Chronic Kidney Disease and Aboriginal People: Disabling or Enabling?

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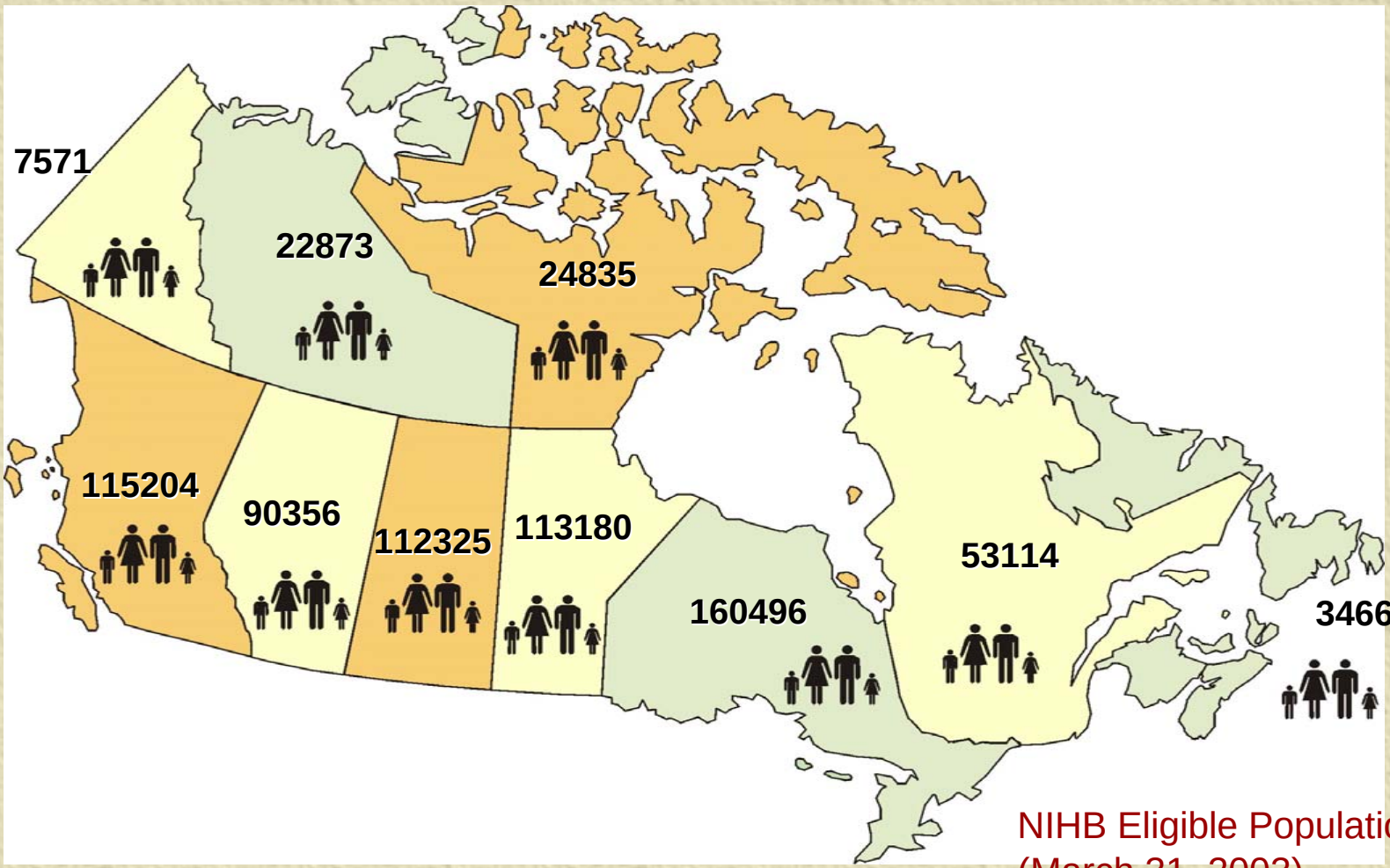
Outline

