Supplement B

Background

This document builds on *Reclaiming Our Health: Exploring Chronic Conditions in Participating Northern Ontario First Nations. 2003-2022*. It contains additional data comparing the prevalence rates for each participating First Nation. These comparisons show that—while there are many shared strengths, experiences, and challenges—each community is unique. For this reason, it is important to avoid one-size-fits-all approaches to chronic condition prevention and management.

These comparisons also allow First Nations to understand where they fall relative to each other. Each community has been assigned a random number to preserve their anonymity. If there is a desire to start a dialogue around what's working and what isn't, communities can share their information with each other. For example, First Nations with a high prevalence of high blood pressure may be able to learn from those where the prevalence is lower. To find out your community's random number, please email mamowahyamowen@gmail.com. Please note that we may need to reach out to Steering Committee members for approval to share this information.

We standardized the rates by age and sex. Rates are reported per 1,000 people. Since population sizes at the community level are so small, we had to group data for different years together to avoid having to suppress too many findings. As such, each graph shows the prevalence rates for each community between 2018 and 2022. Even so, there were still cases where we had to suppress findings, which we've indicated using an asterisk (*). This happens when numbers are very small—typically 5 or less—and in situations where readers could use other numbers in the report to figure out these small numbers. For more information on methods, please refer to the original report.

Graphs

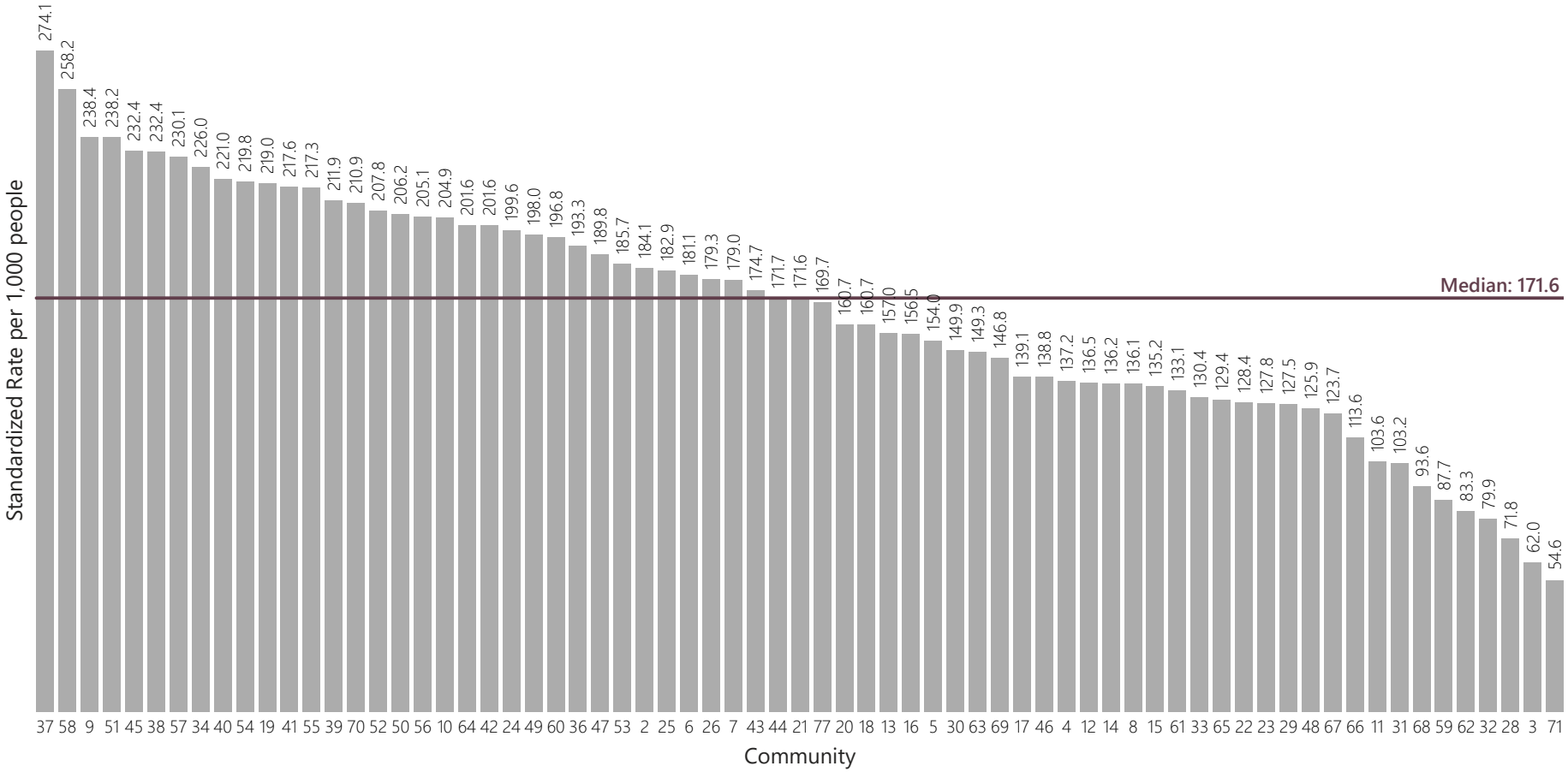
Each graph includes a line labelled "median". The median is the middle number in a set of numbers arranged from lowest to highest. Suppressed values (*) were not included. Like taking the average, the median helps to summarize a large set of numbers. However, unlike an average, the median isn't

skewed by numbers that are a lot higher or lower than others, making it a good choice for these graphs.

Below each graph, there is a statement that touches on how much variation there is between communities. We calculated this by dividing the highest value in the dataset by the lowest value that was not zero. Suppressed values (*) were not included. The resulting number tells us about the degree of difference between the communities with the highest and lowest prevalence rates. The larger the number, the bigger the difference.

Prevalence of osteoarthritis varied across communities

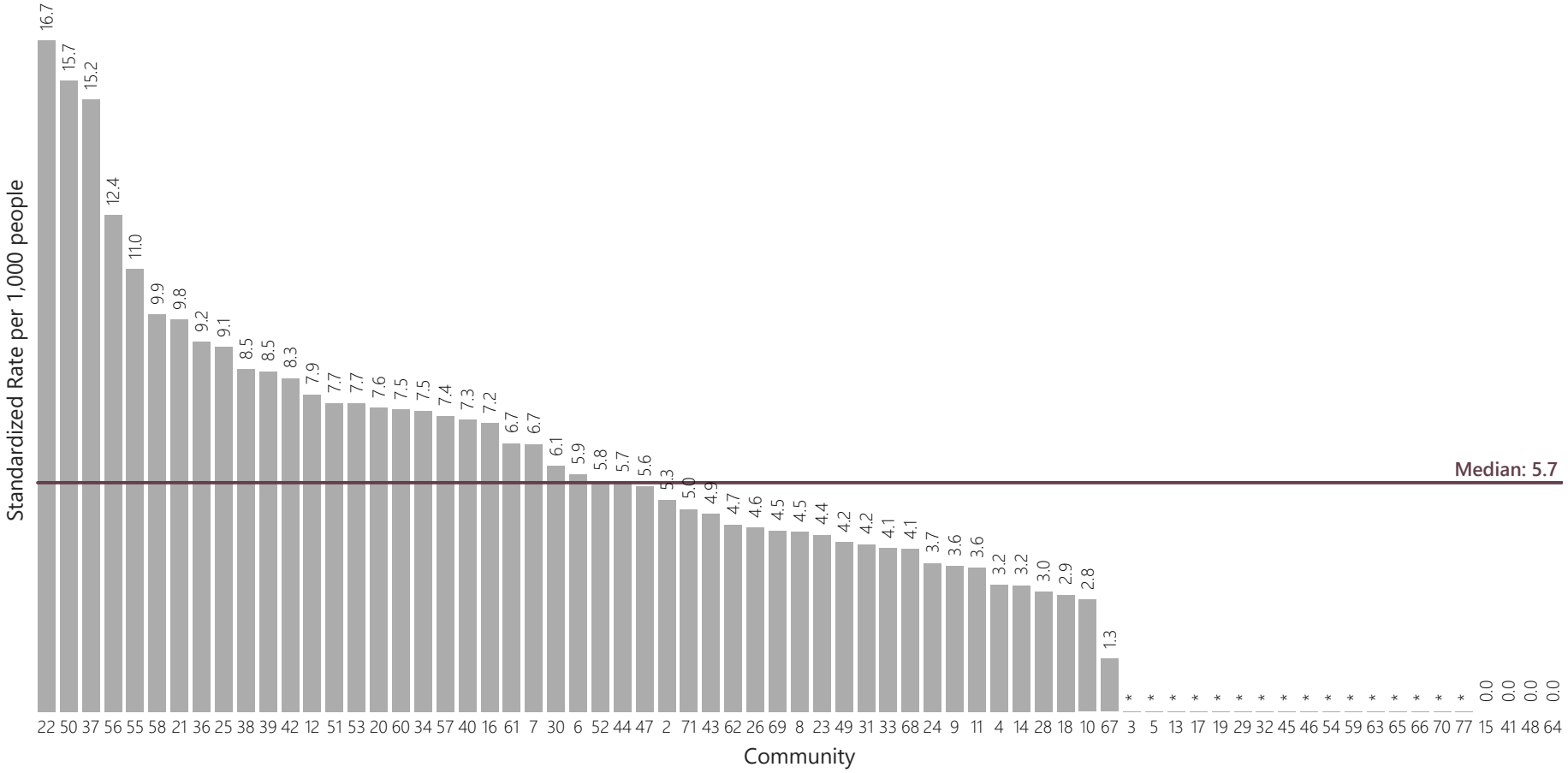
Graph S1. Prevalence of osteoarthritis, participating Mamow Ahyamowen communities, 2018-2022



There was a 5-fold difference between the communities with the highest and lowest prevalence rates of osteoarthritis. In other words, the community with the highest prevalence was 5.0 times higher than the community with the lowest prevalence.

Prevalence of osteoporosis varied a lot across communities

Graph S2. Prevalence of osteoporosis, participating Mamow Ahyamowen communities, 2018-2022

