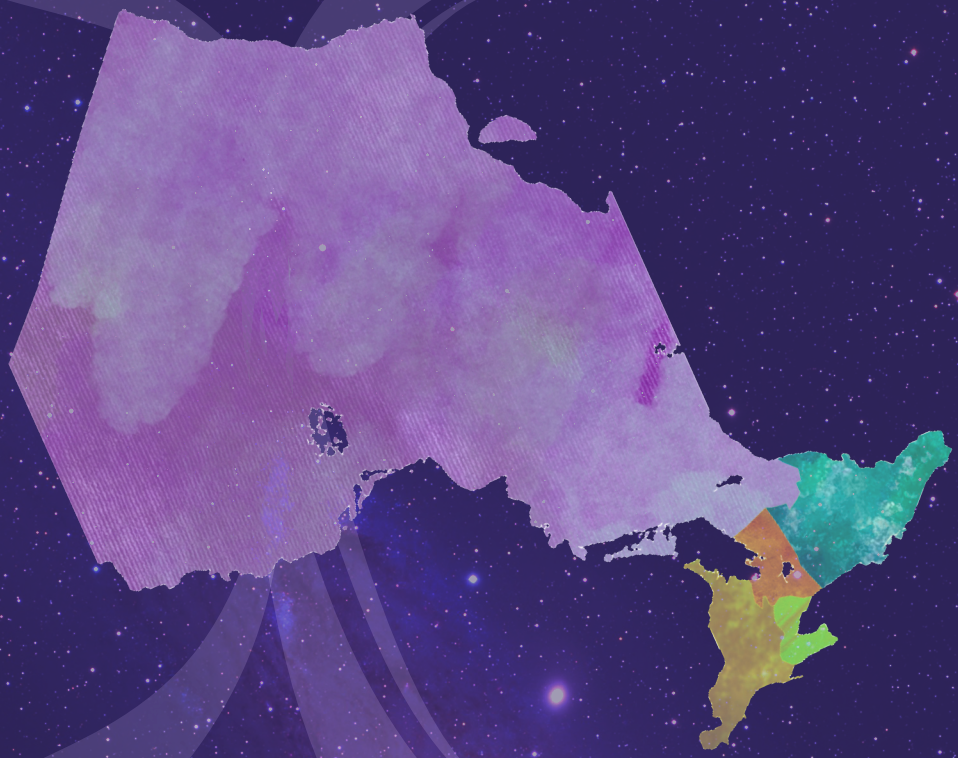

LOWER LIMB PRESERVATION

NIAGARA REGION • AUGUST 2025

BUILDING HEALTH CARE PATHWAY: FINDINGS REPORT

COMPILED BY THE INDIGENOUS DIABETES HEALTH CIRCLE (IDHC)

LAND ACKNOWLEDGMENT FOR NIAGARA REGION

Niagara Region is steeped in the rich history of First Nations. There are many First Nations, Métis and Inuit from across Turtle Island that live and work in Niagara today, such as the Huran Wendat, the Haudenosaunee and the Anishinaabe, including the Mississaugas of the Credit First Nation.

Niagara Region is situated on treaty land—land governed and protected by the “Dish With One Spoon” Wampum agreement.

Participants in this LLP initiative stand with all Indigenous Peoples, past and present. We acknowledge and respect the peoples whose territory this LLP initiative aims to support, the agreements that guide the stewardship of the land and the unique relationship of Indigenous Peoples to this land. This LLP initiative worked to identify and engage in actions that respect and reinforce commitments to Truth and Reconciliation and Indigenous Rights, with a vision that all enjoy equal opportunity to live Bimaadziwin—the wholistic good and healthy life.

A MESSAGE FROM THE CHIEF EXECUTIVE OFFICER OF IDHC

The Indigenous Diabetes Health Circle (IDHC) would like to take the opportunity to extend thanks to Ontario Health (OH), for securing funding for a Lower Limb Preservation (LLP) initiative to support Indigenous Peoples within the Niagara Region.

IDHC expresses sincere gratitude to the Interprofessional Primary Health Care Council (IPHCC), for stepping in and taking a proactive role in building relationships with OH, advocating for a truly Indigenous-led LLP, and supporting the first-year transition by holding funds and coordinating efforts that guided measurement and evaluation.

IDHC acknowledges the hard work and dedication of our community partners, Fort Erie Native Friendship Centre (FENFC), De dwa da dehs nye>s (DAHAC) and Vision Loss Rehabilitation Canada (VLRC). Thank you for the time and energy that your teams dedicated to ensuring the success and sustainability of lower limb preservation for the Indigenous community in Niagara.

For the past 25+ years, IDHC has been delivering culturally safe and trauma informed diabetes education, training, programs and services throughout the province of Ontario. More specifically, the IDHC foot care program has been saving limbs for 18 years, through the provision of knowledge sharing, foot screening and treatment support. In April 2022, IDHC released a monumental report which highlights the journey to adapt and develop a quality foot care program. Find report at Foot Care Program Evaluation Report.

The LLP is an extension of this work that has strengthened relationships, allowed for deeper conversations, integrated new pathways and carved out options for sustainable growth and opportunities. It is an honour to share the “Building health care Pathway: Findings Report,” that encapsulates the voices of Indigenous community members, organizations and other stakeholders.

While you read the report, please keep in mind that out of all the funded LLP initiatives, we are the only Indigenous-led initiative to integrate wholistic care in a community setting. Meaning, in addition to foot care, IDHC ensured wraparound supports from the traditional wellness program (reflexology, one-on-one consultations, and traditional medicines), knowledge team (wellness presentations and resources) and the eye health screening initiative (diabetic retinopathy screens). This approach is invaluable to prevention and lowering the rates of amputations within Indigenous communities.

Nia:wen to the Indigenous communities for the trust placed with DAHAC, FENFC and IDHC in the provision of culturally safe health care and for the honour to carry your stories forward in a good way. Without you—and your voices—the preservation of lower limbs in the Niagara Region would not be possible!

Roslynn Baird
Godrihwasidso (Cayuga “Overseer”)
Chief Executive Officer
Indigenous Diabetes Health Circle (IDHC)

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INTRODUCTION

This composition is more than a report. It is an expression of love and support. It is a letter of love and support to our partners—old and new—that continually supported and empowered each other to carry out the important work together. It is the testament of the community members who connected with us to share their honest, unfiltered experiences. And finally, this document signifies our love of all Indigenous Peoples.

The Indigenous Diabetes Health Circle (IDHC) provides programs and resources focused on diabetes education, prevention, training and management in Indigenous communities, on- and off-reserve within Ontario. IDHC focuses on strengthening the Indigenous community capacity, to ultimately reduce the impact of diabetes. IDHC achieves this by promoting wholistic wellness models, building traditional teachings and best practices to develop and provide programs, education and resources, and building relationships and community capacity. This work is done while recognizing and respecting personal choices, autonomy and diversity.

Throughout the years, the Foot Care Program has established and strengthened its partnerships with key stakeholders within the foot care health field. These partnerships have enhanced the program services and advanced the access to new care options. In February of 2020, a Lower-Limb Preservation Strategy Advisory Committee was established with goals to reduce avoidable, non-traumatic major lower-limb amputations in Ontario and to improve equitable access to high-quality early screening and integrated foot care for people with diabetes and peripheral artery disease (PAD). The IDHC Foot Care Coordinator was invited to sit on this committee as an advisor to provide expertise and guidance in shaping a framework for saving limbs and a strategy for systemic change.

Upon reflecting on the key elements for improving lower-limb preservation and the needs of the Indigenous community, it was clear that bringing services into the community was imperative. Past traumas have resulted in a loss of trust with hospitals and western medical systems. Growing the program to include a pathway for an integrated care team, such as vascular surgeons, as a part of the program's culturally safe care was a clear next step for this program. Creating a pathway that can be implanted and modeled for years to come throughout Ontario was the project's greater vision. Building capacity and access to advanced treatment with vascular care inclusion was always in forefront during this project.

While reviewing this report, it is easy to focus on statistics or quantitative data, but it is equally important to give attention to the qualitative insights and shared experiences.

Ontario's only Indigenous-led Lower Limb Preservation (LLP) Initiative is a unique, transformative approach to address the significant number of lower limb amputations occurring among Indigenous populations within the Niagara Region. The initiative is based in culturally safe wholistic practices and Indigenous ways of knowing to combat the disproportionate rates of diabetes and, as a result, the higher number of non-traumatic major lower limb amputations caused by diabetes within Indigenous communities. With key partners, engaged clients and health providers on our team we have successfully created a pathway of care to assist in providing timely and

IDHC Team (l to r) Kathleen Laforme, Jenna Hammond, Autumn Watson, Kari Baum, Jessica Pace, Stacey Ely, Crystal Bomberry, Justice Maki-Chambers, Samantha Lascelles, Irene Samuel

highly integrated services that include both medical health professionals and traditional cultural practitioners. This report highlights the voices of Indigenous community members while showcasing the defined pathway for lower-limb preservation and ways we have enhanced our services to bring greater health care options to the Niagara Indigenous community.

DEMOGRAPHIC OF NIAGARA REGION

Gaining insight into the alarming rates of non-traumatic major lower limb amputations within the Niagara Region requires an understanding of the demographic and cultural landscape. Niagara Region is comprised of 12 municipalities in Southern Ontario. The Niagara Region is home to 13,960 self-declared Indigenous individuals, representing roughly 3% of the total population[1]. The Indigenous population consists of First Nations, Métis and Inuit[1]. For tens of thousands of years, this land has been inhabited by various nations; more recently, the land has been home to communities from the Neutral Nation, Six Nations of the Grand River of the Haudenosaunee Confederacy and the Mississaugas of the Credit First Nation of the Anishinabek people[2].

DESCRIPTION & PREVALENCE OF DIABETES MELLITUS

Diabetes Mellitus (DM) is a serious health condition, in which the body fails to produce insulin or is unable to effectively use the insulin it produces[3]. Insulin is a hormone created by the pancreas to regulate the blood glucose (sugar) levels[3]. Balanced blood sugar is critical for maintaining proper body functions. Excessive levels of glucose in the blood can harm organs, blood vessels and nerves. Some complications related to continuous high levels of blood glucose include increased risk of cardiovascular disease, kidney disease, neuropathy (nerve damage), non-traumatic leg and foot amputations, pregnancy complications, mental illness and eye disease[3-5]. Diabetes complications are associated with premature mortality rates, with an estimated minimum of 1 out of 10 deaths[5].

In 2024, roughly 31% of the population in Ontario lived with diabetes or prediabetes[6]. Rates of diabetes are rising quicker among Indigenous populations, with Indigenous individuals also developing the condition at younger ages compared to the broader population[7]. Previous research also indicates Indigenous individuals are also more likely to develop complications related to

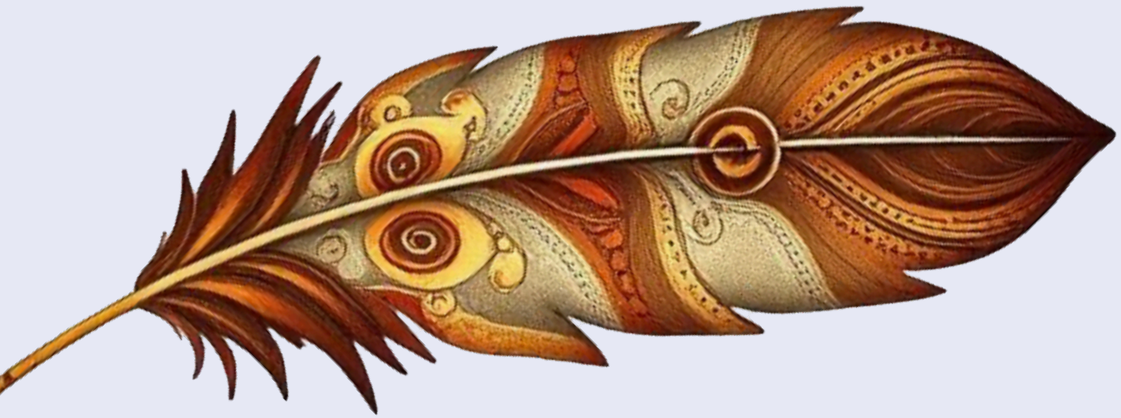
diabetes[7]. Indigenous individuals are at a greater risk of developing diabetes due to the lasting and ongoing impacts of colonialism in Canada, including the consequences of residential schools, the Sixties Scoop, and current challenges such as limited access to clean water and nutritious food[8]. The effects of colonialism are felt across the lifespan and lead to an earlier age of diagnosis, more severe symptoms and higher risk of developing complications, leading to less favourable treatment results[8].

DIABETES COMPLICATION: DIABETIC RETINOPATHY

Diabetic Retinopathy (DR) is a serious complication of diabetes. DR occurs when high blood sugar levels damage the blood vessels that supply the retina, causing them to become blocked[9]. In response, the eyes will attempt to grow new blood vessels, but these vessels are often underdeveloped[9]. As a result, the blood vessels may swell or leak fluid into the retina, leading to vision problems and in severe cases, permanent blindness[9]. The likelihood of developing DR is exacerbated with the duration of diabetes and poor blood sugar control[9].

