NADA WEBINAR SERIES
DIABETES, DEPRESSION AND HOPE

CANADIAN DIABETES ASSOCIATION: MYCDA
HELPFUL INFORMATION FROM THE CDA

SOUTHERN ONTARIO ABORIGINAL DIABETES INITIATIVE
TIPS FOR BEING ACTIVE OUTDOORS IN THE WINTER

THE NATIONAL ABORIGINAL DIABETES ASSOCIATION ENVISONS DIABETES-FREE HEALTHY COMMUNITIES
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NADA newsletters are distributed on a bi-monthly basis. Submissions are due the first friday of the month of distribution.

The next newsletter will be February 2017, with submission date of February 3, 2017.

Please send submissions to coordinator@nada.ca
Message from the Executive Director

Season’s Greetings!

I hope everyone is staying warm wherever they are on Turtle Island. Here in Winnipeg, winter has hit hard and early.

Good news at the NADA office as we have hired a new Administrative Coordinator, Cat Ross. Cat has many years of experience in non-profits and charities in Winnipeg, namely the K.I.D.S. Kenya Initiative for Development & Sustainability, which she founded. Cat is also a CF-L1 Crossfit Level 1 Instructor and will be able to lend her expertise in physical activity to some of the work NADA does in this area.

We are working on a number of great projects that will be completed and ready for distribution in the new year. Of particular note is the beginning of a webinar series, in partnership with St Elizabeth Healthcare and Nanaandawewigamig First Nations Health and Social Secretariat of Manitoba. See page 4 for the air date and more information.

I have heard recently from Bill Jeffery at the Centre for Health, Science and Law about Health Canada’s first step to update food labels. Bill’s analysis shows that “Canadians will be better served if the final package of label reforms includes an easy-to-interpret overall nutrient score on the fronts of packages that takes account of all nutrients and ingredients of public health importance.” Bill also asserts that the tweaks to Nutrition Facts and ingredient labelling rules won’t reduce much of the 50,000 Canadian deaths caused per year by the nutrition-related portion of heart disease, stroke, diabetes, and cancer. If you are interested in the Centre’s assessment of the new regulations, you can read more at: http://healthscienceandlaw.ca/

I also want to share that the Canadian Association of Wound Care and the Registered Nurses’ Association of Ontario have announced the release of the latest issue of Diabetic Foot Canada. It is available online now at www.diabeticfootcanadajournal.ca.

From all of us at NADA, have a wonderful and safe holiday season!

Jeff LaPlante
Executive Director
Every year, one in five Canadians experiences a mental health problem, of which depression is a critical component. Depression is at least twice as common in people with diabetes. In indigenous communities, the impact of depression in diabetes is likely higher. To begin with, many conditions that impact depression are too often part of the life of indigenous people, such as crowded housing and poor nutrition. In addition, these conditions can interfere with proper blood glucose management. Poor blood glucose management is a factor of depression in people living with diabetes. Health complications and poorer quality of life only add to the stress of the person with diabetes and their families.

However, there is hope. It is this hope that will be explored in the free NADA webinar on January, 18, 2017. The first presenter will be Dr. Ian Whetter. He will be speaking on decolonized strength-based solutions to empower indigenous people with diabetes on their path to wellness. Dr. Whetter is a family physician that previously worked in remote indigenous communities in Manitoba, Nunavik and Labrador. Currently, he works at Northern Connection Medical Centre and the Transgender Health Program at Klinic Community Health, Winnipeg, Manitoba. He also has appointments within the University of Manitoba including Assistant Education Director for the Northern Remote Family Medicine Program and Social Accountability Lead for the Max Rady College of Medicine.

In the second half of the webinar, Catherine MacDonald (therapist) will introduce the Art Therapy program of the Maestro Project. The Maestro Project assists youth and young adults with diabetes. The Art Therapy program is a health service that makes use of creative expressions and psychotherapy to explore thoughts and feelings. It allows participants to use art to express what would be otherwise difficult to put into words.

