GREETINGS FROM THE
NATIONAL ABORIGINAL DIABETES ASSOCIATION (NADA)

Dear Readers:

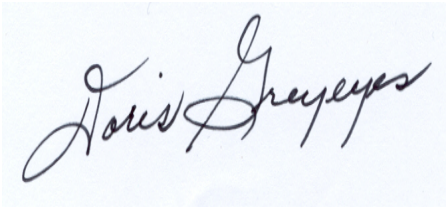
Re: June 2000 Diabetes Conference Report

On behalf of the NADA Board of Directors, staff and members, I am pleased to provide this report that summarizes the main activities of the conference. It begins with a description of the conference highlights, evaluative comments from participants, and advice for future conferences. It is essential to hear from the people who make or break a conference. I thank all of you who took the time to complete our conference evaluation.

The report continues by naming the people who "set the stage" for the conference, the opening speakers; who welcomed all conference participants, representatives of NADA and its supporters, and people who shared their unique experiences in the world of diabetes. It ends with closing comments by a lawyer, youth council representative and a listing of all presenters.

The substance of this report is enriched by the summary descriptions of a sample of working sessions delivered at the conference. Some main points made by Chief Simon Lucas, the conference keynote speaker, are also shared.

A special thanks to all board members who focused on the need to create a safe, supportive environment for all to dialogue, and to all presenters who shared their knowledge and experiences in ways of enriching the awareness, understanding, and knowledge of participants' desire to know more about diabetes. Thank you as well to the poster presenters, the display organizers, messengers, and donors, one and all.



EVALUATIONS, HIGHLIGHTS, BEST ADVICE

INTRODUCTION

The conference planners chose the following questions to provide them with useful evaluative information:

1. What did you find most useful about the conference?
2. Did you find anything at the conference that was not useful?
3. Did the conference meet your expectations?
4. Is there anything else about the conference that you wish to share?

FEEDBACK AND FEED FORWARD INFORMATION

What We Found To Be Most Useful?

1. Successful education strategies that focused on the following:
    a. Community development and community projects;
    b. How to teach and present information about diabetes;
    c. Spiritual dimensions of programs and services. Several people liked the mix of research and presentation of projects and commented positively on the new information received.

2. Opportunities to network with community workers, leaders, and professional practitioners involved with diabetes and related health matters were excellent. The friendliness of the people was impressive.

3. The variety of the speakers, the effectiveness of presenters, and personal testimonials were noteworthy. Simon Lucas and Dr. Jeff Henderson who spoke 'from the heart' were excellent choices. Many people welcomed participation by Elders in the sessions.

4. Many people assessed highly information about school programs and nutrition in particular.

5. The displays, exhibits, pamphlets, and posters were informative, educational, and pleasing to the eye. Several people commented favourably upon the culturally appropriate content of these items.

6. The choice of sessions, the entertainment, and the overall organization of the conference that featured:
    a) The conference handbook;
    b) The conference site (Winnipeg);
    c) A well-balanced program;
    d) The workshop set-up in the rooms;
    e) Karen Graham's cookbook;
    f) The focus upon Aboriginal peoples with diabetes.

Aspects Of Conference Identified As "Not Useful"

1. Absence of transportation from the airport to downtown and return.
2. Having to rush because of late finishes and distances to walk.
3. Late starts for working sessions.

4. People not present to discuss the posters.
5. Too many cell phones being used during sessions.

Were Your Expectations Met?

Most of the participants were pleased with the conference. Some people said that it exceeded their expectations. Many pointed out that all workers and teachers were helpful. Tips to meet more expectations included:

a) More handouts to be available at workshops;
b) Schedule more time for sessions;
c) Send out program before the conference;
d) Spread sessions over 3 full days to prevent need to rush.

Supplementary Quotes

1. "This conference speaks volumes in helping us to prepare and groom our future generations for a long and healthy existence."
2. “Provide more information on how diabetes affects our children who have diabetes.”
3. “Start on time! Be disciplined!”
4. “Some sessions were far too short.”
5. “Board members were visible and involved.”
6. “Provide a list of delegates before the conference and a list for each workshop.”
7. “Hold NADA elections at another time, not at noon on a conference day.”
8. “Have a session on policy analysis.”
9. “Provide clear information about when the conference begins and ends early enough to make most economic and convenient travel arrangements.”

SETTING THE STAGE

Opening Prayer by Elder Joe Lacroix.

Opening Speakers:

1. **Phil Fontaine, Chief, Assembly of First Nations**
   We need changes that bring improvements to home life, personal wellness, and the family. We need to value the front line worker. We need to make desirable changes so that in ten to fifteen years from now, we will not have a need to meet under the same circumstances, the epidemic-like incidence of diabetes!

2. **Rod Bushie, Grand Chief, Assembly of First Nations (Manitoba)**
   Both of my parents died of diabetes, my oldest sister is without legs, and an arm, and is in a wheel chair. I feel the consequences of the disease! I want and need to protect all from diabetes today and tomorrow. We may not eliminate it, but I believe great strides can be made to reduce its take, its negative effects. It is good to partner with the federal Government, to get all people involved, and to work together. Let us join forces so that future generations will benefit from work being done today.

3. **Honourable Dave Chomiak, Minister of Health (Manitoba)**
   As transportation, economic development, nutrition, housing, and public health for families and communities emphasizes the need for quality services for children. We need to call for strong public health strategies to deal with this epidemic (diabetes) and to address the issues of the need for quality service for children must be emphasized as well.

WELCOME ONE AND ALL!

1. **Doris Greyeyes, NADA Board of Directors Chairperson**
   This conference brings us together to network, to learn and to share what we know. Thanks to the conference Steering Committee and others for volunteering their time, talent, energy, and resources.

2. **Maureen Thompson, Health Canada**
   Health Canada is pleased to be able to work with the NADA board to help sponsor this conference, and continue the fight against diabetes. Through the Aboriginal Diabetes Initiative component of the Canadian Diabetes Strategy, Health Canada has committed $58 million over five years to addressing diabetes amongst Aboriginal people. Congratulations to the NADA board of directors for its work, the organization of this conference, and its commitment to the cause.

3. **David Boisvert, Interim Health Director, Métis National Council**
   Under the National Diabetes Surveillance System (NDSS), there is a lot of important work to be done, especially collection and processing of accurate data about diabetes for all Aboriginal people. We need to lobby to use some of the $100 million from the medical research budget to do some of our own Aboriginal health research.

4. **Denis Taschuk, President, Canadian Diabetes Association**
   The federal Aboriginal Diabetes Initiative (ADI) with a budget of $58 million is committed to supporting community-based initiatives that will make a difference. The Canadian Diabetes Association has established a national department with Carol Seto who works with NADA to strengthen our working relationship.

KEYNOTE ADDRESS

CHIEF SIMON LUCAS
Member of Hesquiaht First Nation (Vancouver Island) and member of Aboriginal Council of British Columbia.

Chief Lucas recognized his ancestors by performing a song in three distinct languages: Salish, Kwakiutl, and Nuu'chah'nulth.

Chief Lucas informed us that it is not fun to being diabetic. We have problems with sexuality and need to learn how to talk about this affect. He said he has no discipline. Problems with discipline are not a concern only for youth.

Simon began his story by talking about times before contact. He talked about how his ancestors survived over 25,000 years ago, how they understood their total surroundings, the universe, and the sources of medicines. There were 20,000 healthy people in those days. Today, in the modern age, with deep freezes, stand-up fridges, and a mall close-by, we are the sickest human race in the country. We have not learned a lesson with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Children are being born to alcoholics and to drug addicts! It seems that we have not learned lessons for health. Instead, we have over-indulged! Think about diabetics in a state of sobriety, and sick.

Traditionally, our forefathers knew discipline, discipline that was learned through daily contact with grandparents. They were taught about traditional medicines and self-care.

At residential school we learned what it was like to be away from our parents and family. We left traditional diets at home and learned substitutes such as horsemeat, wieners, powdered milk, and eggs that all had a monumental impact.

Our belief system was affected. It was scarred and the impact of institutionalization is still not truly known. To believe in the Great Spirit of the ocean, you had to be healthy. The quality of what you eat is very important to your life. We conversed with the Creator, while washing, while walking to the creek or walking up the mountains.

Ten months each year, we did not see a feast. Some preparations for a feast took all year--consider making of cedar utensils, gifts etc. and preservation of 1000 fish for the feast! We walked a few miles away to dig clams. We learn new songs--listened--talked with the trees--heard our ancestors' voices that are all over the place. Preparation for a feast involved all family members, and up to twenty or so families. They were engaged in similar events ten and more times a year, so they had to be healthy. Their emotions needed to be in balance with their physical and spiritual aspects of their being. It was important that mental stability prevailed. Thirty days of celebration followed the winter solstice. There was feasting and the whole family picked berries in the forest for this occasion.