DIABETES COMPLICATION: NON-TRAUMATIC MAJOR LOWER LIMB AMPUTATIONS

In Canada, diabetes is the number one cause of non-traumatic lower limb amputations, accounting for 70% of cases[4]. Individuals diagnosed with diabetes are 20 times more likely to undergo lower limb amputation compared to the general population[10]. Individuals with diabetes are more prone to develop serious complications from minor injuries, such as ulcers, infections and gangrene[5]. Reduced blood circulation caused by peripheral vascular disease can hinder the healing process, while nerve damage leading to numbness may prevent an individual from noticing their injury[5]. These factors often contribute to non-healing ulcers and deep-seated (bone) infections, both of which are the primary causes of lower limb amputations, including those of the toe, foot, ankle or leg[5]. Previous research indicates individuals who undergo a non-traumatic lower limb amputation face a staggering 16% mortality rate within the first 30 days, which rises sharply to 36% within the first year. For those with diabetes who have undergone a below-knee amputation, life expectancy is typically less than a median 3 years[11].



EFFECTS OF NON-TRAUMATIC MAJOR LOWER LIMB AMPUTATIONS

Non-traumatic major lower limb amputations place a significant financial burden on the health system. These expenses can be categorized as direct or indirect, depending on their impact on the individual, their families, the health care system and society.

Direct costs refer to medical expenses directly related to diabetes-related amputations, including surgical procedures, hospital stays, specialized care and medication. Following each amputation, the average hospital stay lasts 19 days, involving various procedures, with an estimated cost of $47,000 per stay[12]. This is an underestimate as it does not account for emergency department visits or community care visits prior to hospitalization, or care after the amputation such as physician compensation, repeat hospitalization, inpatient care, rehabilitation, home care services, and mobility aids[13]. More specifically, the direct cost for the Ontario government includes up to $400 million dollars for diabetic foot complications annually, with $140 million spent on amputations[14]. Meanwhile, an investment of $100 on average per patient can provide preventative foot care for those living with diabetes[14].

Indirect costs are less visible but result in long-term consequences of the amputation, for the individual, family or society. These costs include loss of workforce due to disability, an increased number of individuals relying on social assistance programs and expenses associated with specialized transportation for those with mobility impairments. Previous research estimates the total indirect costs exceed $1 billion[5].

IMPACT OF NON-TRAUMATIC MAJOR LOWER LIMB AMPUTATIONS

Non-traumatic major lower limb amputations create not only a financial burden on the individual and society, but also negatively impact one's quality of life leading to social, spiritual and psychological challenges[5]. Amputation can alter one's sense of identity as well as their body image, while the diagnosis of diabetes and the amputation process often contribute to mental health issues such as depression[5]. The loss of a limb also affects one's spiritual well-being, as it disrupts deeply rooted connections tied to one's understanding of the body, land and personal identity. While beliefs vary across Indigenous communities, many view the body as interconnected with the spiritual world, and any loss or changes made to the body can have significant spiritual consequences. As 85% of non-traumatic major lower limb amputations are preventable, these negative consequences and associated costs are avoidable, indicating action must be taken[12].

INDIGENOUS DIABETES HEALTH CIRCLE'S WHOLISTIC MODEL OF CARE

IDHC's wholistic model of care is multi-faceted and incorporates various aspects such as preventative continuous foot care, eye health and most importantly, traditional wellness.

The wholistic foot care program has four components that strive to educate as well as to provide the tools needed for communities to practise preventative foot care. The components include training for organizations and communities, self-care and prevention resources, ongoing foot care clinics, and foot care subsidy for orthotics, proper foot care and other equipment. By providing education, screening, treatment, access to care options and data collections an integrated, connected and collaborative wraparound care is provided. These services have been focused on early identification and prevention to prevent wounds and amputations. Each client will receive a foot care kit consisting of self-care resources and education, such as cedarwood foot cream, foot file, compact first aid kit, glass nail file, socks and information brochures.

"Build Your Own Foot Care Kit" Program

For many years, IDHC has developed user-friendly foot care kits which it distributes to Indigenous communities across Ontario, including remote communities. As a best practice, IDHC collaborated with local frontline health workers to use the kits as a resource to provide education and support services for lower limb preservation.

In partnership with Vision Loss Rehabilitation Canada (VLRC), the Eye Health Screening Initiative (EHSI) was created to improve population health outcomes and reduce the incidence of vision loss through AI mediated screening. Using hand-held portable fundus cameras, the EHSI screens underserved, rural, remote, Indigenous communities for diabetic retinopathy. The initiative integrated into established programs and services to provide care closer to home by trusted staff in a culturally safe manner. The trauma informed screening process takes 15 minutes and gives immediate results. Equitable access to high-quality care and an established pathway for treatment and diagnosis through our partner VLRC ensures anyone in Ontario who screens positive can get the help they need, lowering the risk of vision loss. Like the foot care program, each client screened will receive an eye care kit consisting of a variety of self-care resources such as an eye mask, an eye glass repair kit, Systane drops and traditional teas.

The traditional wellness program provides Indigenous clients/community one-on-one sessions with Traditional Healers/ Practitioners. These sessions may include a discussion, and/or teachings surrounding healthy lifestyle choices, traditional foods, traditional medicines, diabetes, diabetes, diabetes management, cultural teachings and/or guidance. Each Traditional Healer/ Practitioner has their own unique healing modalities, such as reflexology, reiki, and energy work.

LOWER LIMB PRESERVATION INITIATIVE

The LLP focuses on using the IDHC wholistic model of care (foot care, eye care & traditional wellness) for Indigenous clients to ultimately decrease the number of amputations. The initiative was funded by Ontario Health, who provided guidance and support throughout the initiative. Major partners include De dwa da dehs nye>s (DAHAC) Aboriginal Health Centre, Fort Erie Native Friendship Centre (FENFC) and Vision Loss Rehabilitation Canada (VLRC).

LLP PROJECT GOALS

1. Increasing access to IDHC's existing diabetes screening for foot care and eye health and traditional wellness in Thorold and Fort Erie Native Friendship Centre
2. Creation of an Indigenous led LLP pathway to support Indigenous clients in Niagara (Indigenous Health in Indigenous Hands)
3. Improving equitable access to high-quality best-practice early screening and integrated lower-limb wound care and vascular care
4. Reducing avoidable non-traumatic major lower-limb amputations

Together, the goal was to unite health organizations across the Niagara Region to collaborate in improving health outcomes for Indigenous Peoples at risk of lower limb amputations.

ENDNOTES

1. Statistics Canada. Focus on Geography Series, 2021 Census of Population Niagara, Regional Municipality.; 2022. https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?topic=8&lang=E&dguid=2021A00033526
2. Explore the Niagara. Indigenous Culture in the Niagara Region. https://niagaraparks.com/explore/explore-the-niagara/indigenous-culture-in-niagara-region/
3. Diabetes Canada. What Is Diabetes?; 2024. https://www.diabetes.ca/about-diabetes-(3)/what-is-diabetes
4. Diabetes Canada. Diabetes in Canada.; 2024. https://www.diabetes.ca/research-(1)/advocacy-reports/national-and-provincial-backgrounders/diabetes-in-canada
5. Public Health Agency of Canada. Diabetes in Canada: Facts and Figures from a Public Health Perspective.; 2011. https://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/pdf/facts-figures-faits-chiffres-eng.pdf
6. Diabetes Canada. Diabetes in Canada: 2024 Backgrounder.; 2024. https://www.diabetes.ca/getmedia/d7bd5e56-a654-450e-b8ee-0cd05f28ee46/2024-Backgrounder-Canada.pdf
7. Halseth R. The Prevalence of Type 2 Diabetes among First Nations and Considerations for Prevention. National Collaborating Centre for Aboriginal Health; 2019.
8. Diabetes Canada. Indigenous Communities and Diabetes.; 2024. https://www.diabetes.ca/resources/tools---resources/indigenous-communities-and-diabetes
9. Diabetic Retinopathy. Mayo Clin. Published online 2023. https://www.mayoclinic.org/diseases-conditions/diabetic-retinopathy/symptoms-causes/syc-20371611
10. Diabetes Canada. Amputation Prevention.; 2024. https://www.diabetes.ca/advocacy---policies/our-policy-positions/amputation-prevention
11. 1Beyaz S, Güler Ü, Bağır G. Factors Affecting Lifespan Following Below-Knee Amputation in Diabetic Patients. Acta Orthop Traumatol Turc. 2017;51(5):393-397. https://www.aott.org.tr/en/factors-affecting-lifespan-following-below-knee-amputation-in-diabetic-patients-133628
12. Examining diabetes-associated lower limb amputations from an equity perspective. Can Inst Health Inf. Published online 2024.
13. Canadian Institute for Health Information. Amputations signal opportunities to improve diabetes care and reduce system costs. Published online 2024. https://www.cihi.ca/en/equity-in-diabetes-care-a-focus-on-lower-limb-amputation/amputations-signal-opportunities-to-improve-diabetes-care-and-reduce-system-costs?utm_source=chatgpt.com
14. Registered Nurses' Association of Ontario and Canadian Association of Wound Care. Low-cost interventions could save people's limbs, lives, and millions of Ontario's health-care dollars. Published online 2016. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.woundscanada.ca/docman/public/63-media-release-april-2016/file

Dr. Darrel Manitowabi
Keynote Speaker, July 18, 2024
“Building the Link: Part 1”
The Exchange in Niagara Falls

Dr. Barry LaVallee
Keynote Speaker, November 7, 2024
“Building the Link: Part 2”
Fort Erie Native Friendship Centre, Fort Erie

Frontline health care workers and experts gathered for project review, knowledge transfer and to articulate future state Niagara Indigenous-led lower limb preservation
February 6, 2025

PROJECT METHODOLOGY

NEEDS ASSESSMENT

First steps involved forming an advisory committee to oversee the work, consisting of representatives from the partners, clinical services managers, the foot care nurse at the IDHC and FENFC clinics, chiropodists, and a client with lived experience. The committee was responsible for overseeing the community needs assessment, the referral pathway and event planning.

The purpose of the needs assessment was to identify current facilitators and barriers to receiving foot care, and to determine what next steps are needed. A variety of engagement sessions were conducted for this needs assessment, including 10 one-on-one interviews, six sharing circles and three surveys. These sessions targeted Indigenous community members in the Niagara Region, as well as local health care workers who work closely with Indigenous communities. Promotion for all three types of engagement sessions were carried out through posters, social media, email campaigns and word of mouth.

Ten one-on-one interviews were conducted in various locations within the Niagara Region by an IDHC staff member. Seven interviews were held with individuals who had lived experience navigating the Niagara health system for foot care, one interview was with a caregiver of a client with lived experience, and two interviews were conducted with local health care providers offering foot care services in the region. Each interviewee received an honorarium for their participation.

In collaboration with the De dwa da dehs nye>s (DAHAC) Aboriginal Health Centre and the Fort Erie Native Friendship Centre (FENFC), six sharing circles were held, two at each organization (DAHAC, FENFC, IDHC). To ensure all participants had ample time to share their experiences, registration was limited to 10 participants per session. Each sharing circle was scheduled for a duration of three hours, and an honorarium was provided to each interviewee.

A total of three surveys were conducted online, each targeting a unique audience. One survey focused on Indigenous community members with lived experience navigating the health care system, another for general health care workers in the Niagara Region, and the third targeted foot care-specific health care workers within the Niagara Region. Each survey offered a prize, with one winner selected randomly from each survey’s participants.

DATA COLLECTION

All participants were provided with a copy of the informed consent form and asked to sign it prior to participating. Facilitators, consisting of two IDHC staff members and a knowledge holder, reviewed the full scope of the initiative with participants, informing them that the engagement would be recorded using a recording device and notes taken. The knowledge holder created a safe space at the start of each session by offering a smudge and using a talking feather, posing open-ended questions to explore the main themes of challenges and facilitators in accessing foot care for Indigenous community members within the Niagara Region.

DATA ANALYSIS

All data was analyzed and stored on a secure, research-dedicated laptop, ensuring confidentiality. Recordings were transcribed using Rev software and exported as PDFs. The transcripts were then analyzed using NVivo 14. A deductive coding approach was employed, with a codebook created prior to data analysis, consisting of parent and child codes. Additional codes were added as necessary. To minimize bias, two coders independently coded each piece of data. The final analysis was reviewed and approved by the advisory committee and senior management at IDHC.

ETHICS

All participants received an informed consent form outlining their right to withdraw at any time without penalty. The form also included information on available mental health supports to mitigate any potential risks. All identifying information was protected through anonymization and secure data storage.

MARKETING REACH

TYPE OF MARKETING• NUMBERS OF PEOPLE ENGAGED

EVALUATION OF PROJECT FINDINGS

FINDINGS WERE SEPARATED INTO FOUR DIFFERENT THEMES:

1. Importance and meaning of foot care
2. How to facilitate good care
3. Rising to the challenges and barriers
4. Solutions and suggestions

1. IMPORTANCE AND MEANING OF FOOT CARE

Independence

Independence is a recurring theme in these narratives, particularly in the context of mobility and self-sufficiency. Many individuals shared their struggles with basic tasks, such as navigating their homes or going grocery shopping, due to severe foot pain or conditions like plantar fasciitis and neuropathy. One person described the immense difficulty of simply walking while in pain, emphasizing how such challenges can profoundly limit one's autonomy.

Living alone adds another layer of complexity to these struggles. For those without immediate family support, the responsibility of managing foot health and seeking medical care is often carried alone. One individual emphasized the importance of self-advocacy, stating,

"It's you yourself that has to get out there and say, 'Hey, I need help.'"

This underscores the critical role that personal initiative plays in preserving independence, especially when dealing with chronic conditions like diabetes or foot ulcers.

