



First Nations Health Authority  
Health through wellness



# STRENGTH IN STORIES:

First Nations Voices on Living with Diabetes

April 2025



## CONTENT WARNING:

The following content discusses the historical context of colonialism and its impacts on First Nations Peoples' health and wellness. Some information in this report may be sensitive or difficult to deal with emotionally, physically, mentally and spiritually. We encourage you to take care of your health and wellness and have provided mental health and crisis intervention supports on the FNHA diabetes webpage [here](#).



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## ACKNOWLEDGMENTS

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We thank everyone who shared their own experiences to help others and improve diabetes care.





## INTRODUCTION

Diabetes impacts many First Nations people in British Columbia (BC). While there are three main types of diabetes (type 1, type 2 and gestational), type 2 diabetes accounts for 90-95% of the cases.<sup>1</sup> *Strength in Stories: First Nations Voices on Living with Diabetes* focuses on the experiences of First Nations people living with type 2 diabetes. This report also looks at how the ongoing impacts of settler colonialism have contributed to higher rates of diabetes for First Nations people living in BC.

## DEFINING DIABETES

We have trillions of cells in our bodies, and they need energy to do their work in keeping us well. They get their energy from sugar in the blood. Insulin is needed to move the sugar from our blood into our cells. Diabetes develops when the body cannot get or use sugar from the blood as energy for our cells. As a result, the sugar remains in the blood, and this leads to high blood sugar. High blood sugar, over time, causes damage to our body such as heart disease, stroke, kidney disease, blindness and nerve damage.

There are three main types of diabetes:

1. **Type 1 diabetes** is when the body does not make enough insulin, so there is nothing to open the cells to let sugar in.
2. **Type 2 diabetes** is when the body makes insulin, but the insulin does not open the cells to let the sugar in.
3. **Gestational diabetes** is a temporary type of diabetes that can happen during pregnancy. It usually goes away after birth, but does increase the chance of type 2 diabetes. With gestational diabetes, the body makes insulin, but the insulin does not open the cells to let the sugar in (similar to type 2 diabetes).

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<sup>1</sup> Halseth, R. (2019). *The prevalence of type 2 diabetes among First Nations and considerations for prevention*. National Collaborating Centre for Aboriginal Health. <https://www.nccih.ca/docs/health/RPT-Diabetes-First-Nations-Halseth-EN.pdf>

## THE IMPORTANCE OF BALANCE

Diabetes wellness is all about balance in all aspects of life. This includes balance in mind, spirit, body and more specifically, in blood sugar. The goals of attaining and maintaining balance are to protect the body from damage caused by high blood sugar, and to help each person live their best quality of life.

## COLONIAL CONTEXT OF DIABETES

It is important to understand that diabetes is a complex disease caused by many factors. Diabetes is not a result of poor individual choices or a type of moral failure. This view is both outdated and wrong.

While the research shows that the development of diabetes is influenced by genetic factors, it is critical to take a wholistic view of health to understand the root causes of diabetes and to reframe increased rates of diabetes as a consequence of historical and ongoing settler colonialism.

Many First Nations people view diabetes as a ‘new disease,’ as there is no clear evidence of diabetes within communities prior to colonial contact. The historical and ongoing impacts of settler colonialism, attempted genocide and white supremacy have all led to First Nations people having disproportionately higher rates of diabetes than other residents of BC.

Prior to contact, First Nations Peoples enjoyed good health due to their wholistic approach to wellness. First Nations communities prioritized an active lifestyle, healthy traditional diets and connection through culture and community. Pre-contact lifestyles had many other ‘health-protecting’ characteristics such as: smaller communities, easy access to travel across land and water, knowledge of the local environment, environmentally friendly and sustainable living practices and the availability of many types of healthy foods.<sup>2</sup>

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<sup>2</sup> BC First Nations Health Authority. (n.d.). *Our health, our history*.  
<https://www.fnha.ca/wellness/wellness-for-first-nations/our-history-our-health>.





Colonialism sought to systematically dismantle First Nations communities, wellness and culture. European settlers intentionally brought communicable diseases into First Nations communities across BC, introduced destructive substances such as alcohol, and stole First Nation peoples' lands, resources and access to healthy food. Intergenerational trauma from settler colonial policies, systems, and programs such as the Indian residential school system, the Indian reserve system, the Sixties Scoop and Indian hospitals, continues to impact the overall health and wellness of First Nations people and communities.

