

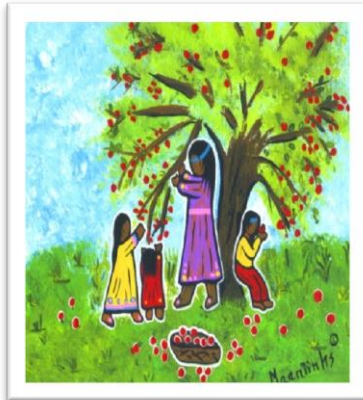
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**Community Aboriginal Diabetes Initiative Success Stories**  
**Activities and Initiatives in Ontario First Nations communities that describe positive change**

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**First Nations & Inuit Health Branch , Ontario Region – January 2014**

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**Contributing Communities:**

**Alderville First Nation**  
**Beausoleil First Nation**  
**Beaverhouse First Nation**  
**Chippewas of Rama First Nation**  
**Chippewas of the Thames First Nation**  
**Constance Lake First Nation**  
**Dokis First Nation**  
**Fort Severn First Nation**  
**M'Chigeeng First Nation**  
**Mnaamodzawin Health Services**  
**Oneida Nation of the Thames**  
**Paawidigong First Nation Forum**  
**Red Rock Indian Band**  
**Temagami First Nation**  
**Wawakapewin First Nation**  
**Wiwemikong First Nation**

**Community ADI Success Stories  
Ontario Region – January 2014**

Title of project & Name of project lead	Project start and end date, or indicate if it is ongoing	Name of community involved in project + short description	Describe project objective(s) and comment on how they address community priority(ies) (i.e. why did the community undertake the project)	Describe the activities delivered by project	Identify population(s) served by project, number of participants per activity target age group(s) etc.	List key project partners	Did the project achieve all of its objectives? What evidence (outcomes) are available to support project success?	Are you willing to share your project?  Other comments
Alderville - Diabetes Education Day - "Diabetes ...A Community Problem Requiring a Community Solution"  Pam Stevenson	February 24th, 2011 from 8:00 am -4:30 pm	<b>Alderville First Nation</b>  South-central Ontario. Rural community has 350 band members living on reserve and a membership of 1000.	<b>Conference goals:</b> 1) Increase awareness and knowledge for prevention and control of diabetes and complications associated with diabetes. 2) Change risk factors and health behaviours by promoting healthy lifestyles.  <b>Objectives:</b> 1) to provide a forum for participants to come together in the spirit of sharing and support, 2) to enable people with diabetes and their support persons to leave the conference with more knowledge and awareness about preventing diabetes in the next generation, and 3) to prevention of complications in people who have diabetes.	Full day conference held off-reserve, members were bussed to the event. Trip out of the community was well received and resulted in captive audience. Culturally appropriate. 3 formal lectures in the morning re diabetes care. Healthy nutrition breaks. Diabetes related health booths for visiting throughout day. Screening (BG and BP) available on site at the conference. Afternoon, smaller informal interactive sessions (meal planning, foot care, shoes, diabetes, PA, social/cycle/cultural)	Alderville First Nation members	From Alderville Health and Social Services, conference organized and facilitated by CHN, HCC RN and CHR. Provincial and municipal organizations and partners represented through conference speakers and health displays.	73 Alderville members attended.73 participants represents 21% of the total on-reserve population with no adjustment for age appropriateness. 58 evaluation forms were submitted. Some pertinent info includes: 98% rated the content/pace as excellent, 94% said they liked smaller breakout sessions, 100% indicated they would attend the event again.	Yes.  Excellent; Had a great day; very good-informative day; a great conference; Very well organised. There was community support and buy in by engaging community members, leadership and management in the planning of conference and topics covered.
Good Food Box and Nutrition Bingo  Irene Monague	Good Food Box Nutrition Bingo – Monthly - Ongoing	<b>Beausoleil First Nation</b> We are located in southern Georgian bay.We are isolated, access by water only, and we have an approximate 20 min. ferry ride to the mainland and another 25 min. ride into one of the nearest towns for shopping.	Due to the isolation factor and the remoteness not all residents are able to go to the mainland on a daily or a weekly basis, we became involved with the Good Food Box program that is delivered on the mainland.  Once a month all items for the Good Food Box are delivered to the mainland at the ferry dock on the mainland side, all residents that take part in the program are given fresh vegetable and fruit and monthly recipes of the items in the boxes.  <b>The objectives</b> for this program are to assist the community with making better and healthier choices of eating habits, and to assist with a variety of nutritious meals.	Nutrition Bingo is held once a month to help offset the costs of monthly meals. Participants engage in a game of Bingo and also interact socially with friends and family, along with a little exercise thrown in to add a little fun to the program.	We are able to assist Seniors, Diabetics, new Mothers and Disabled.Our numbers originally started at 14 and now are reaching 35 participants monthly. Nutrition Bingo has a varied amount starting at 10 and has steadily increased to 45.	There are a number of volunteers that assist with the running of the Nutrition Bingo as well as the Good Food Box Programs on a monthly basis.	We have a number of people who have commented on both of the programs delivered here that is has had a positive effect in their lives as they are now eating much healthier and finding the new recipes are giving them a healthier alternatives and a better outlook on life.	Yes.
“Fun With Food”  Kevin Wincikaby	2008-Ongoing	<b>Beaverhouse First Nation</b> 300 members. The settlement is only accessible by boat or skidoo. Band office, where majority of	To empower families & clients to make healthier low cost choices when it comes to eating, diabetes prevention, food safety, budgeting, portion sizes.	Cooking demonstrations, hands on cooking, meal planning, budgeting, nutrition label reading, grocery store tour, healthy luncheons	Aboriginal, Metis, Non-Aboriginal. Participants vary in numbers from 1-16. Pregnant moms & their children, infants/toddlers, youth, adults and elders.	Aboriginal Peoples Alliance Northeastern Ontario (APANO) Temiskaming Health Unit, Aboriginal Healthy Babies	Families and clients are making better choices when it comes to feeding themselves. They also seem more willing to try new recipes/ingredients containing healthier ingredients they might not have tried before. Many clients now know what to look for	Yes.