In addition, a participant from the Art Therapy program will be speaking about her struggles with diabetes and how art has assisted in the management of the daily stress of living with diabetes. The Maestro Project programs are supported by a number of agencies including the Manitoba First Nations Diabetes Committee, The Diabetes Integration Project, Assembly of Manitoba Chiefs, and the National Aboriginal Diabetes Association (Manitoba Region).

The free webinar will be broadcast in coordination with the Saint Elizabeth First Nations, Inuit and Métis Program and the First Nations Health and Social Secretariat of Manitoba. The webinar will air live Wednesday, January 18, 2017 at 12 noon central time. To register, click on the following link https://attendee.gototraining.com/r/6363586652684948993.

There will be opportunity to ask questions at the end of webinar. Questions can also be submitted ahead of time to Julia Rempel at julia@sagewaterhealth.com with “NADA webinar” in the subject line.

We are looking forward to connecting with you January 18, 2017!

Dr. Ian Whetter
While we spend a lot of time discussing diabetes, we spend very little time talking about the mental health and stigma issues that can come with a diagnosis, or from a life spent living with the disease.

For starters, how about having to change your eating habits completely (and quickly)? All of a sudden you have to consider a new health plan for your life, alongside new medications and potential complications. And, what about well-meaning friends and family commenting on your food choices – and the guilt you may feel when you eat something that might be considered “wrong”? What if you are an emotional eater who usually turns to food to cope? Or are diagnosed during the holiday season? And, do you ever worry that you may lose your job if you tell your employer about your diagnosis?

And that’s not all: do you ever have to deal with people who think you brought this on yourself because you were overweight or too lazy – even when that’s the furthest thing from the truth?

The stress and anxiety of living with diabetes is real. Almost half of people living with the disease experience some form of “diabetes distress,” and depression affects 30 per cent of people with diabetes (10 per cent of those cases are major depression). The CDA’s 2015 Report on Diabetes: Driving Change report found that 33 per cent of people with diabetes feel they have no one to talk to about diabetes-related stress.

But it’s an issue we’re doing more than just talking about. The CDA is currently investing in research to help find better treatments and supports for people living with diabetes and experiencing issues related to mental health and stigma. And, of course, it starts with reaching out for help. So, if you are struggling, don’t think you have to go it alone: speak to your health-care provider or reach out to a local mental health support team and get the support you need.

I knew, or I guess I thought I knew, about diabetes my whole life. Growing up, it was all around me. My mom, my grandmother, my aunts, uncles, cousins; everyone seemed to have diabetes.

“I’m a diabetic” was a common saying in Listuguj First Nation in Quebec, the community I grew up in. Still, the booze, Pepsi, takeout and chocolate bars were rampant; exercise non-existent, unless people were rushing to grab the last card available for the day’s radio bingo.

“I need to take my diabetic pills,” my mom would say after drinking and eating whatever her indulgence desired. I was a pre-teen at the time. It wasn’t long afterward that I had to start injecting insulin into her thighs. I was 12 years old, and I did it like a pro.

“I’m a diabetic” was so frequently said by so many who continued to live unhealthy lifestyles that I never ever thought it was anything too serious. You take your pills and/or insulin, and you’re golden. It wasn’t until later in life that I realized how serious an illness it really is. After moving away from my community to Halifax in 2000, I realized that much of what I thought about diabetes had been romanticized by colonized lifestyles filled with addictions of every kind.

My mom regularly got cataracts removed, had a hard time healing from so many seemingly harmless wounds, and seemed to run out of veins to inject her much-needed insulin into. My aunt started dialysis for kidney failure; my uncle, too. My other aunt has gone partially blind. She recently lost her toe; now her leg is gone, and she needs to learn how to walk again. My mother has been gone since 2003 from complications of diabetes and much more. My uncle’s kidneys failed and he left us in mid-2015. Diabetes runs rampant in our First Nations communities – so many people I know, including aunts, uncles, cousins, friends, are plagued with this harmful illness.