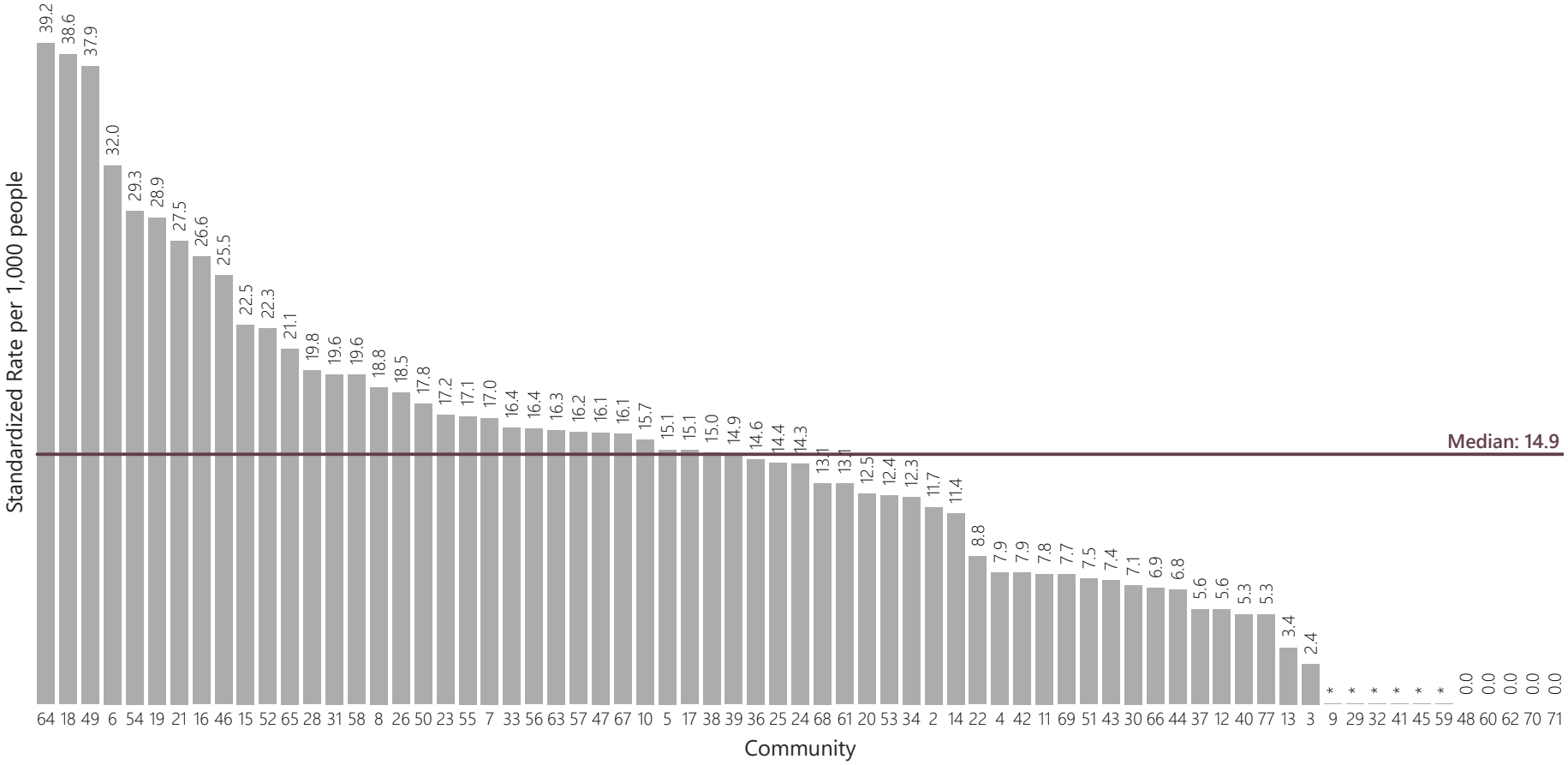


There was a 12.8-fold difference between the communities with the highest and lowest prevalence rates of osteoporosis. In other words, the community with the highest prevalence was 12.8 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of rheumatoid arthritis varied a lot across communities

Graph S3. Prevalence of rheumatoid arthritis, participating Mamow Ahyamowen communities, 2018-2022

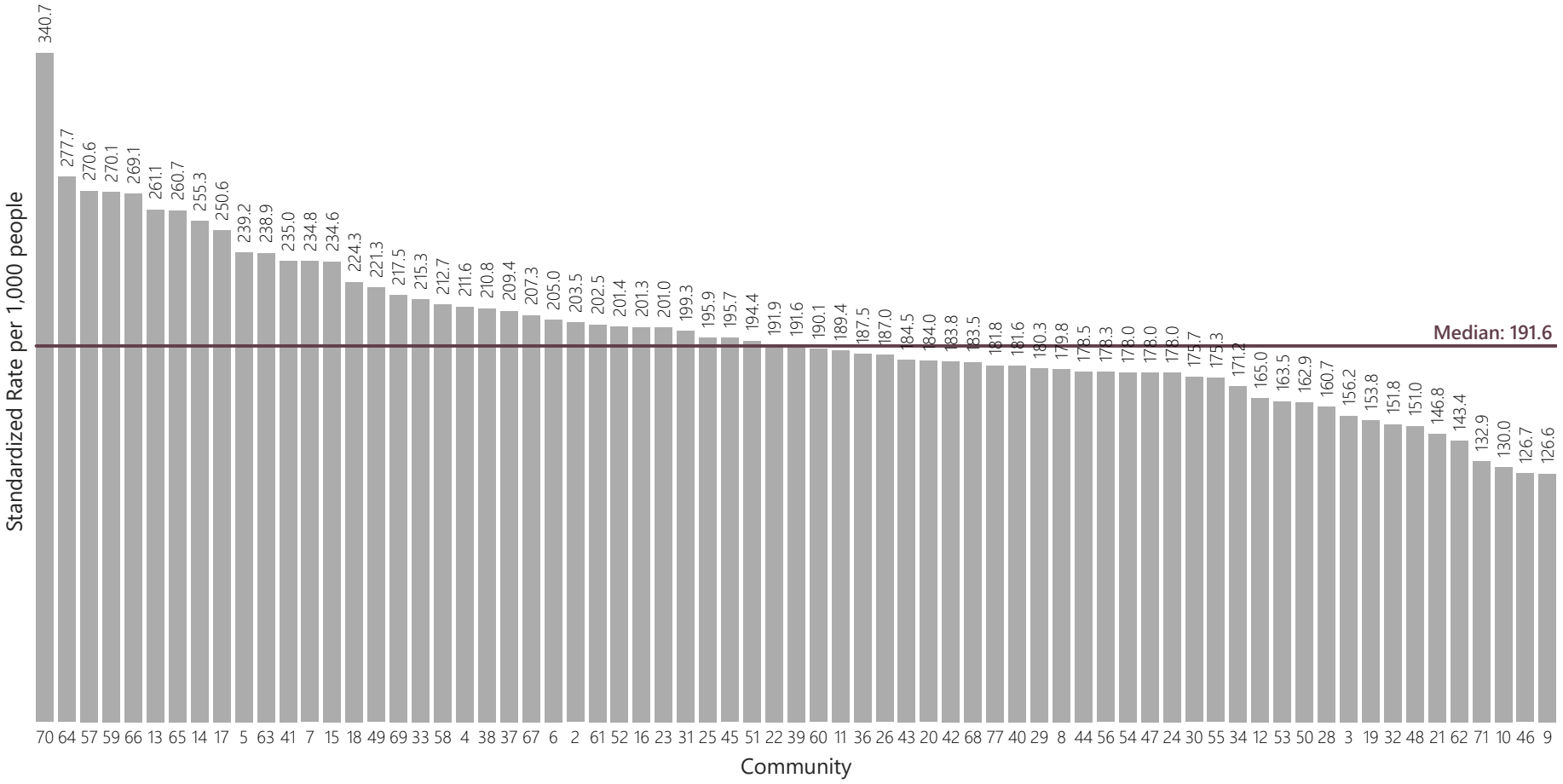


There was a 16.3-fold difference between the communities with the highest and lowest prevalence rates of rheumatoid arthritis. In other words, the community with the highest prevalence was 16.3 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of high blood pressure varied across communities

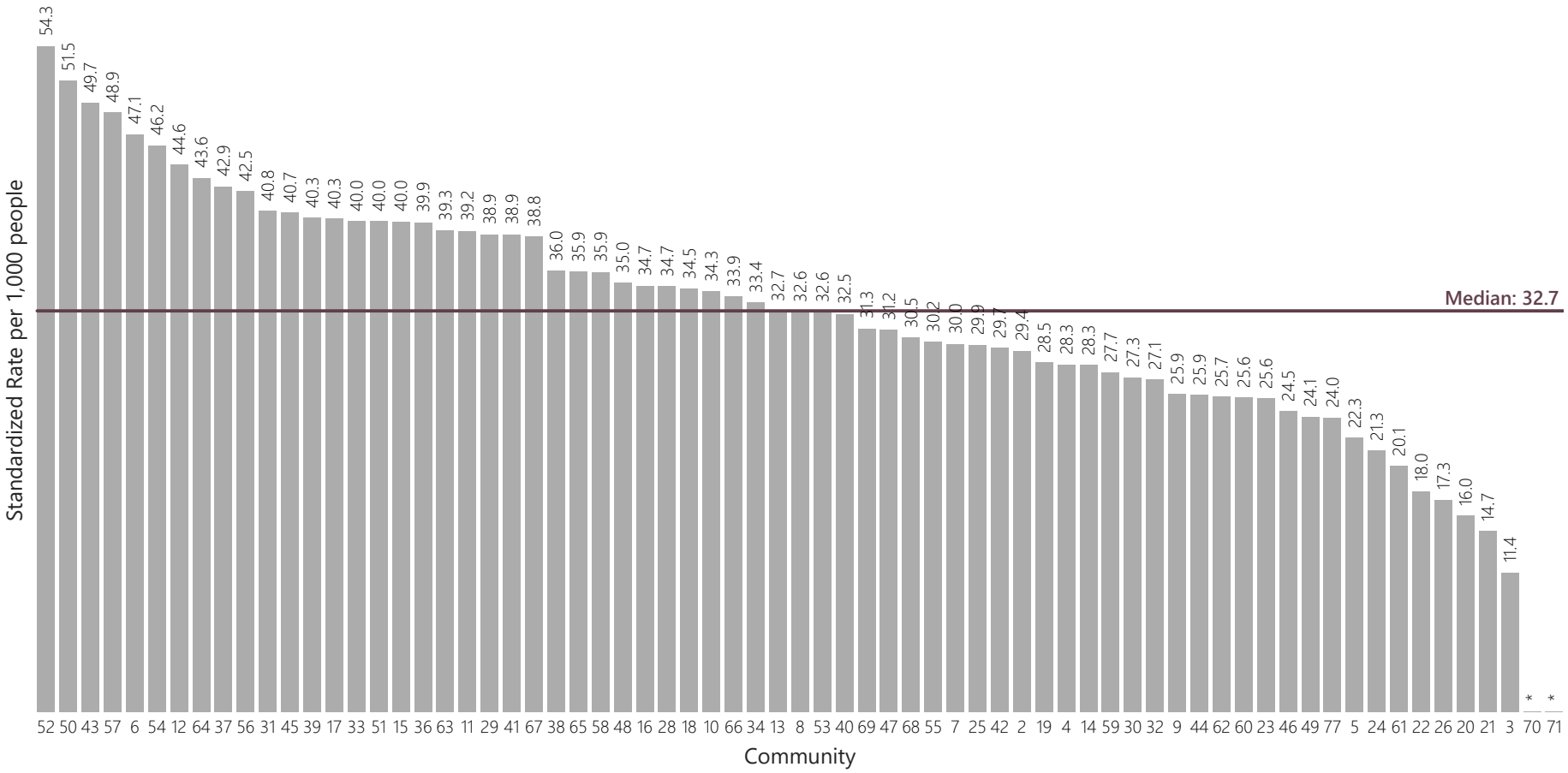
Graph S4. Prevalence of high blood pressure, participating Mamow Ahyamowen communities, 2018-2022



There was a 2.7-fold difference between the communities with the highest and lowest prevalence rates of high blood pressure. In other words, the community with the highest prevalence was 2.7 times higher than the community with the lowest prevalence.

