

Tackling an Epidemic

Profile of Dr. Romina Pace

- Dr. Romina Pace has treated patients in the Cree territories of James Bay for the last five years. Now, she is taking on Type 2 diabetes through a prevention program that equips community members to take control of their health.

Dr. Romina Pace first visited the Cree village of Mistissini as a McGill medical student nearly a decade ago. The experience was nothing short of transformative. “It was eye opening to see how extensive the healthcare needs were, but also how much the dedicated healthcare workers in the community could accomplish with limited resources,” she remembers.

The Montreal native ventured to northern Quebec as part of a rural elective in medical school and again during her internal medicine fellowship. Dr. Patrick Willemot, the program director of the General Internal Medicine (GIM) Residency Program at McGill, had traveled to Inuit and Cree communities since 2006 and 2014, respectively, to provide GIM consultation. He lacked the time to expand his presence in Cree territories, so Dr. Pace began serving the 3,500 residents of Mistissini in partnership with the Cree Board of Health and Human Services of James Bay. “I found the experience so rewarding that I took up the torch long-term,” says Dr. Pace. Today, she and another General Internist, Dr. Aly Kanji, serve the Cree population together.

Dr. Pace spends between eight and ten weeks a year in Mistissini, Chisasibi, and other Cree villages in the James Bay region. Access to high-quality healthcare varies widely among Cree communities, and Dr. Pace has become intimately familiar with the common obstacles her patients encounter. As a whole, the primary care system in the Cree territories is up against high demand and frequent staff



turnover. Specialists fly in and out, treating as many patients as they can for a week or two at a time. “By establishing clinics in local communities, I help patients avoid missing two or three days of work for a single appointment,” says Dr. Pace.

Patients in Mistissini who are unable to access specialized care locally may take a two-hour flight or drive 12 hours for an appointment in Montreal, and those living in northern communities that are only accessible by plane may wait weeks for the weather to cooperate. While suffering from serious health conditions, they must carefully coordinate logistics with escorts, translators, and employers. “It’s a lot to ask for Cree patients to travel long distances to access care outside of their communities and cultural norms,” reflects Dr. Pace.

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Despite the challenges of serving patients in the Cree territories, Dr. Pace has persevered and established trust with members of the community. “It’s rewarding to build relationships and feel like less of an outsider after several years of working with Cree patients,” she expresses. “I meet patients who are initially apprehensive, but they open up more and more over time.”

Eileen Coonishish, a member of the Cree community who works for the Cree Health Board in Chisasibi, coordinates patient visits for Dr. Pace and other specialists who travel to the region, including nephrologists, pediatricians, obstetricians, and psychiatrists. “It’s been incredibly important to have physicians like Romina come to us,” she attests. “Most of our patients, especially elderly people, can’t easily travel long distances to access care. The more specialists we can attract, the more patients we can serve.”

While Dr. Pace treats patients with a wide range of medical conditions, she has aligned her research efforts with her longstanding passion for preventative medicine. “Preventing disease is especially important in regions where it’s difficult to access healthcare,” she explains. For the past three years, she has teamed up with another clinician-researcher at the Research Institute of the McGill University Health Centre, Dr. Kaberi Dasgupta, to respond to the epidemic levels of Type 2 diabetes among residents. Under the umbrella of a grant from the Lawson Foundation, Dr. Pace and Dr. Dasgupta partnered with the Cree Health Board in Mistissini to develop a diabetes prevention program for women suffering from gestational diabetes. From the outset, they recognized the need for Cree community members to lead the way in achieving their own healthcare goals. “We’re simply working to provide them with tools to effect change,” says Dr. Pace.

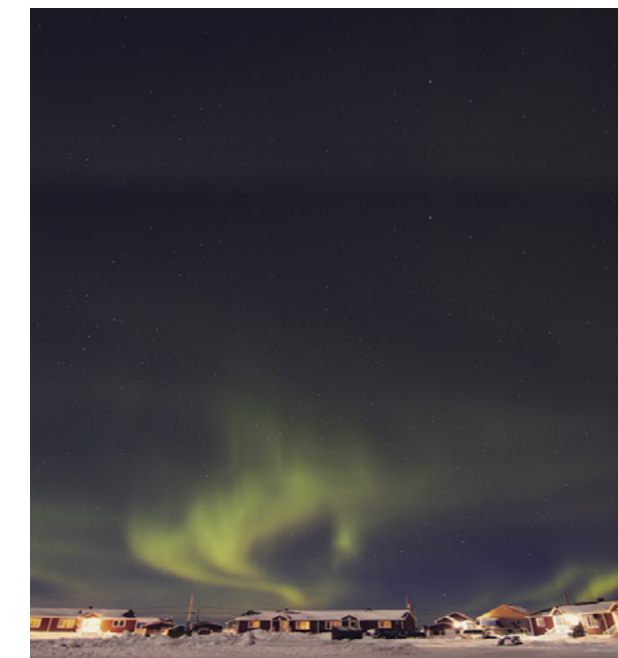
The development of the diabetes prevention program began with a dozen local women in Mistissini, all of whom had developed gestational diabetes during a current or previous pregnancy. As she planned a series of interviews with these women, Dr. Pace relied on the Cree Health Board for translation and research assistance. When Orenda Loon, an administrative employee at the Cree Health Board, learned about the prevention project, she leapt at the opportunity to contribute.