Barriers to independence also emerged, including inadequate access to timely medical care and dismissive attitudes from health care providers. One person described how their condition worsened over a few days due to delays in treatment, saying,

"By Friday, my foot was completely black and I was septic. I had no one to help me, so I kept track of everything myself."

Such experiences demonstrate the intersection of systemic issues and personal challenges in maintaining autonomy while managing foot health.

Personal Meaning

For many, foot care carries deep personal meaning, intertwined with cultural, emotional, and historical significance. One individual connected their health journey to their Indigenous identity, describing how their name symbolizes community and harmony. They reflected on their advocacy work, saying,

"The forest is a community, and all aspects must live in harmony. My work is to create a stronger format for our people to find love and care, especially as health issues like limb loss happen so quickly."

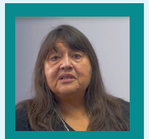
This perspective emphasizes how foot care extends beyond physical health, encompassing a broader sense of belonging and purpose.

Others shared stories of resilience and self-determination in the face of significant health challenges. For example, one person recounted their experience with a dismissive surgeon who wanted to amputate above the knee without considering less invasive options. They stood firm, advocating for minimal amputation, saying,

"I stopped at the operating room door and said, 'I'm not going in until you straighten this out."

This moment of resistance highlights the deeply personal stakes involved in medical decision making and the need for patients to have agency in their care. Ultimately, the stories reveal that foot care is not merely a medical issue but also a deeply personal journey that intersects with identity, resilience, and the pursuit of autonomy.

2. HOW TO FACILITATE GOOD CARE



Gail Whitlow Reflexologist and Traditional Practitioner

Traditional practices

Preventative foot care, grounded in traditional healing practices, plays a vital role in reducing the risk of amputations for Indigenous communities. By incorporating a wholistic model of care that addresses not only physical health but also emotional, spiritual, and social well-being, these methods ensure a more comprehensive approach to prevention. Additionally, a participant emphasized,

"It's very important to the healing process, everything, the whole wholistic cycle. Why can't we incorporate traditional medicines into western medicines, and have it covered so people can benefit from it for their health? There's something missing in how we care for our patients. So that's kind of it. And so we also acknowledge all of the beings and both spiritual and both medicinal."

"Combining traditional and western medicine ensures a more comprehensive care model that respects diverse healing systems, enabling a proactive strategy that supports both immediate health concerns and long-term well-being."

Kari Baum Registered Nurse and Advanced Foot Care Great Lakes Home Foot Care Inc.

This integration empowers individuals to take charge of their health, using a blend of time-honoured practices and modern advancements to maintain the health of their feet and prevent serious complications. As one participant shared,

"Reflexology is really important as far as prevention or to help with stimulation once you are affected. Traditionally, hide moccasins allowed for us to connect directly with Mother Earth, our feet flexed while walking over the land and rock etcetera, it simulated reflexology today."

Building trust with Indigenous communities

Building trust is a cornerstone of providing effective preventative foot care within Indigenous communities. Trust is established through consistent, meaningful interactions that foster a sense of family, safety, and understanding. For example, one Indigenous service provider shared how a client remarked to them, "How long can you stay?"—underscoring the importance of taking time and not rushing through care, which is often associated with western medical practices.

This trust is further deepened by respecting individual needs and creating environments that encourage communal learning and support. One participant noted,

"We have a whole room where people congregate, talk, and learn from each other,"

which allows foot care to become a wholistic experience. Another shared how trust evolves over time: "A lot of them don't disclose things until the fifth or sixth visit, but when they do, it's good because we can finally address it."

These practices, rooted in patience and cultural safety, ensure that patients feel supported, respected, and cared for on every level.

Consistency in Care

Consistency in care is essential to maintaining trust and promoting positive health outcomes in foot care services for Indigenous communities. Regular appointments provide not only preventative benefits but also reassurance to patients. One participant shared,

"Knowing that my feet have to be looked after every four to six weeks… made sure I got to appointments,"

emphasizing the importance of reliable follow-up. Another remarked,

"I feel as long as I can keep on coming, my feet will stay in good shape,"

demonstrating how consistency empowers patients to take an active role in their health.

By creating predictable and supportive care routines, providers build confidence in their services. This reliability is critical for sustaining trust and fostering long-term health improvements, particularly in preventing complications that could lead to amputations.

Respectful communication and interactions

Respectful communication and interactions form the foundation of cultural sensitivity in foot care. Care providers who emphasize kindness, acceptance, and understanding create environments where clients feel comfortable and valued. One participant shared,

"Oh, they're all super. They're nice. They're friendly. They make you feel welcome."

As another individual noted, *"Having that gentle acceptance of yes, there is something wrong, I do need a little bit of help,"* fosters the confidence patients need to address their health concerns.

Tailoring communication to individual needs also demonstrates respect. Visual aids, for example, are invaluable for patients who may struggle with verbal explanations. One caregiver explained,

"I drew a lot of pictures… and she understood." *Another emphasized taking time during visits, noting,* *"I spent probably a good hour and a half with her… we went over everything."*

This commitment to clear, patient-centred communication ensures that care is not only effective but also empowering, helping patients advocate for themselves and take control of their health journey.

Community support network: community engagement & peer support groups

Participants emphasized the importance of community-based initiatives such as health fairs and sharing circles to foster engagement and education. One participant recalled,

"We used to have a program for one day where the community was invited out to see what was going on, and we'd have lunch and different foot care resources available."

These events not only provide access to vital health information but also create opportunities for individuals to connect and share experiences, reducing feelings of isolation and promoting collective learning.

The value of peer support groups was also highlighted, with a participant suggesting,

Sharing circles were held in Fort Erie, St. Catharines and in Thorold in 2024

"Why don't we have a sharing circle to talk about anything diabetes-related, foot care, and whatever? People could have different opinions."

Sharing circles enable individuals to learn from one another's experiences, fostering a sense of solidarity and mutual accountability. As another participant explained,

"Holding people sort of accountable, being like, this person may protect you one day, this person might be there for you one day. So, we all need to treat everyone like a group and look after the weakest link in the group."

This approach emphasizes the communal nature of Indigenous culture, where care extends beyond the individual to the community.

Training and involving community members in health care delivery was also identified as a key strategy. One participant suggested,

"We can train volunteers and retired nurses from within the community. They know their community and what it needs."

Local volunteers are uniquely positioned to provide culturally relevant support and establish trust, as they possess an intimate understanding of the community's values and challenges. By leveraging these resources and fostering peer connections, a community support network can enhance the accessibility and effectiveness of preventative foot care, empowering individuals to take charge of their health while relying on the strength of their community.

3. RISING TO THE CHALLENGES AND BARRIERS

Accessibility

Participants emphasized the importance of ensuring that foot care services are accessible to everyone, particularly older individuals who may face challenges with technology. One participant pointed out,

“If you belong, if you can get on the computer, if you know how to do that. Some of us older people still don’t and they don’t care to.”

For those who regularly use technology, platforms like the IDHC Facebook page were praised for providing valuable information and schedules.

“If you do that and get on the IDHC Facebook page, you see a lot of good information and the schedule, and you could email the program of what’s happening where it’s happening—that’s good,”

another participant noted. This highlights the need for both digital and non-digital communication methods to ensure inclusivity, particularly for older or less tech-savvy members of the community.

Insurance & coverage

Financial accessibility was another critical aspect raised by participants, with IDHC’s program being singled out as a model for comprehensive and inclusive care, that is free to access.

“Yeah, well, IDHC, yeah, it’s the best program because it’s the most successful program and comprehensive program,”

a participant shared. Unlike other services where individuals must pay out of pocket and navigate complex systems to access care, IDHC offers financial subsidies and localized services, reducing barriers.

Client with lived experience articulates the barriers Indigenous people face in getting needed care

“Everyone else, they have to pay for it themselves and also have to find it themselves, and it’s hard to get to places. So this is nice…community type places that are easy for people to get to,”

one participant explained. Programs like IDHC ensure that individuals can access preventative foot care without financial strain or logistical difficulties, creating a more equitable health care model.

Role of family member

Family plays a crucial role in supporting individuals with diabetes, particularly in the context of preventative foot care. Participants shared deeply personal experiences about how family members influence their health management. One individual reflected on their motivation to avoid the path of a double amputation, as experienced by their mother, stating,

“I didn’t want to follow that path, so I know I had to be on a better path.”

Another participant highlighted the critical role family plays in providing care, explaining,

“Both of my parents were diabetic, and my dad took really good care of himself and taught me how to take care of myself. He died being type one at the age of 92.”

These examples illustrate how family members can act as role models and provide both emotional and practical support to prevent severe complications such as amputations.

Family members also assist with physical care and transportation, ensuring patients can access appointments and maintain consistent care. A participant shared,

“Sometimes they can rub your feet, put the cream on, and stuff. It’s nice when you’re sitting watching TV and somebody’s putting cream on your feet.”

For those with vision impairments or other limitations, family members act as advocates, checking for potential issues and facilitating timely medical intervention. One participant emphasized,

“I often ask [family] to check my feet because I’m vision impaired, so I can’t always tell what’s going on there, and they’ll let me know if it’s time to see somebody.”

Family support is vital for emotional encouragement, practical assistance, and advocacy, but gaps in systemic support for those without family resources need to be addressed to ensure equitable access to care.

Lack of culturally sensitive health care system

Participants highlighted significant barriers in accessing culturally sensitive and compassionate care, particularly for Indigenous individuals. One participant shared their frustration with the health care system's lack of cultural understanding, recalling,

*“When I was in the hospital... I wanted somebody to come and do a smudge with me or just a traditional thing. Oh, we don’t do that here.""*They added that even when offering to bring someone in for support, the system dismissed the request, illustrating a lack of accommodation for cultural practices. This lack of respect for Indigenous traditions and the associated stigma contributes to mistrust in the health care system.

Stigma and shame were recurring themes, particularly regarding foot care. One participant described how casual comments can discourage people from seeking help:

“People make fun of, oh, look at that foot… and then they hide, and that’s the problem.”

The fear of judgment or embarrassment often leads individuals to delay care, worsening their conditions. Another participant emphasized the vulnerability they encounter when individuals with long-neglected feet finally seek help, saying,

“They’re so embarrassed, they just don’t want to have anyone take a look at ’em… but they had enough trust in you to let you take a look at their feet.”

Gendered perceptions of foot care also emerged, with men often feeling hesitant or ashamed. A participant explained,

“Men… think, ‘I am getting my feet done,’ and they’re kind of embarrassed... but I say, ‘Get over your ego. Let’s take care of your feet. There’s nothing girlish about this.’”

This hesitation can stem from societal stereotypes equating foot care with cosmetic procedures rather than medical necessity, further perpetuating the neglect of essential care.

Systemic issues, such as racial bias and inadequate bedside manner, also create barriers for Indigenous patients. One participant shared a disturbing experience of being stereotyped and feeling judged:

“They said all you’re here is for a free meal and a place to stay for a while.”

Another noted the dismissive attitude of some health care providers:

“Here’s your paper for blood work. See you in three months. He doesn’t sit there and talk.”

These experiences reinforce a sense of alienation and discourage individuals from seeking timely medical attention.

Ultimately, participants called for greater cultural sensitivity, understanding, and compassion in health care. Addressing stigma, gendered perceptions, and systemic biases is essential to building trust and ensuring equitable access to care, particularly for Indigenous communities.

Insurance & coverage

Participants highlighted the significant financial barriers to accessing health care services, particularly foot care, for Indigenous individuals and older adults. One participant explained,

"It's expensive for them, the older people, to get it, for sure... it used to be 25 a few years ago, but now it's up to 50, 60, 70."

Many services require out-of-pocket payment, as another noted,

"A lot of where I work is out of pocket, or they've got benefits."

While programs like Non-Insured Health Benefits (NIHB) provide some coverage, gaps remain, with participants emphasizing,

"Not everybody's covered… people are coming in and they have to pay out of pocket."

This creates a strain for those on fixed incomes or social assistance, as one participant shared,

"I see all these older people who can't afford to have anything extra. They can't even pay their rent, and then they can't have foot care, and that's awful."

The reliance on underfunded nonprofit organizations exacerbates the issue, as government funding often falls short, leaving families and communities without sufficient resources.

Transportation

Transportation barriers significantly impact access to health care services, particularly for seniors and those in remote communities. Participants highlighted the struggles of individuals who are housebound or lack transportation, with one asking,

"What about those people who can't get out of their homes that have no transportation?"

Many depend on unreliable or expensive transit options, as one noted,

"I can't drive… and he doesn't go because he doesn't feel like taking the bus."

Northern and rural communities face even greater challenges due to fewer resources, with a participant explaining,

"They don't have access to the resources, services, or transportation that we do."

Denied or inadequate transit services further exacerbate the issue, as one participant shared,

"I got denied service from Niagara Transit for a doctor's appointment."

Without reliable transportation or family assistance, many individuals are unable to access necessary care, creating a significant deterrent to maintaining their health.

Socioeconomic factors

Participants highlighted the significant financial burden faced by individuals needing foot care, especially those with limited income. One participant shared,

"Do they want to eat, or do they want to have foot care? They choose eating."

Many individuals struggle to afford essential services like proper footwear and creams, which are crucial for maintaining foot health. Another noted,

"Some of them, they can't afford the creams."

Additionally, there is a disparity in access, with lower-income individuals often feeling marginalized, as shared,

"People look down on you because you're on ODSP or welfare."

This financial strain forces individuals to prioritize basic needs like rent and food over health care.

Impact of colonization

Participants shared the profound impact of colonization on Indigenous communities, noting its effects on stigma, loss of culture, and fear of judgment. One participant reflected,

"Colonization has made us sick. We didn't have diabetes before. We didn't have all these diseases, and they brought it to us."