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		programming takes place, is central located in urban area.				Healthy Children, CPNP, FASD	when reading nutrition labels. These findings come from group numbers going up, observation, and group discussions.	
Rama Food Security Project  Debbie Hamilton	ongoing	<b>Chippewas of Rama First Nation</b>  Just 8 Km outside Orillia Ontario on the shores of Lake Couchiching. Population 850. Casino Rama is a major employer in the area	The Community and Family Services department has a Mental Health Support worker who works with people who are marginalised in the community due to physical, emotional or mental health issues. They meet weekly both in a group setting and for day trips. It is both a learning group as well as a way to socialize outside the home. Many are on disability in the group and it is a way to promote health in a high risk population.	The worker has initiated a number of different activities with her group around food security and has worked closely with the community dietitian. They have included slow cooker cooking for 1 or 2 people, Strawberry picking and then making strawberry jam, apple picking and then learning to make applesauce, grocery store tours and label reading and thera band exercise workshop.	On average 15 to 20 participants attend the groups. Target group is those with physical, mental or emotional disabilities or those who are isolated in the community.	Health Centre and Community and Family Services departments in Rama	People are able to demonstrate healthy lifestyle choices after the groups. They have learned new skills to take home and have to tools to use them (eg. Small slow cookers). Informal information gathering is used to assess success	Yes.
Nutrition project at school  Debbie Hamilton	School year	<b>Chippewas of Rama First Nation</b>  Just 8 Km outside Orillia Ontario on the shores of Lake Couchiching. Population 850. Casino Rama is a major employer in the area	To introduce new and unusual fruits and vegetables to the children of the elementary school on reserve.	Each month a new and different food is being taste tested by all the students at the school from JK to Grade 8. The program is expanding in the new year to now include 2x a month that a different salad is provided to the students to have with their lunch break. These salads are going to be vegetable and fruit based NOT pasta.	130 school age children from JK to Grade 8	MKES and Health Centre have partnered to provide program	Children more open to trying new foods and to introduce healthy options on a regular basis.	Yes.
Healthy Lifestyle Balance. Diabetes Prevention and Support.  Monica Hendrick	April 2, 2013 to July 2, 2013 (12 weeks)	<b>Chippewas of the Thames First Nation</b>  20 miles southwest of London Ontario (close to a lot of urban centres) 1000 on-reserve population	<b>The goal</b> was to teach community members how to manage their diabetes and lower their blood glucose levels by providing a 12-week support program to promote lifelong, gradual, healthy and reasonable changes in eating habits and activity levels.  <b>The objectives</b> were to provide education and support such as self-management skills to help prevent/decrease future risks/complications through menu planning and healthy eating; monitoring and recording; self-care and stress management; and by encouraging an increase in their daily physical activities.	Participants were required to submit to an HBA1C at the beginning of the program and again at the end to see if our program had an effect on providing the needed support for lowering blood sugar levels.  Participants had to attend at least 3 of 4 weekly meetings to receive a food voucher to help purchase healthy food  Pedometers and weekly walking calendars were distributed. When handed in at the weekly meetings, they received an incentive such as a measuring cups, portion plates,	The program was advertised looking for 10 participants (ages 13 +). It was for both on & off reserve, male and female, whether they had diabetes or not. When the program started we had <b>12 women</b> ( 40 – 49 = 1) (50 – 59 = 5) (60 – 69 = 4) (70 + = 2) 3 were from <i>off-reserve</i> and 9 from <i>on-reserve</i> . 7 had diabetes, 5 did not.	The Chippewa Health Centre’s Community Representative partnered with the Southwest Ontario Aboriginal Health Access Centre Diabetes Education Team (Nurse/ Diabetes	We did weekly surveys. People really liked the program because it connected them with other individuals and they had the opportunity to share their experiences, what worked and didn’t work for them. They also liked that we incorporated a 15 minute walk into the program. They liked that we monitored their blood pressures and their walking activities. They were able to dispel a lot of false	Yes. I can email an outline of the program to anyone who wishes and they can adapt it to their own community needs. <a href="mailto:monicah4@cottfn.com">monicah4@cottfn.com</a>  <b>Other comments:</b> I loved hosting this program because it gave me the opportunity to get to