Prevalence of coronary artery disease varied across communities

Graph S5. Prevalence of coronary artery disease, participating Mamow Ahyamowen communities, 2018-2022

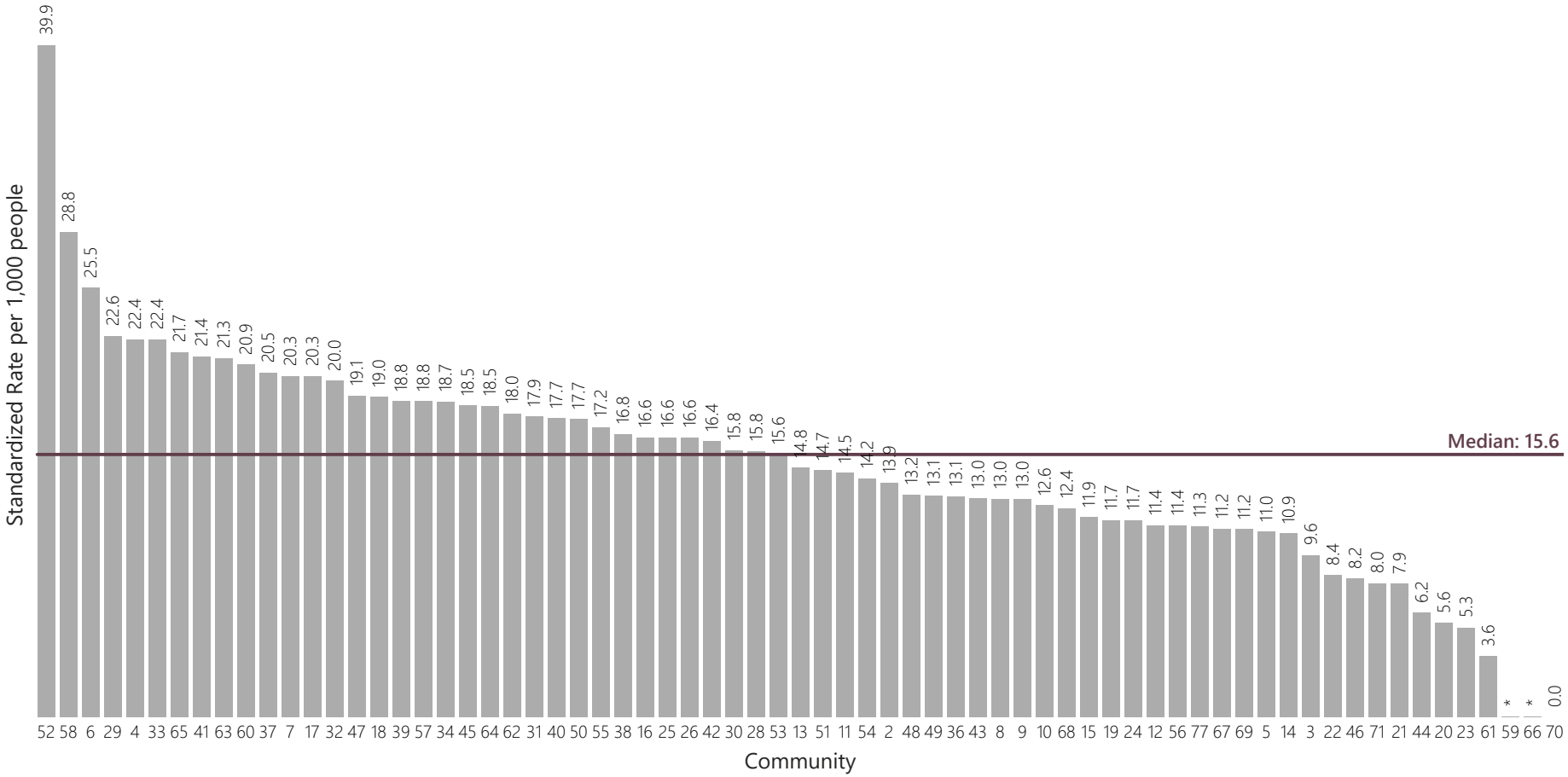


There was a 4.8-fold difference between the communities with the highest and lowest prevalence rates of coronary artery disease. In other words, the community with the highest prevalence was 4.8 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of arrhythmia varied a lot across communities

Graph S6. Prevalence of arrhythmia, participating Mamow Ahyamowen communities, 2018-2022

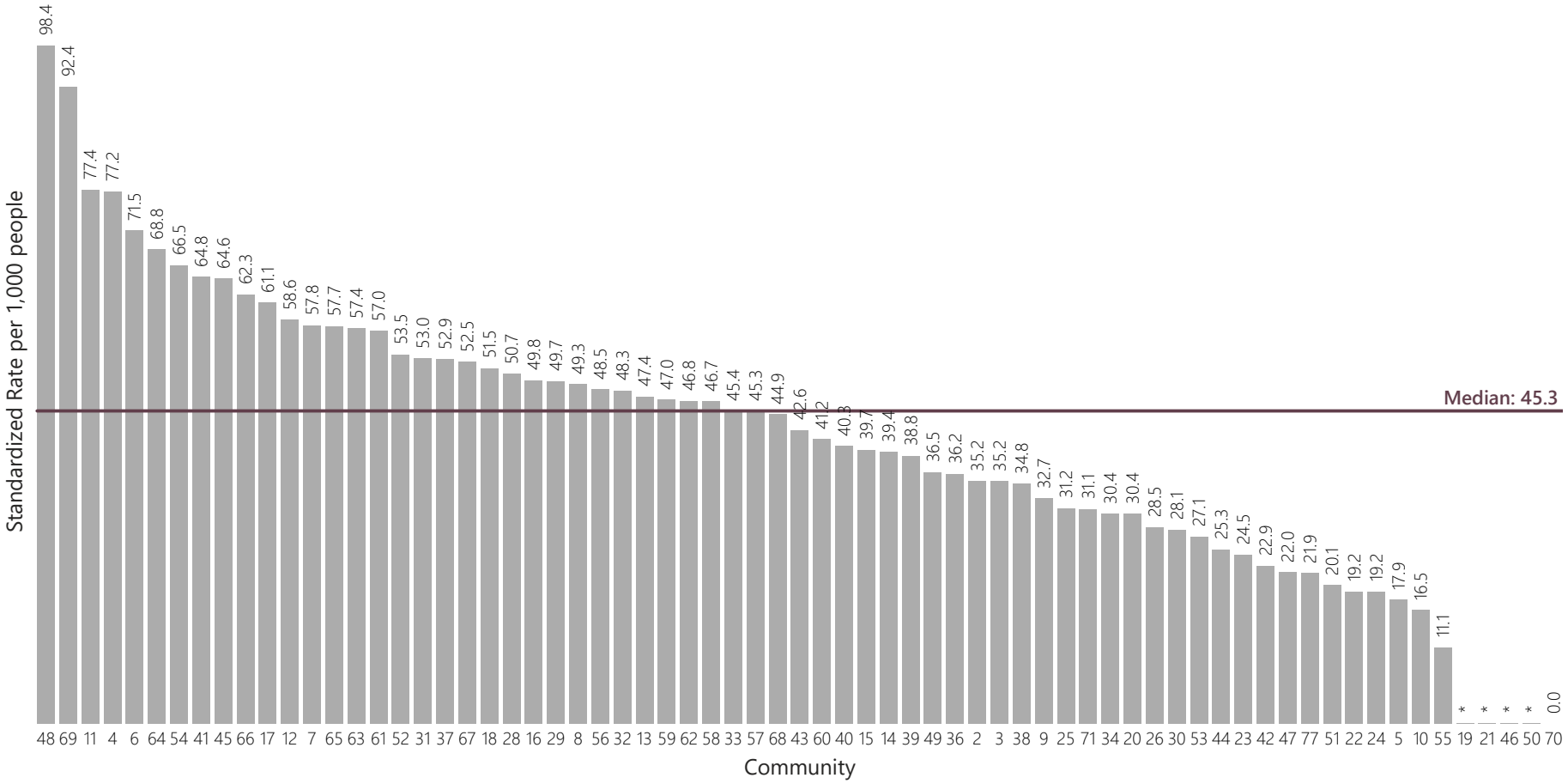


There was a 11.1-fold difference between the communities with the highest and lowest prevalence rates of arrhythmia. In other words, the community with the highest prevalence was 11.1 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of congestive heart failure varied across communities

Graph S7. Prevalence of congestive heart failure, participating Mamow Ahyamowen communities, 2018-2022

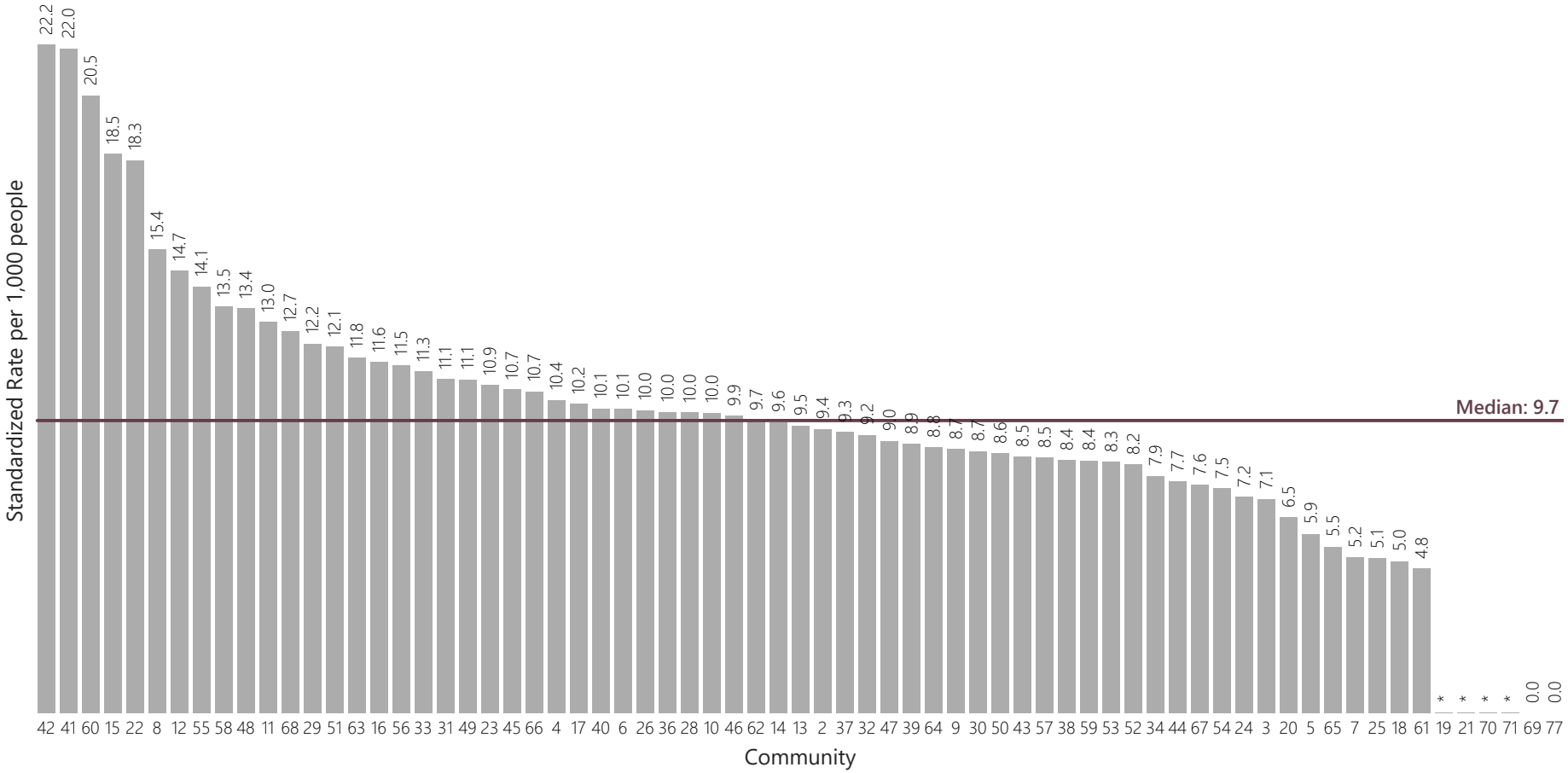


There was a 8.9-fold difference between the communities with the highest and lowest prevalence rates of congestive heart failure. In other words, the community with the highest prevalence was 8.9 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of stroke varied across communities

Graph S8. Prevalence of stroke, participating Mamow Ahyamowen communities, 2018-2022