This sentiment was echoed by others who expressed frustration with the loss of traditional ways of living and the negative health outcomes that followed. Another participant noted,

"We lost our way of hunting, trapping, and living off the land. It's better, it's better meat, better, well, it's natural."

Many participants shared their struggles with the modern health care system, feeling judged and marginalized. As one health care provider explained,

"There's a lot of fear that there's something wrong already, and then they come to me and I alleviate their fears."

This fear is deeply rooted in historical trauma, including the residential school system, which continues to influence the present-day distrust of health care providers. Additionally, the loss of access to traditional foods and natural lifestyles has contributed to poor health outcomes, with participants reflecting on how colonization disrupted their ability to live in harmony with the land. One participant stated,

"Because we still have that residential influence where people do not want to get touched."

Overall, colonization has created significant barriers to wholistic well-being, shaping not only physical health but also emotional and cultural identity.

Lack of awareness & education

Education and awareness play a crucial role in managing foot health, as highlighted by participants. One individual noted,

"Older people are easier, but the biggest challenge is educating them to realize the importance of self-care."

Another emphasized,

"Some people don't know about the services available to them,"

pointing out the lack of knowledge about resources. Misconceptions about health management, such as thinking diabetes medicine allows for unrestricted sugar intake, were also addressed. One participant shared,

"Even if you take medicine, you still have to take care of yourself."

Additionally, individuals sometimes over-scrape calluses, leading to infections and complications, as seen in a case where improper foot care led to a severe infection. The need for more accessible education and resources was evident,

with suggestions for better outreach through brochures and hands-on guidance.

Lack of collaboration

Participants highlighted significant gaps in communication and awareness regarding available health care programs. One individual shared,

“As many times as I was at the doctors, I was never told anything,”

despite seeking care for foot-related issues. They added,

“Sometimes people don’t even know where to look for that information,”

emphasizing the difficulty in accessing necessary resources. Another reflected on broader systemic issues, stating,

“There’s a huge piece where we don’t know about one another and what services are provided.”

The lack of coordination within communities was also criticized, with one participant noting,

“We’re siloed in a lot of ways, and our communication is terrible.”

These challenges underscore the need for improved information-sharing and collaboration to better support community health.

Lack of family support

However, challenges arise when families cannot provide support. Transportation to appointments remains a significant barrier, as one participant pointed out,

“If the family is unable to assist in getting the patient to and from the visits or somehow arranging a cab, there’s nothing set in place.”

Additionally, family advocacy is sometimes essential to ensure quality care. A participant recounted stepping in when a relative was neglected during a hospital visit, saying,

“He called me to come down there and straighten things out... within half an hour, the doctor came in and lanced his blood blister and wrapped it up.”

This underscores the importance of family involvement in advocating for better treatment and ensuring patients receive appropriate care.

4. SOLUTIONS AND SUGGESTIONS

Sustainable practices

Participants emphasized the importance of sustainable practices, long-term funding, and policy changes to improve access to essential health services. One participant noted,

“There was one that was for everybody, not just people with Indian status, but all diabetics used to go there, and I think they took it away,”

highlighting the loss of inclusive programs. Universal benefits and subsidies were widely supported, with one stating,

“Our bands should cover a plan just like…band employees are all covered by insurance. Why aren’t we as people in that community all covered?”

The financial burden of preventive care was a key concern.

“When someone is trying to prevent an issue, it seems more of a luxury… it should never be a luxury,”

a participant remarked, comparing foot care and dental care to crisis-driven treatments. Suggestions included subsidized or free services, such as “foot care free for diabetes” or “a free OHIP-covered service that is in the mall and in the home.”

There was also a call for policy reform to integrate traditional medicines into western health care systems.

“Why can’t we incorporate traditional medicines…and have it covered so people can benefit for their health?”

a participant asked. Better communication and advocacy were identified as crucial for addressing these gaps, with a recommendation that family doctors actively promote accessible services to their patients.

Additionally, there was a call for streamlined processes and transparency in funding, as one participant stressed,

“How do you fix anything if there’s a secret? Nobody tells anybody anything.”

Simplifying government processes and increasing resource allocation could help ensure timely and equitable access to foot care.

Collaboration

Participants stressed the importance of collaboration and preventative strategies in health care, particularly for diabetes. One participant emphasized the value of prevention, saying,

“I am in prevention mode… I didn’t know there was such a thing as prevention… You don’t have to become diabetic.”

Others highlighted the need for early intervention, especially in schools, lamenting the removal of physical activities due to lack of funding:

“They said, because they can’t fund it… Then that’s your job to fight for getting that back for our children.”

Daylong event at The Exchange in Niagara Falls in July 2024 brought frontline health care workers and experts together to share ideas about overcoming barriers Indigenous people face in getting the care they need to help manage heath conditions that can lead to amputations.

The inclusion of multidisciplinary teams was seen as essential, with one participant stating,

“This program should have the diabetic educator, a dietitian, and the foot care nurse… all that goes together in your foot health.”

Collaboration across systems was also encouraged:

“There should be a Venn diagram of how we’re all interloping together… They should definitely have more of a relationship.”

Lastly, the need for community engagement and planning was underscored:

“We have to figure out how to spend that money, what partners are going to be part of that… instead of collecting in one community, there has to be a whole plan.”

SOLUTIONS & RECOMMENDATIONS

Typically, when research takes place and/or information is gathered from the voices that are shared by the Indigenous community, the 'findings/results' are not shared back with the community. Therefore, to ensure that this did not happen, IDHC hosted a knowledge mobilization event. Due to the weather, the in-person event that was at maximum capacity in February was rescheduled, and a hybrid event took place in March 2025. Roughly 35 participants joined virtually, and 20 participants joined in person.

The goal of the knowledge mobilization event was to share the findings of the LLP initiative back to community and come together to discuss creative ideas and pathways for future sustainability.

Questions to lead discussions included:

- This initiative led to a meaningful partnership with Bridges CHC, however there are other CHCs within the region that were not brought into the initiative—How do we connect with them and bring them into our initiative?
- Who is missing from this room that should be here and involved with the initiative?
- As our funding ends this fiscal year, what steps should be taken to ensure the longevity of this work?
- What are the anticipated needs for the community, with respect to the LLP, within the Niagara region?
- What would a provincial pathway for the LLP look like, using components from our own pathway?

Based on the insights gathered from the needs assessment, building the link and knowledge mobilization events, the IDHC team aims to identify the best ways to share our processes and knowledge with other Indigenous communities to build capacity in community to develop their own pathways using available services and partnerships. This may include creating a template or toolkit to guide pathway development while recognizing that each community has unique needs.

The lower limb preservation project funding ended March 31, 2025. As we move forward, we will use the feedback gathered from the knowledge transfer event to shape potential recommendations. In addition to the initiatives previously mentioned, others include:

1. COMPREHENSIVE TRAINING FOR FRONTLINE HEALTH WORKERS AND CAREGIVERS

Implement targeted training programs designed for frontline health care workers and caregivers. These sessions should cover:

- **Advocacy Skills** Empower caregivers and frontline workers to advocate for culturally appropriate care and equitable access to services for Indigenous clients at risk of limb loss
- **Foot Care Education** Practical and preventative foot care techniques, tailored for those managing diabetes and at the risk of lower limb complications
- **Diabetic Retinopathy Awareness** Understanding the link between vision loss and diabetes related complications, and importance of early detection
- **Resource Navigation** Familiarization with existing health organizations, both Indigenous led and mainstream, and the scope of services they offer to support individuals with diabetes and related health needs

2. INTEGRATION OF TRADITIONAL TEACHINGS AND CULTURAL PROTOCOL

Introduce and embed traditional knowledge, ceremony and cultural protocols within lower limb preservation programs. Incorporating these elements helps bridge western medical approaches with Indigenous worldviews and fosters trust. These may include:

- Teachings from Elders and knowledge holders on wholistic wellness and spiritual significance of the body
- Ceremonial practices that support healing and community cohesion
- Protocols that guide how care is delivered in a culturally safe and respectful manner

3. FACILITATE SHARING CIRCLES FOR INDIVIDUALS AND FAMILIES

Establish regular sharing circles as safe spaces where Individuals and families affected by diabetes related complications can:

- Share personal experiences
- Raise awareness of symptoms and importance of early intervention
- Build a sense of community and peer support that is essential to emotional and mental well-being

4. INCLUSION OF A CERTIFIED DIABETES EDUCATOR (CDE) IN COMMUNITY OUTREACH

Due to a widespread lack of awareness and education surrounding diabetes complications, the inclusion of a CDE within community-based programming is essential. This role would:

- Provide in-depth, culturally appropriate education on diabetes management and lower limb preservation
- Support IDHC's existing programs by extending outreach into communities
- Tailor materials and presentations to the unique needs of each community, ensuring accessibility and understanding

5. COLLABORATE WITH MOBILE HEALTH CARE CLINICS ACROSS THE NIAGARA REGION

Recognize and respond to the needs of the unhoused, remote and mobility-impaired individuals by building partnerships with mobile health care clinics. These collaborations would:

- Bring preventative foot care, general checkups and diabetes management services directly to those who might not otherwise access care
- Offer a consistent point of contact and follow up for at risk community members
- Strengthen service delivery in underserved areas

6. EXPAND PARTNERSHIPS WITH COMMUNITY HEALTH CENTRES (CHCS)

Create new and strengthen existing partnerships with CHCs across the region to increase the reach and impact of the limb preservation programs. These collaborations will:

- Extend the reach of Indigenous-focused programming
- Leverage existing CHC infrastructure and community trust
- Facilitate a multidisciplinary approach to diabetes care and prevention

7. DEMONSTRATE CLINICAL AND COST BENEFITS TO POLICYMAKERS AND FUNDERS

Use data, case studies and narratives to build compelling case to funders and policymakers by:

- Demonstrating the clinical impact of early, culturally appropriate foot care and diabetes management
- Highlighting the cost savings achieved through prevention versus the high cost of treating advanced complications and amputations
- Showcasing success stories from Indigenous communities that have benefited from these interventions

8. EMPHASIZE RELATIONSHIP BUILDING AND MEANINGFUL ENGAGEMENT

Central to the success of any initiative is trust and relationship building, which is crucial to:

- Take the time to listen to community members and involve them in program design and delivery
- Honour local leadership, voices and protocols
- Recognize that without genuine engagement participation remains limited, and programs risk being underutilized or misunderstood

The creation of a culturally safe, wholistic pathway which focuses on prevention, client autonomy and early intervention, can reduce the instances of wound care management and lower limb amputations within the Indigenous community.

As a community recommended and strategic next step, IDHC will develop the “Build Your Own Foot Care Kit” training. This training will build further capacity within Indigenous communities and organizations, by:

- Procurement of foot care materials
- Shipping, receiving and distribution
- Policies pertaining to health care
- Training curricula related to foot care

The “Build Your Own Foot Care Kit” program, expected to launch next fiscal year, will continue the contribution to lower limb preservation community capacity building.

IMPACT OF LLP WORK

1. INCREASE ACCESS TO IDHC’S EXISTING DIABETES SCREENING FOR FOOT CARE AND EYE HEALTH IN THOROLD AND FORT ERIE NATIVE FRIENDSHIP CENTRE

IDHC’s head office utilized funding received from LLP support to complete a renovation to the foot care clinic. The clinic has been upgraded with cabinets and cupboards for proper storage for autoclaving of foot care instruments, an ergonomic podiatry chair for ease of use for both the service provider and client, and access to a hand washing station to ensure health and safety standards are met. IDHC celebrated this new clinic space by hosting an open house on February 28th of 2024. IDHC held a naming ceremony dedicating the new clinic space to John Victor Munroe, a trusted and knowledgeable collaborator who was passionate about diabetes awareness and prevention.

Our head office clinic resumed hosting Wellness Wednesdays that offered a healthy lunch, eye health screening, reflexology and traditional practitioner one-on-ones. The community expressed their excitement and gratitude that their clinic site was back up and running.

Elder Allan Jamieson was in attendance for the open house and commented: **“We've been able, through the work of our ancestors, to maintain what we have and there's no turning back. This is power.”** IDHC continues to grow and improve its services for the community.

IDHC’s Wellness Wednesdays have seen over 100 foot care clients and 213 traditional healing appointments. In comparison, IDHC was able to deliver 90 eye health screens, 215 foot care treatment appointments and 144 traditional healing appointments for the 2024-2025 year.

This wholistic model of care—incorporating foot care, traditional practices and eye care—has been successfully replicated at Fort Erie Native Friendship Centre (FENFC), which previously only provided foot care. This expansion also included renovations to their foot care room, to ensure that all standard of care practises surrounding infection control are adhered to. This included the same upgrades that our head office clinic received including cabinets, cupboards and ergonomic podiatry chair. Fort Erie Native Friendship Centre has the largest clinic in the region supported by IDHC with three ongoing subsidy clinics that service more than 60 clients every six to eight weeks. The number of clients that wish to join their clinic continues to grow.

With the LLP integrated pathway, we were also able to connect FENFC with our health care partners for referrals to chiropodists and wound care.

Our Elder Grandmother Renee had this to say about our program:

“When you come here to IDHC while originally SOADI it is a language of love. It is a language of love because that is what is needed for healing. It’s nurturing. We have to remind the people that you have to nurture yourself. You are a healer yourselves.”