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				<p>toothbrushes &amp; toothpaste, diabetic cough drops, water bottles, etc. We also did weekly weigh-ins and blood pressure monitoring.</p> <p>Weekly topics included: traditional teachings, intro to Canada's Food Guide, a 3-day food journal (for assessment by a dietitian) menu planning, portion sizes, making our own shakers (alternatives to salt), we also did blind taste-testing with them (ie: regular cheese vs low fat cheese, regular yogurt vs low fat yogurt, etc.), 7 Grandfather teachings, Chippewa History, the story of creation, Medicine wheel teachings, positive thinking and affirmations, chair exercises, stress management and relaxation techniques, medications, emergencies, long term effects, complications, foot care, medicine walk, making traditional medicines, eye care, dental care, eating out, safe food handling, introduction to alternative medicine (acupuncture, etc.).</p> <p>We took them on a field trip to the local dialysis unit and visited the First Nations Resource Room and each person had the opportunity to leave an item to make it more inviting to other First Nations people.</p>		Educator and Dietitian/ Diabetes Educator), Foot Care Nurse and Traditional Co-ordinator	<p>information. They were able to learn about traditional health and healing methods, as well as cultural history. They liked the alternative healing methods that we introduced and they were very happy with learning how to deal with stress and the relaxation techniques we shared with them.</p> <p>The visit to the local dialysis unit really impressed upon them the importance of learning how to manage their blood sugar levels and taking care of themselves and their families.</p> <p>Overall at the end of the program, 11 of 12 women were able to lower their HBA1C to a more acceptable level, and the 1 person whose HBA1C level increased was able to be referred to on-on-one counselling with the Diabetes Team. All women had lost from 3 to 10 lbs. And 11 of 12 were able to reduce their blood pressure. The other one was referred for on-to-one counselling.</p>	<p>know some community members on a one-to-one basis and to be a role model, as well as a personal support person. As host I had to take better care of myself by role-modeling healthy eating habits and increasing my daily physical activity. Overall my HBA1C went down a full percentage, my blood pressure improved and I walked off 7 lbs!</p>
Taste Testers Annual Big Cook Contest  Eva Taylor	Taste Testers – weekly Annual Big Cook Contest – annually	<b>Constance Lake First Nation</b>  800 on reserve. 34 km west of Hearst. On highway access	Taste Testers – to show healthy and easy food options Annual Big Cook Contest – to have fun on a competitive level	2 rounds of competitive cooking. Contestants brought 1 dish to start and on the 2 <sup>nd</sup> round they had 3-4 dishes each.	Young adults (ages 18-35) 4-8 participants each activity. Target age group was young adults 18-30	Eva and a few volunteers/co-workers	It encourages members to cook and find healthier alternatives, cook from scratch, and cook more traditionally. Facebook is used. I see members posting healthy recipes and pictures of their cooking.	Yes. I feel that nutrition/food security is the most important concern.

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Senior Active Living in Dokis First Nation  Bernadette Restoule, Community Diabetes Ed. Charlene Restoule, CHR	Three times weekly Starts after Thanksgiving to April the next year	<b>Dokis First Nation</b>  Population of approximately 1000 (200 on reserve) Semi-remote community	Realising the importance of physical activity in long term health and to address diabetes management with our elders, and given the fact that there was no other activities in the community the elders could access.	Physical activities conducive to elder community members – Chair exercises, stretches, walking and bouncing basketball, throwing basketball, use of free weights, stretchy rubber bands, yoga, large ball exercise on mats; and the famous ball game – group keeps ball in the circle – lots of laughs	Elders in the community ages between 50 – 87; sometimes younger ages join; school children participate again lots of laughter.	Chief and Council, Band staff, and a neighbouring community are invited.	The elders in the community were able to be physically active consistently. We know change has occurred because the evaluations/feedback. Stats (Wt., BMI, BS, BP) are collected at beginning, middle and at the end. Positive comments from the elders and continued participation to the program.	I am willing to share the information, because the more elders we can motivate the more elders will be healthier and stronger.  <b>Other comments:</b> Our seniors exercise program has been going on every year because it is the elders who request it.
“Living a Healthy Active Life with Diabetes”  Daisy Kabestra	April 30, 2012 – March 31, 2013 (ongoing series of activities)	<b>Fort Severn First Nation</b>  is Ontario’s most remote Northern community. approximately 500 members, accessible only by air, with the exception of a winter road that may open (depending on weather temperatures) in early March to early April (approximately one month only). This road requires the community members to travel for almost 2 full days to reach Winnipeg, Manitoba – the most	<b>Goal:</b> The primary goal of the ADI Project for 2011/12 was to increase awareness about diabetes to all age groups in the community  In recent years there has been an increase in type 2 diabetes and some young moms are presenting with gestational diabetes. We are hoping through educational awareness and activities that improve their shopping and cooking skills that it will start preventing diabetes in other members.  <b>Objectives:</b> 1. To increase the number of people identified as at risk for diabetes and pre-diabetes through community screening on an ongoing basis.  2. To include physical activity in each community ADI activity planned during the time period of the ADI projects.	During the screening of the community members, there were a few people identified with prediabetes, and approximately 8 newly diagnosed type 2 diabetes. Screening were done at the local health centre and at the local Northern Store by the health staff and CHR’s from the Health Centre.  <b>Two Community Health Walks</b> were organized for families that included all ages. Participation was very good as it involved the partnering with the school to promote physical activity. The walks were for “Diabetes” and “Health”  In August 2012 a Community “ <b>Bear Hunt</b> ” was organized where 5 small teddy bears were tagged with a number and hidden somewhere outside in the community. This involved the whole community searching for the bears with the roads filled with people looking all over for these bears. If found, there was a prize awarded that matched the teddy bear’s tag #. This activity took about 2 months of searching until all the bears were fun- it promoted physical activity with	Due to our smaller community, each session that was planned was set up to focus on a particular age group, which ranged from infants, to toddlers, children, youth, young adult, adult and elders. Because each may also have different needs, questions and concerns about health, we often have our classes set up to target the specific groups.  Community walks and the “Bear Hunt” are often a family event, followed by water and fun active prizes for participants.	<i>Partners for the project included:</i> -CHR’s working with Dietitian -School teachers/Principals -Northern Store Managers -Band Office -Nursing (Health Staff) -Brighter Futures and Tikanogan Group (young parents group)	<i>The positive changes we have seen as a result of the projects include:</i> 1. We have seen an increase in the number of healthy activities planned for our kids in our community. 2. There has been a gradual increase in the number of young parents in their late teens and 20’s that are coming to the cooking sessions. 3. Participation at the health sessions at the Health Centre has started to increase. 4. Some children (4) say they have made the recipes taught in the class at home. 5. Increase in number participating in the “family events” – more parents coming out and not just the children only.	Yes. However if we include pictures we would need to get the approval of other community members (including the parents of the children in photos)  <b>Other comments:</b> With our school not having a gym or other facility except our community Youth Centre to hold a lot of events, the cooking and fitness activities have given the kids a healthy option to the TV, video games and other less healthy activities.