Unfortunately, this serious illness is usually preventable in First Nations people. It is well known that the majority of diabetics in our communities suffer from the preventable form of diabetes – type 2 diabetes. What, then, is it that makes us continue to treat it like the common cold? It is my hope that by joining the mission to fight diabetes with Team Diabetes, I can provide encouragement to those living with diabetes to make healthy life changes in order to manage their illness. I also hope to set a good example for my sweet little girl Gabrielle, that healthy eating and an active lifestyle are important for her overall well-being. While we won’t let the illness defeat our spirit, let’s not act like it is something that goes away like the common cold, because it is then that the illness can win, too.

Danielle Root is from the Mi’kmaw First Nation community of Listuguj, Quebec. She has a beautiful three-year-old daughter, Gabrielle Marie Michelle Root. She recently signed up the Team Diabetes event in Reykjavik so that she can feel healthier, be a better role model for her daughter, and fulfil her long-time goal of running a marathon in honour of her mother. She is currently working full-time with the federal government while writing her master’s thesis in the Child and Youth Study department at Mount Saint Vincent University.

As many of you already know, your feet are a priority if you live with diabetes. When the Canadian Diabetes Association asked people from our Facebook community what they wanted to know about foot care, they had lots of questions. Here’s one, along with the expert advice provided by Dr. John Embil, a physician, a professor in the Faculty of Health Sciences at the University of Manitoba, and co-author of the chapter on foot care in the Canadian Diabetes Association 2013 Guidelines for the Prevention and Management of Diabetes in Canada.

Q I don’t know what to look for when it comes to potential foot problems!

A If your eyesight is good enough, inspect your feet with a mirror. If not, have a family member or caregivers inspect them. Look for changes in the colour and texture of your skin, or the shape of your feet, and go to your doctor or foot specialist if you find any of the following:

- Whiteness: affected areas, such as toes, turn white – a sign of poor circulation
- Redness around the affected area: possible sign of infection
- Redness of the skin when your foot hangs down: possible sign of peripheral arterial disease (PAD), which indicates poor circulation in your feet
- Bruising: possible sign of trauma
- Blisters: ill-fitting footwear
- Calluses: could cause pressure and lead to open sores
- Cracks in the skin: could lead to infections
- Lumps/bumps on the sole: shift in the structures of your feet, possibly the result of an injury that went unnoticed as a result of, say, nerve damage, also known as diabetic peripheral neuropathy, which could leave you unable to sense or feel pain in your feet
- Toes pointing in different directions: possible fractures

Want to learn more about taking care of your feet? Visit [www.diabetes.ca/footcare](http://www.diabetes.ca/footcare).

Keeping your eyes healthy is vital if you live with diabetes. Why? Diabetes is the leading cause of preventable blindness in Canada, but that’s not where the story ends. Here’s the scoop on what you should know and what you can do.

The diabetes connection: Diabetes can cause changes in the tiny blood vessels in the retina – the sensitive tissue at the back of the eye that receives images and sends them to the brain. Diabetes-related eye diseases, known as diabetic retinopathy, cause vision problems ranging from blurriness to blindness. Diabetic retinopathy is the most common cause of blindness in people under the age of 65.

Get checked: If you have type 1 diabetes, get your eyes checked by an optometrist five years after your diabetes diagnosis, then annually. If you have type 2 diabetes, get your eyes checked when you are first diagnosed with diabetes, then every year or two if there is no eye damage, or more often if retinopathy is present.

Take steps: Good blood glucose (sugar) control is your best prevention against the development and progression of retinopathy. Early detection and treatment are vital to preventing vision loss, so visit an experienced eye-care professional regularly. In most provinces, annual eye exams are free for people with diabetes. Check with your eye-care professional for more details.