The team presented at the regional and national level. Presentations focused on increasing awareness of the high rate of amputations within Niagara Region, the importance of building relationships with community and IDHC’s wholistic model of health using a two-eyed seeing approach. The team presented to various local organizations within the Niagara Region, at the national Diabetes Canada conference in Halifax, the Lower Limb Preservation Knowledge Sharing Circle hosted by the First Nations and Inuit Health Branch, Ontario SPOR Support Unit (OSSU) and Diabetes Action Canada (DAC) Diabetes Policy Round Table, First Nations Health Managers Association National Conference, and the Second Annual Indigenous Health Leaders Gathering.

2. CREATE AN INDIGENOUS LED LLP PATHWAY TO SUPPORT INDIGENOUS CLIENTS IN NIAGARA BY ENSURING INDIGENOUS HEALTH IS WITHIN INDIGENOUS HANDS

The creation of a culturally safe, wholistic pathway which focuses on prevention, patient autonomy and early intervention, can reduce the instances of wound care management and lower limb amputations within the Indigenous community.

Indigenous people of the Niagara Region who are living with diabetes and require ongoing foot care treatment for the prevention of diabetes related foot care issues can access the IDHC Foot Care program through various paths. The pathway begins with relationship building between health organizations and the community. Fostering a culturally safe space that reinforces respect, compassion and trust is vital when building a community member’s confidence to seek services.

Once a relationship is built, an Indigenous client might attend local programming events such as gatherings, workshops, clinics and conferences at various organizations. Connecting with the program and its services is made widely accessible as a client can either refer themselves or a referral can be made on behalf of the client by frontline care workers, caregiver, community members, family, and friends.

A client would be directed to complete the intake form and register at IDHC or FENFC. Once registration is complete, the client will be asked if they have a family doctor. If they do not, a referral will be made immediately to DAHAC St. Catharines site or Bridges Community Health Centre (dependent on their address) for primary care. Clients will then have access to the traditional wellness program, the foot care program and the eye health screening initiative. Clients may choose to participate in all three programs or just one. The choice is left to them.

Clients accessing the traditional wellness program will be offered one-on-one sessions with Traditional Healers/ Practitioners during IDHC’s Wellness Wednesdays or private phone consultations at another time. The sessions may include a discussion, and/or teachings surrounding healthy lifestyle choices, traditional foods, medicines, diabetes management, cultural teachings and/or guidance. These consultations are to enhance clients’ health and overall well-being. Clients may have a follow-up appointment or choose to book ongoing sessions with the same practitioner.

The Traditional Wellness Program offers reflexology (traditional foot care) and energy work during IDHC’s Foot Care Clinics. The Traditional Practitioner may offer clients traditional medicines/teas during the treatment. IDHC refers clients to other community partner organizations to enhance or complement traditional teachings (for example Fort Erie Friendship Centre for language classes, social gatherings, ceremonies, etc.)

Clients participating in the Eye Health Screening Initiative (EHSI) will receive screenings for diabetic retinopathy. Meaning, a portable camera takes the images of each eye, which are then uploaded and analyzed by software approved by Health Canada. If the result is negative, clients are provided with further education on diabetic retinopathy, a complimentary eye care kit and encouraged to have another screen within a year. If the screen is positive, the client will receive education, an eye care kit and information about the IDHC traditional wellness program and what type of cultural supports are available to support the health of one’s spirit and emotion. In addition, positive screens are shared directly to a dedicated care coordinator at Vision Loss Rehabilitation Canada, to ensure timely referrals to an ophthalmologist and a single point of contact for the individual for the diabetic retinopathy journey. If unattached, VLRC is supported by a Nurse Practitioner to improve access to follow-up care for the client. The specialist will then provide a diagnosis, discuss treatment options and offer additional education and resources.

The wholistic model of care has proven to be highly impactful, especially the full integration of diabetic retinopathy screenings with IDHC’s exiting Foot Care Clinic program.

Recognizing that all clients attending the foot care clinic were living with diabetes, IDHC staff efficiently utilized the opportunity to offer DR screenings to each client. Additionally, screenings were extended to family members and support staff from other Indigenous organizations who accompanied the clients.

The event proved to be quite successful, with 22 individuals screened, including two positive detections of diabetic retinopathy. Notably, one of these positive cases was a young individual who had accompanied their elderly parent to the clinic; this individual was confident that they did not have diabetes but was open to being screened for DR anyway. This participant was not only surprised to learn they had DR but was also subsequently diagnosed with Type 2 diabetes.

In addition, all clients who attended the clinic days were provided with the opportunity to meet with a traditional

practitioner to receive one-on-one counselling, traditional medicines and/or reflexology. The IDHC traditional wellness program has demonstrated the need and importance to continue interweaving cultural practices that ensure a wholistic approach to the prevention of and management of diabetes and diabetic retinopathy by focusing on the physical, mental, emotional and spiritual well-being of self.

This example underscores the effectiveness integrating DR screening into related health services, such as foot care for individuals living with diabetes, which can lead to significant health discoveries and timely interventions. It also highlights the systemic underscreening for diabetes within Indigenous communities and why the EHSI has open screening criteria. The dual screening event enabled broader outreach and facilitated early detection and treatment, highlighting the critical role of community-based health initiatives in improving outcomes.

"It is an honour to recognize our sacred gifts, especially our eyes. Because it is our history, our recording of our history. And I want to keep continuing to record the history of our people and of our Mother, the Earth" *Grandmother Renee Thomas-Hill*

The criteria to be accepted into the IDHC Foot Care Program (FCP) are: an individual who identifies as being First Nation, Inuit or Métis, living with diabetes or have a family history of diabetes and no coverage for ongoing diabetic foot care treatment. Individuals who would qualify for the FCP can apply to IDHC where the application will be processed by a staff member. The application may be approved for assessment and treatment. The client will be notified and assigned to a clinic in their area. The client will be given a date and time to attend the clinic to receive a full foot assessment, treatment, education and resources by a qualified foot care nurse who has experience and education to identify and treat many foot care issues. IDHC service providers are required to register with us online where they present their documents, certificates, good standing and registration with their respective college as well as resumé and references. Once their registration is completed, they are required to complete cultural safety training if they haven't already done so.

Typically, those who are living with diabetes will be given a treatment plan of 6-8 weeks; those who are pre-diabetic may be given a treatment plan of 12-16 weeks depending on the findings from their initial foot assessment. Every client will receive an annual assessment to acquire a base health of their feet.

Every client seen through the IDHC Foot Care Program by a Foot Care Specialist, (FCS) will have a risk assessment performed during their initial visit. The FCS will use the 60 second Inlow's assessment tool to determine the client's risk level. While the FCS is performing the initial assessment, they will collect information from the client about their lifestyle (smoking history, alcohol and or drug use), overall health, glycemic control, diet, support system, living conditions, medications, past surgeries and other relevant health information.

During the assessment, the feet are first screened for skin integrity and nail changes. During this part of the screening the FCS will note if the skin is intact and healthy, if the feet are warm and dry, if there is any fungal infection or callusing (light to heavy callusing will be noted). The FCS will look for any scarring related to prior ulceration or if there is existing ulceration and note the temperature of the feet and the colour. The FCS will note the condition of the client's nails, if the nails are well groomed and an appropriate length or if the nails are unkempt and ragged, thick, damaged, ingrown or infected. Any of these negative characteristics will increase the risk level.

The next section of the assessment will focus on peripheral neuropathy/loss of protective sensations (LOPS). The FCS will use a 10g monofilament to test 10 different areas of each foot to determine whether sensation is present. If the client does not feel one or more of the areas on the foot with the monofilament it is determined there is peripheral neuropathy detected. The FCS will also ask questions of the client to determine whether they experience any numbness, tingling, burning or feeling like insects are crawling on their feet.

"It's all about the bigger picture and I understand the bigger picture, so I was pleasantly surprised that there's like minds and we all understand the same issues and that it's not isolated to you know lower limb amputations, but it's connected to the bigger picture and the commonality of experience and the legacy of colonialism."

Dr. Darrel Manitowabi, "Building the Link—Part 2" The Exchange, Niagara Falls

The third section of the assessment will focus on the possibility of Peripheral Artery Diseases (PAD). During the assessment for PAD, the FCS will manually assess for dorsalis pedis, and posterior tibial pulses. The FCS will assess for the rhythm and rate, regular or irregular pulse. The FCS will note whether the pulses are palpable or non-palpable, faint, diminished, normal or bounding. The presence of skin discoloration, pain, a change in temperature from normal and edema will provide additional information to the FCS. If PAD is suspected and not diagnosed at the time of assessment client will be referred for follow up with family doctor for a deeper investigation.

The fourth part of the Inlow 60 Second Diabetic Foot Screen is assessing for bony deformities of the feet and ankles. During the assessment if deformities are noted, they will be documented and further questioning from the FCS will determine how long the deformities have been present and if the deformities are a change from the clients "normal". For example, if a client is noted to have flat feet, is this a new deformity? Or has the client always had flat feet? New deformities that have occurred over time such as dropped metatarsal head, change in bunions, hammer toes, Charcot or others, need immediate attention to prevent further injury to the feet. During the assessment the FCS will note previous amputations and acute Charcot.

Next the client's range of motion will be assessed, such as can the client wiggle their toes, bend their toes, spread their toes, rotate their ankles, move the feet up and down. The inability to move their feet naturally may lead to pressure areas on the foot and cause injury. The FCS will also take note of the footwear the client is wearing to establish whether it is appropriate for the season, proper size, condition of the footwear, if the client is wearing the shoe appropriately and conduct a visual inspection inside the footwear along with feeling if there are any items inside. At the end of the assessment the FCS will evaluate the findings and determine the client's risk level for next steps.

3. IMPROVE EQUITABLE ACCESS TO HIGH QUALITY BEST-PRACTICE EARLY SCREENING AND INTEGRATED LOWER-LIMB WOUND CARE AND VASCULAR CARE

Two events were held in support of the LLP initiative, to ultimately improve access to wound and vascular care. The first, Building the Link, took place in the second quarter and focused on raising awareness of the initiative while fostering collaboration among health organizations. Roughly 50 local community members and health care professionals attended the event. Dr. Darrel Manitowabi was a keynote speaker at this event, speaking about the power of using western and traditional medicine:

> *It's been like that for over a hundred and fifty years. So, it isn't that we actually grew obese, we smoke and we drink too much, we were never made to be that way by our ancestors. Never. Nor the Creator ever wanted us to be this way. So I want you to be careful for those who are providers in this area. Do not so much focus on whether a patient can or cannot use his or her diabetes. You have to explore them in a different way. And you have to explore from them being a First Nations people and what does it mean to be First Nations outside of diabetes and does that thing make your health behaviour present different. And are you as a provider prepared? Have you been trained? Have you been supported enough to actually hear and read what First Nations people are telling you?"*
>
> *Dr. Barry LaVallee "Building the Link—Part 2" Fort Erie Native Friendship Centre*

During the event, all partners delivered presentations, followed by engagement sessions that explored key challenges and facilitators for clients who are Indigenous accessing foot care in the Niagara Region. A local Indigenous caterer cooked nutritious, traditional meals. The data collected from these sessions informed discussions at the annual Karihwahstha policy gathering. This event was a major success, leading to a new partnership with Compass Community Health and its foot care program. As a result, Compass Community Health has been integrated into our LLP referral pathway as a key partner. Two vascular clinics were also included in the pathway, Niagara Vascular and Niagara Vascular Surgery Clinic.

The second Building the Link event took place in the third quarter at the Fort Erie Native Friendship Centre, with a focus on health care. The gathering aimed to raise awareness of available programs, services and educational resources in the Niagara Region for community members and health professionals. It also sought to break down silos among health organizations, as preliminary findings from the needs assessment indicated a lack of collaboration. The event was structured into two parts, a conference and a social. The conference portion highlighted progress on the initiative, sought feedback on the referral pathway, and featured keynote speaker Dr. Barry Lavallee. Dr. Lavallee had a strong message about racism in the Canadian health care system and how to advocate for better care as an individual and a frontline worker.

The social component started with drumming to open the event and create a safe space, followed by booths from 16 different local health care organizations including:

- Ancestral Voices
- Bone & Quill
- Bridges Community Health Centre
- Community Addiction Services
- Compass Community Health
- De dwa da dehs nye>s (DAHAC) Aboriginal Health Centre
- Fort Erie Native Friendship Centre
- Indigenous Diabetes Health Circle
- Métis Nation of Ontario
- Niagara Chapter: Native Women
- Niagara Health: Patient Navigators
- Niagara Regional Native Centre
- Niagara Region: Smoking Cessation
- Quest Community Health Centre
- Vision Loss Rehabilitation Canada

4. REDUCE AVOIDABLE NON-TRAUMATIC MAJOR LOWER-LIMB AMPUTATIONS

By taking significant, key steps such as fostering collaboration among health organizations in the Niagara Region, establishing an Indigenous led, two-eyed seeing pathway that includes wound care, advanced wound care and vascular specialists, we are strengthening support for at-risk individuals. Emphasizing preventative measures such as foot and eye screenings and traditional wellness will play a crucial role in reducing avoidable non-traumatic major lower limb amputations in the Niagara Region.