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		<p>accessible community via the winter road.</p> <p>Fort Severn is situated about 715 kilometers North of Sioux Lookout, Ontario. Wasaya Airlines is the only airline that services the community six days a week, of which the flight is approximately 1 hour and 55 minutes from Sioux Lookout. Often flights may be cancelled or delayed due to weather conditions.</p> <p>Between late July and early October (weather permitting), barges from the East Coast, Montreal etc. are used to bring in the larger machines and non-perishable food items required for the local store in addition to the fuel needed by the community.</p> <p>Traditional activities like hunting moose, caribou, geese, rabbit and other</p>	<p>3.To provide at least six cooking classes to community members within the project year timeframe.</p> <p>4.To include at least three community visits by a Nutritionist/Dietitian to assist with teaching diabetes to community members (presently we receive only one visit per year from a Diabetes Education Team)</p> <p>5. To provide at least two sessions to the local school classes on diabetes and healthy eating/drinking choices by the end of the project years.</p>	<p>families working together and outside. At least 3 of the prizes were found by children in the community.</p> <p>Over the two years, over 9 <b>cooking classes</b> were actually done for kids afterschool (participation was excellent averaging about 12-14 kids and even up to 38 at one session); cooking for young parents (2). Each cooking session included recipes for the kids to take home, a brief nutrition session, and a cooking session. Kids would sit and eat their meal items after they were completed. Recipes included homemade pizza pops, casseroles, healthy snack items like pumpkin dip and other items. The goal was to also introduce new foods to the kids.</p> <p>A Dietitian assisted the local CHR in teaching cooking classes, diabetes and what is in some of the “Junk Foods” we are eating. They also helped out with cooking classes, teaching healthy eating to elders and other community members.</p> <p>Two visits were made for each year to go to every classroom in <b>our school</b> to teach on healthy eating. Topics included diabetes, healthy snacks vs. unhealthy snacks, introduction of new vegetables, and what is in some of the “junk” foods we buy at the store.</p> <p>The following are activities that were planned for the 2010-2011 year:</p> <ul style="list-style-type: none"> <li>• 8- Healthy Cooking Classes for Children</li> <li>• 1 -Healthy Cooking Classes for Young Parents</li> <li>• 2- Community Health Walks</li> <li>• 1 Community Active “Bear Hunt”</li> <li>• 4 – Nutritionist Visits</li> </ul>			<p><i>How was information/data collected:</i></p> <p>Feedback from participants included having them completed session evaluations at the end of the session and/or documenting of any comments made by the participants throughout the session like “I have made this at home a few times since we learned how to make it in cooking class”. For the elders that do not speak English, the interpreters would ask if they understood, how they liked the session, what other information or questions they had, and would relay that back to the instructor (in the case of group sessions with the Nutritionist).</p> <p>One survey was done with the kids to determine what recipes they were interested in learning how to make. This helped us decide which ones we would teach.</p>	