Settler colonialism continues to create barriers to First Nations health and wellness. These barriers include unjust systems, policies, and lack of recognition of inherent First Nations rights and title, as well as disruption to the significant relationships between First Nations people and the land. The current state of health inequities is a direct result of settler colonization. First Nations people have resisted and challenged oppressive settler colonial systems since contact and have called for accountability for all the atrocities and harms inflicted.

Despite these challenges and barriers, First Nations people in BC, including those living with diabetes, continue to show incredible strength, resilience and leadership to reclaim their health and wellness.

In light of all these facts, diabetes is not inevitable, genetically determined or solely a result of individual behaviours and lifestyle choices. Being First Nations is not a direct risk factor for diabetes. The higher rates of diabetes within the First Nations population is a result of complex sociocultural determinants of health.



## STRENGTH IN STORIES: FIRST NATIONS VOICES ON LIVING WITH DIABETES

The FNHA's Chief Medical Officer serves as the **Watchmon** for First Nations people in BC. The Watchmon's role is made up of three components: to see and hear, to report, and to guide and guard. This includes gathering information to capture the story of health and wellness of First Nations people in BC and sharing back to community.

*Strength in Stories: First Nations Voices on Living with Diabetes* is part of the Chief Medical Officer's work as Watchmon. First Nations people in BC experience higher rates of diabetes compared to other residents due to the ongoing impacts of colonialism. The focus of this report is to engage with First Nations people living with type 2 diabetes and share these stories back to community. Throughout engagement sessions, many people expressed feelings of isolation and fear about how diabetes will impact their health.



The FNHA's Office of the Chief Medical Officer interviewed 19 First Nations people in BC, who shared their own stories about their diabetes journeys. Participants included 18 people living with type 2 diabetes and one person living with type 1 diabetes. There were 13 women and six men, from all five health regions across BC. All participants identify as Status First Nations; eight of whom live in community and 11 live away from home (defined in this report as "off reserve"). Six interconnected themes emerged from the interviews (Figure 1): access to care; education; culture and tradition; racism and cultural safety; self-determination; and physical, mental, emotional and spiritual wellness. These themes reflect the complex realities for First Nations people in BC as they manage their diabetes.

The FNHA recognizes the significant impact that diabetes has on individuals, families and communities. People living with diabetes need ongoing accessible care and support to manage the condition and prevent further complications.

These findings will continue to guide how the FNHA develops resources to support those living with diabetes. This *Strength in Stories* report will be followed by a more detailed diabetes report with quantitative and qualitative data for policy makers and system partners, to be released in 2025.

