

# Problem Summary

*[The focus of this report is on Indigenous Youth but many of the findings included are equally applicable to all youth]*

## Problem Summary

### For all youth

- \* Youth-onset diabetes is rising globally; relatively more so for Type 2 than Type 1.
- \* Despite strong supporting evidence from many countries, the result cannot be quantified. A few countries do have well-established national processes for tracking the increasing prevalence of youth-onset diabetes.
- \* The global rise in youth-onset Type 2 is a relatively 'new' phenomenon with the result that there are gaps and imbalances in knowledge across the full spectrum of research, surveillance, prevention, diagnosis and treatment as compared to youth-onset Type 1.
- \* Youth-onset Type 2:
  - > is initially invisible and progressive; cell damage can be in progress at time of diagnosis
  - > is potentially more severe than youth-onset T1 and more severe than adult-onset T2
  - > is occurring at ever-younger ages.
  - > can be accompanied by comorbidities such as obesity, hypertension and mental disorders; bi-directional causal relationships can exist between/among these conditions
  - > increasingly is proving unresponsive to diet, exercise and oral medication and may also require insulin.
- \* School age youth with diabetes may spend as much as 40 hours per week in school and in transit to school. They need special accommodations to help manage their diabetes, be safe at school and enjoy a full learning experience.
- \* Managing diabetes requires constant vigilance, day-in and day-out. Ensuring continuity of care for any chronic disease is a major challenge in most countries. If comorbid conditions exist, the challenge is greater, usually requiring a multi-disciplined team; not an easy requirement for rural and remote communities. Youth with diabetes and their families need early help to prepare for transition to adult healthcare.

### Additional factors affecting indigenous youth

- \* Historic colonialism, geographic remoteness and a broader view of 'health and wellness' have combined to:
  - > increase diabetes risk
  - > produce much higher diabetes prevalence - 3 to 7 times or higher
  - > add complexity for healthcare delivery
- \* Age of onset for Type 2 is even younger in indigenous youth than for non-indigenous
- \* The growing youth cohort means increasing numbers 'at risk' for Type 2 diabetes
- \* The negative impact of youth-onset diabetes is much greater, both in scale and intensity, for indigenous youth compared to non-indigenous.