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		birds, along with fishing and berry picking, are still practiced by the local community members.		<ul style="list-style-type: none"> <li>• 1 Nutrition Bingo</li> <li>• 2 Diabetes Bingo Teaching Sessions</li> <li>• 4 Diabetes Teaching Sessions</li> <li>• In-store and on-going blood glucose testing to screen individuals for diabetes.</li> <li>• 2- school visits /year (4 total)</li> <li>• 1 community grocery shopping tour</li> <li>• 1 session for “developing healthy eating habits in your toddler”</li> </ul>				
Cultural Family Retreat  Melanie Francis	Summer, 2012	<b>M’Chigeeng First Nation</b>  Population of approximately 2,250 (900 on reserve)	Ndo’ Tikinaagninaa is a family strength-based cultural retreat using a holistic approach to promote healthy active lifestyles for children and their families. <b>Goals:</b> To assist parents in setting goals for themselves and their families. To work in groups to create their own activities that will focus on family bonding To enjoy a week full of fun and activities while abstaining from drugs and alcohol To gain an increased appreciation for our cultural practices using the Medicine Wheel as a guideline for activities in a cultural and comfortable environment To encourage and increase knowledge for the outdoors and our natural environment To participate in the teachings available that will assist individuals in self-esteem building, self-awareness thus leading to increasing self-confidence To learn and provide knowledge on healthy nutritional eating using quick easy recipes for the	cooking quick, easy and healthy outdoor recipes cultural activities, health teachings, and physical activity	All age groups.	Elders Language Instructors Healthy Babies Healthy Children Diabetes Worker  Community Support Worker Family Resources Department Ontario Works  Community Health Nurse FASD Worker Mental Health Dietitian/Child Nutritionist	Most of the feedback is all positive, families are happy and tired....but truly enjoyed the get-away and the activities available!	Yes

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			<p>busy family on the go. To encourage and show families how to create their own balance using the Medicine Wheel approach for their day-to-day life.</p>			Community Experts Volunteers		
<p>Mocc-Walk Challenge 2013 &amp; Turkey Trot 2013 Eleanor Debassige DHPW</p>	<p><b>Mocc-Walk Challenge 2<sup>nd</sup></b> year, May &amp; June- 2 month walking challenge <b>Turkey Trot 10<sup>th</sup></b> annual, walking program runs for six weeks, starting in last week in August</p>	<p><b>Mnaamodzawin Health Services</b></p> <p>We provide services to 5 First Nation Communities on Manitoulin Island, (Aundeck Omni Kaning, Sheguiandah, Sheshegwaning, Whitefish River &amp; Zhiibaahaasing) these community are located throughout Manitoulin Island ,Mnaamodzawin staff travel to these communities weekly from our office based out of Aundeck Omni Kaning (AOK).</p> <p>Our closest community we travel to is 19 Km and our furthest is 109 Km one way from our AOK office.</p> <p>The combined population of our communities we serve is 1179 (2011 census).</p>	<p><b>Objective: Mocc-Walk</b> challenge was undertaken to increase diabetes awareness and to promote physical activity. It is run with the Ontario Native Women’s Association. <b>Objective: Turkey Trot</b> was undertaken to empower people living with/without diabetes; in the prevention and management of diabetes. The communities want and continue to address the importance of physical activity and healthy eating through the prevention and management of diabetes</p>	<p><b>Mocc-Walk challenge:</b> We advertise the program with posters in all of the 5 First Nation Communities; We set a registration date; we kick off with a healthy breakfast and we have participants fill out a Par-Q; Questionnaire, a registration form that captures their age, diabetes, hypertension, smoking, height, bmi, weight loss goal, we record their weight, RBS, BP, weight circumference which is optional not everyone wants their weight circumference done. We refer them with their permission to a Healthcare Provider, if their blood sugar is elevated or blood pressure; if they have not been diagnosed. We have a check-in at the end of the month, to see how they are progressing and we do the same when the program is finished. We give out calendars; which are supplied by the Ontario Native Women’s Association; to record their minutes or hours walked. We send the registration forms to the organizer. They can register as a team which consists of 4 people or it can be individual.</p> <p>The Diabetes Health Promotion Worker submits the names of the participants to the Ontario Native Women’s Association who awards the winners with prizes i.e.; gift cards, draws for i.e.; iPod. Mnaamodzawin ADI and Community Health Programs also do health promotion and provide incentives for the winners. Handouts and resources are distributed on healthy eating, physical activity and self- health management through the Canadian Diabetes Association and other support groups.</p>	<p><b>Mocc-Walk Challenge</b> we had 188 participants living with/without diabetes register, we had children, youth, adults and elders. <b>Turkey Trot</b> 6 week challenge we had 68 participants living with/without diabetes register; adults 20-74 age group. Data is part of CBRT</p>	<p>The Community Health Representatives of each community are involved. Community Health Nurses and Diabetes Health Promotion Worker are involved from Mnaamodzawin .</p>	<p><b>Mocc-Walk Challenge</b> 33.5 % completed the 2 month challenge, total weight loss was 51.2 lbs and 12% of people living with diabetes showed improvements in blood sugars and blood pressures</p> <p><b>Turkey Trot</b> 51 % completed the 6 week physical activity; total weight loss was 30 lbs. 10 % of people living with diabetes showed improvements in blood sugars and blood pressures. One of our winners from one of the communities is 74 years old living with diabetes came in first, he walked a total of 23 miles in six weeks, also the Mocc walk challenge. It also helped in dealing over the grief of losing his wife.</p> <p>Another story from one of the communities is; this person has never participated in any of the activities, she lives with type 2 diabetes, and she didn’t win the turkey trot, but she walked every day. I met her out walking one day after it was over and we chatted, she said she lost weight and her blood sugars and blood pressures was good. She was disappointed she didn’t win, but I told her she did win</p>	<p>Yes</p> <p><b>Other comments:</b> The communities look forward to these 2 activities and we are now offering a new activity of Urban Poling, in that just started summer and fall of 2013.</p> <p>Our program also does the Chronic Disease and Pain Management (Standford University Curriculum); there are 3 trained peer leaders to deliver the program to 5 First Nation Communities. We have done 4 Communities so far; and it’s proven to be beneficial to the participants in making informed decisions and taking responsibility in self-management.</p> <p>More recently we went for Peer Leader Training on Diabetes Self-Management (Standard University Curriculum). We will be offering this course in the spring. Our program also</p>