“I myself have experienced the frustration of gestational diabetes with my first two pregnancies,” says Orenda, a single mother of four. “Back then, we had very little information or support from local clinics in terms of exercising and eating well during pregnancy.” Orenda’s former partner frequently indulged in junk food and late-night snacking, and she joined him. Her first two babies each weighed more than 10 pounds, and she suffered from severe post-partum depression. “After my diagnosis, I resolved to make a radical change by adopting a high-protein diet and exercising every day,” she remembers. “As a result, my last two pregnancies were very different.”

Orenda knows dozens of other women of her generation with a similar experience. “In my grandmother’s generation, the women would have more children but they would stay healthier because of the physical activity and traditional diet,” she reflects. In the 1990s, the arrival of fast foods staples like KFC and McDonald’s radically altered the typical Cree diet. Fish broth and roasted goose gave way to poutine and cheeseburgers, setting the stage for a wave of health complications. “Now my mother and many of our family members have diabetes, which limits their daily activities,” Orenda says. “When Romina invited me to participate in her project, I knew I wanted to help educate the community about the ways in which women and their partners affect a growing baby through their diet and activity level.”

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“Orenda was central to our efforts,” says Dr. Pace. “She was able to explain issues we wouldn’t have even known to consider, like the absence of reliable transportation for many of the women we invited to participate. She knows what the women need in terms of support.” Dr. Pace, Dr. Dasgupta, and Orenda surveyed the group of twelve local women extensively about the struggles they face in achieving a healthy lifestyle. The participants voiced concerns about the high cost of fresh produce, lack of childcare availability, and lack of secure spaces for physical activity.

With Orenda’s assistance, Dr. Dasgupta and Dr. Pace created a comprehensive diabetes prevention program that incorporates recommendations from the group. “The women emphasized the value of creating communal spaces to exchange ideas and best practices,” says Dr. Pace. Elements of the prevention program, which the Cree Health Board will help facilitate, include plans for healthy cooking classes that incorporate more traditional Cree dishes, food rebates to alleviate cost concerns, walkathons and winter sport outings to incentivize group activity, and increased transportation options. “It’s all about being active and involved in a community, not just on an individual level,” Dr. Pace believes.

The newly created diabetes prevention program was scheduled to launch in summer 2020, but the COVID-19 pandemic has prevented Dr. Pace from returning to Mistissini to set it in motion. Orenda, who will serve as the local organizer for the core group of participants in the prevention program, is looking forward to the day when they can get the program off the ground together. “I’m excited to resume our efforts,” she shares. “Romina shows true compassion for Cree people suffering from diabetes, and people need to hear that their condition isn’t life-ending. There are ways to take responsibility and defeat this epidemic.”

As she continues to serve as a liaison between the Research Institute of the McGill University Health Centre and the Cree Health Board in Mistissini, Dr. Pace draws strength from the victories she has already witnessed. “I have counseled patients about diabetes who have made complete 180-degree changes in their lifestyle,” she affirms. “Very often, they teach me a thing or two about healthy living!”

In the future, Dr. Pace plans to build on the diabetes prevention program to tackle other chronic illnesses as well. “As we focus on treating diabetes, we can use the information we gather to improve healthcare systems and better treat other conditions in the future,” she says.

She also plans to undertake a research project that chronicles the Indigenous experience at the McGill University Health Centre (MUHC). “We want to discover if there are certain conditions that Indigenous people are experiencing more than other populations to better understand their medical needs and learn how we can make them more comfortable receiving treatment outside their communities.”



From the perspective of Dr. Marc Rodger, the Chair of the Department of Medicine and Department of Emergency Medicine, “it’s important for the Department’s research focus to include all members of the Quebec population and remedy the underrepresentation of the Cree nation in our efforts.” Dr. Rodger highlights the PRO, a shared quota between Cree territories and McGill that provide opportunities for McGill physicians to follow in Dr. Pace’s footsteps. “At the end of the day, though, it’s not just about meeting a quota—it’s about serving an under-reached population and conducting high-impact research,” he says.

Going forward, Dr. Pace hopes that an increasing number of specialists will choose to join her on trips to Cree territories or refer patients to her so that she can follow up with them in their own communities. “We’re getting more physicians on board, but we always need more,” she says. “There’s work to be done.”

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