

Article details: 2019-0096	
Title	First Nations people with diabetes in Ontario: methods for a longitudinal population-based cohort study
Authors	Morgan Slater PhD, Michael E. Green MD MPH, Baiju Shah MD PhD, Shahriar Khan MSc, Carmen R. Jones, Roseanne Sutherland, Kristen Jacklin PhD, Jennifer D. Walker PhD
Reviewer 1	Dr. Carley Ginn
Institution	University of Calgary, Faculty of Nursing with Grace G. Perez, Biostatistician Research Office, Faculty of Nursing, University of Calgary, Calgary, Alta.
General comments (author response in bold)	<p>Thank you for your research regarding reducing the diabetes burden for First Nations people in ON.</p> <p>We are very interested in your recommendations/strategies for reducing this burden of diabetes, which we realized are to be found in another publication.</p> <p>1. Please clarify and use terms consistently re. Indigenous and/or First Nations people. Indigenous includes First Nations, Métis, and Inuit (FNMI). We have purposefully used the term Indigenous to include First Nations, Métis, and Inuit peoples and have used this term when the literature we are referencing speaks to this larger group. Otherwise, we have used the term First Nations people or communities when speaking about the work we have done or referencing literature that also uses the term First Nations.</p> <p>2. Please be more specific in the abstract and early in the manuscript that it is a methodology manuscript. There is some ambiguity as it appears to be about providing a partial landscape (incidence, prevalence, and/or rare events) estimation of diabetes-specific outcomes but moves to methods. Thank you. We have attempted to clarify this in both the abstract and within the Introduction.</p> <p>3. The background is concise, colonization is included in ongoing health effects but could expand more on historical trauma and effects on individual, family, and community health and wellbeing (but this may be part of the mixed methods study). Alongside our Indigenous-led approach, we used a trauma-informed lens when approaching our partnership and advisory group meetings. We agree there is a deeper body of literature of the effect of historical trauma on health and wellbeing; these issues will be further explored in the qualitative piece of this work. As this is a methods paper, there is no research question, but the purpose is clear, to provide an overview of the collaborative methods used to describe the landscape of diabetes in FN people.</p> <p>4. It would have been helpful to include the research questions asked in the mixed methods study for clarity. We have included more information about the research questions for the larger, mixed methods study in the Introduction. This descriptive study of methodology compared FN people living in FN communities, outside of FN communities, compared with other people in ON using population data, an appropriate design. Methods are described in detail along with collaborative partnerships with</p>

	<p>FN people. Data sources are clear, cohort is also clear.</p> <p>5. We were curious about the criteria of the 7 year cut-off and age 105 years or younger. Please provide further justification and/or clarification. These are standard criteria used at ICES when using these datasets.</p> <p>6. Estimating diabetes-specific outcomes was described clearly, rare events and diabetes-specific outcomes must be found in another publication. The demographic table is helpful for a glimpse of what is inside the data-set (large sample). The figures represent the population, ages, and sex distributions. Figure 1 demonstrates the disparities between FN lifespan, and those of other people living in ON (which is very impacting). This methodology manuscript is relevant for FN communities and leaders, as well as federal and ON leaders developing health policy. The authors place their methodology manuscript in the context of the literature.</p> <p>7. It would be helpful if descriptions of FN people living in FN communities receiving primary care from nurses was more specific, such as Registered Nurses, Nurse Practitioners, or Advanced Practice RNs. We agree that it would be useful to understand what types of practitioners First Nations people living in First Nations communities are receiving care from. Unfortunately, our data sources do not have this level of detail on the delivery of care.</p>
Reviewer 2	Dr. Darren E.R. Warburton
Institution	Cardiovascular Physiology and Rehabilitation Laboratory, Experimental Medicine Program, Vancouver, BC
General comments (author response in bold)	<p>This paper would represent a significant contribution to the available literature. It covers a topic that is of great interest and value. This work would be of interest to readers of CMAJOpen. I have some further comments for the authors' consideration.</p> <p>Suggestions</p> <p>1. Further details are required regarding the other manuscripts in this series are required, because it is not clear how much overlap there is in content, etc. We have added an Appendix which lists all of the research aims stemming from this work. We have also briefly expanded the description of the larger, mixed methods study in the Introduction to provide more context.</p> <p>2. The authors should highlight further how a strengths-based and Indigenous led approach was taken. Little information is provided about the authors and their established linkages with First Nations communities and peoples. It would be important to identify the First Nations leaders that are authors on the work and/or those that made significant contributions to this work. Thank you for this important comment. We have provided additional detail on the longstanding relationships between the lead investigators and the First Nations communities in Ontario. In addition, we have noted that our partners at the Chiefs of Ontario are co-authors on all works from this partnership.</p>

	<p>3. Further information is likely warranted regarding how the priorities of First Nations communities were incorporated into the research design. It could be argued that a colonial approach was applied and then partnerships with First Nations leaders were sought. The authors have included a section on this but further information on how First Nations leaders were involved in addressing the priorities for this work from the outset would be an important addition.</p> <p>Thank you for this important comment. We have provided some additional detail in how First Nations leaders were central in defining the research questions for this work within the revised manuscript.</p>
Reviewer 3	Dr. Christopher William Ashton
Institution	HFHG, Grand Falls, NB
General comments (author response in bold)	<p>1. Under analytic approach on page 6, I'd prefer the explanation be given as the mathematical formula instead of explained in text.</p> <p>Thank you for this comment. While we understand that some readers may prefer mathematical formulae, others may prefer text. As such, we have decided to leave the explanation of the calculations for incidence and prevalence in text format.</p> <p>2. Also in this section, I am uncertain that the incidence denominator should be defined as those 'at risk.' Should it not be the annual population cohort? I may be wrong but an explanation here would help.</p> <p>Thank you for this comment. We agree that the denominator for the estimation of the annual incidence rate could be defined more clearly. In our revised manuscript, we state that the denominator for this rate is “all individuals in the annual population cohort with no previous diagnosis of diabetes”.</p> <p>Great paper. I do quite a bit of work in this field and as I was reading the paper, every question which came to mind was answered.</p>