- Demographics
- Mortality
- CKD Epidemiology
- Health and Wellness
- Clinical Issues
- Community Issues
- Conclusions

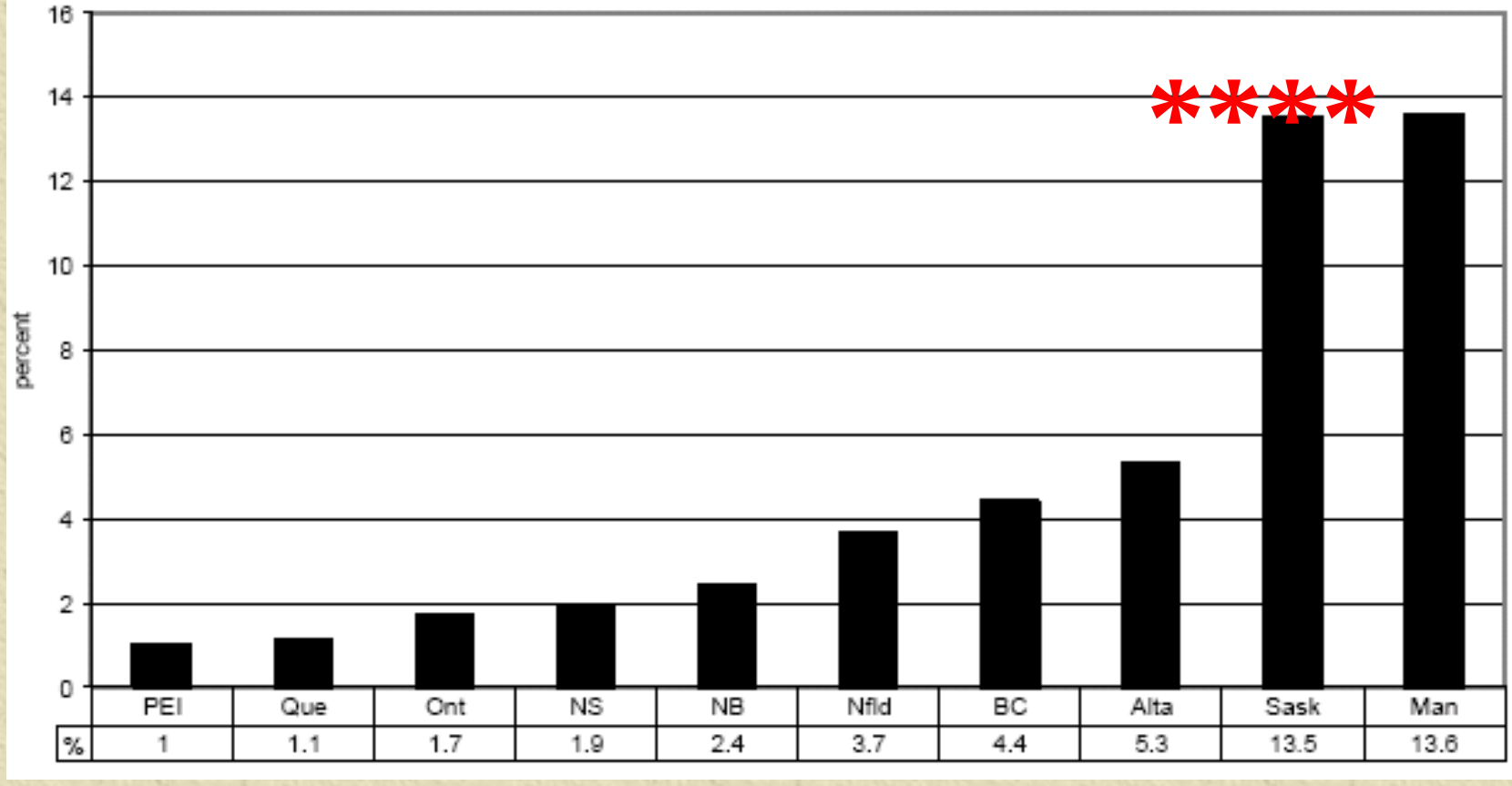
First Nations & Inuit Population



NIHB Eligible Population 735,34
(March 31, 2003)