At three hundred and fifty pounds, I could not look at myself in the mirror! Undisciplined!

We needed to be healthy because we had to be spiritually alive to fast, to accept abstinence. Our daily lives are all about discipline! Think about the expectant mother with an unborn child and the nature of the discipline she exercised to produce a healthy child.

We need to integrate programs and services. We need to take tools of our ancestors and employ them, integrate them into today's reality or perception of reality. We must change in every way possible to have good health.

WORKING SESSION SUMMARIES

DIABETES AND THE MEDICINE WHEEL

Don Warne, M.D.,CDE - Sacaton, Arizona
Supported by: Gila River Health Care Corporation

The objective of this presentation is to explore the role of traditional Native American Healing philosophy in the management of diabetes. In the traditional model the relationship that was developed between the healer and the patient is the foundation on which spiritual, mental, emotional and physical disease was addressed. This relationship-based approach is essential in order to effectively manage diabetes and its spiritual, mental and emotional implications as well as physical complications.

As a traditional Lakota person, I have been fortunate to learn the traditional wholistic healing philosophy and to incorporate this approach into my medical practice.

- The Different forms of medicine are: wholistic vs. homeopathic vs. allopathic;
- Define the methods of each type of medicine practiced-training, communications, pharmacology, limitations, value system, and symbols;
- Describe the Medicine Wheel and balance of realm;
- Modern medicine focuses on physical aspects;
- Wholistic focuses on mental, physical, emotional and physical;
- The whole person needs to be considered when teaching and/or assessing diabetes.

TRADITIONAL HERBS AND MEDICINE

Ida Calmegane, Carcross, YK

It has been proven by trial and error by our ancestors that if we go back to our traditional foods and active living, we can keep our diabetes under control.

Participants were given the opportunity to experience the many natural resources right in our backyards to help live healthy lifestyles.

The discussion included:

- Traditional medicines that vary in all areas of North America;
- Eating the right foods for healthy living;
- Success stories of very ill people who used traditional medicines and became well again;
- Berries and herbs that aid in the control of blood sugar levels;
- Learn different and natural ways of controlling and maintaining diabetes;
- Collection of herbal medicines, roots, and plants:
    a) Where to go;
    b) What to pick;
    c) Who can gather;
    d) Qualities of a gatherer;
    e) How to prepare;
    f) Best times for collecting;
    g) Administering;
    h) Storing.

SADIE'S WALK: AN EFFECTIVE AND EASY TO IMPLEMENT TOOL TO RAISE DIABETES AWARENESS IN ABORIGINAL COMMUNITIES

Robert Harris-Giraldo, Sarah Cowboy, Solomon Awashish - Quebec

The incidence of diabetes and its complications is higher in the Aboriginal population than in the rest of the Canadian population. Because it is a relatively new disease for these communities, it is essential to raise awareness in the prevention and control of diabetes. Sadie Muik was a diabetes project worker in Vernon, Okanogan Valley Reserve, BC, who died after a logging truck tipped over her car on Good Friday, 1996. Later that year, her community held a memorial walk to honour Sadie's enthusiasm and determination to fight diabetes. In 1997, Kahnawake, QC, and Sandy Lake, ON, also held a Sadie's Walk. In 1998, over 40 communities across Canada participated in a walk for diabetes, including the Alberta communities that walked in the same spirit, but under a different name. By 2000, this number has doubled and Winnipeg has joined as the first large urban participant.

In Eeyou Istchee, the Eastern James Bay Cree Territory of Quebec, Sadie's Walk has become a flagship annual event to raise diabetes awareness in the nine communities. It is coordinated by the Cree Diabetes Network (CDN), which meets regularly by conference call. CDN includes the community health representatives, members of the media and other health care workers and community members. The months leading to the walk give the health care workers and the media the opportunity to address several issues concerning diabetes prevention and control. The walk serves to launch a 100-mile walking club in some of the communities. The goal is to have Sadie's Walk become a national and international event to bring Aboriginal peoples together in our efforts to prevent and control diabetes.

THE PREVALENCE OF DIABETES IN THE CREE OF WESTERN JAMES BAY

David Maberley A. L. MD, FRCS(C), MSc(Epid) [1,2,3], Will King, PhD [3], Cruess, Alan F.MD, FRCS(C) [2,3] – British Columbia

Purpose: To assess the prevalence of diabetes in the Cree of Moose Factory, Ontario.

Methods: Individuals with diabetes were identified through a retrospective review of outpatient and inpatient records at the Weeneebayko Hospital the only medical facility serving this community.

Results: In Moose Factory, the crude prevalence of diabetes was 6.2% (95% Confidence Interval: 5.4 to 7.2%). The direct age-standardized prevalence of diabetes was 103 per 1,000 individuals for the entire population (95% Confidence Interval: 89 to 118 per thousand).

The average age of individuals with diabetes in the community was 53 years. The average duration of diabetes was 8.2 years. Most of the population with diabetes were female (64 %) and were on anti-hypertensive medications (64%).

Conclusions: This study presents diabetes prevalence data for the population of Moose Factory, Ontario that indicates a higher prevalence than both the Canadian population and other Cree populations in the region.

Institutions:
1. Department of Ophthalmology, University of British Columbia, Vancouver, B.C.
2. Department of Ophthalmology, Queen's University, Kingston, Ontario
3. Department of Community Health and Epidemiology, Queen's University, Kingston, Ontario

RISK FACTORS FOR DIABETIC RETINOPATHY IN THE CREE OF WESTERN JAMES BAY

David Maberley A.L. MD, FRCS(C), MSc(Epid) [1,2,3], Will King PhD [3], Alan Cruess F.MD, FRCS(C) [2,3] – British Columbia

Objective: To evaluate risk factors for diabetic retinopathy in the Cree population of James Bay, Ontario.

Research Design and Methods: A retrospective cohort design was employed. The cohort included all known individuals with diabetes in the communities of Moose Factory and Moosonee, Ontario. Hypertension, body-mass index (BMI), serum lipid levels, renal function status, and haemoglobin A1C were the main exposures of interest. Values for these variables were sought for a five-year interval beginning one year following the diagnosis of diabetes. Relative risks (RR) for associations with diabetic retinopathy were determined through both univariate and multivariate Poisson regression. The main outcome of interest in this study was the presence or absence of diabetic retinopathy.

Results: Significant univariate risks for the development of retinopathy included duration of diabetes, BMI, hemoglobin A1C, fasting blood glucose, insulin treatment, and serum cholesterol levels. In multivariate analyses, predictors of diabetic retinopathy included BMI, insulin treatment, and serum cholesterol levels. An increase in body-mass index reduced the risk of diabetic retinopathy (RR 0.64 per five kg/m^2, 95% Confidence Interval [CI] 0.04 to 1.00). Insulin therapy was associated with an increased risk of retinopathy when compared to individuals on dietary therapy alone (RR 4.71, 95% CI 1.16 to 19.16). For individuals with serum cholesterol levels above the average for this Cree population with diabetes (5.2 mmol/L), the risk of retinopathy was increased (RR 2.38, 95% CI 0.98 to 5.79).

Conclusions: Elevated serum cholesterol, lower body-mass index and insulin treatment were all associated with an increased risk of diabetic retinopathy in the Cree of James Bay.

Institutions:
1. Department of Ophthalmology, University of British Columbia, Vancouver, B.C.
2. Department of Ophthalmology, Queen's University, Kingston, Ontario
3. Department of Community Health and Epidemiology, Queen's University, Kingston, Ontario

Support: None

Topic #1, the following was reported:

- Focus: diabetes prevalence in Moose Factory and Moosenee;
- Motivation to become involved described;
- Age standardized data described;
- Described the process of collecting data.

Topic #2: the following was shared:

- Showed slides of eye diseases and explained how they happened and what happened to the eyes;
- Talked about the need for early detection-before the disease becomes worse. Laser works only if you have early detection.

STRENGTHENING INVOLVEMENT OF COMMUNITY MEMBERS
Bill Mussell, Manager/Principal Educator – British Columbia

As Aboriginal or First Peoples of Canada, we share a history of colonization and live with the effects of inter-generation oppression. One such effect is our willingness to let others decide how we live our lives. Another consequence is reflected in the attitudes of our youth who choose not to make serious conscious efforts to prepare and equip themselves to make a living that is challenging, satisfying, socially acceptable, and productive. More and more of us are discovering the joy of being responsible and accountable for our actions, our thoughts, our feelings and our perceptions. Such abilities are empowering.