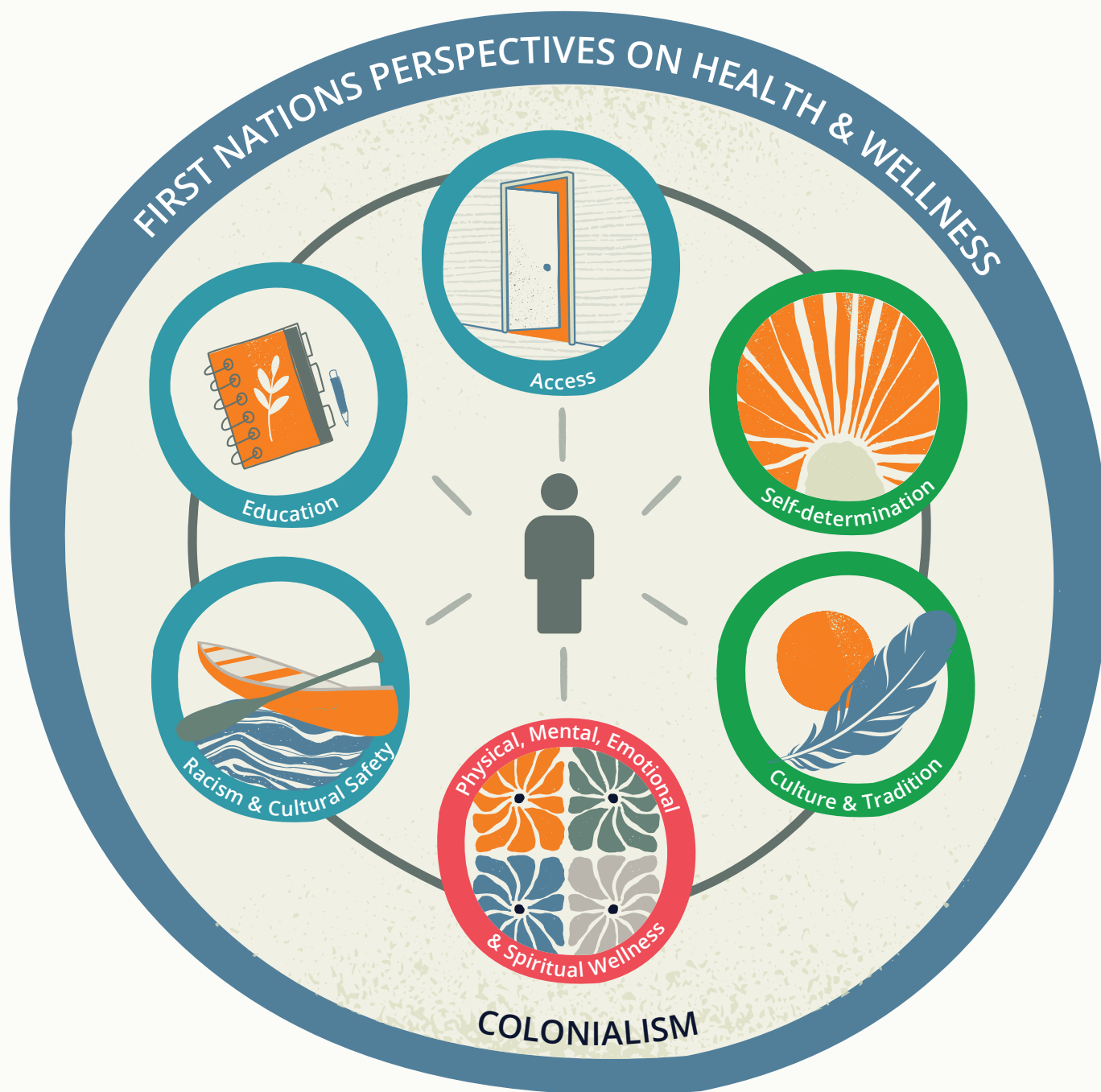


Figure 1: Overview of main themes

- Healthy, Self-determining Nations & Communities
- Healthy Vibrant Children & Families
- Supportive Systems



The theme of resilience is also woven throughout the lived experiences shared in this report. First Nations people continue to champion self-determination and their own health and wellness. We sincerely thank the 19 people who shared their stories. Their partnership supports the FNHA's work to improve the health, well-being and quality of life for First Nations people who are living with diabetes or at risk of developing diabetes. This report aims to provide a snapshot of diabetes journeys for First Nations people in BC by elevating their voices and experiences. It is our hope that sharing these stories will also help end the stigma against those who live with diabetes and humanize their experiences. Readers might identify with these stories, either from their own journeys or the journey of a loved one.






## ACCESS

Improving access to diabetes services such as screening, monitoring, education and ongoing care is essential for First Nations people who live with diabetes to effectively manage their condition. We heard that timely access to care is limited, with low availability of services and poor quality of care. The associated costs of managing diabetes can also be a barrier for many people.

Diabetes is a chronic condition that requires ongoing management, affecting one's daily routines and lifestyle. Access to a primary care provider and regular appointments, support the proper management of diabetes. Limited service hours, unmet transportation needs, short appointments, long wait times for specialists and culturally unsafe care were all experiences shared by the participants. Some participants also discussed their need for homecare support, as well as for on-reserve primary care services. While many participants shared negative experiences accessing necessary health services, some participants did speak about positive experiences with primary care providers.




"Right now [I access my diabetes care from] both my pharmacist and the doctor. They have conference calls regarding my A1C.<sup>3</sup> My pharmacist is very thorough and wanted to know the results of my A1C every three months. He's really on top of it, telling me, 'Get back on track, the numbers are a little high,' or 'You're doing good this term,' and stuff like that so there's a lot of support and encouragement from both [of them]. I feel that between my doctor and the pharmacist, my best interest is what's important to them, so I'm very comfortable with both of them."

– Rachel Alexander, Agassiz

<sup>3</sup> The A1C test is a blood test that provides information about your average levels of blood glucose, also called blood sugar, over the past three months. It is the main test used for diabetes management.