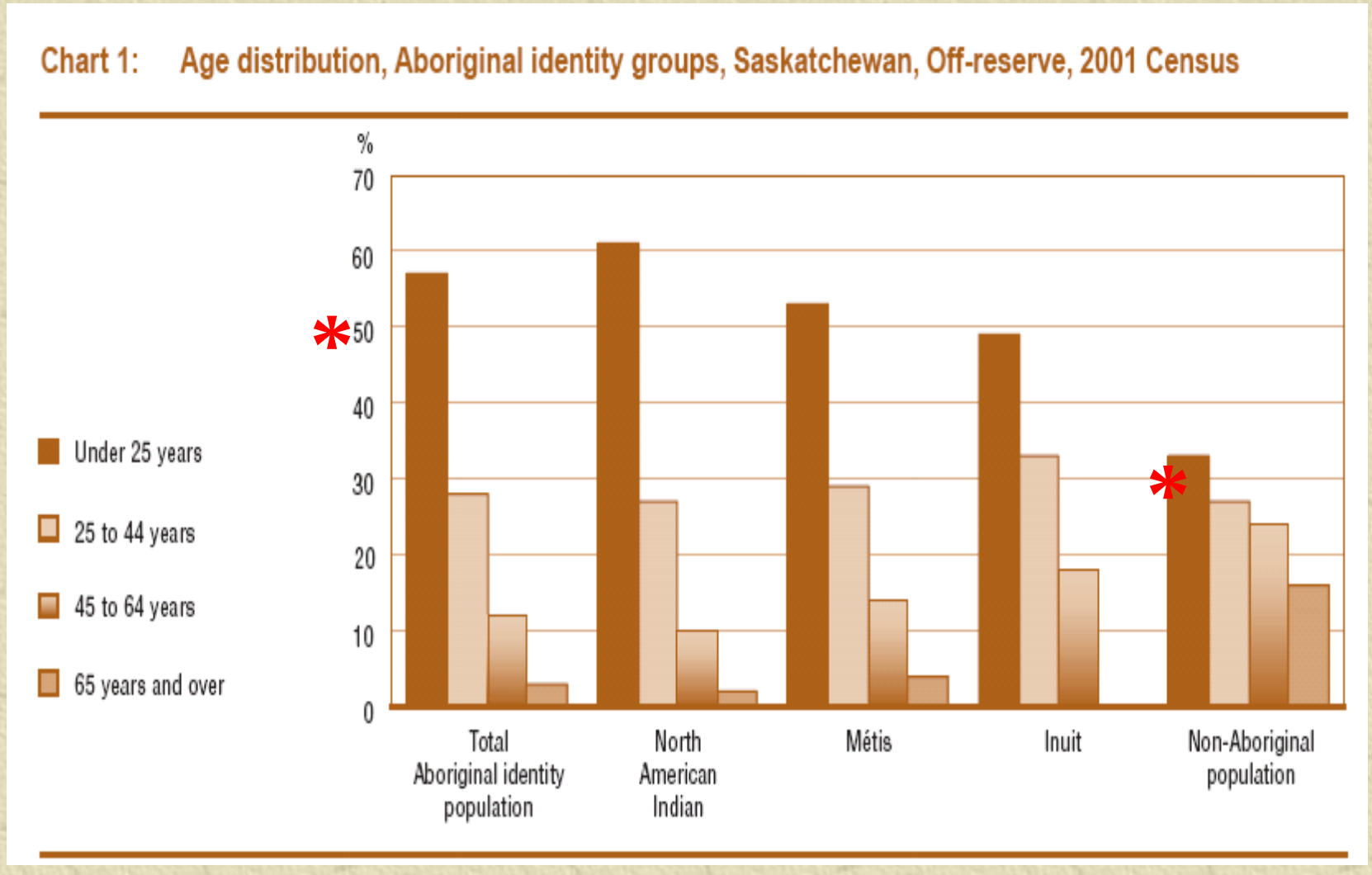
Saskatchewan and Manitoba had the highest proportion of Aboriginals amongst the provinces