In this session, the health educator will discuss a shared vision of Aboriginal health, the traits of healthy community policy, and steps involved in finding ways to promote involvement of community members in health matters.

- Desirability of a community vision of 'community health/wellness' was emphasized. When committed to such a long-term goal, community members with "will", and ability to work together, can move mountains;
- Discussed purpose of programs and importance of ownership of programs created to achieve community health. Community ownership is critical for successful change to take place;
- Presented and discussed the "big picture", pointing out that when there is no vision for future, there is no way to determine whether intended change is taking place. He described some traits of healthy community policy;
- Significance of a community's cultural foundation and the need for 'transmission of culture', generation to generation, to strengthen the foundation;
- Introduced the Information Wheel and showed how it can be used to increase personal awareness, understanding, and knowledge. He also showed, by referring to the ACTION quadrant of the wheel, how the model can be used to increase understanding of why some people are stuck living in the past-so caught up struggling for survival in the present and not making any change; and why some people are comfortable discussing tomorrow, or the future;
- Although the challenges facing us are huge, better progress can be made by creating and working on partnerships-working together today for tomorrow-in our families, workplaces, in committees, on teams bringing together different communities and/or levels of government.

DIABETES MANAGEMENT: A WHOLISTIC & TRADITIONAL WAY TO WELLNESS
Elmer Ghostkeeper, Kathleen Cardinal - Alberta

The Aboriginal Diabetes Wellness Program (ADWP) was developed *for* aboriginal people *by* aboriginal people under the spiritual guidance of Elders. It is a culturally sensitive program designed to provide people with knowledge and understanding of diabetes through a balanced and holistic approach.

The ADWP facilitators include Elders, Registered Nurses, Registered Dietician, Physicians and other health care providers. The program offers a 4-day live-in session, follow-up and outreach for the individual with diabetes, their families and the communities.

Individuals with diabetes can speak freely about their fears, share their experiences with others and find better ways to improve their health in traditional sharing circles. Program facilitators provide an atmosphere that encourages healthy choices and self-management using western and traditional wisdom.

Presenters shared their insight and philosophy about their experience with the program.

- Introduced a life map for diabetes; discussed the physical, mental, emotional, and spiritual aspects of life;
- Described history: in 1994 obtained funding from Capital Health Region in Edmonton to address diabetes, sought guidance from elders concerning cultural ways, models etc;
- Used cultural symbols in the planning, and teachings connected with service delivery;
- Discussed the use of Aboriginal wisdom with Western ways to meet the needs of the client;
- Presented partnership of two approaches for a comprehensive Aboriginal Diabetes Wellness Program.

WALKING AWARENESS

Delma Peshabo, R.N. - Ontario

Under the guidance of the Lawrence Commmada Diabetes Education and Resources Centre, the Temagami First Nation, Bear Island site is currently designed to raise the awareness of diabetes, to prevent the effects of the disease as well as identify those at risk for complications. With a holistic approach to health, it is our intention to provide early detention and effective management of diabetes. To that end, the diabetes program has integrated a weekly walking program into the school curriculum. This is aimed at increasing the awareness regarding the importance of an active healthy lifestyle. The presentation will outline the process of introduction and maintaining this program.

- Discussed benefits of walking, a physical development activity, that focused upon students at a school;
- Talked about the need for structure, community resources, and consideration of barriers such as weather conditions, isolation factors etc. while doing the planning and implementation;
- Described how to set up a program-identifying linkage for development-communications, and especially advertising;
- Benefits of walking were identified: decreasing blood-sugar levels, community awareness, partnerships of schools etc;
- Need for pertinent evaluation; for example, how students, teachers, and elders were involved, responded to the experience etc.

CORRELATES AND PREDICTORS OF ADIPOSITY IN MOHAWK CHILDREN

Ojistoh K. Horn, Gilles Paradis, Louise Potvin, Ann C. Macaulay, and Serge Desrosiers - Kahnawake Mohawk Territory

High rates of Type 2 diabetes in Native populations underlie the need for obesity prevention. Physical activity (PA) is independently associated with the development of obesity and Type 2 diabetes. This study assessed the cross-sectional and longitudinal relationships between several indicators of physical activity and adiposity among a cohort of Mohawk elementary school children participating in the Kahnawake Schools Diabetes Prevention Project.

In 1994 and in 1996, 103 girls and 96 boys [8 to 13 years of age] completed a questionnaire assessing demographic variables, sedentary activities, physical activity, playing outdoors, participation in community sports, and parental support. In addition, height, weight, and the sub scapular skin fold thickness (SSF) were measured and children performed a run/walk fitness (R/W) test. Gender-specific multiple linear regression assessed the impact of baseline variables on the log of SSF at baseline and follow-up.

Cross-sectional analyses found that for girls not passing the R/W criterion referenced standard (CRS), excessive television (TV) watching, lower PA, and involvement in community and summer sports correlated with baseline SSF. For boys, correlates of SSF were not passing the R/W CRS and being involved in summer sports. Longitudinal predictors for girls were younger age, being from the comparison community, excessive TV, and PA. For boys, only baseline SSF predicted SSF. Girls who watched excessive TV had SSFs 30% and 14% greater than those who watched less TV at baseline and follow-up, respectively.

TV viewing was the only consistent determinant of adiposity among girls.

- Methods of data collection from school children:
  a) Anthropometrics test
  b) Physical activity questionnaires
  c) Fitness testing
- Grades 1-4 and at grades 3 to 6 the two-year follow-up is done. Boys and girls who do not pass are more prone to developing obesity;
- Increased TV watching predicts increased weight gain;
- Increased skin-fold thickness changes with increased exercise;
- Training is the most consistent determinant of adiposity among girls.

FIRST NATION OWNERSHIP, CONTROL AND ACCESS (OCA) OVERDIABETES RESEARCH: OUTCOMES OF THE MANITOBA FIRST NATIONS REGIONAL HEALTH SURVEY (MFNRHS)

Audrey Leader, Doreen Sanderson, Brenda Elias, John O'Neil, Jeff Reading, and the HIR Committee of the Assembly of Manitoba Chiefs (AMC) - Manitoba

Health information systems under First Nation control are critical for developing intervention programs, creating health policy, and securing funding to deal with the diabetes epidemic in First Nation communities. The MFNRHS is the first survey owned and controlled by First Nation people in Manitoba, and was used to develop the Manitoba First Nations Diabetes Strategy. This presentation reports on what was learned about diabetes prevalence, prevalence of health behaviour and cardiovascular risk factors associated with diabetes, education opportunities for diabetics, self-reported health service utilization, and perceptions of health care services and support by diabetics and non-diabetics in Manitoba. The target population was all Manitoba First Nation people residing in First Nation communities in 1997. Seventeen communities randomly selected from sixty-two First Nation communities participated in the survey. All tribal councils and Independent communities were represented. The analysis is based on a sample of 1,870 people representing a population of 32,030.

- The MFNRHS is the first survey owned and controlled by First Nation people in Manitoba, and was used to develop the Manitoba First Nations Diabetes Strategy;
- The presentation was based upon what was learned in the survey. It captured the interest of all participants, some of whom stayed later to discuss the findings and find information that would satisfy questions.

THE SANDY LAKE COMMUNITY WALKING TRAILS: WALKING FOR THE HEALTH OF IT

David Fiddler, Anthony Hanley, Roderick Fiddler, Tina Noon - Ontario

The presentation provided an overview of the planning, development and construction of the Sandy Lake community walking trails. The need for trails and walkways in our community has long been recognized given the unbearable amount of dust produced by heavy traffic on our gravel roads. Discussions focused on the planning process, including how to acquire support through businesses, organizations, and people at the grassroots level. The construction phases of the trails was also reviewed. In addition to promoting physical activity, some of the benefits of these trails include:

- To relieve stress;
- To prevent and control diabetes;
- To enjoy a walk without the dust, especially those with asthma;
- To remind our people of how we use to live;
- To socialize.

This presentation provided information about the challenges of constructing walking trails that are unique to isolated First Nation communities such as Sandy Lake.