Diet and lifestyle changes may be required for people living with diabetes to keep their blood sugar balanced, and some people living with diabetes also need to take prescription medication to lower their blood sugar. Many participants shared that the costs for medication and fresh and nutritious food were a barrier that has made it harder for them to manage their diabetes, and this was particularly emphasized by participants living in rural and remote communities, where groceries are limited and more expensive.



“When [I was] first prescribed the Synjardy, I had to pay for it. That was, I think, \$306 for three months. But I did what I had to do to pay for it because it meant I could function as a human being.”

– Cynthia Jeanette Hall, Quesnel

Learning how to manage diabetes is important for all people who are newly diagnosed. The regional health authorities are all mandated to operate Diabetes Education Centres and provide diabetes services; however, many participants spoke about challenges in accessing these resources.



“[The diabetes clinic] was online on Zoom, and it only ran for certain dates and certain times. It was a two- to four-week one-hour Zoom meeting, and I was in my first semester of my fourth year of nursing school, so my schedule was full the entire time. So, I didn’t attend. But there was also no flexibility with how I could learn more about [diabetes] as someone who has diabetes. And then there was no follow-up with like, ‘Oh, here’s another date. I noticed you missed this [scheduled] time, can you try this [other] time?’ There was just a lack of communication on their part, which is frustrating because it affects my life.”

– Anonymous First Nations person in BC living with diabetes



## EDUCATION

Diabetes education is imperative for those who are newly diagnosed with diabetes. It empowers people to understand the condition and provides them with knowledge and skills to make informed decisions about their own health and wellness. However, many participants spoke about the challenges with the regional Diabetes Education Centre services lacking relevant and culturally safe information, not being person-centered in addition to being inaccessible.

"I was sent to Kamloops Hospital for a one-day workshop thing, and I was the only person there [who] had a status card and I felt really out of place being there. There was a lot of information given and all I remember doing was looking through the stuff and [it was like], 'Eat this. Eat this. Do this. Do that.' And I'm like, 'Yeah, if could afford that I would do that.' So, what I was given didn't really fit into my financial situation at the time because I wasn't working."

– Rachel Alexander, Agassiz



## SOME PEOPLE SHARED MORE SUPPORTIVE EXPERIENCES.



"I really appreciated the nutritionist that they offered at Burnaby for my initial visit after I was diagnosed with diabetes. Having that information was really helpful because I had no idea that carbs and all the sugars affected the blood sugar. Also, the information [at the] diabetes clinic, the initial visit was really well organized. They gave me a packet explaining everything. So that was a good experience."

–Anonymous First Nations person in BC living with diabetes

Some participants also spoke about the lack of ongoing support to manage their diabetes, noting that one diabetes education course is not sufficient when diabetes is a progressive condition and is experienced long term. This highlights the need for greater access and attachment to primary care providers, who are essential in the management of chronic conditions.



"They gave me that initial packet [of information] at the diabetes clinic, but it kind of felt like, 'Here's the booklet with all the information,' and then you're kind of on your own. They tell you what it means to have diabetes, what you can do, nutrition advice, but then it feels like you're on your own trying to get a better lifestyle because there's no one really to follow up with."

–Anonymous First Nations person in BC living with diabetes



One participant shared how culturally relevant diabetes education can promote effective self-management and improve overall quality of life for First Nations people who live with diabetes.

"I would make [diabetes education] relational and relevant to our people. When they say, 'Go to the gym three or four times a week so that you can exercise,' I said, 'Well no, you can go fishing. That's exercise. You can go berry picking, that's physical exercise. You can go hunting. You can eat our traditional foods, those are good for you.' You know, because they would say 'Eat from the four food groups,' and we never used to eat from the four food groups. We never used to eat the vegetables that you grow in the garden. You eat stuff from the forests, and the rivers and the mountains."

– Lucy Barney (Slaxilwit), Delta





## CULTURE AND TRADITION

Culture and tradition are the roots of First Nations self-determining health and wellness and reflect First Nations ways of knowing and being. Western medical approaches to diabetes focus mainly on the physical aspect of the condition, often overlooking cultural, social, spiritual, and traditional influences on balance and wellness. Diabetes is a chronic condition that requires lifelong care and management, and many participants shared how culture, especially their deeply rooted connection to the lands and waters, helps them keep well.