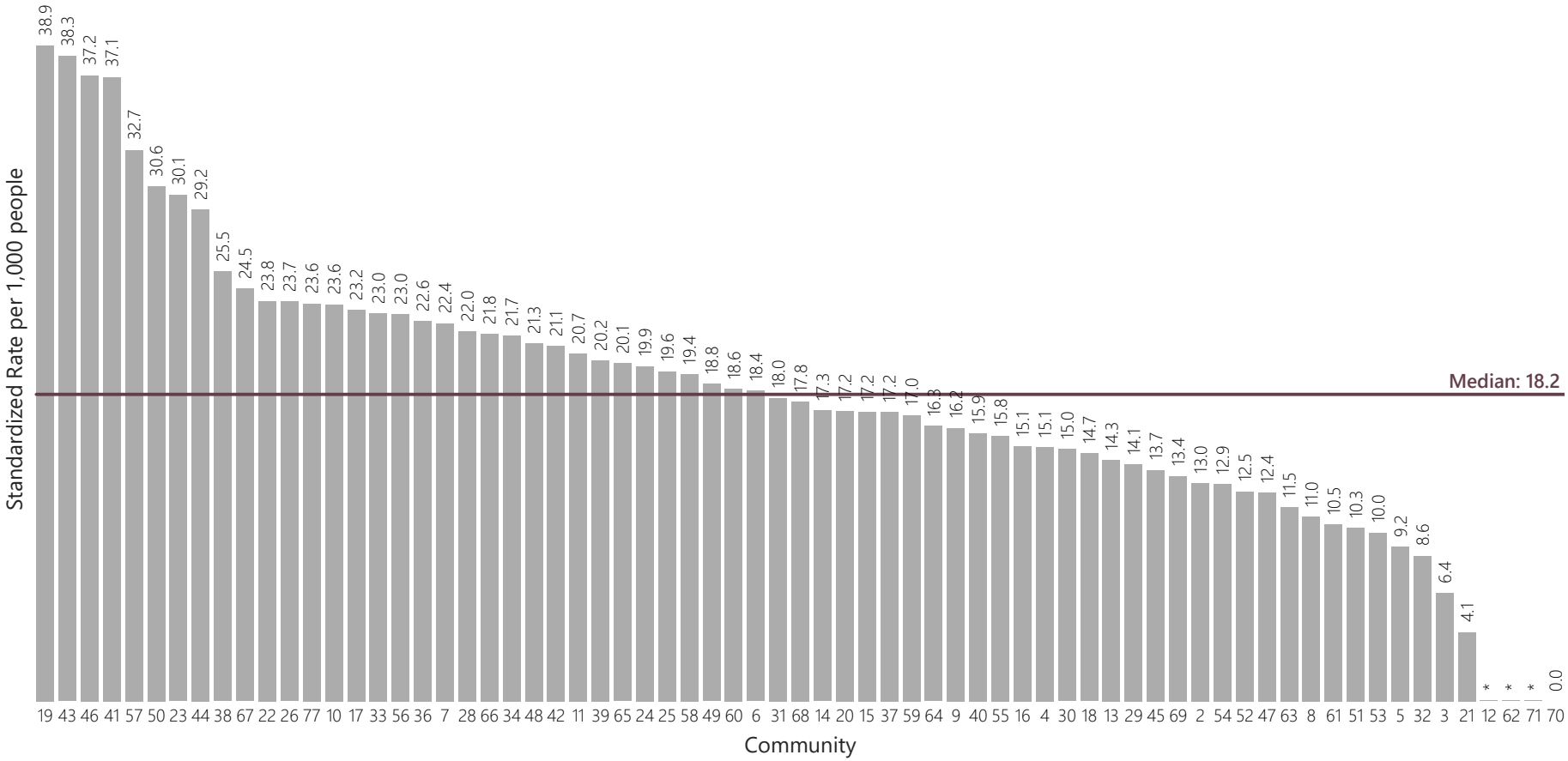


There was a 4.6-fold difference between the communities with the highest and lowest prevalence rates of stroke. In other words, the community with the highest prevalence was 4.6 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of heart attack varied a lot across communities

Graph S9. Prevalence of heart attack, participating Mamow Ahyamowen communities, 2018-2022

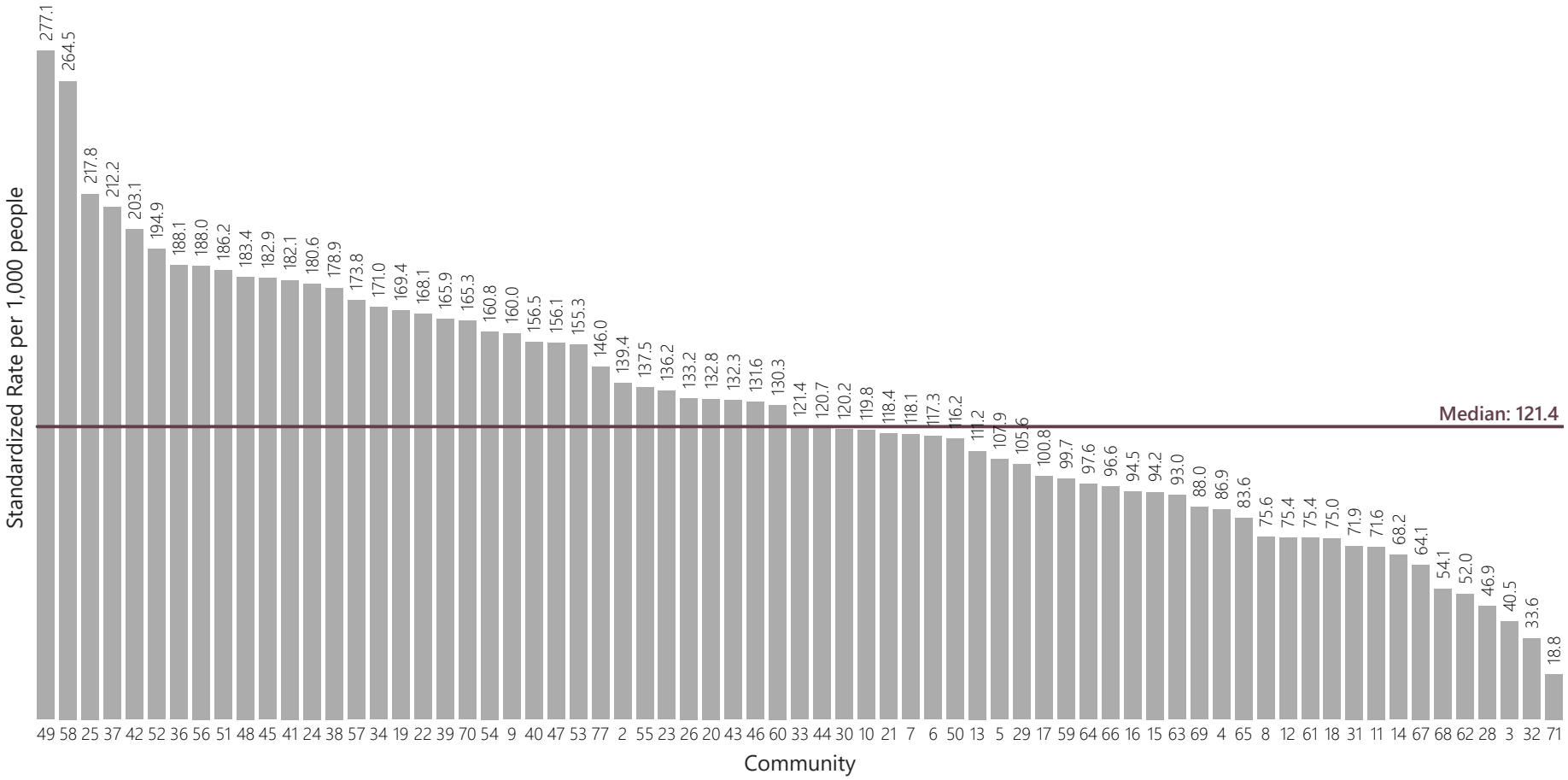


There was a 9.5-fold difference between the communities with the highest and lowest prevalence rates of heart attack. In other words, the community with the highest prevalence was 9.5 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of asthma varied a lot across communities

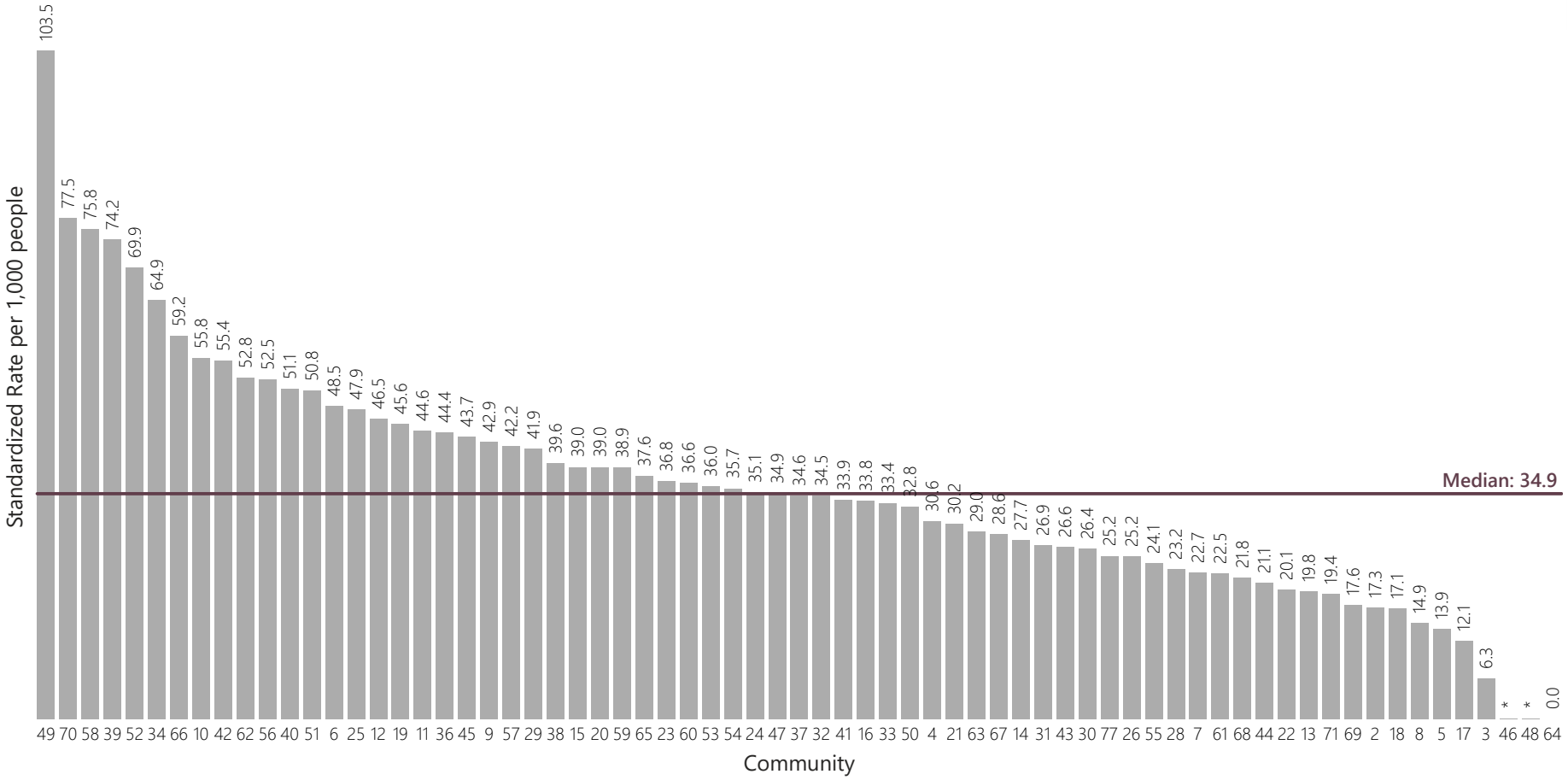
Graph S10. Prevalence of asthma, participating Mamow Ahyamowen communities, 2018-2022



There was a 14.7-fold difference between the communities with the highest and lowest prevalence rates of asthma. In other words, the community with the highest prevalence was 14.7 times higher than the community with the lowest prevalence.