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Title of project & Name of project lead	Project start and end date, or indicate if it is ongoing	Name of community involved in project + short description	Describe project objective(s) and comment on how they address community priority(ies) (i.e. why did the community undertake the project)	Describe the activities delivered by project	Identify population(s) served by project, number of participants per activity target age group(s) etc.	List key project partners	Did the project achieve all of its objectives? What evidence (outcomes) are available to support project success?	Are you willing to share your project?  Other comments
				We do the same at the start and ending of the <b>Turkey Trot</b> , except its individual and not teams. Mnaamodzawin ADI and Community Health Programs gives incentives for first, second and third prize winners. First prize is a turkey with all the healthy fixings for Thanksgiving Dinner and the 2 <sup>nd</sup> and 3 <sup>rd</sup> winners get a Turkey.			because of the changes and the results she made. We ended up giving her a gift certificate, because of the changes she made and continued with the walking.  We collected the information through our registrations and recording the beginning and end results. Also collecting the calendars to record their physical activity.	offers group sessions, individual and a wide range of promotional activities programming in the prevention and management of diabetes
Diabetes Drop-in Clinic  Mandy Morrison Community Dietitian	On-going	<b>Oneida Nation of the Thames</b>  is 30 km west of London, ON Approx. 2500 on reserve	This project was undertaken to raise community awareness about prevention, early detection and management of diabetes through monthly screening clinics available to all community members.	Monthly drop-in clinics held on the first Friday of every month. Blood sugar, blood pressure and weight is measured by CHN's, CHR's and RD. Health teaching provided one-to-one and referrals made to family doctors. Participants receive an incentive for attending (salt substitute, fibre supplement, glucose tablets, sweetener, etc.). Handouts/information provided.	Screening is open to all community members of all ages (diabetics and non-diabetics)  Number of participants ranges from 15-30 at each clinic.		Many referrals have been made to family doctors and several diagnoses/prediabetes have been made due to clinics RD has increased the number of diabetic clients that access counseling/education Clients have become more aware of the importance of screening as well as signs and symptoms of diabetes.	Yes
Aboriginal Diabetes Initiative  Regional Program contact: Jane Atkinson  Community contact: Diane Smith	April 2010 – January 2014	<b>Paawidigong First Nation Forum</b>  Paawidigong First Nations Forum is a service delivery organization located in Dryden.  The ADI Program serviced Wabigoon Ojibway Lake First Nation for the fiscal year of 2010 -2011, at which point they took over their ADI funding. Wabigoon	To address the first nation members living with diabetes and the increasing number of members/people being diagnosed with diabetes.  To increase awareness of healthy eating to prevent diabetes.  To increase awareness and education on diabetes management  To motivate people to increase physical activity  To encourage breastfeeding and promote healthy nutrition for babies and toddlers  To promote education and awareness about diabetes prevention within the community schools	Community School Program, delivered through classroom presentations, taste testing, healthy cooking classes, health fairs, and community walks.  Youth club to promote healthy eating and increase physical activities, delivered through mini presentations, taste testing, cooking classes, and various physical activities  Educational and informative "summer games" for promoting physical activity and awareness.  Nutrition bingo's where healthy groceries are the prizes. Community members are	To date there have been about 4, 279 community members served.	Community Health Nurse, Long Term Health Care Nurse, Home and community Care Nurse, PSW, Teachers, AHB/HC workers, CWW workers Welfare workers	Increased knowledge and capacity for clients living with Diabetes, increase knowledge on how to prepare healthy foods, increase knowledge on how to make healthy lifestyle choices, increase knowledge on general nutrition, increased water intake, increase in physical activity levels, and improved diabetes self management Information was collected through community surveys and worker feedback.	Yes  <b>Challenges:</b> Lack of participation from young people, young mothers. At times people just get "presentationed out". Trying to find new ways to say the same thing. Going to the training sessions that Health Canada provides, helps a lot, to get new ideas and network