“My mom has always said that water has healing properties that help with emotions. So just connecting with water, going down to the ocean, sitting beside the ocean and the salt air. Sometimes in the summer I go to the water a lot, whether it’s a lake or the ocean and being with the water. And in the wintertime, just trying to have a salt bath or something like that. For me, I like to go out and pick berries that I know, that my mom has taught me.”

– Roslyn Smith (Singing Moon Bear Woman), Surrey





"I like the ground. I like to take my socks off, go in the grass and just rub my feet in ... just ground. You can sit in the creek and take the cedar bough and wash yourself. Everything will flow down the river. Once you're done, the branch just goes down the river. Sitting in silence, listening to the birds. [It's] peaceful, just connecting with nature. [...] Every year pretty much, we go moose hunting. And when we get that moose, I sage it, I thank it, I do a ceremony with sage and sweet grass. And I thank the moose for [...] sacrificing itself for our winter food. Because that's what it's going to be, our winter food. And I respect that moose."

– Helen Rose Robertson, Port Alberni



A two-eyed seeing approach for First Nations people living with diabetes embeds culture and tradition into the management of diabetes to promote health and wellness. Diabetes resources and education should promote the [First Nations Perspective on Health and Wellness](#) to ensure that materials are culturally relevant.

"We have to start thinking about how we used to educate our people, how we used to teach our people how to make a drum, or how to preserve soapberries, or how to preserve fish. Those are the things we need to do. No classroom setting really is going to do the job, in my opinion. Because [First Nations people are] not going to go there and listen. They're going to shut their minds off. And maybe they'll get little snippets, but I don't think that's useful for our people."

– Lucy Barney (Slaxilwit), Delta



"I have never [been] to an Indigenous healer; I've never been to a sweat. I'm very disconnected from my culture because I live down here and my reserve is up near Quesnel. So, I don't have, even when I go up there, I don't even really have connections up there to work with an Elder or anything. I think, you know, being an urban Indigenous person, we kind of don't have access to those cultural teachings, cultural ceremonies, cultural healing, and these are things that I really want. Or, you know, you try to access different programs at Friendship Centres or Spirit of the Children Society, and most of these programs run when I am working. So, having some evening healing, or circles, or sweats, or on the weekend [...] but mostly they are closed on the weekends."

– Roslyn Smith (Singing Moon Bear Woman), Surrey



While many interview participants expressed the importance of culture and tradition in their health and wellness journey, some participants shared feeling disconnected from their culture due to historical and ongoing settler colonial harms, including racism and discrimination. Many of these participants lived away from home, and either connected with their culture later in life or expressed a desire to engage with First Nations culture but said they did not know how to.







## RACISM AND CULTURAL SAFETY


### *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care*<sup>4</sup>

documented widespread and systemic Indigenous-specific (First Nations/Inuit/Métis) racism and discrimination across various sectors of the health care system. Diabetes, as a chronic condition, is best managed by regular care and follow-up appointments. People living with diabetes often interact with various health care providers, including primary care providers, diabetes educators, nurses, dietitians, pharmacists and specialists. First Nations-specific racism and discrimination leads First Nations people to lose trust in health care providers, creates reluctance to seek care and ultimately leads to poorer health outcomes.

The participants all shared their experiences of First Nations-specific racism and discrimination, both within and beyond the healthcare system. Many spoke about the ongoing impacts of residential schools, including intergenerational trauma and a loss of culture. Some participants shared how First Nations-specific racism and discrimination have been barriers to accessing care, particularly feeling judged by their care providers.


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<sup>4</sup>Turpel-Lafond, M. E. (2020, November). *In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care*. Government of British Columbia. <https://engage.gov.bc.ca/addressingracism/>



"[A previous experience with First Nations-specific racism] has made me not want to reach out to my primary care provider. [...] Like, I know you should be getting your blood work done regularly. In the past, with my first nurse practitioner, [...] I feel like we had some rapport where I felt comfortable going back to her and just being like, 'Hey, can we check this out?' And then with this new nurse practitioner, I just didn't want to talk to her at all. So, then that impacted my care because now it's been like a year now since I've had my A1Cs checked, and I don't know where I stand. And it's because I don't feel comfortable. I didn't feel comfortable connecting with her again. I don't want to feel judged when I'm in a vulnerable position."

