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May 3, 2022

Thank you for the opportunity to provide input to the House of Commons Standing Committee on Indigenous and Northern Affairs and the ongoing study of the administration and accessibility of Indigenous Peoples to the Non-Insured Health Benefits (NIHB) program.

This is timely and critical to improve the quality of life and health outcomes for Indigenous peoples across Canada.

I am writing to you as a physician who has supported and managed the health of First Nations Peoples in Nova Scotia (Wagmatcook and Pictou) since 1995.

I appreciate the ongoing leadership Indigenous Services Canada and the NIHB Program to improve and achieve equity for Indigenous people across Canada including closing socio-economic gaps and improving access to available high-quality health care services. However, more needs to be done especially to address the growing epidemic of diabetes among Indigenous peoples and the very real impact of the complications associated with diabetes including blindness, amputations, and kidney failure requiring dialysis.

As you may know, the rates and impact of diabetes among Indigenous peoples are among the highest in Canada and as per Diabetes Canada<sup>1</sup> the age-standardized prevalence rates of diabetes (type 1 and type 2) are:

- **17.2%** among First Nations individuals living on-reserve,
- **12.7%** among First Nations individuals living off-reserve,
- **4.7%** among Inuit people, and
- **9.9%** among Métis people, compared to 5.0% in the general population.

To appropriately manage diabetes, the monitoring of blood sugars is mandatory. In the 1950's, glucose monitoring was measured by urine testing monthly, and it was not until 1969 when large portable glucose meters were developed. Blood glucose monitors today are much more compact, however, they require multiple daily finger-pricking which is very painful, cumbersome and does not provide a timely assessment of glucose levels.

What is exciting today, is the availability of advanced sensor-based glucose monitoring technology such as the FreeStyle Libre Flash Glucose Monitoring System. These systems are accurate, timely and empowering for people with diabetes. They are also digitally enabling so that I can monitor my patients remotely and virtually, which is helpful given the diverse geographic distribution of many Indigenous peoples. In fact, having initiated the use of this glucose monitoring system within one indigenous community in my region, I have witnessed a level of total engagement and have observed significant improvements in diabetes management.

As a result and based on the clinical and real-world evidence associated with this technology, I predict that millions of dollars will be saved within the health care system by placing blindness, renal dialysis and amputations, etc. in the rear view mirror.

However, the NIHB only provides coverage for this life-changing technology through a case-by-case process which is very burdensome to my Indigenous patients and providers such as myself who are trying to manage and limit the terrible complications of diabetes as quickly as possible. This is neither an appropriate nor equitable treatment of Indigenous peoples, particularly given that other Canadians in some provinces across Canada have access to these innovative technologies through their own provincial health programs, e.g., Ontario.

Therefore, I am respectfully advocating for all Indigenous peoples with diabetes, regardless of age, to have complete and barrier-free access to this new technology through the NIHB Program to better manage and improve diabetes outcomes. This may require further Government funding to the NIHB Program, which would be excellent value for money given the current impact of diabetes complications that our health care system is already paying for.

Thank you and I would be pleased to answer any questions that you may have.

Sincerely,



Dr. Cathy Felderhof

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Please see attached link for the video on YouTube:

<https://youtu.be/MFt7Yd4syfM>