Want to learn more? Visit www.diabetes.ca/eyes.

Journalist H.L. Mencken wrote that “for every complex problem there is a solution that is clear, simple and wrong.” That observation describes a prevailing attitude toward type 2 diabetes, which characterizes it as a problem that could be fixed if people would simply move more and eat less. This ignores much of what is known about the causes of the most prevalent and rapidly growing form of diabetes in Canada, and places an unwarranted burden of blame on those affected by it.

Type 2 diabetes is complex, with roots in genetics, the environment and individual behavioural choices. It runs in families, and is more prevalent in certain population groups, most notably First Nations. For some, no amount of physical fitness or healthy eating will protect them from developing the disease.

A second contributor to the growing epidemic is the role of the environment, specifically factors such as the walkability of neighbourhoods, food security and local access to health-related facilities and services. New research shows that neighbourhoods where it is easy to walk have lower rates of diabetes and stable rates of obesity.

It is also true that for people at risk, behavioural choices that promote obesity increase that risk. Improving the diet and physical activity level of persons at high risk has been shown to reduce the risk by nearly 60 percent.

Studies documenting the impact of behavioural changes are noteworthy because small changes in weight – on average, a loss of only five to 10 percent – have significant benefits. Such findings have been widely promoted by public health agencies and practitioners to empower individuals. However, over-emphasizing weight reduction may have contributed to unbalanced messaging to the public around the causes of the disease. It’s time to right the balance.

To simply blame individual behavioural choices as the root cause of the diabetes epidemic does a disservice by creating stigma.

But there is an even greater danger with a simplistic understanding of diabetes that focuses exclusively on individual choice – it diverts attention and resources from other approaches which may be more effective at addressing the epidemic.

It is projected that by the year 2020, one in three Canadians will have either diabetes or pre-diabetes, a statistic that crystalizes the need for more emphasis on prevention, and illustrates why individual interventions alone are unlikely to be enough.

We can turn to Finland for inspiration. In the late 1960s, North Karelia, a province in Finland, was found to have the world’s highest documented rate of cardiovascular death among middle-aged men. A multi-stakeholder community-based approach engaged food retailers, the food products industry and even the agricultural sector where a drop in demand for high-fat milk products was managed by supporting dairy farmers to become berry farmers. Over the next three decades, death rates from heart disease fell by 80 percent and significant reductions were also seen in rates of stroke and cancer.

Can this experience be reproduced in Canada? There will be challenges, but perhaps the first step is to confront the misconception that diabetes is exclusively the fault of those who eat too much and move too little. Diabetes is a complicated problem and that simple response has delayed real action.

Find out your risk by taking a short online type 2 diabetes risk test now.
Think sweets and treats are the only foods with added sugars? Think again! While people with diabetes can almost always have sugar and desserts, it should be in moderation. Prepare for sugar-shock when you learn about 5 foods with more sugar than you would have thought.

1) BBQ Sauce

Yikes! Just one tablespoon of a name-brand BBQ sauce has five grams of sugar. Plus, we all know when there’s barbecue sauce involved no one has just one tablespoon! A hearty serving on your burger or steak could add up to a sugary surprise if you’re not careful.

Instead: Try seasoning your meat with olive oil, herbs, spices or even mustard.

2) Breakfast Cereal

Cereals can be tricky, even when brands are marketed as healthy. For example, name-brand bran cereal with raisins, or name-brand flake cereal with red berries, contain about 18 grams of sugar per serving. Keep in mind that the recommended serving size is just 59 grams, which is often less than what many people will eat. While some of this sugar comes naturally from the raisins or berries, additional sugar can be added to up the sweetness depending on the brand of cereal.