- Project began nine years ago when diabetes was prevalent and growing. The Chief at the time decided that a plan of action to tackle diabetes was needed;
- Chief decided to develop a program and set boundaries between the Band and the professional staff involved in the planning and implementation;
- Shared goal: to address diabetes within the community, involving community members in the process. Results were positive;
- Dr. Bernie Zinman pointed out that the community members were the ones who initiated the program. This community has the third highest rate of diabetes in the world;
- The partnership continues. It involves the Mt. Sinai Hospital, the University of Toronto, the University of Western Ontario, John Hopkins Research, the Chief and Council, the community members, the Education and the Health Authority all working together on an on-going basis to make the project work;
- The Sandy Lake “Community Walking Trails Project” has been successful. Two and a half kilometres of trails have been developed in Phase 1 of the project. Seventeen hundred people participated in the inaugural walk. Phase 2 of the project will be started in the summer of 2000.

THE SANDY LAKE FIRST NATION SCHOOL DIABETES PREVENTION PROGRAM

Brit Saksvig, MHS; Joel Gittelsohn, Ph.D.; Johnson Meekis; Ralph Bekintis; Roderick Fiddler; Tina Noon; Stewart Harris, M.D.; Bernard Zinman, M.D. - Ontario

The Sandy Lake First Nation School Diabetes Prevention Program began during the 1998-1999 school year in Sandy Lake, Ontario. The program includes a grade 3 & 4 curriculum and links activities with the local store, parents, and the greater community. The curriculum is taught by teachers, is based on social learning theory, and incorporates culturally appropriate stories, games, experiments, and taste tests. The goal of the program is to help students to make healthy eating and physical activity a permanent part of their daily life. The lessons address three main components: 1) making healthy food choices; 2) being physically active every day; and 3) learning about diabetes. This presentation will provide an overview of the planning and development of the curriculum, a description of the implementation, and preliminary results from the evaluation. The curriculum is now a permanent component of the Sandy Lake Board of Education's grade 3 & 4 curriculum.

- Provided history of the program. Eighty five percent of the community members participated. The community prevention program started in 1996, targeting children. Parents accepted the program and children were happy to participate;
- Aims of program: to increase knowledge of diet/exercise;
- Researched ecological, social-cognitive/Aboriginal learning styles and ways of life;
- Board of Education policy: “no pop or chips”;
- Sandy Lake curriculum development elements:
  a) Make healthy choices;
  b) Exercise;
  c) Learn about diabetes;
  d) Use of story Motif (very useful);
  e) Teach goal setting;
  f) Use encouraging words continuously;
  g) Set goals twice a day;
  h) Teach children -grades 3 and 4 levels, how to read and understand labels on food items. Learning about traditional foods was in the curriculum.

THE IMPACT OF DIABETES AMONG THE MÉTIS

Sharon Bruce, PhD Community Health Sciences - Manitoba

The purpose of the research was to examine the impact of diabetes on the lives of the Métis of western Canada and to determine the extent of co-morbidity among Métis with diabetes. The source of data was the Aboriginal Peoples Survey. Analysis was completed on Métis participants from Manitoba, Saskatchewan and Alberta. Métis participants with diabetes were more likely than those without diabetes to report their health status as poor. Significantly greater numbers of Métis with diabetes reported activity limitations at work, at home and in leisure activities, the need for assistance with activities of daily living and difficulties with ambulating than did those without diabetes. Métis with diabetes were almost three times more likely to report hypertension and heart problems and twice as likely to report sight impairments than were those without diabetes. The APS data have provided a clear picture of the impairments in physical functioning experienced by Métis with diabetes and the impact on quality of life. The strong associations between diabetes and hypertension, heart problems and sight impairments suggest profound morbidity in this population that warrants prompt attention.

- Focus: the impact on the lives of the Métis of Western Canada--Participants from Manitoba, Saskatchewan and Alberta were studied;
- The extent of co-morbidity among Métis with diabetes was considered;
- The source of data was the Aboriginal Peoples' Survey (APS);
- Large numbers of people reported activity limitations at work, at home, and in leisure activities;
- The APS data provided a clear picture of impairments in physical functioning with associations between diabetes and hypertension, heart problems and sight/visual impairments;
- That do suggest profound morbidity in this population, this warrants prompt attention.

LAWRENCE COMMANDA DIABETES EDUCATION & RESOURCE CENTRE

Evelyn McLeod-Chevrier, Catherine Boudreau - Ontario

Diabetes is developing at epidemic rates in First Nation's communities. The unique needs of each First Nation Community demands individualized, trusted and community based health services providers.

To address this need, a uniquely structured diabetes education and resource program was established. This program serves two First Nation Ojibway communities: one remote, one urban.

Participants will be introduced to a new health service delivery of diabetes education and wellness programs. Through community-based programs within unique cultural identities, the provision of diabetes awareness, prevention and education activities have proven effective and efficient. The co-ordination of client-care, program planning development, implementation and evaluation has been a team effort of the community-based educators under the professional guidance of a Diabetes Educator.

This retrospective review will provide an overview of the unique needs and culture of each of the communities. Information on the role of the First Nation Diabetes Educator will be provided.

- Described the Lawrence Commanda Centre: what it does; how it began; its location (Tomageni of Nipissing F.N.); and the services provided in the community;
- Organizational structure of the Centre was presented, with particular attention given to the program areas;
- Goals of the programs were described;
- Make-up of the diabetes team was shared;
- Medicine Wheel is employed to promote and maintain a balanced approach (education; nutrition; exercise; medicine);
- Promotion of nutrition: nutrition bingo, grocery store tours; advertising for 'food events' (flyers etc. are studied); label reading, food preparation;
- Promotion of exercise: elder fitness activities, summer activities, powwows, moccasin games, and other things to encourage family unity, e.g. teddy bear walk;
- Medicines: message is one of empowerment through self-management of diabetes, hands-on teaching (e.g. smudge glasses so they understand vision loss!);
- Balance between roles of health educator, lay educators and client were explained.

USING RADIO TO TEACH ABOUT DIABETES
Solomon Awashish – Quebec

The purpose of this workshop is to demonstrate how to use the radio medium effectively as a communication tool to educate and raise awareness about diabetes. This workshop will start off by discussing why the native language and culture play such a very important role in teaching diabetes on the radio. We will look briefly at the history of communications. This will include oral, written communications, radio, television and the Internet. Then we will investigate why radio is still the most effective and less expensive way to teach about diabetes today. We will learn about the communication theory where we will look at the speaker, the targeted audience, sending and receiving the message, and the message itself. We will also cover areas where problems may arise such as the environment, sending and receiving messages and how to avoid these pitfalls. We will look at how to promote and advertise your radio diabetes show. We will also focus on different radio formats that are appropriate and simple to produce. These include; health tips from elders and youth, interviews and testimonies from people living with diabetes, phone-in shows, radio drama, medical news bulletins, games, contests, and public services announcements. We will conclude this workshop by looking at ways we can evaluate the diabetes radio show. This can be done through post-mortem meeting and focus group discussions.

- Teach diabetes on radio:
  1. It is not expensive
  2. Can use own language that reaches the older community members especially
  3. Involve health team in planning the programs, important that the programs be well prepared, and well communicated.

The Cree Diabetes Network:

- How it was started was described
- Process employed was guided by a clear goal, supported through press releases and other efforts including writing of letters to various government sponsors
- After a ‘walk’, for example, do another press release, program on the radio.
- Examples of community events were shared; for example, a walk, a day without our motor vehicle, grocery tours, low fat menus, promotional T-shirts, health educator’s booth at regional and local sport tournaments, support groups and youth initiatives.

HEALTH FAIRS APPLICATION OF KNOWLEDGE THROUGH HANDS-ON EXPERIENCE
Genevie Henderson, C. Rand, K. Janzen – Manitoba

Diabetes education is a challenge for the prevention and management of Type 2 Diabetes in youth. Topics on healthy eating, exercise, and prevention of complications may be seen as irrelevant and/or too complex when presented in a didactic or lecture style. Yet, due to the insidious nature of type 2 diabetes, it is necessary that youth at risk or youth with diabetes are aware of the signs, symptoms, risks and treatment of diabetes. It is the experience of the DER-CA that youth respond enthusiastically to fun learning activities in a health fair format. The health fair is made up of 5 -6 stations that focus on visual interactive hands-on activities such as a Risk Game, body drawings, food cards, and aerobic exercise. Participants work through each learning station on a timed schedule rotation using a pen and pencil self-rating assessment. Incentives for attendance and participation generate enthusiasm and commitment. The DER-CA has conducted and demonstrated health care fairs in urban and remote community schools and centres in partnership with other community agencies. Several community agencies now use the DER-CA model of the diabetes health fair to facilitate education in the prevention of diabetes.

The participants of this workshop were able to identify the educational program development process of a community health fair planning, implementation and evaluation. Experience a hands-on approach of a modified health fair.