– Anonymous First Nations person in BC living with diabetes



"[...] Back in 2009, [diabetes education] was the finger shaking. 'It's all your fault.' 'You're diabetic.' 'Oh, you're type 2? You did that all on your own.' That was that. That was the knowledge that was promoted at that time. There was that almost self-hatred. You know, 'You did this on your own.' 'You were fat for too long.' 'You drank too much pop,' you know, that judgment. Not only was I judging myself, but other people were judging me as well."

– Rachel Alexander, Agassiz





“Health care providers need to make time and space to be present with [the patient] and to be non-judgmental. And to just listen to the client’s experience, whether it’s one person or the family, and take their concerns seriously.”

– Anonymous First Nations person in BC living with diabetes



Health care providers must know and understand the impact of settler colonialism and the social determinants of health on the diagnosis and experience of diabetes in order to provide culturally safer care. They must commit to cultural safety through a lifelong journey of cultural humility. A person- and family-centred approach to health care generally and diabetes care specifically allows providers to understand people receiving care as whole and complex individuals, rather than narrowly relying on their physical health.





## SELF-DETERMINATION

First Nations people have the right of self-determination over their own health care journeys. Health care providers must respect all peoples' autonomy over their own medical decisions, especially when it comes to managing a chronic condition such as diabetes. A person-centred and trauma-informed approach to health care prioritizes an individual's preferences, values, and needs and leads to better and more sustainable health outcomes. Research has also shown that person-centred care can lead to improved blood glucose/blood sugar control and a reduction in diabetes-related complications.<sup>5</sup>

"A lot of the messaging is from a privileged standpoint, that doesn't account for, like ... I can't make my whole life about my nutrition and fitness. I just don't have the ability to do that."

– Anonymous First Nations person in BC living with diabetes



Empowering people to be actively involved in their own care decisions increases the likelihood that they will follow their care plans and feel a greater sense of control over their own health. Many participants shared what was working well for them in their management of diabetes, as well as where they need more support.

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<sup>5</sup> Wens, J., Vermeire, E., & Van Royen, P. (2005). Patient-centered care for diabetes management: A systematic review. *Patient Education and Counseling*, 57(2), 85-92.





"I think right now what's working well is having the ability to check what my blood sugar is at each meal and have access to those type of foods that help me manage my diabetes and having access to clean water."

– Anonymous First Nations person in BC living with diabetes

"[Connecting with nature has an impact on my health and wellness] because that lowers your stress level, and those happy feelings and moments. You're making a memory, especially of who you're out there with. Or if you're learning something, picking something. Traditional stuff. And learning. It's a positive experience. Like, I used to have a very fast, snap-judgment reaction to things, and I would get angry fast and lash out and stuff. And then my mom had four strokes. And I was realizing that I was following in her exact footsteps with the diabetes, and I'm like, 'You're going to have a stroke soon.' So, learning breathing exercises to calm down, to think before I spoke, to not react in anger. And to ponder a bit and pull from life experiences and stuff before responding. And keeping that awareness of my high blood pressure and bringing it down, which I did. I'm on a very low dosage of [my] high blood pressure [medication which] has been lowered twice now, which I'm very proud of. And just changing my general way of thinking and how I respond to things has, in a positive way, affected my health."



– Rachel Alexander, Agassiz



People also acknowledged that there are stages of emotional and mental processing along the journey of living with diabetes, emphasizing that high-quality diabetes support involves meeting each person where they are at.

"I think the most important thing for me was acceptance. That I was diabetic, and then things got easier once I accepted it, and then I was open to accepting help. Because maybe that dietitian course thing in Kamloops that I took [years ago] maybe it was really good information, but I wasn't at a place where I was accepting [it] at that time."

– Rachel Alexander, Agassiz





## PHYSICAL, MENTAL, EMOTIONAL AND SPIRITUAL WELLNESS

Diabetes wellness is all about balance, including in physical, mental, emotional and spiritual health. Diabetes is a complex condition that requires wholistic support.

### WHOLISTIC BALANCE

- **Physical:** balance the blood glucose/sugar through diet, stress management, medications/ medicines and physical activity. Everyone's diabetes journey looks different, but it's important to work with your health care provider to find what works for you.
- **Mental/emotional:** learning to manage a chronic condition is significant. Living with diabetes can bring up many feelings including fear, anger or shame. These feelings can be compounded by intergenerational trauma, stigma and judgement that can be associated with diabetes and, for some First Nations people, a family history of diabetes. Understanding the role of emotions and stress in diabetes is important for your overall wellness. We encourage you to take care of your health and wellness and have provided mental health and crisis intervention supports on the FNHA diabetes webpage [here](#).
- **Spiritually:** people share how living with diabetes can impact their self-esteem, their connection to self and others and how cultural activities and ceremonies help them.