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		<p>has a population of about 190 and is a 40 minute drive east from Dryden. The ADI program has serviced two communities (Wabauskang First Nation and Lac Seul First Nation) since April 2010 to the present date, January 2014.. Wabauskang is located by Ear Falls which is about 1 ½ drive from Dryden and Lac Seul, which is geographically separated into three communities (Whitefish Bay, Kejick Bay and Frenchman’s Head), is about 1 ½ - 2 hours away from Dryden. Lac Seul has an on reserve population of about 1000 community members and Wabauskang has a total population of 310 community members. Within the last two years, they have all become drive in communities.</p> <p>Before, two of the Lac Seul</p>		<p>educated on healthier food choices and get a chance to try them to see if they like them.</p> <p>Educational presentations are provided to increase awareness of diabetes management and prevention. Health fairs where there are educational displays along with BP/BS screening are provided.</p> <p>Chiropody services and RN Advanced Diabetic Footcare provided</p> <p>Healthy cooking classes are provided where community members can try out new and healthy recipes.</p> <p>Taste testing of different and healthy foods.</p> <p>Baby food making classes, Feeding your toddler presentations.</p> <p>Poker walks to promote physical activity.</p> <p>Elder’s Luncheons where the elders can gather and socialize and try different healthy foods and receive one-on-one support.</p> <p>One-on-one support for clients directly affected by diabetes.</p> <p>Food Security Initiatives and strategies.</p>				<p><b>Other comments:</b> If the funding is continued, then of course the initiative would continue as it is desperately needed. It is scary to know that children as young as five are being diagnosed with Type 2 diabetes and they could be facing serious complications by the time they are 20.</p> <p>This service is one of the only ways that people are receiving Chiropody services which are so important for proper footcare and prevention of complications related to amputations.</p> <p>This service is the only method of promoting healthy lifestyle choices in regards to diabetes, self management, and increasing knowledge and capacity for members directly and indirectly affected by diabetes.</p> <p>The implementation of this program is integral to continue to reduce the number of</p>

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		communities were only accessible by car then by boat.						members being diagnosed with diabetes and to assist and support the members directly and indirectly affected by diabetes.  It would be nice if there was additional funding for a comprehensive Diabetes Team to include but is not limited to: Dietitian, DNE, Social Worker etc
Healthy Balanced Lifestyle  Andrea Favel Family Support Worker/ADI Representative	12 week program Jan. 9 – March 31 with continued support groups	<b>Red Rock Indian Band.</b>  1750 members and 320 on reserve. 2km from Nipigon, Ontario	The goal is to prevent diabetes by living a healthy balanced lifestyle with healthy eating and activity. We want to educate our community to all the effects of diabetes and teach them that with eating from the Canada Food Guide we can prevent most ailments.	Every week we weigh in, check blood levels and blood pressure and participate in some sort of exercise with healthy snack client may not normally try. At the end of each session we do a journal sharing. We also provide different types of resources and handouts each session.  Week 1 – diabetes 101, types of diabetes, symptoms and risk and importance of water, pedometers to count our steps with daily walk. Week 2 – Canada Food Guide, food portion, A1C testing Week 3 – foot care Week 4 – food labelling Week 5 stress and diabetes Week 6 – dental care Week 7 cultural aspect and medicine Week 8 – food safety Week 9 – influenza and infection and have your eyes checked with diabetes Week 10 – smoking cessation/quit smoking challenge Week 11- kidney disease/sexuality and diabetes	We had 21 people attend; the youngest 9 and the oldest 67. We advertised this session for anyone with diabetes or lives with someone who has diabetes or wants to prevent diabetes.	Community Health Nurse, Dilico Registered Nurse, Nipigon Doctors group – dietitian, diabetes nurse and nurse practitioner Community representative hygienist, Cultural educator, Emergency preparedness worker, Local pharmacist, Thunder Bay District Health Unit, Zechners local food store	The positive results we saw with this program is everyone started eating healthy, drank more water, weight loss, toning, blood pressure lowered, cholesterol lowered, control of blood levels, increase in activity level, community becoming educated on diabetes. We still have to measure to see if A1C is lowered. Overall the entire group is taking better care of their health.  In the beginning we weighed everyone and measured inches of body parts to see where they may lose inches, we took blood pressure, blood counts, we did a challenge every week for example – count intake of water, steps walked, menu planning. At our weekly session we would share our week, what we did, how we felt. I	Yes.  <b>Other comments:</b> Dr. Dollywall was impressed with our program and would like to come as a guest speaker for any future program we plan for diabetes.  It was difficult to choose one program as we have a few that are going well. As a team we decided to share this success story and to inform you that this will become a yearly program with continued support group to follow.