Handouts of the self-rating assessments and the activities/games will be made available. A copy of the Health Fair Manual for Beginners and Experts will be on display.

Topics discussed included:

- The format of health fairs
- How to put together an awareness program
- Topics to cover in planning and demonstrating at a fair
- For serious consideration: resource development, location, incentives

Activities in workshop:

- Five stations were set up and participants were asked to take part in each of the demonstrations
- Participants actually did the demonstrations to show how a health fair should be set up. The presentations were excellent.

PLANNING, ORGANIZING AND BUILDING HEALTH COUNCILS, BOARDS OR COMMITTEES AS DESIRABLE STRUCTURES FOR PROGRAMS AND SERVICES

Bill Mussell, Manager/Principal Educator - British Columbia

There are many challenges associated with creating the team of leaders to do the right thing, including the hiring of a competent manager or director. Our First Nation and other Aboriginal communities are facing serious challenges as they strive to promote prevention, healing and treatment so all can enjoy wholistic health. Some major challenges are connected with leadership, management, program development and service delivery.

The presenter discussed the challenges connected with the need for effectiveness at all levels of programming. Underlying problems, practical ways and means were considered to make improvements so quality programs and services can be enjoyed by the family members being served.

Topics discussed:

a) Vision, mission and goals as the foundation for decision-making
b) Reasons why things work well for a board or committee
c) Why the right questions need to be asked
d) Committee/board roles and responsibilities
e) Differences between board and administrative responsibilities
f) Attributes of an effective leader

Effective leadership in our communities is essential for changes of all kinds, especially those connected with wholistic human development for health, healing, education and social development.

In the presentation, Bill highlighted the following changes needed:

- In program development, especially for the management level staff, who are expected to have program planning knowledge, skills, and abilities
- Pooling of best thinking through dialogue to make informed decisions
- In service delivery, especially factors such as effectiveness and efficiency.
- To understand the 'big picture', including these major elements:
  a) Creating a vision or picture of desired future lifestyle wanted by the community
  b) Knowing family and community history to define shared perception of reality that needs to be modified or changed somehow
  c) Using the vision to guide the development of strategies to change the "how to's" of the restructuring process, and need for effective evaluation to determine progress being made
  d) Desirability of strengthening the cultural foundation as changes are pursued and achieved, and sustained.

THE KAHNAWAKE SCHOOLS DIABETES PREVENTION PROJECT MODEL AND TRAINING PROGRAM

Alex M. McComber, Rhonda Kirby - Kahnawake Mohawk Territory

The Kahnawake Schools Diabetes Prevention Project (KSDPP) has been in existence for over five years in this Mohawk community of 7000, located on the St. Lawrence River across from Montreal Canada. The KSDPP model is centred on the Kateri Memorial Hospital Centre Health Education Program that has been successfully introduced in local elementary schools. The Model builds on Green's PRECEDE PROCEED Model, Banduras Social Learning Theory and the Canadian Charter for Health Promotion. The elements of the model include the school health curriculum; the creation of supportive school and community environments, the process of information dissemination and activities that support capacity building and sustainability.

A 25-minute KSDPP video, *Taking the Responsibility to Heal Ourselves* featuring the project was shown. It showed how the project was developed, who was involved, the nature of community involvement, and how community health promotion is being done.

- Discussed framework and foundation model of the project.
- Considered how to build a community coalition.

MANITOBA FIRST NATIONS DIABETES STRATEGY: A CALL TO ACTION

Jocelyn Bruyère, R.N., M.S., Deborah Wilde, R.N. - Manitoba

Representatives of tribal and unaffiliated bands who developed this strategy described the process that was involved in a collective effort by different tribes. The document calls for action on diabetes prevention education, care and support, surveillance, research and evaluation, policies and infrastructure. It is an approach that integrates First Nation approaches to diabetes care and prevention strategies. The process of the development of the strategy reflects the holism, and traditional cultural approaches to diabetes care. The presenters described how strategies may be implemented at the community and tribal level.

A committee was struck to develop a unique First Nations Diabetes strategy. This was achieved through repeated 'brainstorming' with many groups. This ensured a grass roots approach for the strategy.

- People on committees all work directly in the communities and have linkages with Manitoba Health, Assembly of First Nations (AFN), National Aboriginal Diabetes Association (NADA).
- The strategy has five components:
    1. Prevention and education
    2. Care and support
    3. Gestational diabetes
    4. Surveillance, research and evaluation
    5. Policy and infrastructure.
- From the audience: There is need to have representation for the Aboriginal people in urban centres. Specifically, those from First Nations people who have moved to cities for care and have trouble obtaining resources.
- At the local level, a meeting with people from all entities and groups was held, in order to develop the strategy to address diabetes locally.
    1. Where are we? Present situation?
    2. Forecasting the storm; project what may happen
    3. Develop a shared vision
    4. Identify what stops or prevent us from meeting our vision.
- In conclusion: we will try to apply what we learned when we return to our communities.

USING MEALS FOR GOOD HEALTH TO TEACH NUTRITION IN YOUR COMMUNITY
Karen M. Graham, Registered Dietician/Community Nutritionist Certified Diabetes Educator - Manitoba

This interactive workshop illustrated how to use the easy-to-read book Meals for Good Health as a nutrition and meal-planning tool. The book was provided by NADA to all conference participants. The book has life-size photographs of a month of easy-to-make, nutritious and realistic meals and snacks based on the Canada's Food Guide to Healthy Eating recommendations, and incorporates Aboriginal food favourites.

Health counsellors, diabetes and heart health educators and those wanting ideas about teaching and promoting community nutrition attended this workshop. People came to hear about unique nutrition teaching ideas and techniques to promote healthy living in their respective communities using Meals for Good Health.

During the session, Karen:

- Reviewed the contents of the book;
- Proposed how to use the cookbook;
- Discussed practical applications of the tool;
- Engaged participants in exercises calling for effective and efficient use of the book. Participants, for example, were asked to provide examples from their book, in response to exercises. They were also expected to do a food demonstration;
- Time was limited it was difficult to maximize the full learning potential.

DEVELOPING A FIRST NATIONS COMMUNITY INTEGRATED APPROACH TO THE DELIVERY OF DIABETES

Keith Leclaire, Thomas Dearhouse

The Mohawk community of Kahnawake developed a Health and Social Services agency, Onkwata-karitahtshera. It is responsible for the design and development of its own health programs and policies.

This workshop provided participants with a brief background to the evolution of the Diabetes Work Group. This approach combines the existing federally funded health care programs and provincially funded health and diabetes services. The challenge today is to ensure that the quality of services are continually increasing to meet the health needs of the Kahnawake community. This can be accomplished by integrating all aspects of health delivery. The focus was on sharing their concept of Holistic health practices from a First Nation community perspective.

- Described the mechanism used “to get things rolling” regarding diabetes. Named a committee composed of mixture of fields of work/professions;
- Aimed to bring all services together under a shared manager;
- Discussed the direction the community is going in their health programming;
- Discussed sources of funding;
- Mentioned need to identify elders to call upon to help set the direction for community-based programs.

SUCCESSFUL PARTICIPATORY RESEARCH IN DIABETES PREVENTION WITH COMMUNITY AND RESEARCHERS

Ann C Macaulay, Alex M. McComber, Rhonda Kirby, Serge Desrosiers, Ojistoh K. Horn, Keith Leclaire, Olivier Receveur, Gilles Paradis, Louise Potvin - Kahnawake Mohawk Territory

The Kahnawake Schools Diabetes Prevention Project (KSDPP) successfully used participatory research for school and community mobilization to promote healthy lifestyles for the primary prevention of diabetes. This workshop presented participants with a review of the health promotion model developed, participation of a Community Advisory Board, an overview of how the project has evolved through four funding periods and the results. Specific topics focussed on were:

1. Outline of the KSDPP Health Promotion Model
2. The Community Advisory Board
3. Participatory research examples
4. Intervention strategies, particularly school based activities that support the Health Education Program
5. The evaluation strategy
6. Physical Activity and Nutrition Data overview
7. Building capacity within Kahnawake
8. The benefits and challenges of participatory research.
9. Future evolution in diabetes prevention maintenance, training in diabetes prevention and in research.

- Collaboration is the best basis for a partnership in research;
- A community advisory board works well as an open group from which members come and go;
- Important to write down parameters of partnership between community and researchers;
- Prevention of diabetes at school age involves many aspects, including eating habits, physical activity, TV viewing, sports, walking trails etc;
- Fittest children are those who: (1) play outside more; (2) watch less TV; (3) verbally interact with their parents.