Figure 1
Aboriginal identity population as proportion of total population, by province and territory, 2001 Census



	PEI	Que	Ont	NS	NB	Nfld	BC	Alta	Sask	Man
%	1	1.1	1.7	1.9	2.4	3.7	4.4	5.3	13.5	13.6

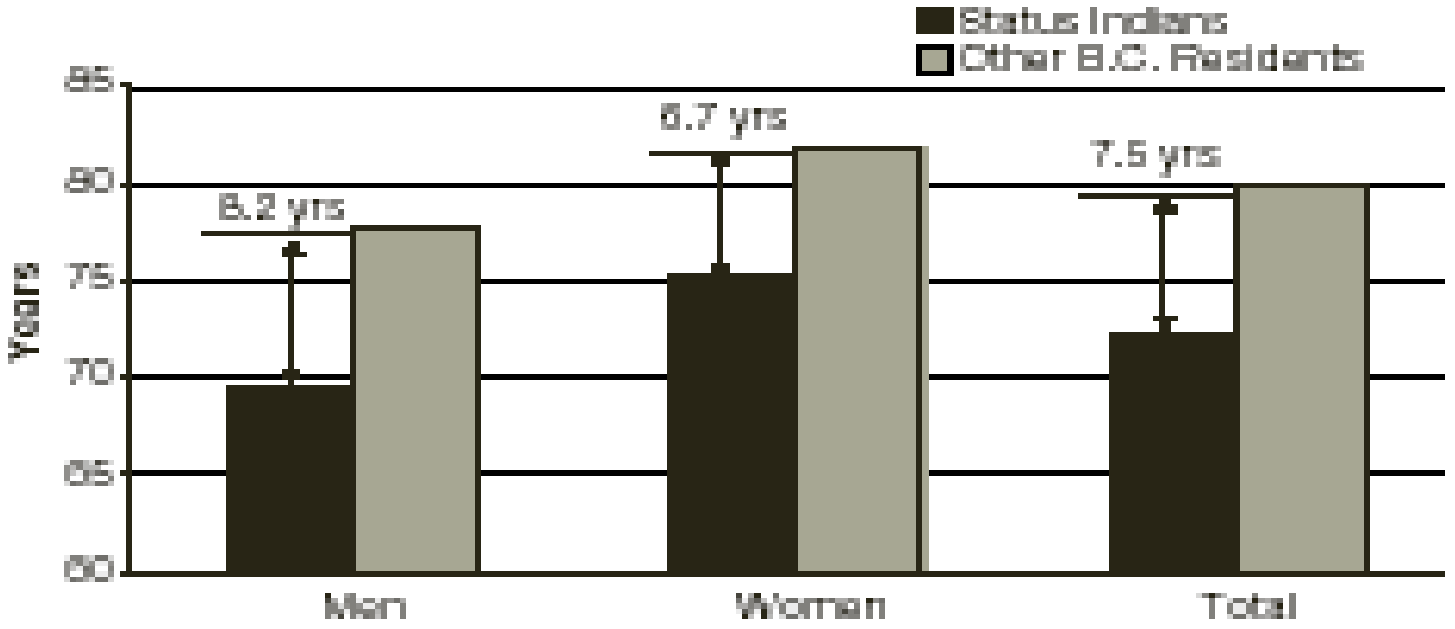
In SASK, about 60% of Aboriginals off-reserve were under 25 yrs old, compared to about 30% for the non-Aboriginal population.