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				<p>Week 12 – medications and diabetes</p> <p>To continue weekly support group to meet to weight/check in and evening walk.</p>			<p>also had them fill out a weekly evaluation.</p> <p>We also learned that most see the doctor regularly and he was surprised to see the change in them. When he learned of our group he told the client to encourage us to continue our group as he has seen 3 people so far that mentioned our group and all are improving with their health.</p>	
<p>Food Security / ADI Projects.</p> <p>Donna Mattias</p>	<p>April – March Fiscal Year</p>	<p><b>Temagami First Nation</b></p> <p>is a small community, population 241, located on Bear Island, Lake Temagami.</p> <p>We are approximately 2 hours from North Bay and 1.5 hours from New Liskeard which includes a 20 minute boat ride to the mainland.</p>	<p><b>Breakfast for Brains Program</b> – we wanted to make sure the children were getting a healthy, warm meal before school. This also plays a part in their learning abilities. Some of the factors that play a role in food security up here is income, location, and no means of transportation. If someone is on Ontario Works and has to hire someone to take them grocery shopping they are easily paying anywhere from 125.00 – 150.00 each time they shop.</p>	<p>7:00 am myself along with another Frontline Worker fire up the grill and begin cooking breakfast for our little friends. They start arriving between the times of 8:00 am – 8:30 am. They come in, wash their hands and wait for their breakfast to be served. The children enjoy having a little social with their buddies. Parents drop their children off grab a coffee/tea light snack and off to work they go as well as serve up the plates to the children as we can get pretty busy in the kitchen. When the children are finished eating they scrape their plates and venture off to school with a full belly and refreshed for a new day.</p> <p>When we are done cooking we will often sit with the children to touch base and see how they are doing whether it is school etc. When the children have left for school we then continue on with the clean-up of dining area and kitchen.</p> <p>Each family was given a menu for the month so the children could decide whether they wanted to attend each day. Some parents actually used this menu in their own</p>	<p>The population would be Students of our Community School “Laura McKenzie Learning Centre” as well as parents that drop by for coffee/tea and light snack (some also score a breakfast as we sometimes have left overs)</p> <p>The population of our school is 31 has now dropped to 29 and we were getting anywhere between the numbers of 15 and 24 children on a daily basis for the breakfast program.</p>	<p>NAADAP Worker Community Wellness Worker Culture Worker</p>	<p>Families applied Menus to own households. Children went to school with a healthy breakfast. Improved learning ability. Build a stronger bond between Frontline Workers and Children. Helped off set the cost for families. Instilled the pride of parents for helping out with the program. A lot of information shared is usually verbally and visually.</p>	<p>Yes, as well as other programs that I have been doing.</p> <p><b>Other comments:</b> I am so thankful for the ADI program as it gives me the freedom to do awareness within our Community. Families benefit enormously from this program as well as Community members !! The trainings offered through ADI are very interesting and make a difference in our communities. I felt rejuvenated after attending the fall session of CFE Training 2013 and raring to tackle some new pilot projects within our community.</p>

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				households afterwards ☺				
Healthy Eating in the North.  Arlene J.	on-going	<b>Wawakapewin First Nation</b>  under 50 people float plane access only (seasonal winter road)	With the small population base, maintaining access to nutritious foods is very difficult. It combines with the inaccessibility of medical care (no nursing station) to create a perfect storm of health risks for those community members who have health issues, such as diabetes..	Gardening (12 months out of the year, outside and in greenhouses).Canning (water bath and pressure) to ensure a food source that does not require refrigeration. It also provides quick, nutritious meals with minimal sodium, cholesterol or other additives.  Traditional food sourcing—hunting, fishing, foraging for roots and berries.  Elders Teachings	Community members and guests who have significant ties to the area receive training from resource materials provided by the Federal Government, provincial government and many other sources.  The training involves traditional food preparation as well as other types of food preparation to increase the nutritional value of our diets.	CACO2— University of Ottawa, Public Health Agency of Canada NAN—Get Growing	The costs and availability of nutritious foods have been increased. Ongoing encouragement and training in healthy eating is given to Diabetics within the community. Type 2 Diabetics have been able to improve their diets to the point where they did not need to begin insulin shots that they originally had been prescribed.	Yes.  <b>Other comments:</b> We would like to increase the reach of our project by traveling to other communities to do canning and other dietary workshops. Increased self-sufficiency results in increased physical and mental health.
Wikwemikong Health Centre ADI Program 4th Annual Diabetes Event: World Diabetes Day - Mino Gwekwaadziwin - Living the Good Life.  Bonnie Akiwenzie	The event was held 14-15 November. Bonnie booked the key note speaker 1 year in advance and started planning in September.	<b>Wikwemikong First Nation</b>  population of approximately 8000 (4000 on reserve)	1). To highlight the Self-Management Planner to Prevent Diabetes Complications (resource) which identifies a different area of focus for each month of the year 2). To encourage proper self care (healthy eating, physical activity, massage and reflexology)	keynote speaker: Darryl Tonemah, reflexology, seated massage, diabetes display booths, speaker: Dr. Meikleham, CHPC presentations, crockpot cooking demonstration, viewing of Debajehmujig Diabetes Documentary, Health Behaviour Change, exercise breaks	All community members were invited - Bonnie took the time to send invites to each household - approximately 70 people participated. It was purposefully a large scale event so as to speak to the issue of prediabetes (ie not just diabetics).	Manitoulin Island Diabetes Network, local health professionals (nurse, RD, physiotherapist)	Yes. The participants eagerly took part in the activities. Overall the evaluations showed that the participants enjoyed it thoroughly and would like to have Darryl Tonemah return. They mentioned they would undertake more healthy cooking and take better care of their health as a result of what they had learned.	Yes