All of these aspects together describe the many things that people have to navigate and understand on their journey of living well with diabetes.

For generations, First Nations people have known what keeps them well. Many participants spoke about how they strive to keep well, which includes having access to safe housing, food security, culturally safe care, cultural connectedness, support from their loved ones and being able to connect with the land.

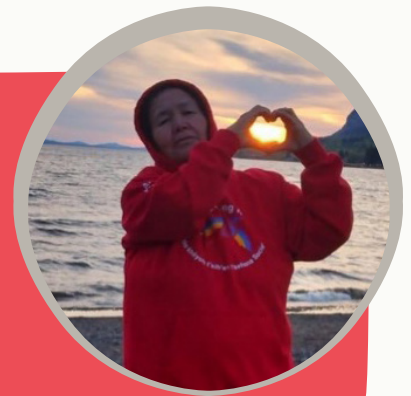


"It really helps [me cope] when I'm able to talk to someone about how I'm feeling. Or going for walks at the park. Just staying active really helps."

– Anonymous First Nations person in BC living with diabetes

"I cope by always waking up like, 'Today is a new day. Thank you for the breath of life and I give thanks to the Creator each and every day.' [And then] during the day, just always trying to balance my body. Just standing on the ground without my shoes and trying to soak up all the good energy Mother Earth gives me."

– Julie Sam, Prince George, from the Lhts'umusyoo (Beaver) clan



Other participants shared barriers to their wellness. These include intergenerational trauma, a lack of family and clinical support and the difficulties of managing multiple health conditions alongside their diabetes.



"I used to be part of a program, 'Wellbriety,' before but now I kind of fell away from it [since] last year, so I kind of feel like I don't really have [many] supports. Because it's so hard to reach out and ask for help for anything. Probably because of the traumas and the intergenerational traumas that we experienced that it's kind of harder."

– Julie Sam, Prince George, from the Lhts'umusyoo (Beaver) clan



## CONCLUSION

*Strength in Stories: First Nations Voices on Living with Diabetes* is a snapshot of the experiences of 19 First Nations people in BC who live with type 2 diabetes. Through their stories, we have heard about their successes and ability to manage their condition and find wellness. We have also heard about their historical and ongoing challenges, particularly around experiences of First Nations-specific racism in the healthcare system, the lack of culturally appropriate diabetes education, and the costs associated with managing a chronic condition. The six interconnected themes that were reflected in each participant's story —lack of access, education, culture and tradition, racism and cultural safety, self-determination, and wholistic wellness based on First Nations' perspective on Health and Wellness — help us understand the complex and unique lived experiences of First Nations people who live with diabetes.

The stories shared throughout this report make it clear that person-centered services that are accessible, and free from racism and discrimination, are essential to ensuring First Nations people in BC receive culturally safe and effective diabetes care. The FNHA is preparing to release a more detailed diabetes report in 2025 to provide a comprehensive understanding of the diabetes landscape in BC. This upcoming report will include both quantitative and qualitative data about diabetes among First Nations people in BC. Its purpose is to provide distinctions-based data for policy makers and system partners while also centering the voices of First Nations people living with diabetes, to ensure that their experiences shape the policies and programs that impact their lives.

If you have questions about your diabetes wellness journey, we encourage you to connect with your community health team.

For more information, please visit the FNHA diabetes webpage at the link [here](#).



## REFLECTIVE PRACTICE

### FOR COMMUNITY MEMBERS:

- How do you feel after reading this collection of people's experiences of living with diabetes?
- What strengths do you recognize in people's journeys, and in your own wellness journey?
- What are some things that could support you in continuing your wellness journey?

### HEALTH CARE PROVIDERS AND ADMINISTRATORS:

- What stood out to you in the stories that were shared?
- What strengths do you see in people's stories?
- How can these stories inspire person centered, strength-based care in your work?
- What things about diabetes wellness would you like to learn more about?

If you have further questions about the report or diabetes resources,  
please email [CMO.Office@fnha.ca](mailto:CMO.Office@fnha.ca).



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