ABSTRACT SUBMISSION FORM

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Exploring the role of sex and gender on health research

CHRD
CHILD HEALTH RESEARCH DAYS

CHRD 2020: Abstract Submission Form

Submitter Name
Kara Frejuk

Email
frejukk@myumanitoba.ca

Title
Screening Rates and Clinical Care Practices for Diabetes and Kidney Disease in Indigenous Children before and after the FINISHED screen, triage, and treat Program

Background
Background: The First Nations Community Based Screening to Improve Kidney Health and Prevent Dialysis (FINISHED) project was a point-of-care screen, triage, and treat program in rural and remote First Nations communities in Manitoba for hypertension, diabetes, and kidney disease, which identified early chronic disease in 20% of the children screened. We report here the clinical screening rates prior to FINISHED, and clinical care that was received after the intervention, in children aged 10-17 years old.

Objective
Objective: Determine the effect of the FINISHED screen, triage, and treat program on the rates of follow-up care by comparing rates of laboratory testing, visits to primary care or nephrology, and disease modifying medication prescriptions prior to and following the screening program.

Methods
Methods: Following OCAP principals and obtaining community approvals, this retrospective cohort study linked study participants to administrative data housed at the Manitoba Centre for Health Policy to evaluate follow-up care, including visits to primary care or nephrology, disease modifying medication prescriptions, and laboratory testing (HbA1c, eGFR, and urine albumin/protein to creatinine ratio (A/PCR)), within 18 months following FINISHED compared to clinical screening and care provided prior to FINISHED.

Results
Results: A total of 324 out of 353 children from the FINISHED program (43.8% male; mean age 12.3 yrs) were included. Baseline screening laboratory rates were very low, and significantly increased following the intervention. Laboratory testing for HbA1c increased from 6.8% to 12.4% (p=0.004), eGFR increased from 11.4% to 21.0% (p=0.0002), and UACR/UPCR increased from 3.7% to 9.6% (p=0.0006). Visits to primary care increased from 52.8% to 59.3% (p=0.03), and this increase was more significant in remote

communities. Prescriptions for disease modifying drugs and visits to nephrology also increased.

Conclusion
Conclusions: Screening rates for diabetes and kidney disease for at risk Indigenous children are very low in practice and suggest early disease is under recognized and under treated. FINISHED was associated with improved screening testing, disease modifying medication prescriptions, as well as follow up visits. Active screening and surveillance strategies are urgently needed.

Theme:
Community Health / Policy

Do you have a table/figure to upload?
No

Are you willing to participate in Goodbear's Den?
Yes

Presenter Status:
Undergraduate Students

What was your role in the project?
Write Abstract

Authors

Name	Email	Role	Profession
O Harasemiw			
P Komenda			
B Lavallee			
L McLeod			
C Chartrand			
M DiNella			
T Ferguson			
H Martin			
B Wicklow			
A Dart			