1 LOW RISK CLIENT ASSESSMENT

A client assessed at low risk presents with diabetes—no LOPS, PAD or deformity. It is recommended they are screened every 12 months. The FCS will provide the client with education focused on:

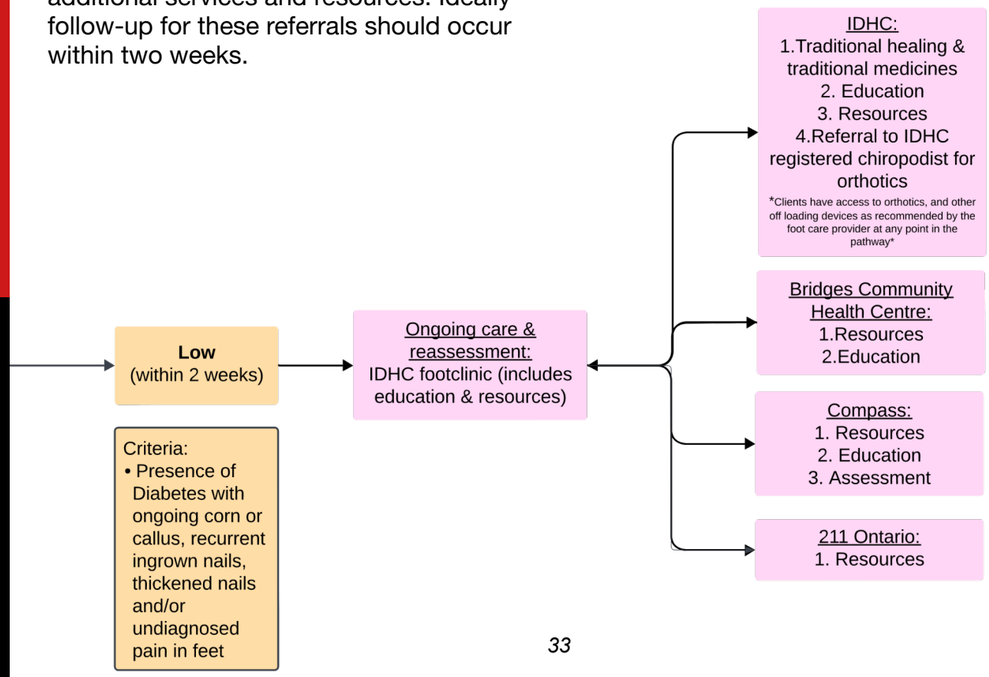
- Maintaining normal glycemic control
- Exercise
- Healthy foot habits
- Potential risk factors
- The importance of daily foot inspections and foot hygiene

The FCS will also stress the importance of wearing appropriate footwear that fits both length and width, appropriate for the season, along with keeping feet protected within the home as well.

MAKING GOOD CONNECTIONS

The FCS will then make referrals for additional services and resources. Ideally follow-up for these referrals should occur within two weeks.

- A referral can be made within the IDHC team to connect the client to more education, resources or to an IDHC registered chiropodist for orthotics
- A referral can be made to Bridges Community Health Centre for access to more resources and education such as dieticians and physiotherapists
- Clients can also be referred to a Compass Community Health chiropodist for additional education and resources. Compass also has an advanced team of specialists such as a registered nurses, registered kinesiologists, dieticians, pharmacists and diabetes educators who can help to provide personalized support. They provide a wide range of services such as group education classes, diabetes-friendly cooking program and an individualized exercise program.
- Clients will be informed of 211 Ontario, an online database, to connect clients with social services, programs and community supports with Ontario



2 MODERATE RISK CLIENT ASSESSMENT

A client assessed at a moderate risk level presents with diabetes and LOPS. It is recommended they are screened every six months by an FCS. The client will be instructed about LOPS as well as the importance of daily foot inspections and hygiene, noting any changes or odors that may be present.

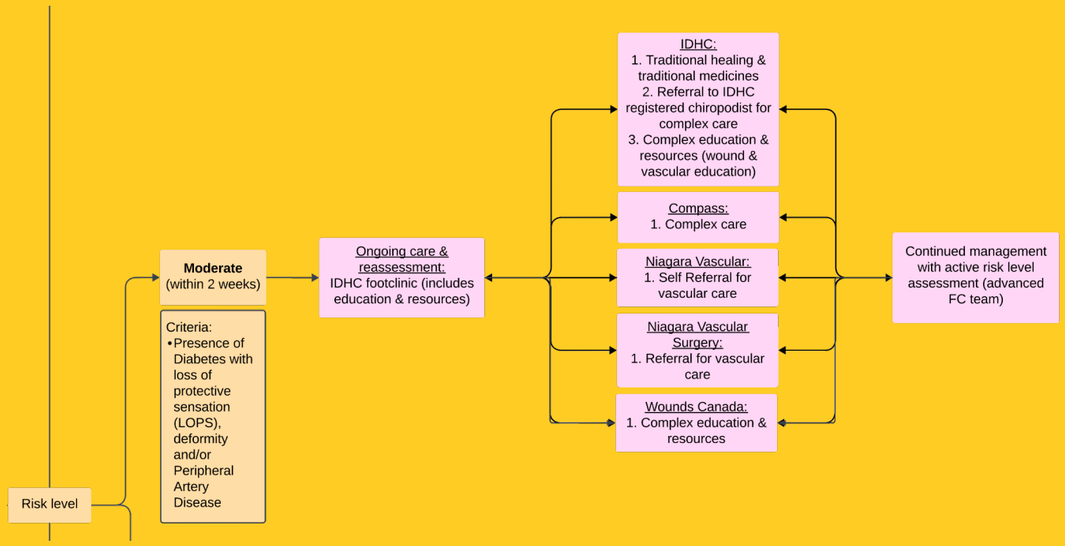
LINK AND THRIVE

At this time, a client would require ongoing foot care treatment by a professional foot care provider and may require custom orthotics, diabetic socks and access to quality footwear. The FCS will provide education and together with the client, decide next steps and to which organizations to make referrals. These follow-up referrals should occur within two weeks. The FCS may facilitate a referral to any of the following professionals:

- IDHC registered chiropodist
- IDHC team for more complex education and resources such as wound and vascular education
- Compass Community Health and their team of chiropodists for complex care
- An advanced vascular specialist. The pathway includes two vascular clinics, giving clients the choice of which clinic they prefer for their referral
- Wounds Canada for education and resources

Once the referrals are made, the advanced foot care team, including all the providers within the client's care team, will continue to conduct and manage live risk assessments.

IDHC will monitor the client's progress and continue to support with regular foot care treatments to reduce the chances of exacerbations.



3 HIGH RISK CLIENT ASSESSMENT

A client assessed at high risk presents with diabetes and LOPS (with or without PAD, foot deformity, evidence of pressure areas and may or may not have fungal infection and a previous ulceration and or amputation).

FREQUENCY OF CARE

The client will need to be assessed every one to six months by an FCS. Whether they will be seen more frequently, such as once every four weeks versus once every six months, will be determined by the FCS or specialist and whether the client has an ongoing issue such as infection, wound/ulceration or pain that requires consistent treatment and care.

CLIENT EDUCATION

The FCS will address foot deformities and provide client education and resources on:

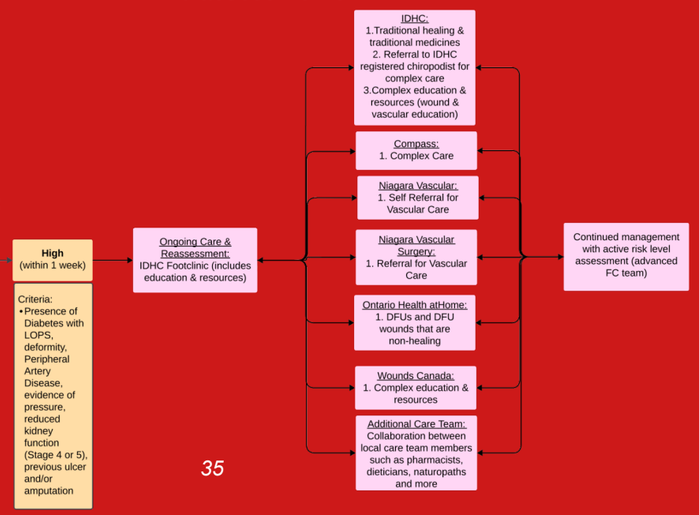
- PAD
- Off-loading pressure areas
- Fungal infections (emphasizing importance of daily foot inspections and best hygiene practices)
- Risk of recurrence of ulceration and strategies for prevention of recurrence

It is recognized that comprehensive care involves multiple specialists and that collaboration within a patient's care team is essential to achieve optimal, wholistic healing. Empowering follow-up and referrals may be made to any of the following:

- HCP they are being referred to (within one week)
- IDHC registered chiropodists
- Compass Community Health complex care
- Ontario Health atHome (for a patient with diabetic foot ulcer (DFU)) and should include a medical order specifying the required wound treatment
- Nursing services (at designated nursing clinic)
- For vascular care, clients can choose one of the two listed advanced vascular specialists to whom they wish to be referred, and if necessary ischemic pain management
- Rehab specialist, as needed, to establish exercise plan based on client abilities and tolerances.

In addition, professionally fitted footwear, custom orthotics and diabetic socks can be arranged for the client.

Once the referrals are made, the advanced foot care team, including all the providers within the client care team, will continue to oversee client care and perform ongoing risk live assessments.



4 URGENT CLIENT RISK ASSESSMENT

A client assessed as urgent risk presents with ulcer (with or without infection) and active Charcot or PAD (gangrene, acute ischemia). This client would require urgent care with follow-up within 24 hours.

MAKING THE BEST REFERRALS

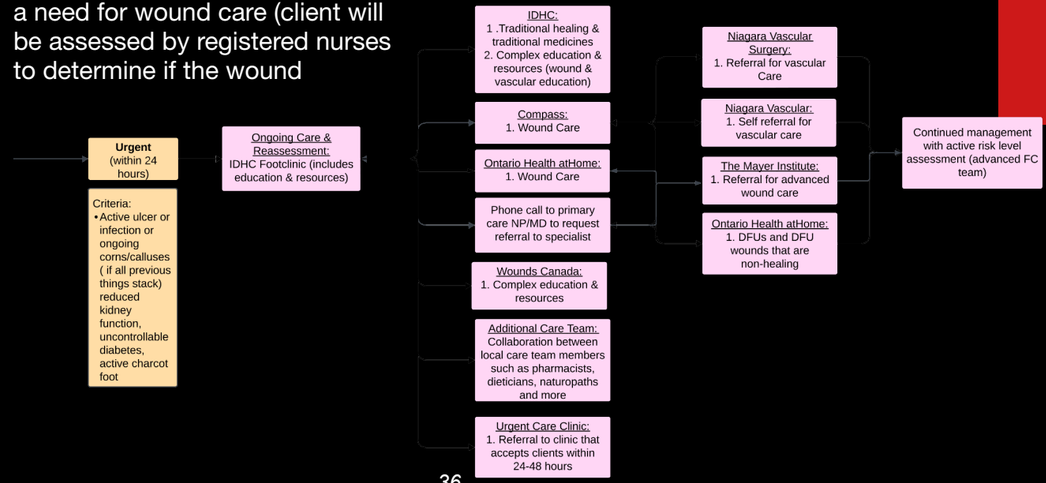
The FCS can assist in facilitating referrals to

- Urgent care
- Compass (if available)
- Primary care provider for specialist's referral or to Ontario Health atHome
- Ontario Health atHome for client with a diabetic foot ulcer (DFU) (should include a medical order specifying the required wound treatment)
- Nursing services will be provided at a designated nursing clinic
- Ontario Health atHome If there is a need for wound care (client will be assessed by registered nurses to determine if the wound requires specialized wound care from an NSWOC nurse.
- Ontario Health atHome Nurses Specialized in Wound, Ostomy and Continence (NSWOC) are trained in advanced wound care for cases that are non-healing or are particularly difficult to heal. NSWOC nurses make recommendations and treatment plans for the client and wound care nurse to follow for the best patient outcomes. The advantage of seeking NSWOC nurses and wound care from Ontario Health at Home are that they have various clinics in the region hosted by Care Partners, and they can make home visits for any unable to attend clinics in person.

Compass Community Health, Ontario Health atHome or the primary care provider will then provide client care or refer the client to either of two advanced vascular specialists:

- The Mayer institute for advanced wound care
- Ontario Health atHome for NSOWC services

Once the referrals are made, the advanced foot care team, including all the providers within the client's care team will continue to oversee management and perform ongoing risk assessments, including ongoing review of the clients care plan while collaborating to support any advanced care options and offloading devices.



CONCLUSION

Lower-limb amputation is a serious complication of non-healing wounds from vascular disease and/or diabetes, and accounts for the bulk of preventable, nontraumatic lower-limb amputations in Ontario—most especially in Niagara Region. IDHC, and its partners OH, FENFC, DAHAC, and community partner organizations directly addressed the amputation issues as they relate to Indigenous Peoples. As reported, project members addressed the articulated systemic weaknesses, defined best practices, supported education and awareness and incorporated wholistic Indigenous practices and wisdom into proposed solutions entitled a “Health Care Pathway.”

WHAT THE PROJECT REVEALS

This project makes explicit the impact of colonization on Indigenous clients and the resulting meaning attributed to “foot care.” This project also reveals that community support and networking are best ways to address related socioeconomic and other health considerations. This project points to the need for continued collaboration at all levels of health care and the need for sustainable practices that safely serve Indigenous clients. Findings underline that traditional practices will work to breathe the life and wellness back into individuals and communities. And trust, respect and consistency are essential and mandatory aspects of required services. This report details the above findings and recommends—and acts on—systemic improvement.

As a result of the initiative, IDHC foot care program, including education opportunities and self-care resources, is now provided at the FENFC and the IDHC head office. Services to FENFC are expanded now to include eye and vascular health screenings and traditional practitioner consultations, in keeping with a wholistic model of health. The IDHC wholistic model of health is now fully evaluated and several organizations have now invested in digital equipment to enhance the existing foot care program in a multiservice format. Looking ahead, the project momentum and articulated pathway is ready to be applied further afield geographically in a spread and scale approach that will benefit the health and wellness of Indigenous Peoples.