D.R.E.A.M. - A COMMUNITY BASED SCREENING FOR DIABETES, RISK EVALUATION AND MICRO ALBUMINURIA

Janice Kennedy, J. Wentworth, G. Pylypchuk, – Saskatchewan

This presentation described the process, results and follow-up of a large First Nations community based screening project.

The goals were to determine the prevalence of:

- Diabetes,
- Early stages of renal disease,
- Cardiovascular and diabetes risk factors.

The Battleford Tribal Council (BTC) Indian Health Services, with support from nephrologists, launched a major community based screening initiative for the six BTC First Nations. Health Committees, band members and health staff all worked together to plan and implement the project. 601 persons over 18 years were screened in six clinics, (one third of the adult on-reserve population). The results show high levels of diabetes, renal disease and cardiac risk factors.

DREAM participants were offered the opportunity to sign up for continued follow up. A schedule of physician visits and treatment protocol was developed and the home care nurses and the dietician followed these clients over a period of two years.

- Home care nursing and dietician services are featured;
- Foot care assistance increased;
- Needs and the results from the services were discussed;
- Changes in D.R.E.A.M. new approaches; more information sharing; more listening by professionals.

EFFECTS OF AN EDUCATION PROGRAM ON ABORIGINAL PERSONS WITH DIABETES AT RISK OF DEVELOPING CHRONIC RENAL FAILURE

Monique Cormier-Daigle, G. Gallant, Y. Thibeault, J. D'Astous, M. Dorval, C. Levi – New Brunswick

The prevalence of diabetes is higher among native people than among non-native people. Diabetes is the leading cause of renal failure. Patient education interventions aimed at increasing knowledge of diabetes and its long-term effects may delay complications such as chronic renal failure (CRF). The objective of this pre-experimental study was to evaluate the effects of distance learning of Aboriginal persons with diabetes at risk of developing CRF. A three-day screening clinic identified 53 potential participants. Among this group, 19 persons received education sessions about diabetes, treatment, and long-term effects. Two Aboriginal nurses using live interactive videoconference delivered these sessions in Mi'kMaq. Didactic material was provided in the form of a video in Mi'kmaq, created by residents of the Big Cove community. Questionnaires, administered pre- and post-intervention, evaluated beliefs, knowledge of the disease, and satisfaction with videoconference. Results demonstrate an increase in knowledge and a high level of satisfaction with videoconference. Despite believing that diabetes is a predisposing factor of CRF, maintaining healthy practices remains challenging for this population.

- Measures used: age; education level; how long a diabetic; belief systems; level of knowledge of condition; treatment experienced;
- Band Council gave full approval prior to the study;
- All sessions were conducted in the Mi'kmaq language via teleconference it was a very successful experience;
- Aboriginal nurses delivered the education sessions in their respective languages were considered a large factor in this project's success.

KIDS N HEALTH PROGRAM: A TRIBAL DIABETES PREVENTION APPROACH

Deborah Wilde, Lori Petryk-Leclair, Cynthia Menzies, Diane Bear - Manitoba

The presentation covered, in chronological order, the implementation of a wholistic and multi-disciplinary diabetes prevention program within seven First Nation communities in the Interlake of Manitoba.

The collaborative effort involves community commitment and ownership as well as networking within the tribal council. The presenters discussed the infrastructure as well as the linkages with other programs within and out of the community. The processes of forming a database as well as the evaluation process were discussed. Results from screening and surveying all children from grades three to twelve were shared. The presenters will show how a diabetes prevention program becomes part of a larger diabetes strategy within the Tribal Council.

THE CANADIAN DIABETES STRATEGY - ABORIGINAL DIABETES INITIATIVE
Maureen Thompson, RN - Ontario

This working session described the statistics on diabetes and the need to have a strategy to prevent diabetes and its complications from further devastating Aboriginal peoples. Provided the background information and development of the ADI program, and its relationship to the overall Canadian Diabetes Strategy. The session outlined the principles, elements, outcomes, goals, objectives, and funding allocations. Presented the structure of the ADI and its national steering committee, and how the plan intends to provide programs to First Nations, Inuit and Métis. Provided an outline of the partnerships created, and linkages to other programs. Provided an update on what has been accomplished to date, and what remains to be done in years two through five.

SPEAKERS

1. **Ashley Isheroff, Cree Youth**
   She stressed the importance of upholding traditions, our own languages, and living the culture.

2. **Minnie Wapachee-Bosum, young Cree mother**
   Minnie informed us of a walk designed to raise funds to bring dialysis equipment to her home area. She did the whole walk on snowshoes She highlighted the importance of going back to the land and helping others.

3. **Dr. Jeff Henderson, One Who Helps**
   Dr. Jeff Henderson is a Lakota Sioux and a specialist of internal medicine who also has a Masters degree in Public Health. He said that Type 2 diabetes in not a genetic disease. It may represent a genetic tendency or susceptibility, but not a genetic cause. It takes many generations to change the tendency, he pointed out. Diabetes will not be cured by modern medicine. Consider the billions of dollars spent on treatment, diagnosis, and management of diabetes in the United States and Canada. The incidence and prevalence rates for diabetes are increasing today. Canada strives to take better care of diabetes.

   Dr. Henderson said he was stunned by Simon Lucas' presentation. Simon was close to hitting the nail of the head when he spoke of the influences discipline has in our lives, especially the lack of discipline.

   For diabetes, the single greatest risk factors are blindness, digit amputations, and the kidney damage. Death is connected with heart disease; WORK EXTRA HARD TO PREVENT THIS BY PREVENTING HEART DISEASE.

   Building on the concept of the Medicine Wheel, he contends that we can get more global three-dimensional, even seven dimensional. He closed by saying the Creator shows us what life can be like. The work we do is complex and difficult, and the Medicine Wheel can serve us well to bring and maintain balance in our lives.

4. **Dr. Michael Perley, National Diabetes Surveillance System, Aboriginal Diabetes Working Group**
   Dr. Michael Perley was chosen by National Aboriginal Diabetes Association (NADA) to Chair the Aboriginal Diabetes Working Group of the NDSS. He observed that once you know the problem or issue you can move in the right direction. The surveillance system is being established to track diabetes.

BRINGING CLOSURE

1. **Romeo Saganash, James Bay Cree lawyer**
   Like the Elders say, there was colonization and its epidemics that destroyed, not arms and guns, but diseases! There was no natural immunity to smallpox, influenza, tuberculosis, and flu killers. With tuberculosis we faced new diseases. The same happened with Type II diabetes. Romeo sees this as a paradox because diabetes was originally a disease of well-off people: the upper classes and middle class. Today it is a disproportionate killer among Aboriginal peoples. Nineteen to twenty six percent of the Aboriginal population has diabetes. We need new perceptions of diabetes.

   Health is overwhelmingly affected by outside determinants, environmental degradation, and other factors. The United Nations Working Group Chairman forcefully reminded everyone that indigenous peoples are concerned about health, specifically, severe and urgent medical aspects including displacement, and environmental degradation that stress depression and its consequences. Diseases of dislocation and cultural trauma disease of marginalization of oppression are real. We need to study the effects of removal from the land and other aspects of displacement in our history. Aboriginal peoples of Canada are unique. We need research to look at problems; consider communication with the land, and the nature of the connection--and its relationship to wellness.

2. **Jamie Cole, Youth Council, National Association of Friendship Centres**
   Jamie believes that we need to get Aboriginal youth involved to promote Aboriginal diabetes prevention.