Instead: Try easy-to-make steel-cut oats. They can be flavoured naturally using a moderate amount of dried fruit, honey, or even a dash of cinnamon, and have a low glycemic index (GI).
3) Salad dressing

In just two tablespoons of the average name-brand French dressing there is more than five grams of sugar. While five grams of sugar isn’t the end of the world, it’s still extra sugar you may want to avoid. Be wary of dressing-drenched fast food salads, and be sure to ask for the dressing on the side so you can measure out a moderate portion yourself.

**Instead:** Make a simple dressing using oil, vinegar and mustard.

4) Baked Beans

Sugar in beans? Yep. To be clear, baked beans are a relatively healthy low-GI meat alternative, but in just one serving of baked beans there can be more than 10 grams of sugar. If your goal is to cut out extra sugar, there are other options.

**Instead:** If it’s the convenience of baked beans you like, try canned chickpeas or black beans. Not only do they contain less sugar, they’re high in fibre and incredibly versatile. Just be sure to wash them first to rinse off the excess sodium.

5) Canned Fruit

Fruit is usually a healthy choice, whether for dessert or as part of your regular diet. But there is a big difference between canned fruit in syrup and fresh fruit. For example, a single serving of syrup-drenched canned peaches contains about 25 grams of sugar.

**Instead:** Go for fresh fruit! Sounds like a no-brainer, but you’re cutting down on the excess sugar and upping the fibre when you make this choice. A medium-sized raw peach contains about 8 grams of sugar – significantly less than the canned alternative.

The Southern Ontario Aboriginal Diabetes Initiative is a one of a kind organization that creates capacity in Indigenous communities to have the tools and teachings to live free of diabetes. It was incorporated in 1997 as a response to the high incidences of diabetes and its complications in the Indigenous community. Our Vision is that Indigenous peoples have the tools, knowledge and ability to make healthy choices and live free of diabetes, now and in future generations. Our holistic model of care incorporates; culture, traditions, and medicines of the indigenous community, to live well mentally, physically, emotionally and spiritually.

Sometimes following these ways can be hard during the winter months. Here are a few tips and tricks to make the next few months your healthiest months yet:

1. Change your mind about winter. Winter is a whole new season and not just about cold weather. Take some time to revisit your health goals and see how you can incorporate the wintertime into your plan. Don’t forget that getting some warm clothing for winter helps to make it easier to go outside and enjoy a little more time in nature.

2. Play don’t “Workout”. Everyone know is it can be hard to find the energy and motivation to work out or trudge to the gym. You can get just as good a workout and have an excellent cardio session just playing in the snow. Make some snow angels, start a snowball fight or build a snowman. Use the opportunity the season brings to have a blast and get in shape.

3. Home Workouts. Some days it’s even too cold to go outside, try the many home workouts available online or on DVD. Doing a YouTube search for bodyweight training or Yoga practices needing only a mat as equipment can really change up your fitness routine and can be so much more convenient and fun. And not having to share a treadmill or TV with fellow gym goers exposes you less to the spread of illness and the local gym. Home really is where health begins.

4. Try something new. Most people know what they enjoy doing in the summer months. Hiking, Fishing and Golf come to mind. But the winter can be a great time to try out something new. Join a sports league or a fitness boot camp with friends. These can be a great social outings and the extra motivation of a new challenge can really stretch you to break through previous fitness barriers you may have had in the past.

5. Excitement for the food of the season. If you’ve not been a fan of winter in the past, try focusing on what you LOVE about winter and how it can provide new food possibilities for you on your health journey. Try eating in season produce like roasted chestnuts, real hot cocoa, (not the sugary store bought stuff), or clementine’s. Remember food is our medicine and the food of winter is healthy and can help support your immune system till the spring arrives.