LETTERS OF SUPPORT FROM KEY PARTNERS

LETTER 1

“**Compass Community Health** is honoured to have partnered with the Indigenous Diabetes Health Circle on their Lower Limb Preservation Project. Compass is committed to our mission of “No obstacles to health.” Building trust within the communities we serve is vital in ensuring respectful and effective health care.

Culturally safe foot care is a critical component of equitable health care and essential in Indigenous communities. Compass recognizes that quality care goes beyond clinical treatments by ensuring services are delivered in a manner that respects the unique cultural values, beliefs and lived experiences of Indigenous Peoples. Partnering with the Indigenous Diabetes Health Circle, we are working on building trust, reducing health disparities and promoting early intervention in diabetes foot health management in the Indigenous communities we serve. We understand that diabetes disproportionately affects Indigenous populations—often with devastating lower limb outcomes. Compass’ Diabetes Foot Health Program has been given the opportunity to directly connect with Indigenous clients and their families though community events. Hearing directly from our Indigenous clients ensures that we continue to improve our culturally safe practices.

Compass Community Health is committed to a sustainable partnership with the Indigenous Diabetes Health Circle that prioritizes cultural safety to ensure better health outcomes, more efficient use of health care resources, timely access to care and a stronger relationship between our communities.”

Sonia Pekic, B.H.A., D.Ch., CDE.
Clinical Manager, Primary Care & Diabetes Foot Health Program
Compass Community Health

LETTER 2

“Bridges Community Health Centre is proud and honoured to be in a partnership with IDHC as part of the LLP initiative.

We are committed to being an option for primary care for IDHC clients who live in Fort Erie, Port Colborne or Wainfleet, and do not have a doctor or nurse practitioner. We believe that being connected to a primary care provider for ongoing, consistent and quality care, will impact health outcomes for those living with vascular disease and/or diabetes, ultimately reducing preventable amputations in Niagara Region.

With Niagara Region being listed as having the second highest loss of lower limbs in Ontario, the importance of the LLP initiative needs no further explanation. We hope that the referral pathway created by the LLP Advisory Committee, becomes an example for a provincial pathway that can be adapted in other regions across the province.

We are thankful for being included and look forward to seeing the impact of this work in the years to come.”

Amy Devereaux,
Program Manager/HR Coordinator
Bridges Community Health Centre

LETTER 3

“The Indigenous Diabetes Health Circle (IDHC) has created a truly innovative and unique Lower Limb Preservation (LLP) program that addresses multiple health care needs in a single, seamless visit. By breaking down silos, this model sets the standard for integrated, culturally safe, and trauma-informed screening and care. It is a powerful example of how care can (and should) be delivered, in a way that honours the whole person.

Vision Loss Rehabilitation Canada (VLRC) and the Eye Health Screening Initiative (EHSI) are especially grateful for this partnership and the opportunity to integrate diabetic retinopathy screening into such a thoughtful and impactful program. The inclusion of IDHC’s traditional wellness program beautifully complements the clinical components of care, creating a space where clients feel respected, supported, and empowered.

We’ve witnessed first-hand the difference this approach makes, and we are proud to support and celebrate the incredible leadership shown through the LLP program.”

Caitlin Lazarus,
National Director,
Eye Health Screening Initiative
Vision Loss Rehabilitation Canada (VLRC)

LETTER 4

“Great Lakes Home Foot Care is fortunate to provide preventative foot care to the Indigenous community in Niagara as a partner for the Indigenous Diabetes Health Circle's (IDHC) comprehensive foot care program. The program offers a wide variety of support to meet individuals’ health goals, in addition to specialized care of the lower limbs. Foot care appointments give individuals the opportunity to ask questions and share concerns.

By empowering the client with foot care knowledge, they are able to develop personal foot care plans, which include daily self-screening, purposeful daily care, wearing protective footwear, and seeking help from a trusted foot care provider when needed. As clients invest in their foot health journey, conversations regarding diabetes, neuropathy, arterial disease and venous insufficiencies take place and deepen their understanding about the underlying factors contributing to the development of diabetic foot ulcers.

Ultimately, this process enables us to reduce the incidence of lower limb loss and its devastating impact on the Indigenous community. These empowering and meaningful foot care appointments are made possible through IDHC's unique approach to foot care and wellness; where the individual is the absolute centre of care.”

Kari Baum RN BScN
Advanced Foot Care Nurse
Great Lakes Home Foot Care Inc.

LETTER 5

“The Lower Limb Preservation (LLP) initiative exemplifies the transformative power of partnership in preventing avoidable amputations and significantly improving health outcomes for Indigenous clients. At its core, the initiative emphasizes the importance of health promotion and preventive care, which are critical in maintaining lower limb health and preventing complications. Primary care serves as the foundation for early screening, assessment, and management of conditions that could lead to limb loss, but preventing lower limb amputations requires a comprehensive, team-based approach. This is where our collaboration with the LLP initiative truly shines.

By connecting clients with a wide array of essential services—including foot care, eye care, diabetes management, and traditional wellness practices—we ensure that clients receive the wholistic care they need to maintain healthy limbs and overall well-being. Together, we are fostering healthier communities, reducing the risk of lower limb loss, and promoting a proactive, preventative mindset that leads to better long-term outcomes for Indigenous clients.”

Nya:weh, Janet Gasparelli
Chief Executive Officer
De dwa da dehs nye>s (DAHAC)
Aboriginal Health Centre

ACKNOWLEDGEMENTS

A big thank you to all community members and frontline workers that participated in the sharing circles, interviews and surveys.

The groups that contributed to the LLP initiative are diverse and many. Initiative participants wish to extend sincere gratitude and thank you to the following individuals and organizations that contributed so much to the success of the LLP initiative and shaped the outcomes.

Thank you to Indigenous Elders, Mary Elliott, Grandmother Renée Thomas-Hill and Elder Allan Jamieson Sr. who guide this good work with their knowledge and wisdom.

- Ancestral Voices
- Bone & Quill
- Bridges Community Health Centre
- Community Addiction Services of Niagara
- Compass Community Health
- De dwa da dehs nye>s (DAHAC) Aboriginal Health Centre
- Diabetes Action Canada (DAC)
- Dr. Barry Lavallee
- Dr. Darrel Manitowabi
- Ed Moloy Registered Chiropodist, Think Feet, Family Foot Clinic
- Fort Erie Native Friendship Centre
- Great Lakes Home foot care
- Heavenly Sweets (Joleen General)
- Indigenous Primary Health Care Council
- Métis Nation of Ontario
- Niagara Chapter – Native Women
- Niagara Health: Indigenous Health Services & Reconciliation
- Niagara Ontario Health Team–Équipe Santé Ontario Niagara (NOHT-ÉSON)
- Niagara Region: Smoking Cessation
- Niagara Regional Native Centre
- Niagara Vascular
- Niagara Vascular Surgery
- Ontario Federation of Indigenous Friendship Centres
- Ontario Health
- Ontario Health atHome
- Quest Community Health Centre
- Strong Water Singers
- Tap Resources
- University Hospital Network (UHN)
- Vision Loss Rehabilitation Canada

This initiative is made possible by generous funding from Ontario Health.

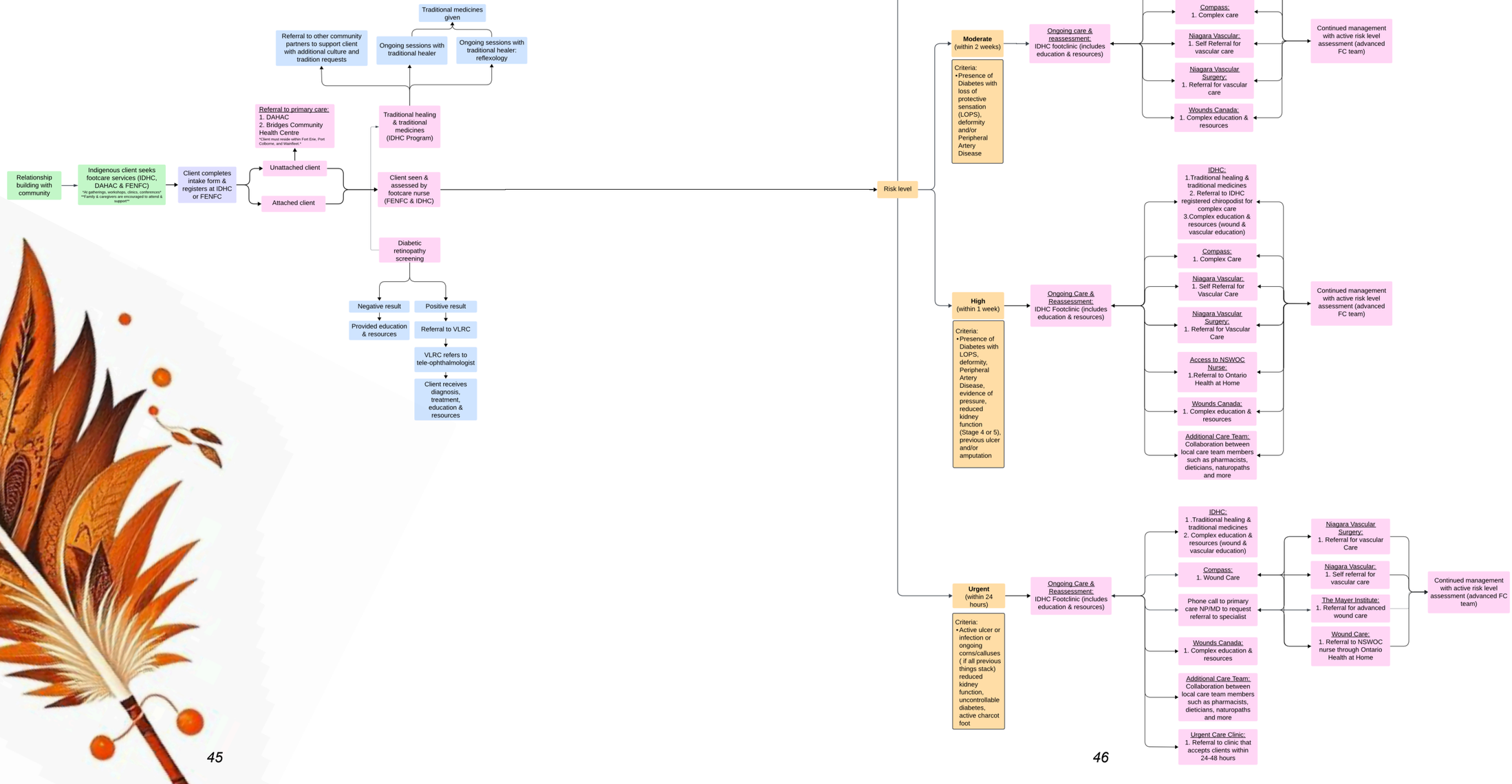
Nya;Weh. Miigwetch. Marsi. Thank you.

APPENDICES

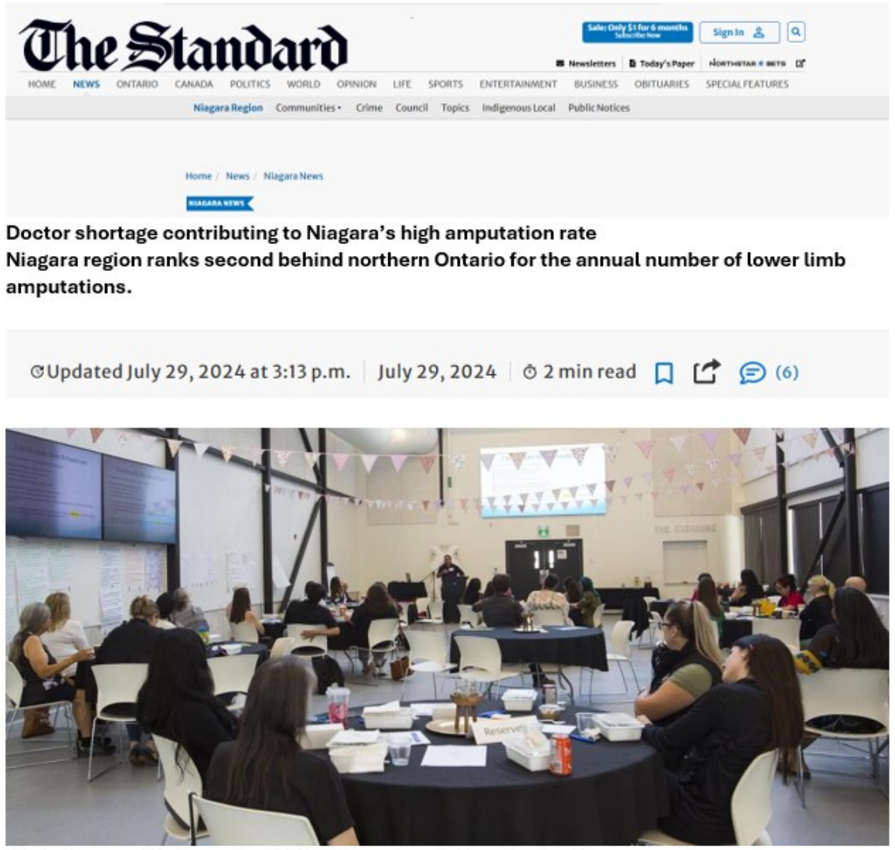
Graphic Recording 1

Graphic Recording 2

MAP OF HEALTH CARE DELIVERY



MEDIA RESPONSE



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NIAGARA NEWS

Doctor shortage contributing to Niagara's high amputation rate

Niagara region ranks second behind northern Ontario for the annual number of lower limb amputations.