Prevalence of chronic obstructive pulmonary disease (COPD) varied a lot across communities

Graph S11. Prevalence of COPD, participating Mamow Ahyamowen communities, 2018-2022

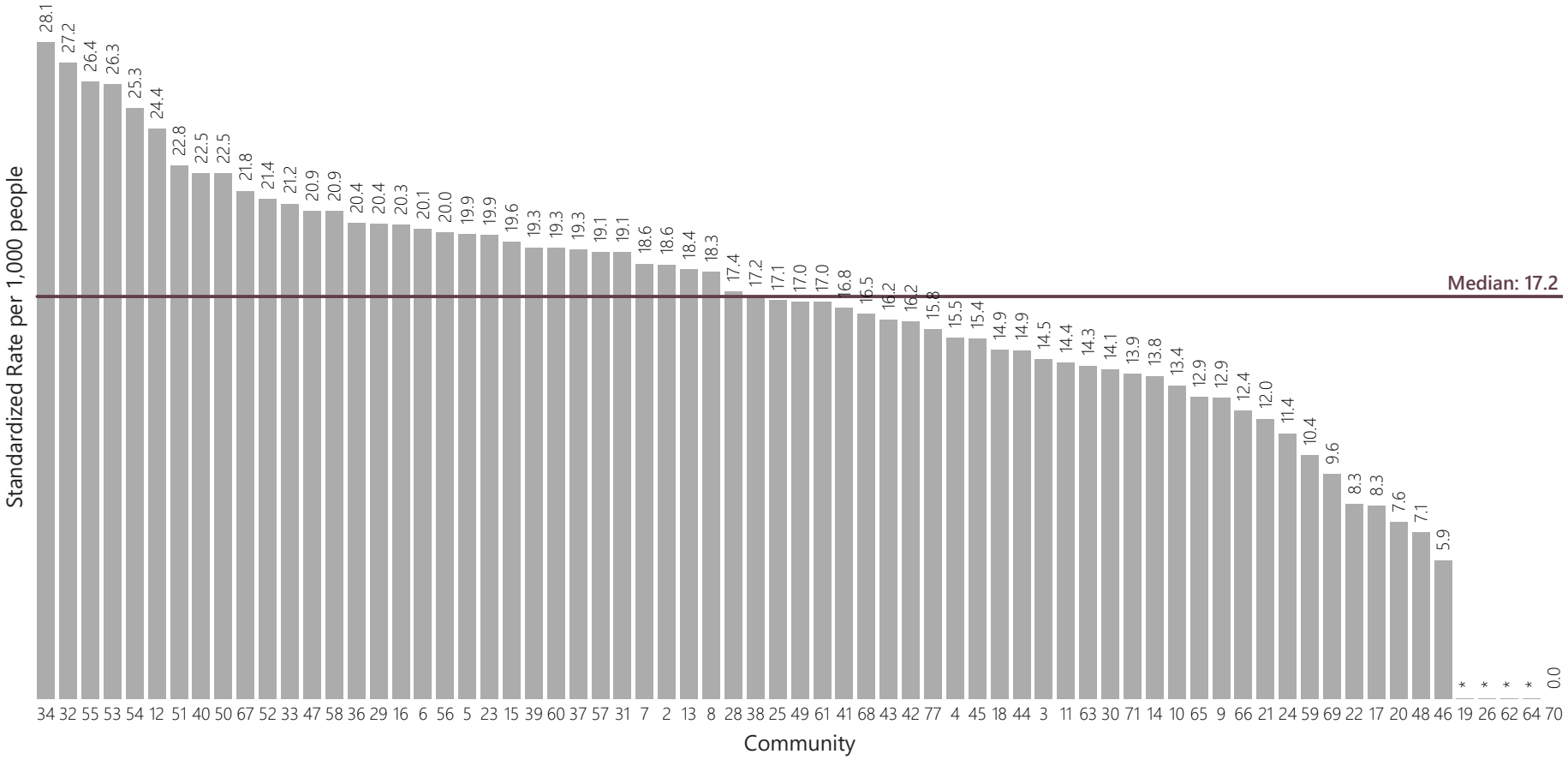


There was a 16.4-fold difference between the communities with the highest and lowest prevalence rates of COPD. In other words, the community with the highest prevalence was 16.4 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of cancer varied across communities

Graph S12. Prevalence of cancer, participating Mamow Ahyamowen communities, 2018-2022

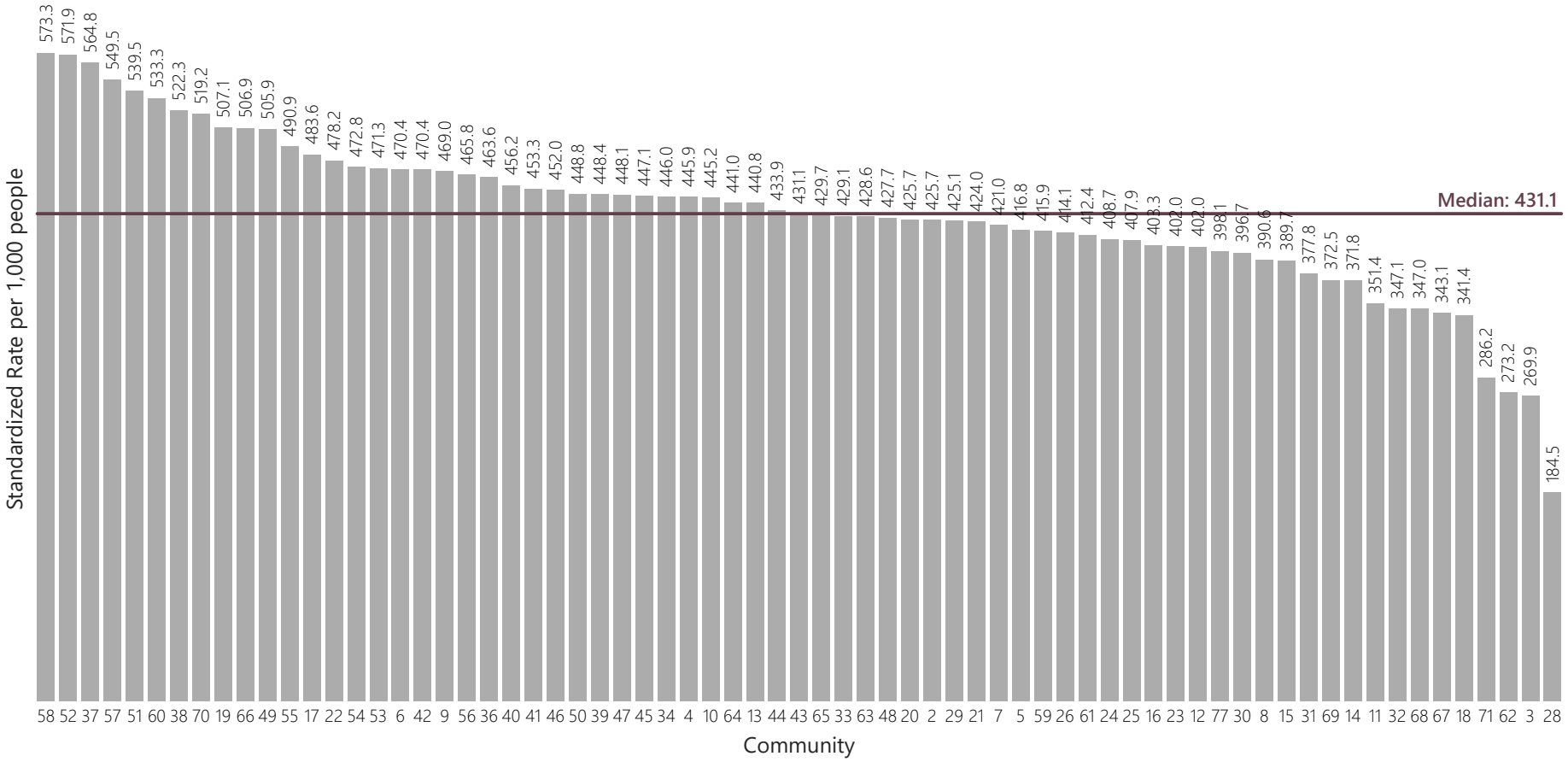


There was a 4.8-fold difference between the communities with the highest and lowest prevalence rates of cancer. In other words, the community with the highest prevalence was 4.8 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of mood and anxiety disorders varied across communities

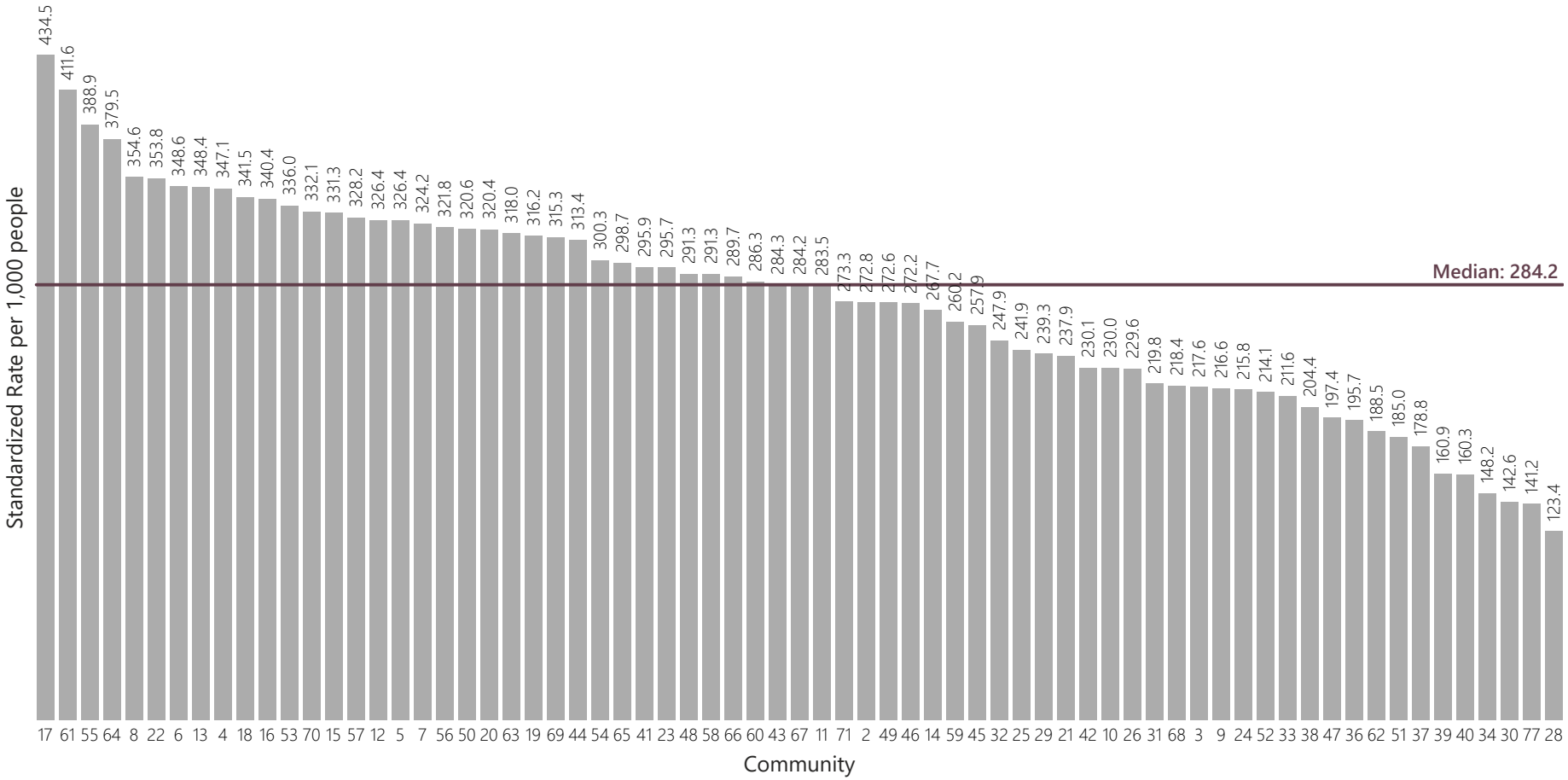
Graph S13. Prevalence of mood and anxiety disorders, participating Mamow Ahyamowen communities, 2018-2022



There was a 3.1-fold difference between the communities with the highest and lowest prevalence rates of mood and anxiety disorders. In other words, the community with the highest prevalence was 3.1 times higher than the community with the lowest prevalence.