There are many great health options in the winter so make sure you stay safe and warm and keep on the trail for the next few months. Use the winter to honour your life, just as we do all the seasons.
If you or someone in your community brings home a moose this season, you may want to try this yummy recipe for Tasty Moose Pie from *First Nations Recipes* by Gregory Lepine (reproduced with permission from Eschia Books, 2014). This recipe is one of 60 recipes in the almost pocketbook-size *First Nations Recipes*. The books have been flying off the shelf and you’ve told me how much you love them! The books are sold for just $5.00 each through Paper Birch Publishing, contact Karen Graham at karen@karengraham.ca or 1-250-707-3762 for information or an order form. We are almost out of 2017 Indigenous calendars, but still have lots of the Indigenous Healthy Eating Guides and other resources.

**TASTY MOOSE PIE**  
**makes 6 servings**

On average, for a northern Aboriginal hunter, no kill could feed as many people as a moose (though a large bison could feed more). Amazing animals, moose can plunge to the bottom of lakes and can remain there feeding for up to a full minute before bursting to the surface with fresh greens dangling from their mouths.

Karen’s Note: I’ve added mixed vegetables to the recipe as shown in the photograph. Instead of frozen mixed vegetables, you could use 1-2 packages of frozen spinach, thawed and water squeezed out. You can also add some raw celery or sliced sweet pepper on the side of your plate. The calories in one serving is equal to the small dinner meal size in the life-size meal pictures in my Meals for Good Health cookbook.

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<th><strong>INGREDIENTS FOR PASTRY</strong></th>
<th><strong>INGREDIENTS FOR FILLING</strong></th>
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<tr>
<td>All-purpose flour</td>
<td>Moose steak (cut into 1/4-inch strips)</td>
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<tr>
<td>Baking powder</td>
<td>1 cup</td>
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<tr>
<td>Salt</td>
<td>1½ lbs</td>
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<tr>
<td>Shortening, cut into</td>
<td>Extra virgin olive oil</td>
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<tr>
<td>chunks</td>
<td>½ cup</td>
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<td>Mashed potatoes</td>
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<td>Pepper</td>
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<td>Mixed frozen vegetables</td>
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<td>2 cups</td>
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<td></td>
<td>Water</td>
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<td>1 cup</td>
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**LET’S MAKE THE RECIPE**

1. Sift together flour, baking powder and first amount of salt in bowl, then cut in shortening.
2. Add mashed potato and mix to form a dough. Chill dough in refrigerator as you prepare meat.
3. Coat meat strips in olive oil and season with remaining salt and pepper.
4. Roll up moose strips and place in large casserole dish.
5. Add vegetables and water.
6. Cook, uncovered, in 300°F (150°C) oven for 1 hour.
Keeping your blood sugar in the “normal” range is the goal when you have diabetes, or if you are at risk of developing type 2 diabetes. It is well known that exercise helps to regulate blood sugar, especially when performed regularly. But sometimes when you are exercising, low blood glucose may be a concern. If you are planning a longer workout, or a longer walk, or if you are doing full body exercise, such as swimming or urban poling, it may be important to check your blood sugar every 30 minutes while you are performing this activity. This is especially important if you are trying a new activity, or you are increasing the duration or intensity. To keep safe during exercise, it is important to check your blood sugar levels (every half hour or so) to track that it is stable, or to detect if it is rising or falling.

When is it safe to start exercising or continue exercising?

When your blood glucose is in the range of 5.6 to 13.9 mmol/L you get the green light to go! This is a safe zone to exercise.

Stop exercising if:

- If your blood sugar falls to 5.6mmol/L or less, your blood sugar is too low to exercise safely (remember that the exercise itself will lower your blood sugar even further).
- If your blood sugar is 3.9 mmol/L, you will feel shaky, weak or confused, and it is dangerous to attempt any exercise. Very low blood sugar is called hypoglycemia.

What can you do if you are experiencing low blood sugar?