Updated July 29, 2024 at 3:13 p.m. | July 29, 2024 | 2 min read (6)

The Indigenous Diabetes Health Circle has brought frontline health-care workers and experts together to share ideas about overcoming barriers Indigenous people face in getting the care they need to help manage heath conditions that can lead to amputations.

By Allan Benner Reporter

LLP VIDEOS AND RELATED RESOURCES:

1. Building the Link #1
2. Eye Health Screening Initiative (Camera-Purchase Initiative)
3. Foot Care Promotion
4. Wellness Wednesday Promotion
5. Culturally Safety Care
6. Interview of Client with Lived Experience, Dan Hanzel
7. Interview of Reflexologist, Gail Whitlow
8. Interview Series Indigenous Man—Ryan Hooey—On Vision Loss
9. IDHC Foot Care Report

DATA FROM THE "BUILDING THE LINK" EVENT

FACILITATORS

Cultural Competence & Cultural Sensitivity
• Understanding of Indigenous traditions, including ceremonial and grieving processes related to lower limb amputation
Traditional Practices
• Wholistic model of care ensures comprehensive, preventative approach
• Family Support—Can improve diabetes management and access to care

CHALLENGES

Systemic Challenges: Non-Profit Burden
• Mainstream providers shift responsibilities to underfunded organizations like friendship centres which are limited by government funding & monitoring
Systemic Challenges: Trauma & Stigma
• Historical and systemic inequities contribute to ongoing mistrust of health care system
Systemic Challenges: Food Sovereignty
• Limited access to nutritious food worsens diabetes management and related complications
Systemic Challenges: Fragmented Care
• Absence of family doctors and long emergency waiting times delay proper treatment and management
Barriers to Access and Care: Transportation
• Limited transportation options and lack of accessible facilities make it difficult to reach foot care services • Long travel distances and limited access to publicly funded clinics make care inaccessible
Barriers to Access and Care: Delayed Access & Provider Shortage
• Long wait time and shortage of specialized professionals
Barriers to Access and Care: Financial Challenges
• Insufficient funding, strict eligibility criteria
Barriers to Access and Care: Lack of Culturally Sensitive health care Providers
• Disconnect due to lack of cultural understanding and integration of traditional practices create barriers between Indigenous patients and HCPs • Historical trauma and systemic racism and experiences with non-Indigenous providers create mistrust and discomfort • Previous personal or word-of-mouth experiences of racism or mistrust in HCPs lead to delayed care • Personal embarrassment about foot conditions and fear of outcomes such as amputation deter care
Barriers to Access and Care: Lack of Support System
• Absence of family or community support impacts treatment adherence

Barriers to Access and Care: Competing Life Priorities
• Single caregivers and individuals with limited job benefits face challenges managing their own foot care and diabetes • Client must fulfil multiple roles, such as caregiver and client
Loss of Community and Traditions
• Disconnection from land-based traditions, language and cultural practices impacts spiritual and mental health • Restricted access to traditional foods and activities contributes to poor nutrition and reduced physical activity
Lack of Awareness & Education
• Lack of awareness about available programs • Lack of education on the long-term consequences of diabetes and practical life skills such as cooking & budgeting impacts self-care
Beliefs: Fatalistic Attitudes
• Sense of inevitability surrounds diabetes complications, like amputations fostering helplessness
Beliefs: Perceived Lack of Control
• Complications viewed as uncontrollable, discouraging proactive management and preventative care
Beliefs: Returning to Creator
• Serious health issues can sometimes be seen as part of spiritual journey, reducing motivation to seek medical intervention

RECOMMENDATIONS: BEST PRACTICES

Changes to care

Appointments

- Should allocate enough time for education, discussion and listening to patient's stories

Comprehensive

- Providers should encourage family and caregivers to be a part of client's care plan

Rebuilding trust

- Providing culturally appropriate care is essential to improve health outcomes and empower clients

Warm handoffs

- Seamless transitions for Indigenous patients from hospitals or care organizations into community to ensure continuity of care

Wraparound services

- Develop wraparound services rooted in cultural sensitivity and medicine wheel

Partnerships

- Build partnerships across health care systems to include specialists and educational institutions to create integrated care models across housing, food and health care sectors for integrated support services

Inclusive & accessible

- Use symbols like two row Wampum to signify safe space
- Designate and fund safe spaces within health care settings that respect and incorporate Indigenous cultural practices and symbols

Mobile clinics & free services

- Reduce financial barriers through mobile health care clinics and free services

Client navigator support

- Train navigators and frontline workers to guide clients through health care system

Education & awareness

Indigenous leaders

- Leverage Indigenous leaders and local champions to advocate for community-driven health care initiatives

Informed decision-making & advocacy

- Empower individuals with the right to be informed about their health conditions and treatment options
- Creation of community initiatives and empowerment programs to help individuals develop self-management skills and advocate for their health

Educated health care providers

- Implement comprehensive cultural sensitivity for all health care providers, focusing on Indigenous history and treaties, intergenerational trauma and traditional practices

Prevention

- Shift priorities toward community-based preventive care rather than reactive incident care, promoting outdoor activities and wellness programs that cater to all age groups

Addressing misinformation

- Provide accurate health promotion information related to diabetes, foot care, prevention and nutrition

Healthy food accessibility

- Install vending machines with healthy options and create community hubs to improve access to affordable fresh groceries without judgment
- Facilitate transportation to connect communities with fresh food from farming areas
- Implement grants for grocery top-ups
- Offer cooking classes with provided ingredients

Education & early awareness

- Promote early education on self-care, healthy lifestyles and chronic condition management in schools

Peer support

- Establish peer support groups and community networks for ongoing education among recently diagnosed individuals

Encouraging kindness

- Encourage kindness and trust to counteract cultural norms of “toughing it out” & better relationships with health care providers

Traditional

Traditional counselling

- Address mental health issues

Culturally tailored services

- Offer services respectful of Indigenous cultural practices and ensure access to traditional healers and medicines

Two-eyed seeing approach

- Integration of traditional and western medicine to provide care

Wholistic care

- Promote whole-person care addressing physical, emotional, mental and spiritual health

Systemic

Streamline funding

- Ensure direct funding supports community-driven projects, cutting out intermediaries

Centralized services

- Creation of universal system for easy scheduling and referral system

Expanding funded services

- Increase government-funded foot care availability and bridge gaps in health care provision
- Implement funding programs that cover the cost of foot care services, transportation and necessary medical supplies for Indigenous community members

Increased funding

- Increase funding for friendship centres and other non-profit organizations to direct Indigenous calls to appropriate services

Reduce intimidation

- Acknowledge that the formal health care system, complex processes and general anxiety about medical environments discourage engagement
- Integration of traditional healers
- Develop policies to integrate Indigenous traditional wellness healers into the health care system

Protocol for lower limb amputation

- Create guidelines for incorporating ceremonies and protocols for lower limb amputations, respecting the grieving process and cultural needs

Restore access to traditional foods and remedies

- Promote and fund programs that provide access to traditional foods and natural remedies

Review existing policies

- Review and reform policies such as the Indian Act that restrict movement and access to resources
- Implement policies, developed with community input, that ensure access to clean water, traditional nutritious food, safe housing and education

Toolkits

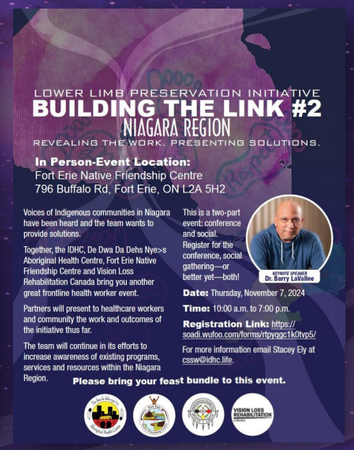
- Develop toolkits to help patients navigate the health care system effectively and access continuous, qualified care
- Pathway
- Creation of specialized care pathway for lower limb care, including referrals to lower limb care specialists focused on early detection, timely intervention and comprehensive treatment

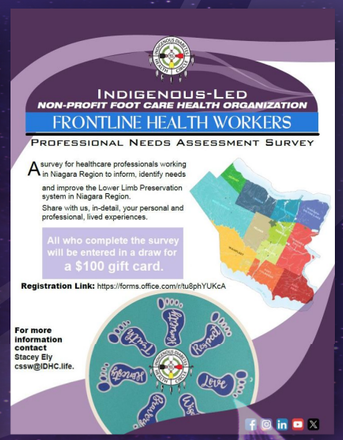
Building trust

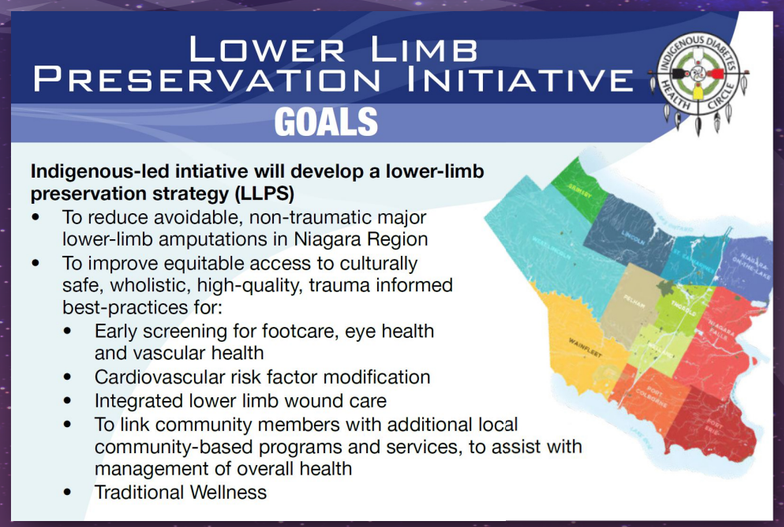
- Foster trust by involving Indigenous communities in the design and implementation of health care services.


Building the Link
Lower Limb Preservation Project


SAVE THE DATE
LOWER LIMB PRESERVATION INITIATIVE
KNOWLEDGE TRANSFER
IN-PERSON EVENT
Hosted by IDHC's Crystal Bomberry
The LLP project is coming to a successful conclusion. Community members, partners and all stakeholders are invited to attend this project review of:
Advisory committee insights
Pathway for Indigenous clients
Analysis of feedback derived from community surveys, interviews, sharing circles
Future state Niagara Indigenous-led LLP
Final report and findings from the Community Engagement Needs Assessment
Together, we can reflect on how the project unfolded, knowledge gleaned, and map of a streamlined process.
Date: Thursday, February 6, 2025
Location: IDHC Head Office 3250 Schmon Pkwy, Unit 1B Thorold, ON L2V 4Y6
Registration Link: ??? TBD
For more information contact cssw@idhc.life.


LOWER LIMB PRESERVATION INITIATIVE
BUILDING THE LINK #2
NIAGARA REGION
REVEALING THE WORK. PRESENTING SOLUTIONS.
In Person-Event Location:
Fort Erie Native Friendship Centre
796 Buffalo Rd, Fort Erie, ON L2A 5H2
Voices of Indigenous communities in Niagara have been heard and the team wants to provide solutions.
Together, the IDHC, De Dwa Da Dehs Nye>s Aboriginal Health Centre, Fort Erie Native Friendship Centre and Vision Loss Rehabilitation Canada bring you another great frontline health worker event.
Partners will present to healthcare workers and community the work and outcomes of the initiative thus far.
The team will continue in its efforts to increase awareness of existing programs, services and resources within the Niagara Region.
This is a two-part event: conference and social. Register for the conference, social gathering—or better yet—both!
Date: Thursday, November 7, 2024
Time: 10:00 a.m. to 7:00 p.m.
Registration Link: https://soadt.wufoo.com/forms/rtpyqqc1k0typ5/
For more information email Stacey Ely at cssw@idhc.life.
Please bring your feast bundle to this event.
Dr. Barry LaValley


INDIGENOUS-LED
NON-PROFIT FOOT CARE HEALTH ORGANIZATION
FRONTLINE HEALTH WORKERS
PROFESSIONAL NEEDS ASSESSMENT SURVEY
A survey for healthcare professionals working in Niagara Region to inform, identify needs and improve the Lower Limb Preservation system in Niagara Region.
Share with us, in-detail, your personal and professional, lived experiences.
All who complete the survey will be entered in a draw for a $100 gift card.
Registration Link: https://forms.office.com/r/tu8phYUKcA
For more information contact
Stacey Ely
cssw@IDHC.life.


LOWER LIMB PRESERVATION INITIATIVE
GOALS
Indigenous-led intiative will develop a lower-limb preservation strategy (LLPS)
To reduce avoidable, non-traumatic major lower-limb amputations in Niagara Region
To improve equitable access to culturally safe, wholistic, high-quality, trauma informed best-practices for:
Early screening for footcare, eye health and vascular health
Cardiovascular risk factor modification
Integrated lower limb wound care
To link community members with additional local community-based programs and services, to assist with management of overall health
Traditional Wellness


Indigenous Diabetes Health Circle

De dwa da dehs nye>s Aboriginal Health Centre

Fort Erie Native Friendship Centre

Indigenous Diabetes Health Circle

VISION LOSS REHABILITATION CANADA

2025