Prevalence of substance use disorder varied across communities

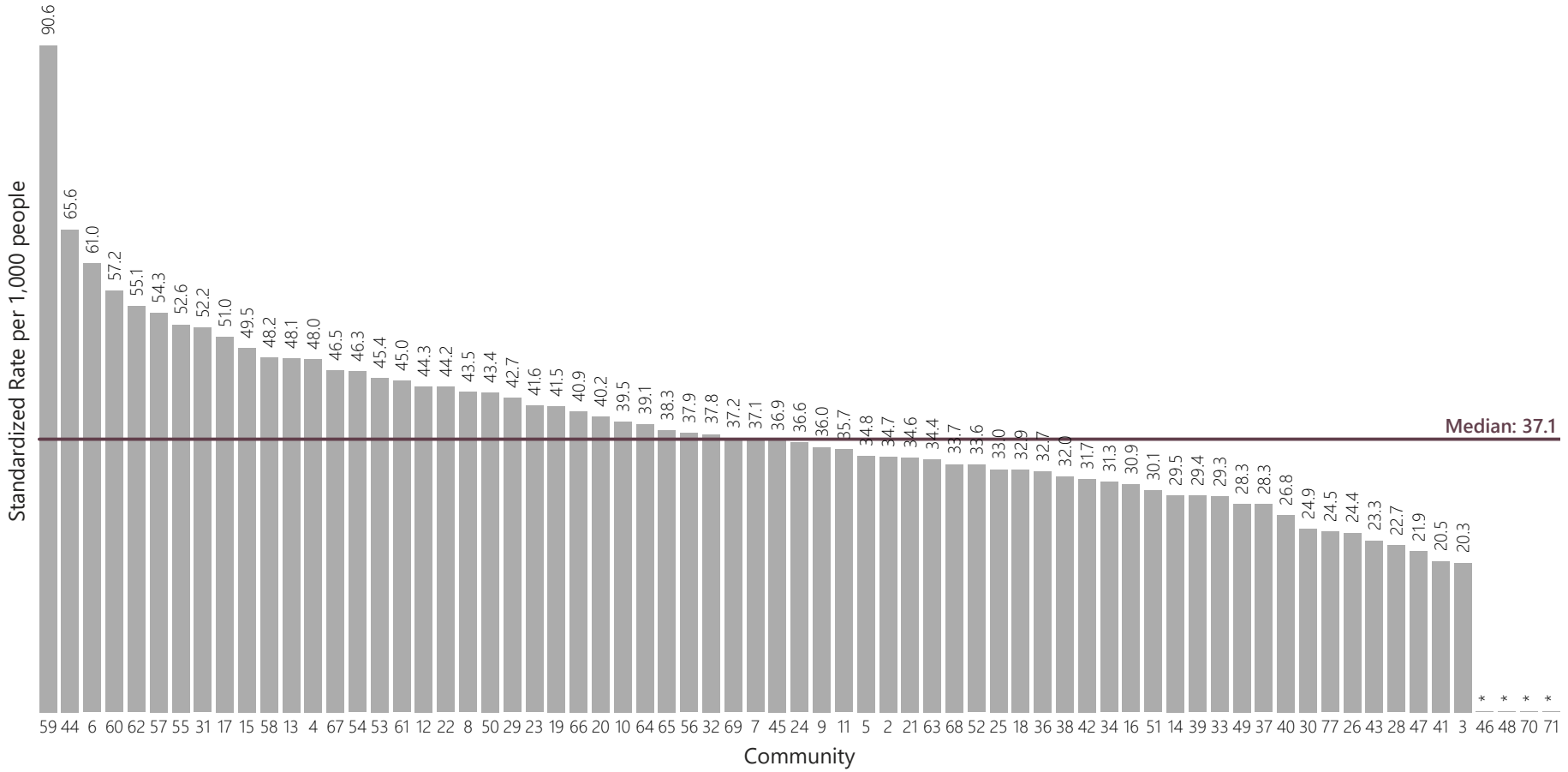
Graph S14. Prevalence of substance use disorder, participating Mamow Ahyamowen communities, 2018-2022



There was a 3.5-fold difference between the communities with the highest and lowest prevalence rates of substance use disorder. In other words, the community with the highest prevalence was 3.5 times higher than the community with the lowest prevalence.

Prevalence of schizophrenia and other psychotic disorders varied across communities

Graph S15. Prevalence of schizophrenia and other psychotic disorders, participating Mamow Ahyamowen communities, 2018-2022

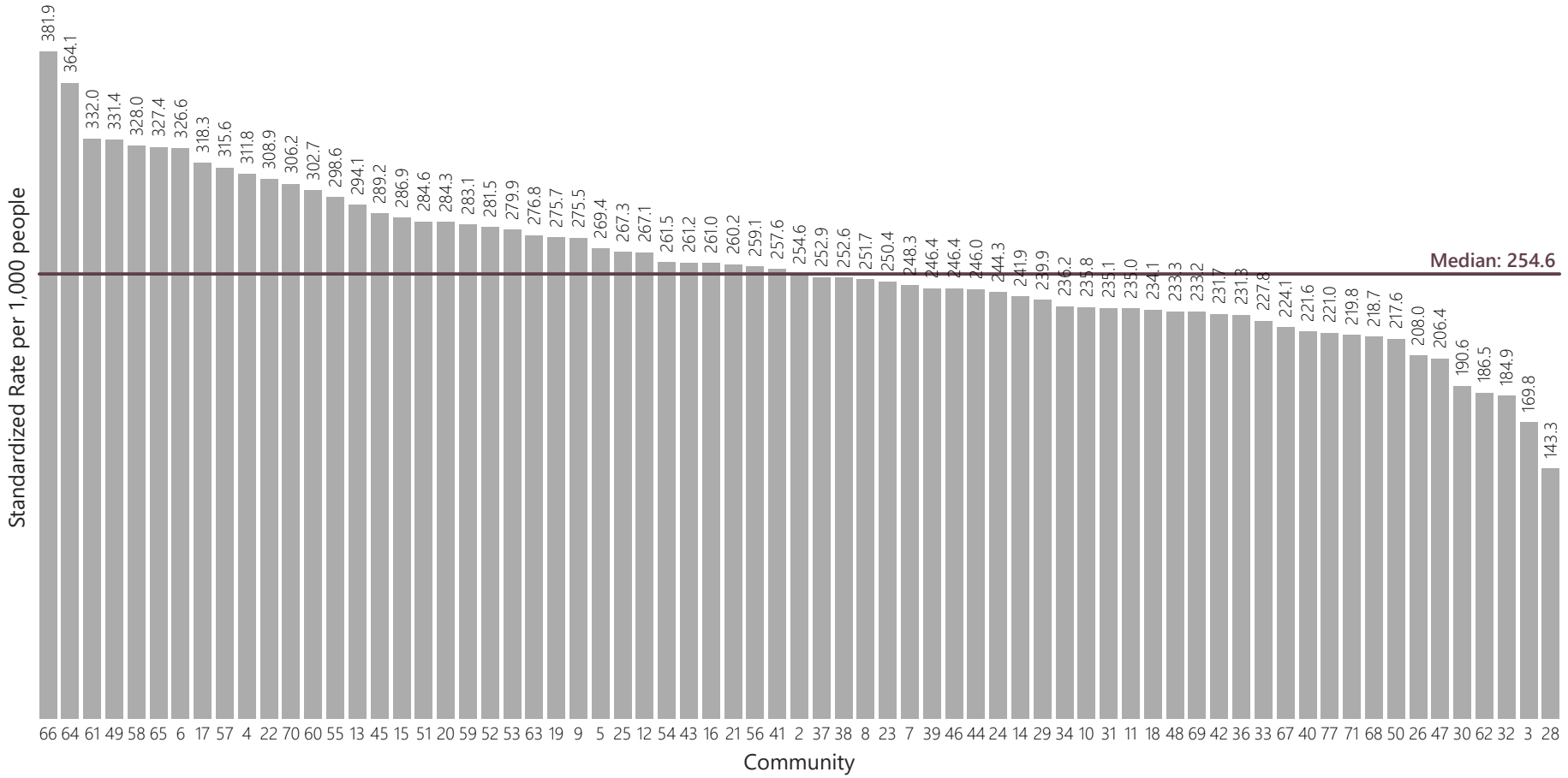


There was a 4.5-fold difference between the communities with the highest and lowest prevalence rates of schizophrenia and other psychotic disorders. In other words, the community with the highest prevalence was 4.5 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of other mental health conditions varied across communities