Tagish
Inland Tlingit
Kaska
Slavey
Taku
Tahltan
Tsetsaut
Sekani
Tsimshian
Babine-
Witsu Witen
Beaver
Haida
Haisla
Carrier
Haihais
Heiltsuk
Nuxalk
Oowekeeno
Kwakwaka'wakw
Chilcotin
Secwepemc
Okanagan
Coast Salish
Nuu-chah-nulth
Klunaxa

Fig. 3.8

Life Expectancy at Birth, Status Indians and Other B.C. Residents, 1996 – 2000



Source: B.C. Vital Statistics Agency. Unpublished tables, June 2002.

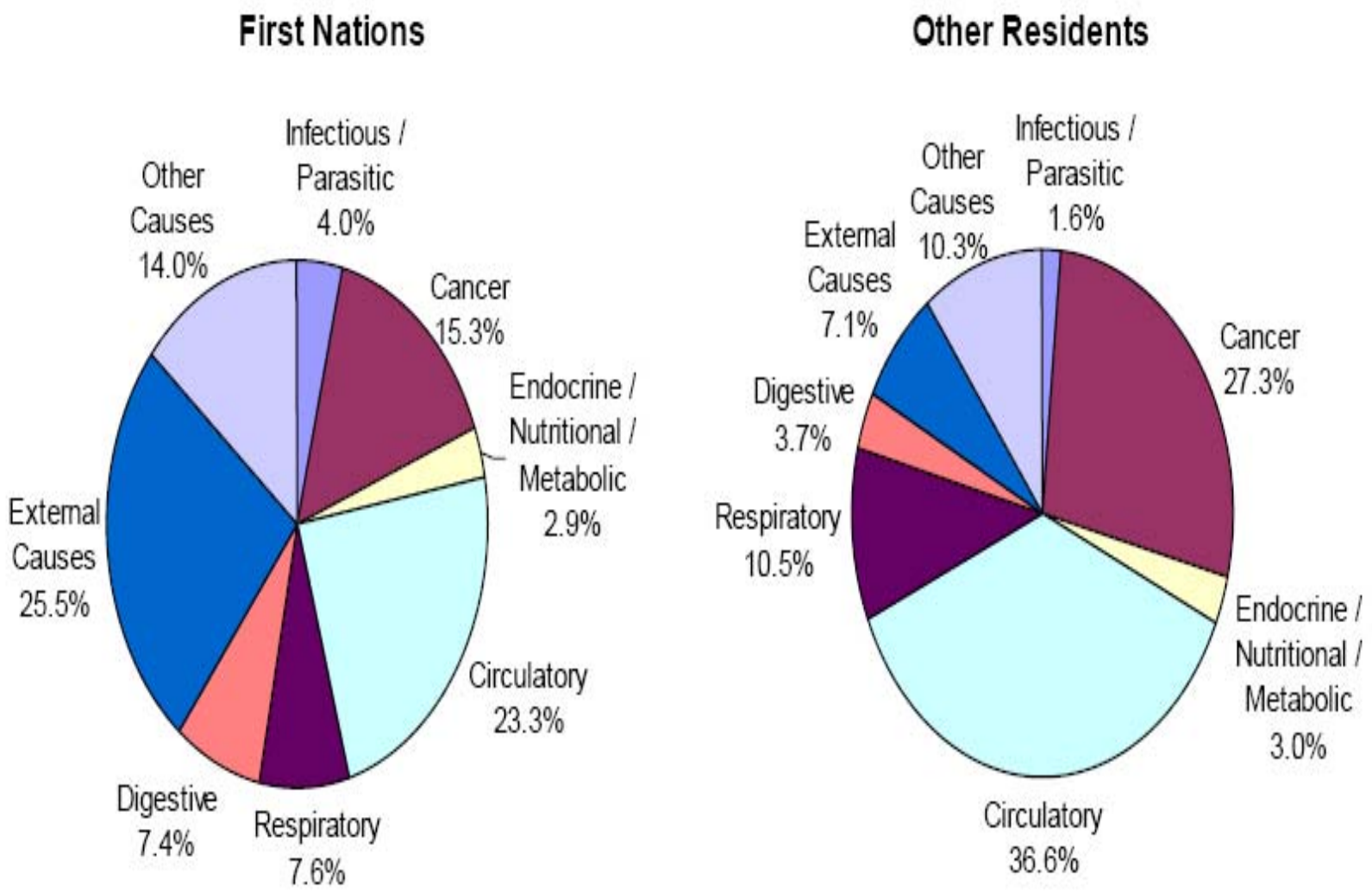
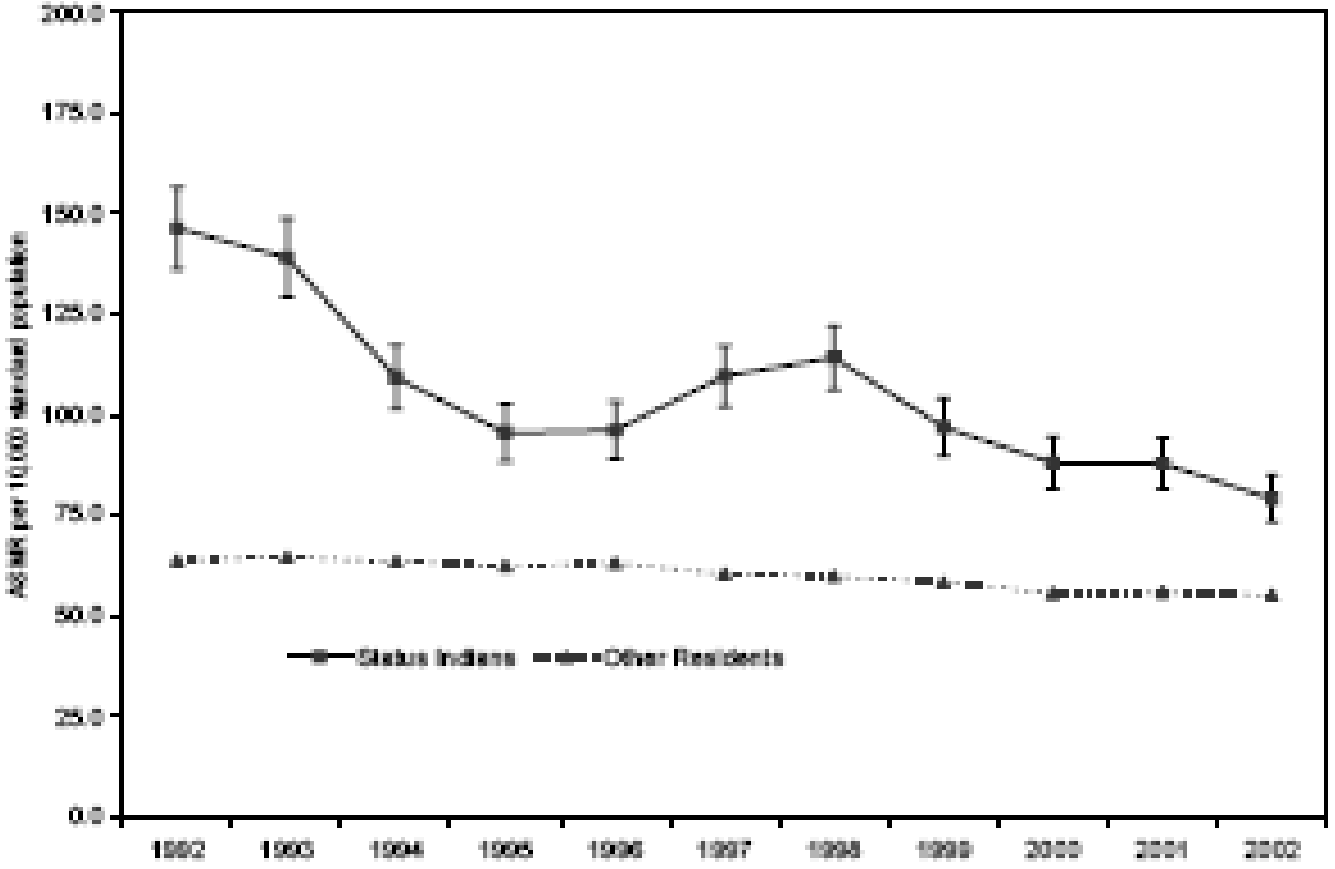


Figure 1.1: Major causes of death, B.C., 1992-2002

FIGURE 26

ASMRs for All Causes of Death
Status Indian and Other Residents
British Columbia, 1992-2002



Note: Status Indian rate with 95% confidence interval.