LISTING OF ALL PRESENTERS

PUBLIC AWARENESS CAMPAIGN
Catherine Boudreau, R.N., - Centre

ASSESSING THE NON-INSULIN-DEPENDENT DIABETIC CLIENT UTILIZING THE CORBIN AND STRAUSS TRAJECTORY MODEL IN THE AREA OF CHRONIC ILLNESS: A NARRATIVE ILLUSTRATION
Verna C. Pangman R.N. MEd., M.N. Marilyn Seguire R.N. BSc.N. M.N. - Manitoba

PLANNING AN EFFECTIVE DIABETES EDUCATION PROGRAM IN NORTHERN QUEBEC: THE ROLE OF POLICY, RESEARCH, INTEGRATED SERVICES, AND KEY RESOURCES
Jill Torrie, Mavis Verronneau - Quebec

TEIAKONNEKWENSATSIKE:TARE DIABETES WAMPUM
Joe Jacobs, Kaherawaks Jacobs,Tom Dearhouse, Rhonda Kirby - Kahnawake Mohawk Territory

THE PSYCHOLOGICAL IMPACT OF DIABETES IN NATIVE AMERICANS: AN ESSENTIAL ELEMENT OF TREATMENT
Nathalie Garcin, Carol Ann Poirier, Mavis Verronneau, Jill Torrie – Quebec

ACCESSING COMMUNITY RESOURCES TO PROMOTE PATIENT EDUCATION
Birdie Sanchez, RN – New Mexico

ABORIGINAL DIABETES PROGRAM
Sandra Shade R.N. B.N. Nurse Educator - Alberta

INFLUENCE OF DIABETES ON EMPLOYMENT AND INCOME AMONGST FIRST NATIONS PEOPLE IN MANITOBA
Randy Walld, Allen Kraut - Manitoba

DRAW ME A PICTURE: INVOLVING MOHAWK CHILDREN IN INSTRUMENT DEVELOPMENT
Lucie Lévesque, Serge Desrosiers, Margaret Cargo - Kahnawake Mohawk Territory

HOW TO PREPARE HEALTHY MENUS AND MEALS FOR COMMUNITY PRESENTATIONS
Rhonda Kirby, Chantal Saad-Haddad, Treena Delormier - Kahnawake Mohawk Territory

THE DIALYSIS FOOT PATROL: An Essential Service
Cynthia Boughen, RN, C Neph (C), Judith Olson, RN - Manitoba

COGNITIVE FACTORS PREDICTING PSYCHOLOGICAL ADJUSTMENT AND BLOOD GLUCOSE CONTROL IN PEOPLE WITH TYPE 2 DIABETES
Sophia D. Macrodimitris, M. A., Norman S. Endler, Ph.D. - Ontario

THE ASSOCIATION BETWEEN ACCULTURATION AND DIABETES, IGT AND OBESITY IN SANDY LAKE, ONTARIO
Joshua P Feuer, Gail McKeown-Eyssen, Joel Gittelsohn, Stewart B Harris, Anthony JG Hanley, Bernard Zinman - Ontario

CAN WE AFFORD TO EAT NUTRITIOUSLY? PRICING OF A MONTH OF MEALS BASED ON MEALS FOR GOOD HEALTH
Karen Graham - Manitoba

KIDS N HEALTH PROGRAM: A TRIBAL DIABETES PREVENTION APPROACH
Deborah Wilde - Manitoba

KEEPING CHILDREN HEALTHY IN ZUNI COALITION
Sharol Hopwood, Public Health Nutrition - Zuni, New Mexico

DEVELOPMENT OF AN ABORIGINAL HEALTH COLLECTION IN A HEALTH SCIENCES LIBRARY
Janice Linton, B.A., M.L.S., Aboriginal Health Librarian - Manitoba

RING TOSS GAME
Jan Kroll, Diabetes Nurse Educator, Tracy Nash, Dietician - Saskatchewan

DESCRIPTION OF A UNIQUE INTERACTIVE DIABETES WORKSHOP FOR ABORIGINAL PEOPLE AND HEALTHCARE PROVIDERS
Vincent C. Woo, MD, FRCPC - Manitoba

DIABETES AMONGST THE XINGU - THE PEOPLE OF THE AMAZON
Lavinia Oliveira, RN - Sao Paulo, Brazil

PRESENTERS

Allen Kraut, Associate Professor, University of Manitoba - Manitoba
Influence Of Diabetes On Employment And Income Amongst Aboriginal Peoples In Manitoba
Poster

Catherine Boudreau, RN, Lawrence Commanda Diabetes Education & Resource Ctre. - Ontario
Public Awareness Campaign
Poster

Cynthia Boughen, RN, CNeph(C), Health Sciences Centre - MB
The Dialysis Foot Patrol: An Essential Service
Poster

Deborah Wilde, Program Coordinator, Kids n Health Program, Anishinaabe Mino-Ayaawin Inc. - Manitoba
Kids N Health Program: A Tribal Diabetes Prevention Approach
Poster

Jan Kroll, Diabetes Nurse Educator, Prince Albert Grand Council - Saskachewan

Janice Linton, Aboriginal Health Librarian, Neil John MacLean Library, U of Manitoba - Manitoba
Development Of An Aboriginal Health Collection In A Health Sciences Library
Poster

Jill Torrie, Researcher, Cree Board of Health and Social Services - Quebec
Planning An Effective Diabetes Education In Northern Quebec: The Role Of Policy, Research, Integrated Services And Key Resources
Poster

Joe Jacobs, Faithkeeper, Mohawk Trail Longhouse - Quebec
Teiakonnekwensatsike:Tare Diabetes Wampum
Poster

Joshua Feuer, MSc Student, Clinical Epidemiology, Mount Sinai Hospital - Ontario
The Association Between Acculturation And Diabetes, IGT And Obesity In Sandy Lake, Ontario
Poster

Karen Graham, RD, Prairie Nutrition Services - Manitoba
Can We Afford To Eat Nutritiously: Pricing Of A Month Of Meals Based On Meals For Good Health
Poster

Marty Landrie, Diabetes Educator, Aboriginal Diabetes Wellness Program - Alberta
Interactive Teaching Methods For Presenting Diabetes And Long Term Complications
Poster

Natalie Garcin, Cree Board of Health and Social Services - Quebec
The Psychological Impact Of Diabetes In Native Americans: An Essential Element Of Treatment
Poster

Rhonda Kirby, Acitivity Coordinator, Kahnawake Schools Diabetes Prevention Project - Quebec

How To Prepare Healthy Menus And Meals For Community Presentations
Poster

Sandra Shade, Diabetes Nurse Educator, Chinook Health Region - Alberta
Aboriginal Diabetes Program
Poster

Serge Desrosiers, Evaluation Coordinator, Kahnawake Schools Diabetes Prevention Project - Quebec
Draw Me A Picture: Involving Mohawk Children In Instrument Development
Poster

Sharol Hopwood, Public Health Nutrition, Zuni Ramah Service Unit - New Mexico
Keeping Children Healthy In Zuni Coalition
Poster

Sophia Macrodimitris, Dept. of Psychology, York University - Ontario
Cognitive Factors Predicting Psychological Adjustment And Blood Glucose Control In People With Type 2 Diabetes
Poster

Verna Pangman, RN, MN, MEd, University of Manitoba - Manitoba
Assessing The Non Insulin Dependent Diabetic Client Utilizing The Corbin And Strauss Trajectory Model In The Area Of Chronic Illness: A Narrative Illustration
Poster

Vincent Woo, MD, Endocrine/Diabetes Research - Manitoba
Description Of A Unique Interactive Diabetes Workshop For Aboriginal People And Healthcare Providers
Poster

David Maberley, Asst. Prof., Dept. of Opthalmology, University of British Columbia - British Columbia
Risk Factors for Diabetic Retinopathy in the Cree of Western James Bay
Oral Presentation

David Maberley, Asst. Prof., Dept. of Opthalmology, University of British Columbia - British Columbia
The Prevalence of Diabetes in the Cree of Western James Bay
Oral Presentation

Robert Harris, Public Health Physician, Cree Board of Health & Social Services - Quebec
Prevalence of Diabetes in Eeyou Istchee (Eastern James Bay Cree)
Oral Presentation

Robert Harris, Public Health Physician, Cree Board of Health & Social Services - Quebec
Sadie's Walk: An Effective and Easy to Implement Tool to Raise Diabetes Awareness in Aboriginal Communities
Oral Presentation

Bill Mussell, Manager/Principal Educator, Sal'i'shan Institute Society - British Columbia
Strengthening Involvement of Community Members
Oral Presentation

Delma Peshabo, R.N., Doreen Potts Health Centre (Diabetes Program) - Ontario
A Walking Awareness
Oral Presentation

Kathleen Cardinal, R.N., C.D.E., Certified Diabetes Educator, ADWP Aboriginal Health Services, Capital Health - Alberta
Diabetes Management: A Wholistic & Traditional Way to Wellness
Oral Presentation

Don Warne, M.D., Certified Diabetes Educator, Gila River Health Care Corp. - Arizona
Diabetes and the Medicine Wheel
Oral Presentation

Ida Calmegane, Elder (Retired), CNA, CHR, Carcoss Thgish First Nation - Yukon
Traditional Herbs & Medicine
Oral Presentation

Genevie Henderson, Social Worker, Diabetes Education Resource for Children/Adolescents - Manitoba
Sharing Circle: A Culturally Appropriate Format for a Focus Group?
Oral Presentation

Linda Brazeau, Manager, Aboriginal Services, St. Boniface Hospital - Manitoba
Personal Narrative - Diabetes Experience
Oral Presentation