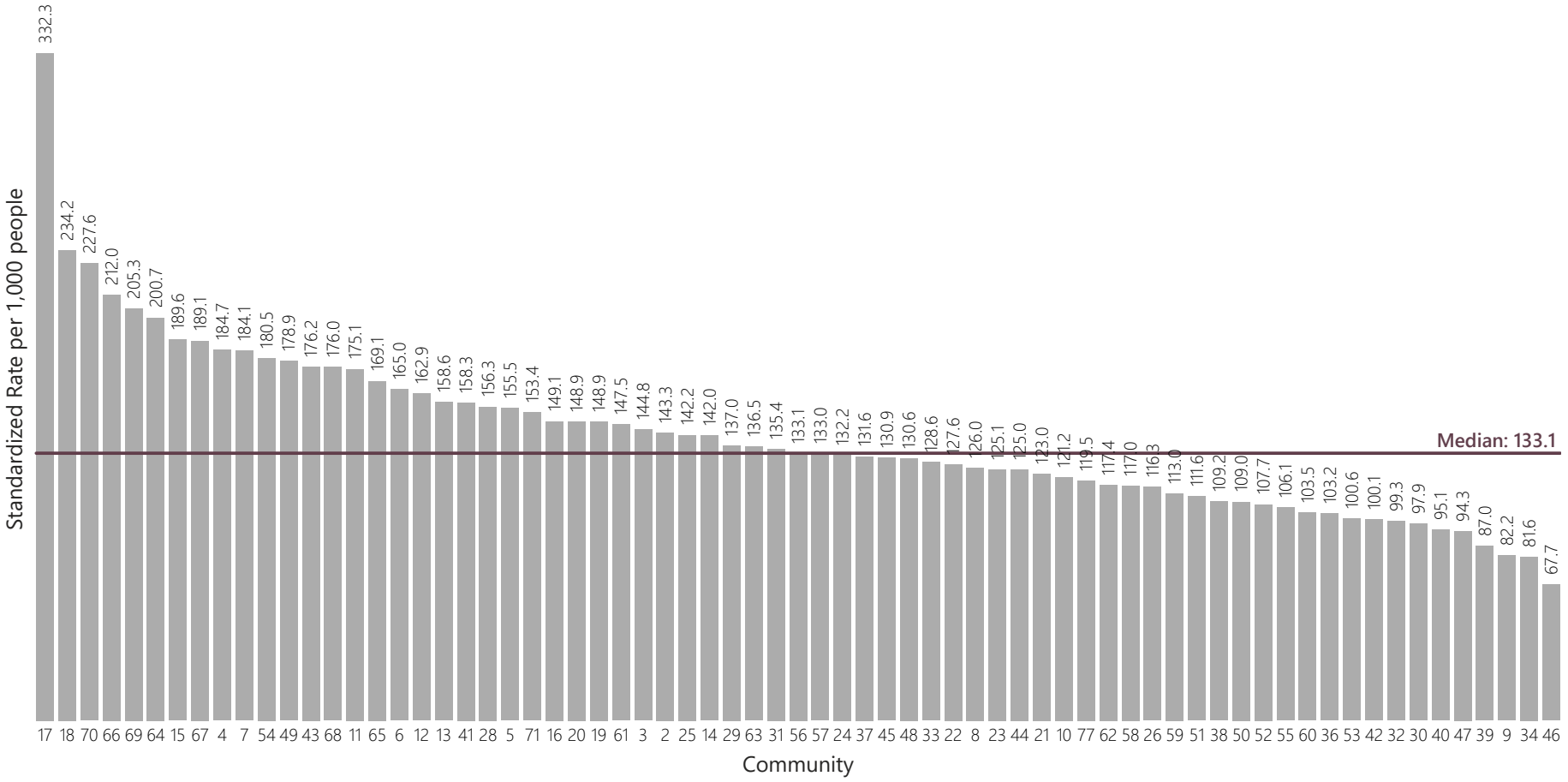
Graph S16. Prevalence of other mental health conditions, participating Mamow Ahyamowen communities, 2018-2022



There was a 2.7-fold difference between the communities with the highest and lowest prevalence rates of other mental health conditions. In other words, the community with the highest prevalence was 2.7 times higher than the community with the lowest prevalence.

Prevalence of diabetes varied across communities

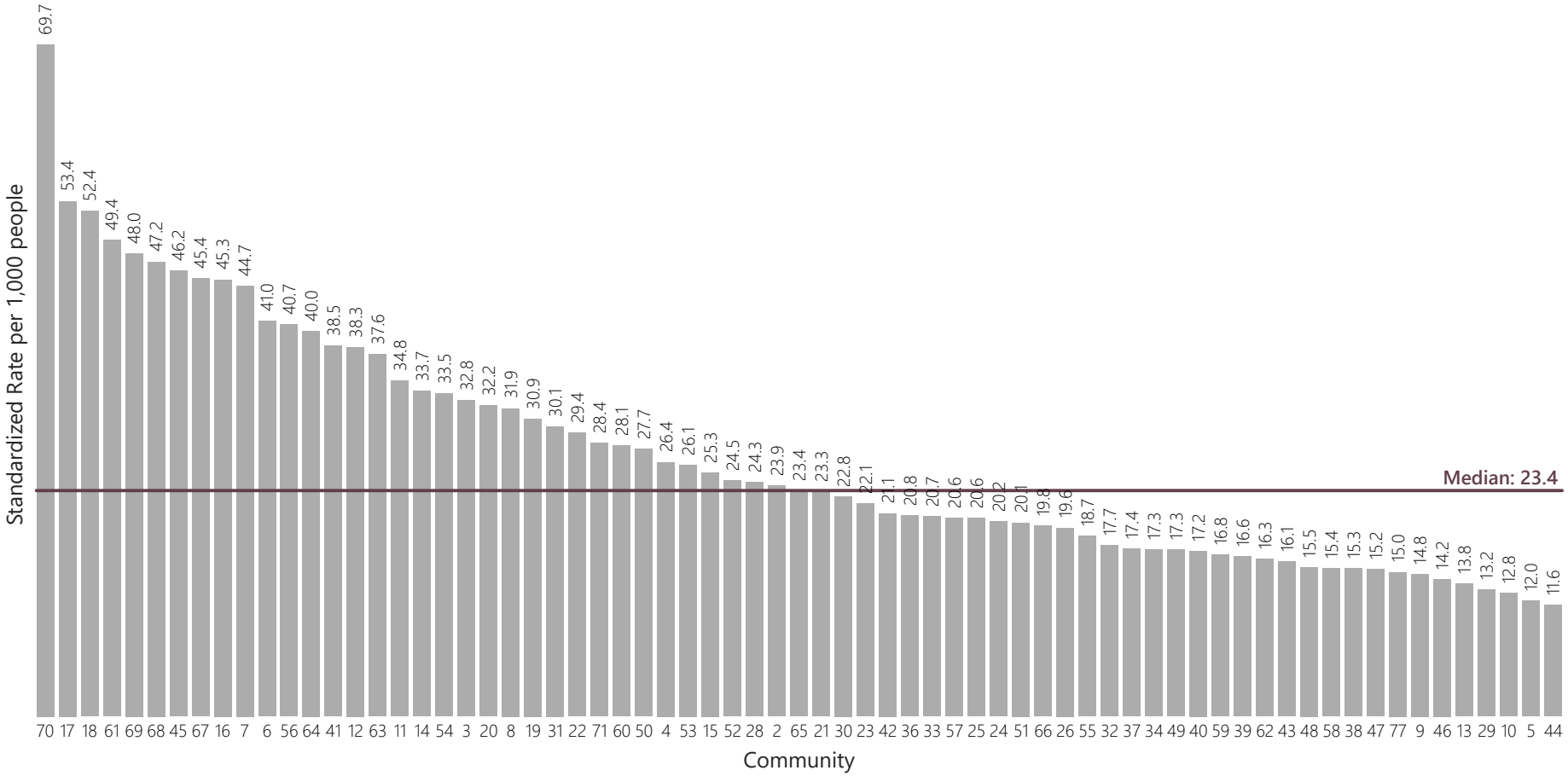
Graph S17. Prevalence of diabetes, participating Mamow Ahyamowen communities, 2018-2022



There was a 4.9-fold difference between the communities with the highest and lowest prevalence rates of diabetes. In other words, the community with the highest prevalence was 4.9 times higher than the community with the lowest prevalence.

Prevalence of kidney failure varied across communities

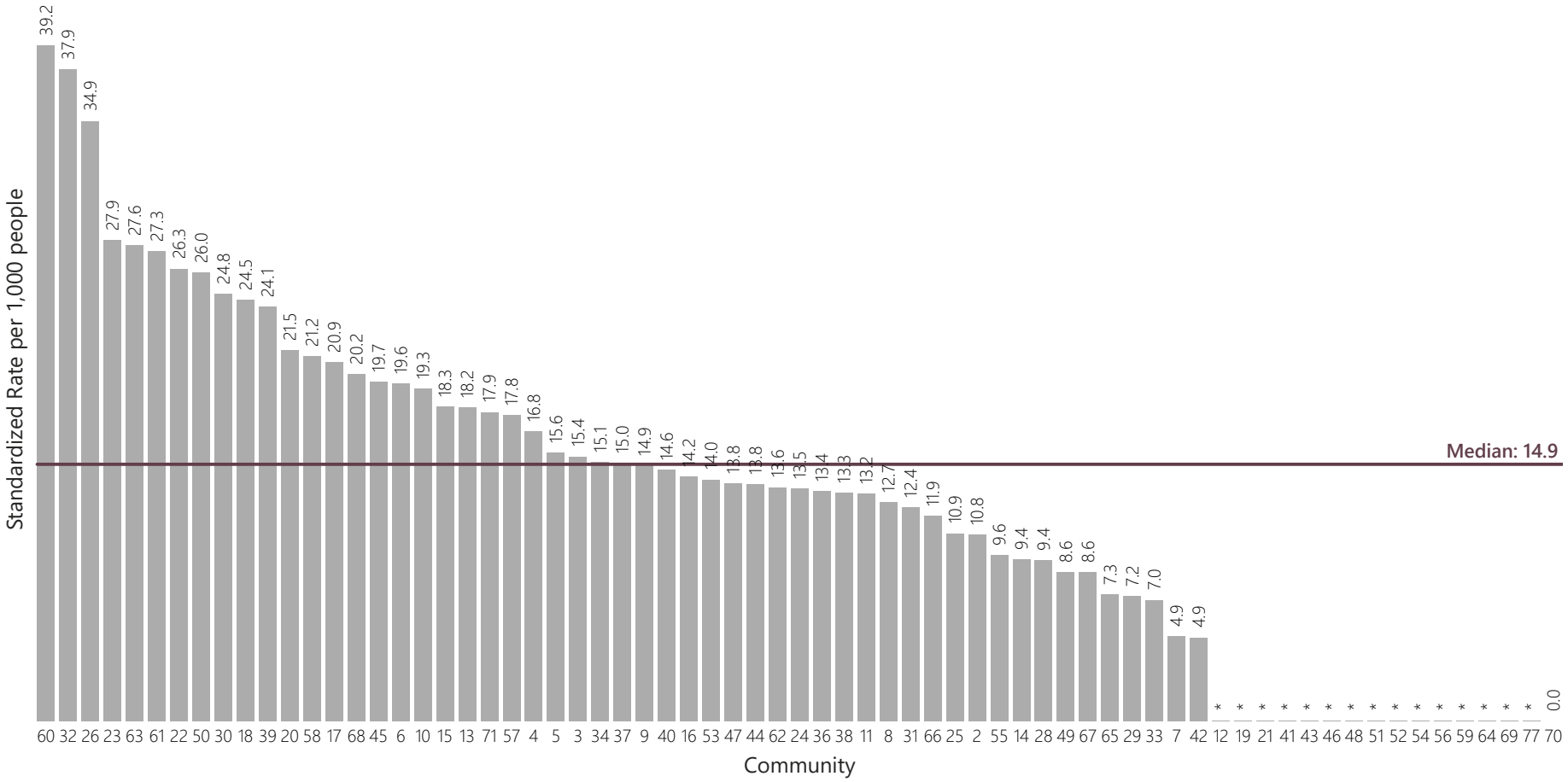
Graph S18. Prevalence of kidney failure, participating Mamow Ahyamowen communities, 2018-2022



There was a 6.0-fold difference between the communities with the highest and lowest prevalence rates of kidney failure. In other words, the community with the highest prevalence was 6.0 times higher than the community with the lowest prevalence.