Eat or drink something (with approximately 15-20 grams of fast-acting carbohydrate) to raise your blood sugar level. Some examples are glucose tablets, ½ cup of fruit juice, hard candy, etc. Then recheck your blood sugar approximately 15 minutes later. You may need to repeat this until your blood sugar levels reach at least 3.9 mmol/L. Only once your blood sugar is in the safe zone, you should continue with your activity. On the other hand, exercising when your blood sugar
levels are too high is also dangerous. If your blood sugar is over 13.9mm/L, you may need to administer your insulin (if you are taking insulin) or other medication that you are taking for blood sugar control, to get your blood sugar levels back in the 5.6 to 13.9mmol/L range.

For those of you interested in the mechanism by which exercise helps to regulate blood sugar (commonly referred to as glucose), here is the short version of the explanation:

Among many health benefits of regular physical activity, there are 2 separate mechanisms by which exercise helps us keep blood glucose within a healthy range.

First, when you contract your muscles, you activate the cells in those muscles to take up glucose from blood and use it for energy – without the need of insulin, the hormone which normally allows the cells in our body to absorb glucose for energy. This action of taking up glucose without insulin, happens only in the muscles that are being activated (e.g. when you flex your arm it is the muscles in your arm that will be activated). The more muscles you use during any activity, the more cells will be activated and more glucose can be taken from blood. This helps our body lower blood glucose in the short term. An example of a fantastic activity to do this is urban poling, an activity that uses most of your muscles.

Secondly, regular physical activity increases insulin sensitivity (again in the muscles that are being used). The more sensitive cells are to insulin, the better they will be at responding to insulin (this is good!). It is essential for all cells to respond to insulin in order to take in blood glucose for energy and to survive. When you exercise regularly, your cells will become more sensitive to insulin, this will be a long term effect of regulating your blood glucose.

Taken together, both the acute and chronic effects of exercise effect blood glucose regulation, as well as benefit both our physical and mental health in general. By being physically active on a regular basis you can protect yourself from pre-diabetes, you can prevent the onset of full diabetes if you have pre-diabetes already, and you can help manage your blood glucose if you have type 2, type 1*, or gestational diabetes.

*For those taking insulin, physical activity is an excellent way to help control blood glucose if you already have diabetes, but it is essential to remember that you may need to adjust your level of insulin injections, to prevent hypoglycemia (low levels of blood glucose).
WORLD INDIGENOUS PEOPLES
CONFERENCE ON EDUCATION
A Celebration of Resilience
JULY 24–29, 2017
TORONTO, ONTARIO

WHY YOU SHOULD ATTEND WIPCE 2017

- Promote dialogue, partnerships, and initiatives that work towards reconciliation (TRC Call to Action #53)
- Youth Programming
- Learn about indigenous education initiatives from around the world.

Six Nations Polytechnic & TAP Resources are happy to announce we’ve had nearly 1000 abstract submissions from around the world.

At WIPCE you can expect to see presentations from Indigenous peoples of Australia, Africa, Hawaii, Norway, Nicaragua, New Zealand, Mexico, Taiwan, Indonesia, and many more countries!

Reconciliation will be a key theme at WIPCE aming many topics related to Indigenous education.

Key Topics to be Presented

Country/Continent of Origin of Presentations

- Africa, 223
- New Zealand, 247
- Asia, 25
- USA, 165
- Canada, 284
- Europe, 17
- South America, 1

Host Committee:

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The 12th National Community Health Nurses of Canada Conference

“Blueprint for Action, Making Connections”

June 20-22, 2017 in Niagara Falls, ON

Community Health Nurses of Canada (CHNC) is pleased to invite you to participate in the 12th National CHNC Conference in Niagara Falls, ON.

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https://www.chnc.ca/en/call-for-abstracts

Registration: opening in January

For more information, visit:
https://www.chnc.ca/en/annual-conference

Photos: Aerial View of Niagara Falls, Ziplining above the falls, Niagara-on-the-lake wine region, Botanical Gardens – Niagara Falls Tourism
MOBILE FRIENDLY

GAIN INFORMATION ON THE GO

NADA.CA