Janice Kennedy, Exec. Director, B.T.C. Indian Health Services - Saskatchewan
D.R.E.A.M. - A Community Based Screening for Diabetes, Risk Evaluation and Micro Albuminuria
Oral Presentation

Jacquie Helston, Home Care Director, B.T.C. Indian Health Services - Saskatchewan
D.R.E.A.M. 2 - The Home Care Role in Diabetes-Supporting People to Take Charge of Their Health
Oral Presentation

Dr. George Pylypchuk, B.T.C. Indian Health Services - Saskatchewan
Oral Presentation

Robert Harris, Public Health Physician, Cree Board of Health & Social Services - Quebec
Diabetes Registry: Is It Worth the Effort?
Oral Presentation

Lavinia Oliveira, RN, Faculty of Public Health, University of Sao Paulo - Brazil
Diabetes Amongst The Xingu: The People Of The Amazon
Oral Presentation

Brenda Elias, PhD Student, University of Manitoba - Manitoba
First Nation Ownership, Control and Access (OCA) Over Diabetes Research: Outcomes of the Manitoba First Nations Regional Health Survey (MFNRHS)
Oral Presentation

Sharon Bruce, PhD/Researcher & Asst. Prof., Manitoba Centre for Health Policy & Evaluation - Manitoba

The Impact of Diabetes Among the Metis
Oral Presentation

Anthony Hanley, M.Sc./Epidemiologist, Sandy Lake Health & Diabetes Project/Mt. Sinai Hospital - Ontario
The Sandy Lake Community Walking Trails: Walking for the Health of It
Oral Presentation

Ojistoh Horn, Research Assistance, Kahnawake Schools Diabetes Prevention Project - Quebec
Correlates And Predictors Of Adiposity In Mohawk Children
Oral Presentation

Serge Desrosiers, Evaluation Coordinator, Kahnawake Schools Diabetes Prevention Project - Quebec
One-mile Run and Walk Firtness Test of Mohawk School Children in Kanhawake: Five Years of Evaluation
Oral Presentation

Gertie Merasty, R.N., Diabetes Advisor, Keewatin Tribal Council - Manitoba
KCC-KTC Health Care Aide Program
Oral Presentation

Monique Cormier-Daigle, Director, Education & Research, Beausejour Hospital Corp. - New Brunswick
Effects of an Education Program on Aboriginal Persons with Diabetes at Risk of Developing Chronic Renal Failure
Oral Presentation

Brit Saksvig, John Hopkins School of Public Health & Hygiene - MD
The Sandy Lake First Nation School Diabetes Prevention Program
Oral Presentation

Doreen Beauchamp, Director, Yellowquill College - Manitoba
Yellowquill College: First Nation Diabetes Training Program
Oral Presentation

Evelyn McLeod-Chevrier, First Nation Diabetes Educator, Lawrence Commanda Diabetes Eduction & Resource Ctre. - Ontario
Lawrence Commanda Diabetes Education & Resource Centre
Oral Presentation

Robert Harris-Giraldo, Public Health Physician, Cree Board of Health & Social Services - Quebec
The Cree Diabetes Network: Bringing Together Community Efforts to Prevent & Control Diabetes in Eeyou Istchee
Oral Presentation

Solomon Awashish, Health Promotion Officer, Cree Board of Health & Social Services - Quebec
Using Radio to Teach About Diabetes
Oral Presentation

Susan Russell, R.D., Manitoba Assoc. of Community Health - Manitoba
Partnerships & Prevention, Achieving a Common Goal
Oral Presentation

Alex McComber, Project Coordinator, Kahnawake Schools Diabetes Prevention Project - Quebec
The Kahnawake Schools Diabetes Prevention Project Model & Training Program
Workshop

Genevie Henderson, Social Worker, Diabetes Education Resource for Children/Adolescents - Manitoba
Health Fairs Application of knowledge Through Hands-On Experience
Workshop

Deborah Wilde, Program Coordinator, Kids n Health Program, Anishinaabe Mino-Ayaawin Inc. - Manitoba
Kids n Health Program: A Tribal Diabetes Prevention Approach
Workshop

Bill Mussell, Manager/Principal Educator, Sal'i'shan Institute Society - British Columbia
Planning, Organizing and Building Health Councils, Boards or Committees as Desirable Structures for Programs and Services?
Workshop

Maureen Thompson, Manager, Diabetes Program, First Nations and Inuit Health Programs Directorate - Ontario
The Canadian Diabetes Strategy: Aboriginal Diabetes Initiative
Workshop

Jocelyn Bruyere, Vice Chair, Manitoba First Nation Diabetes Committee - Manitoba
Manitoba First Nations Diabetes Strategy: A Call To Action
Workshop

Stewart Harris, Centre for Studies in Family Medicine, University of Western Ontario - Ontario
The Sandy Lake Health And Diabetes Project: A Successful Partnership Between First Nations And Health Researchers In Addressing The Challenges Of Diabetes
Workshop

Karen Graham, Registered Dietitian, Prairie Nutrition Services - Manitoba
Using Meals For Good Health To Teach Good Nutrition In Your Community
Workshop

Alex McComber, Project Coordinator, Kahnawake Schools Diabetes Prevention Project - Quebec
Successfully Addressing Diabetes Among Aboriginal Peoples: Two Unique Projects.
Workshop

Keith Leclaire, Senior Policy Analyst, Kahnawake Shakotiia'takehnhas Community Services - Quebec
Developing A First Nations Community Integrated Approach To The Delivery Of Diabetes
Workshop

Penny Williams, Senior Fitness Instructor & Trainer, Walpole Island First Nation - Health Centre - Ontario
The Moccasin Trail To A Health Life: Walpole Island First Nation
Workshop
Ann Macaulay, Family Physician, Kahnawake Schools Diabetes Prevention Project - Quebec
Successful Participatory Research In Diabetes Prevention With Community Researchers

Workshop

Judi Whiting, Home Care Director, B.T.C. Indian Health Services - Saskatchewan
Diabetes Nurse Education Project
Workshop

Penny Williams, Senior Fitness Instructor & Trainer, Walpole Island First Nation - Health Centre - Ontario
Din A Band 101For Beginners: Resistance Training With Rubber Bands
Workshop

Vanessa Nardelli, R.D., Aboriginal Diabetes Wellness Program - Alberta
Creative Teaching Strategies For Nutrition Education
Workshop

Alex McComber, Activities Coordinator, Kahnawake Schools Diabetes Prevention Project - Quebec
Planning A School Activity For Diabetes Prevention
Workshop

Ann Macaulay, Family Physician, Kahnawake Schools Diabetes Prevention Project - Quebec
Successful Participatory Research In Diabetes Prevention With Community Researchers
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Tom Dearhouse, Kahnawake Schools Diabetes Prevention Project - Quebec

Sylvio Mayo, Diabetes Working Group - Quebec

Rita McComber, Kahnawake Schools Diabetes Prevention Project - Quebec

Kaherawaks Boyer-Jacobs, Kahnawake Schools Diabetes Prevention Project - Quebec

Margie Diabo, Kahnawake Schools Diabetes Prevention Project - Quebec

Treena Delormier, Kahnawake Schools Diabetes Prevention Project - Quebec

Audrey Leader, Assembly of Manitoba Chiefs - Manitoba

Judith Olson, Health Sciences Centre - Manitoba

Elmer Ghostkeeper, Aboriginal Health Services, CHA - Alberta
Diabetes Management: A Holistic And Traditional Way To Wellness
Workshop

SPEAKERS

Hon. David Chomiak, Minister of Health, Manitoba Health

Phil Fontaine, Grand Chief, Assembly of First Nations

Rod Bushie, Assembly of Manitoba Chiefs

David Boisvert, Interim Health Director, Metis National Council

David Chartrand, President, Manitoba Metis Federation

Simon Lucas, Chief, Hesquiaht First Nation, British Columbia

Denis Taschuk, President, Canadian Diabetes Association - Ontario

Stan McKay, Pastoral Care, Health Sciences Centre - Manitoba

Dr. Jeff Henderson, President & CEO, Black Hills Center for American Indian Health – South Dakota

Dr. Michael Perley, Region 3 Hospital Corp., The Carleton Memorial Hospital – New Brunswick

Ashley Iserhoff, - Quebec

Minnie Wapachee-Bosum, - Quebec

Romeo Saganash, Director of Quebec Relations, Grand Council of the Crees (Eeyou Istchee) - Quebec

Jaime Koebel, Canadian Aboriginal Youth Council - Alberta

Joe Lacroix, Elder - Ontario

Stan Green, Elder - Alberta

Eleanor Olson, Elder, - Manitoba

Ida Calmegane, Elder, - Yukon