Prevalence of dementia varied across communities

Graph S19. Prevalence of dementia, participating Mamow Ahyamowen communities, 2018-2022

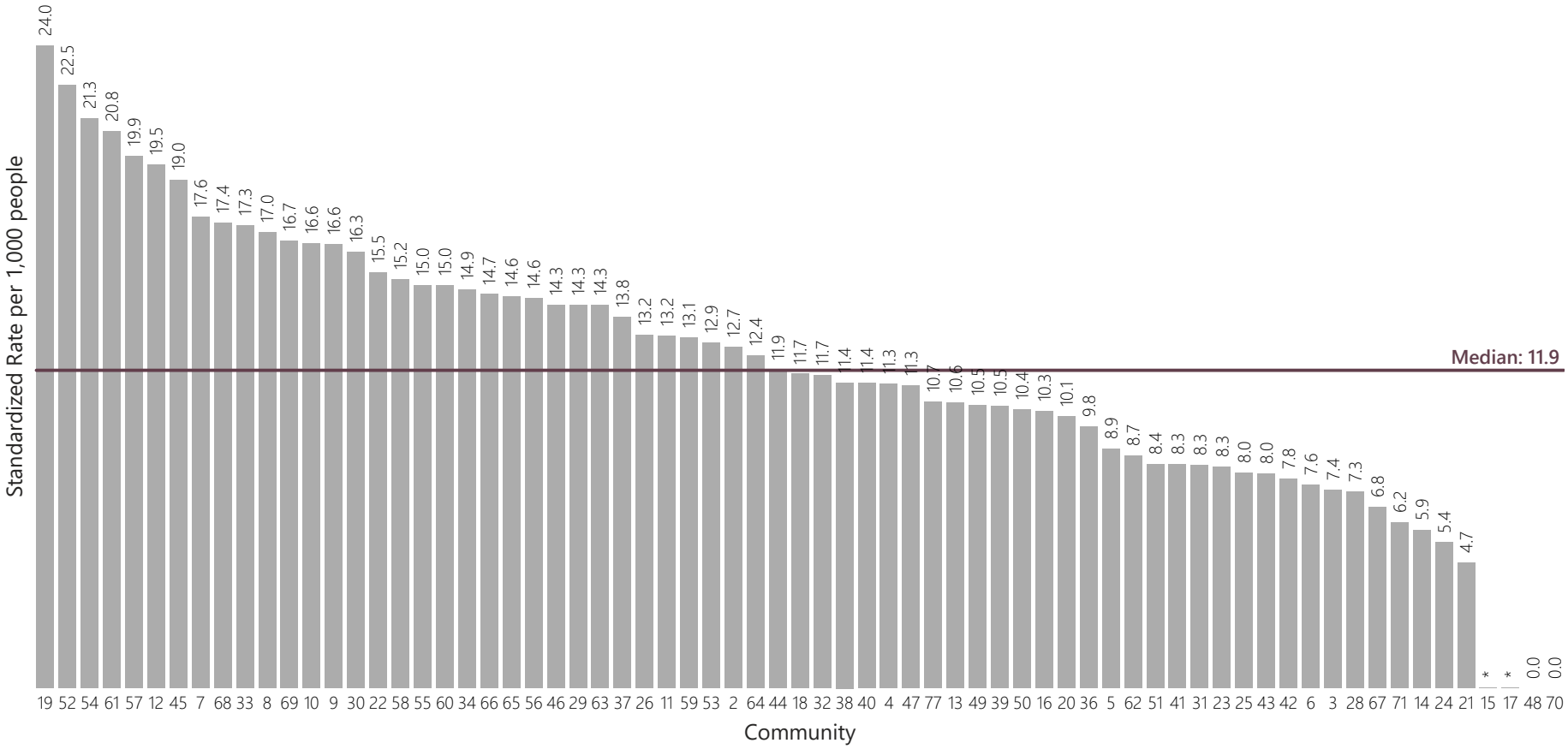


There was a 8.0-fold difference between the communities with the highest and lowest prevalence rates of dementia. In other words, the community with the highest prevalence was 8.0 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of cirrhosis varied across communities

Graph S20. Prevalence of cirrhosis, participating Mamow Ahyamowen communities, 2018-2022

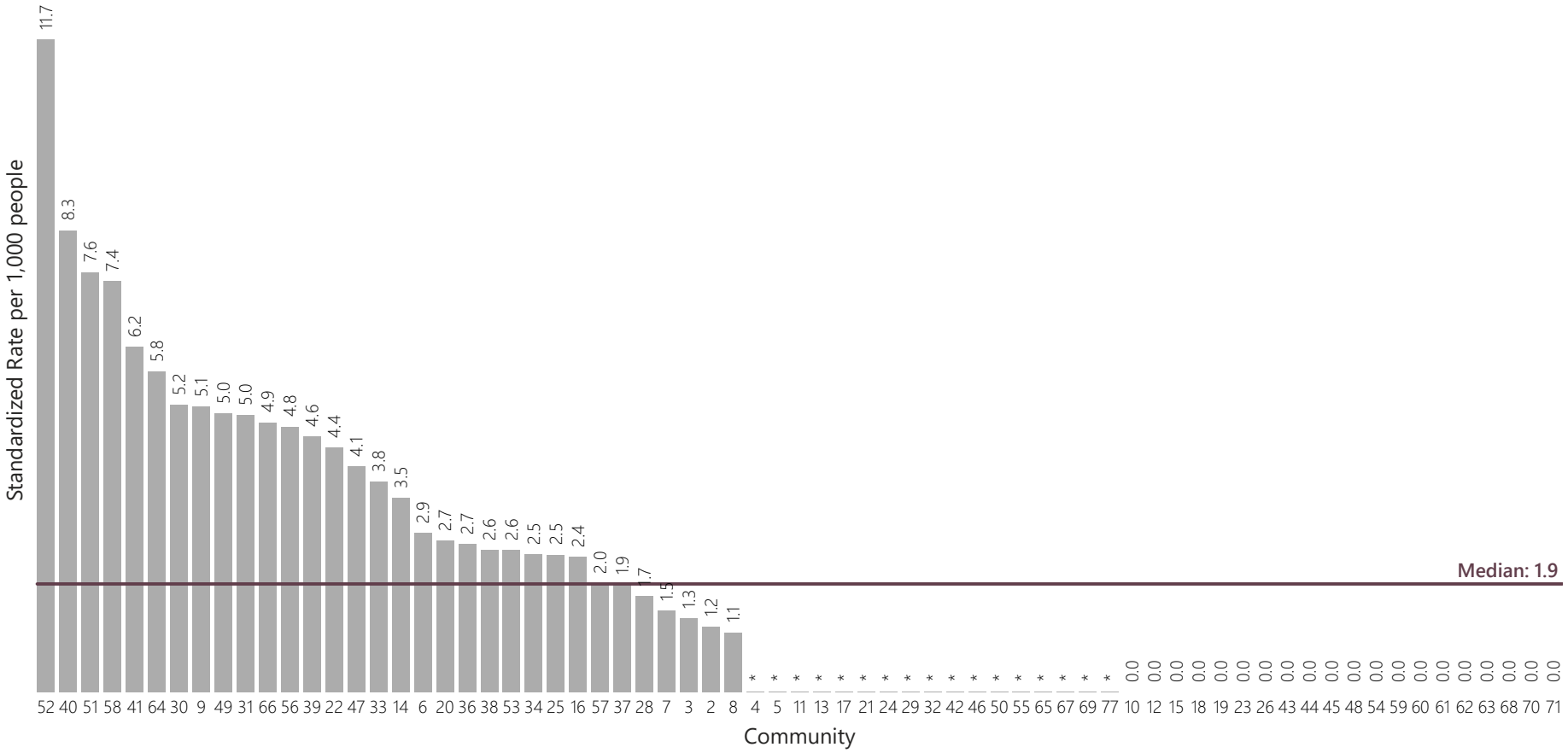


There was a 5.1-fold difference between the communities with the highest and lowest prevalence rates of cirrhosis. In other words, the community with the highest prevalence was 5.1 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of irritable bowel disease varied a lot across communities

Graph S21. Prevalence of irritable bowel disease, participating Mamow Ahyamowen communities, 2018-2022

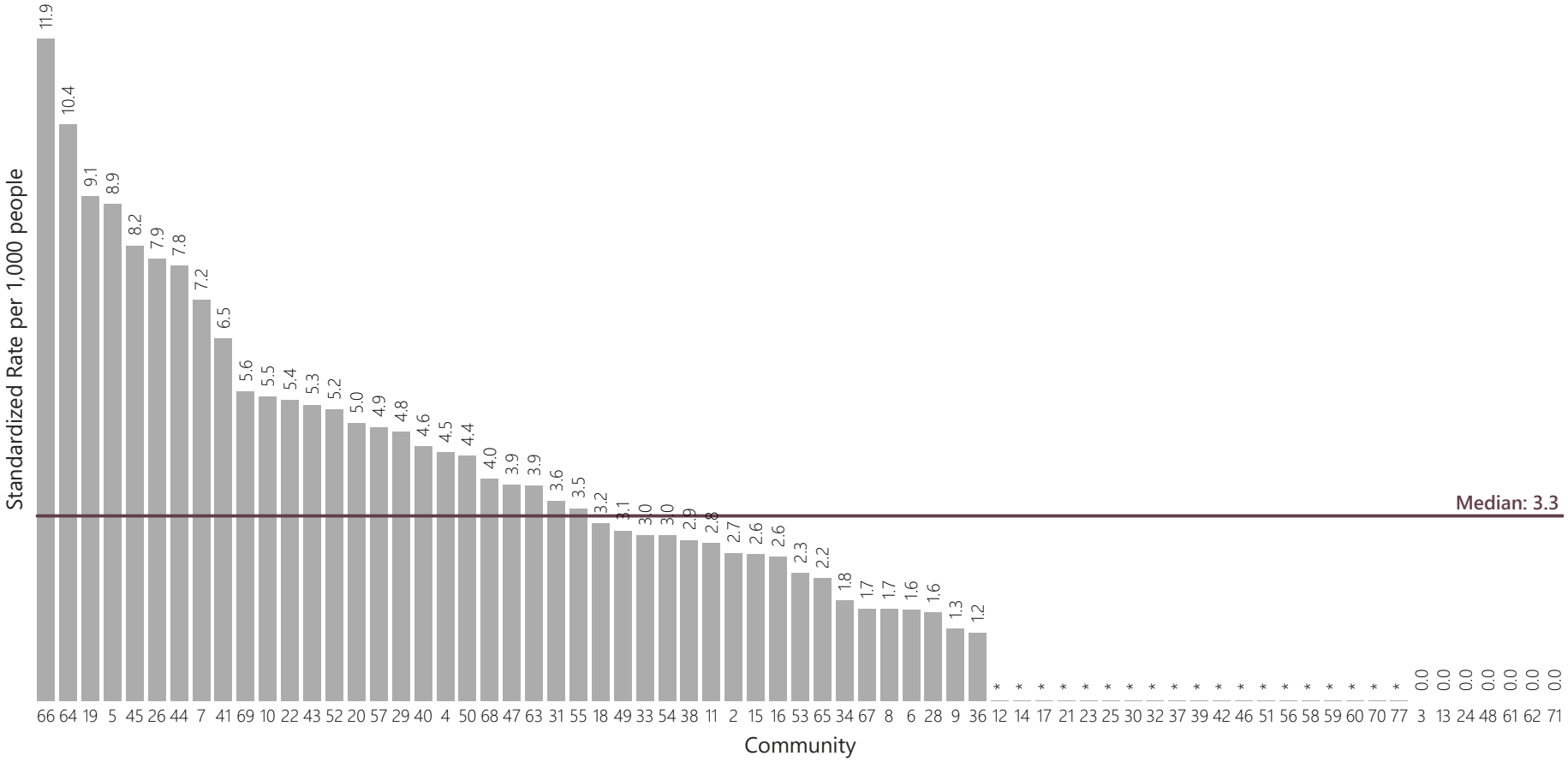


There was a 10.6-fold difference between the communities with the highest and lowest prevalence rates of irritable bowel disease. In other words, the community with the highest prevalence was 10.6 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.

Prevalence of chronic pancreatitis varied a lot between communities

Graph S22. Prevalence of chronic pancreatitis, participating Mamow Ahyamowen communities, 2018-2022



There was a 9.9-fold difference between the communities with the highest and lowest prevalence rates of chronic pancreatitis. In other words, the community with the highest prevalence was 9.9 times higher than the community with the lowest prevalence.

Suppressed values (*) were not included when calculating the median or the degree of difference between the highest and lowest values.