CKD Signs

- Definition of CRD – a progressive permanent condition in which the kidneys are damaged and lose their effectiveness
- CKD signs
  - High blood pressure
  - Blood +/- protein in urine
  - Abnormal BUN
  - Low GFR
  - Frequent and sometimes painful urination, esp. at night
  - Swelling of hands and feet

CKD Epidemiology

- Causes of CKD
  - Diabetes
  - High Blood Pressure (BP)
  - Glomerulonephritis
  - Cystic Kidney Diseases
- Persons at risk for CKD
  - Family history of CKD, Diabetes, high BP, Older, Aboriginal, Asian and African American,

CKD Epidemiology

- AB ESRD 3.5 times greater than NAB (Non Aboriginal)
- Diabetes-related ESRD: AB between 60-73% and NAB between 34-39%
- Dialysis
  - AB and NAB have similar survival rates while on dialysis

CKD Epidemiology

- Transplantation:
  - AB less likely to be placed on waiting list for transplant
  - AB wait longer for a transplant
  - AB less likely to receive transplant
  - AB females less likely to receive transplant

CKD Epidemiology

- COD during 1992-2002 in BC:
  - Renal failure, Nephritis and Nephrosis COD: FN ASMR 1.9 (n=115/8102 deaths) vs. NFN ASMR 0.7
  - Diabetes COD: FN ASMR 2.6 (n=169/8102 deaths) vs. NFN ASMR 1.4

CKD Epidemiology

- Little research that examines reasons for AB disparities in regards to CRD (i.e., qualitative research).
- Little research on what is culturally appropriate CKD care for Aboriginal people
- Little research that involves the AB as a true partner
- Little research examines community mobilization and action

Health and Wellness

- Belief system based on concept of balance and approach to life is holistic in nature
- Physical, emotional, mental and spiritual – each must be nourished to live a healthy happy productive life
- Illness not necessarily bad but may be a sign from the Creator to help re-evaluate their life

Health and Wellness

- Treatment of ill health may include the sweat lodge
  - Ceremony where human comes into contact with the spirit world in order to provide the person with direction to restoring balance
- To improve health, provide holistic care in context of Aboriginal ideology (better outcomes)

Health and Wellness

- Western Medicine vs. Traditional Medicine
  - Treat as separate entities (specialization)
  - Eradicated spirituality
  - Formal setting, performed in a impersonal way, doctor determines if something wrong and what treatment needed and authoritative
  - vs. healer outdoors connecting with spirits, patient determines what's wrong and required, credit given to the Creator for healing, the spirit is called upon to heal and the importance of the patient in participating in the healing

Clinical Issues

- Tenets of Harmony Ethos
  - Avoidance of overt hostilities regarding interpersonal matters and an emphasis on nonaggressiveness in intrafamilial/clan/tribe interactions
  - Use of a third neutral person for resolving personal altercations
  - Value placed on independence
  - Resent authority

Clinical Issues

- Tenets of Harmony Ethos
  - Hesitance to command others
  - Caution in interactions with other persons
  - Reluctance to refuse favors and an emphasis on generosity
  - Reluctance to voice opinions publicly
  - Avoidance of eye and body contact when interacting with others

Clinical Issues

- Culturally-sensitive care
  - Issue of screening – culturally appropriate?
  - MET – do not assume at stage of readiness
    - Pre-contemplation, contemplation, action, maintenance
    - Several issues going on in lives

Conclusion

- Need for research that examines reasons for disparities, appropriate care and community mobilization
- Need to incorporate Aboriginal culture into care

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