



National
Aboriginal
Diabetes
Association

Association
Nationale
Autochtone
^{du}
Diabète

ANNUAL REPORT 2017 - 2018

In fiscal year 2017-2018 (FY17), the National Aboriginal Diabetes Association (NADA) received funding from Health Canada – First Nation and Inuit Health Branch in the amount of \$258,000. NADA's work plan activities continue throughout the year and provide ongoing resource development and knowledge sharing of diabetes management and prevention resources to ADI (Aboriginal Diabetes Initiative) workers, NADA members, partners, tribal councils, health centres, key contacts, and others across Canada and the world.

NADA is a networking and knowledge transfer hub for ADI Workers and Community Diabetes Prevention Workers (CDPWs) through the hosting of a CDPW Continuing Education Forum in 2011 and 2013, the national biennial conference in 2016, the creation and maintenance of the CDPW Facebook group

and an on-line information repository for Health Canada reports, and diabetes-related information and resources.

NADA has the infrastructure in place and the ability to leverage funds for major projects, as evidenced in the 2018 National Indigenous Diabetes Conference, the Complete Guide to T2D and DVD project (2012) including in-kind contributions and other revenue sources for hosting major conferences.

Nominal lists of resources and other products are mentioned in this report. The report contains resources that are typically hyperlinked and the reader may have direct access to them simply by clicking on the provided link.

ABOUT THE NATIONAL ABORIGINAL DIABETES ASSOCIATION

Since its inception in 1995, NADA has created and implemented a wide range of clinical, health promotion and support activities which include a national diabetes conferences, a national diabetes resource directory, resources, web links, diabetes presentations, webinars and public service announcements. A nominal listing of popular diabetes resources consists of a

- 'how to' program guide for Aboriginal communities
- a Healthy Living Activities book for grades 4 to 6
- the Eagle Book series which addresses diabetes prevention resource for children in the primary grades
- diabetes guidelines for people living with diabetes and their caregivers
- health promotion resources
- NADA newsletters
- NADA website and other social media portals
- diabetes care sheets highlighting diabetes

prevention, management, mental health, foot care, nutrition, vision care

- poster series targeting Youth, Adult and Elder movement towards healthier lifestyles.

Through the years, NADA has worked locally, regionally and nationally with partners to develop and distribute diabetes resources and education. NADA is recognized for its contribution to various advisory committees and working groups, for identifying issues and increasing community capacity to respond to the alarming diabetes situation among Indigenous peoples, by providing training to CDPWs and health professionals to enhance their abilities to deliver effective diabetes programming and services.

All products produced by NADA and its partners aim to reduce the incidence and prevalence of diabetes among First Nations, Inuit and Métis Peoples and to improve the health status of First Nations, Inuit and Métis individuals, families and communities.

WHO WE ARE

NADA is a not-for-profit members-led organization established in 1995 as a result of the rising rates of diabetes among First Nations, Inuit and Métis Peoples in Canada

OUR VISION

The National Aboriginal Diabetes Association envisions diabetes-free healthy communities.

To achieve this vision the National Aboriginal Diabetes Association is an open, independent, grassroots prominent organization that is the driving force in:

- **Raising awareness about diabetes and First Nations, Inuit and Métis Peoples in Canada.**
- **Advocating for programs and services for First Nations, Inuit and Métis Peoples affected by diabetes.**
- **Promoting healthy lifestyles to prevent the onset or complications of diabetes for First Nations, Inuit and Métis Peoples.**

OUR MISSION

The National Aboriginal Diabetes Association's mission is to lead the promotion of healthy environments to prevent and manage diabetes by working together with people, communities and organizations.

OUR VALUES

Aboriginal Communities & Families are at the front and centre of what we do in connecting with people and communities

Respect of diversity, culture and traditional knowledge of people and communities

Honour and Validation of experiences, wisdom, history, knowledge and cultural differences in building relationships

Caring and Sharing in how we approach people, families and communities in our work

Integrity in the way we strive for excellence and quality in the work that we do

Unity in representing the best interests of people and communities

OUR GOALS

1. **Develop, provide and facilitate resources for diabetes prevention and management, education, research and monitoring.**
2. **Establish and nurture partnerships and collaboration with people, communities and organizations.**
3. **Support people, communities and organizations in developing and enhancing their ability to promote healthy environments.**
4. **Advocate to ensure the epidemic of diabetes among our peoples and communities is a national health priority.**

GOAL

- **Support knowledge exchange, capacity building and partnership development, with a focus on Aboriginal Diabetes Initiative workers, to help reduce the incidence of diabetes among First Nations, Inuit and Métis Peoples**

OBJECTIVE

- **Enhance availability and access to relevant health promotion information and resources pertaining to diabetes and its complications in order to support ADI workers, health care professionals and First Nations, Inuit and Métis Peoples living with diabetes**

NADA WEBSITE

The NADA website is robust with resources, calendar of events, reports, etc. NADA obtains important information on current research, trends, resources, and toolkits, etc, from researchers, non-governmental organizations, provincial and federal governments, First Nations, Inuit and Métis communities, health professionals, pharmacists, and others.

IMPROVED NADA WEBSITE

The NADA website is another stopping place on route to formidable diabetes resources, reports, research and presentations and upcoming events focused on diabetes and its many complications. Resources are uploaded on a monthly basis thus enabling frequent visits to our website. Generally, the number of views per month ranges from 6,000 to 12,000.

POWERPOINT PRESENTATIONS ON NADA WEBSITE

In FY15, NADA Project Manager and Board members initiated redrafting of presentations available on the NADA website, conferring and consulting with content matter experts. NADA membership and colleagues have advised that some presentations on the NADA website contain inaccurate, out of date and misleading information. This process continued into FY17, along with the addition of new presentations, listed below. NADA also benefited from having University of Manitoba Nutritional Sciences and Nursing students placed with NADA as part of their community practicum, during which the Mental Health and Footcare presentations were developed.

These presentations were downloaded from the

NADA website 1218 times in FY17.

Physical Activity

http://nada.ca/wp-content/uploads/2016/pdfs/NADA%20Presentations/2016_Physical_Activity_Presentation.pdf

Childhood Obesity & Diabetes Prevention

http://nada.ca/wp-content/uploads/2017/03/2016_NADA_Childhood_Obesity_T2Diabetes.pdf

Diabetes and Your Feet

http://nada.ca/wp-content/uploads/2017/03/2016_NADA_Diabetes_and_Your_Feet.pdf

Preventing & Managing Diabetes and Your Health

<http://nada.ca/wp-content/uploads/2016/pdfs/NADA%20Presentations/Preventing-and-Managing-Diabetes-and-Your-Health-2016.pdf>

Are We Doing Enough to Get Children and Youth Active? (Courtesy of Elizabeth Proskurnik, Tribal Diabetes Coordinator, SERDC)

<http://nada.ca/wp-content/uploads/2016/pdfs/NADA%20Presentations/2016-Are-We-Doing-Enough-to-Get-Children-and-Youth-Active.pdf>

COMMUNICATIONS AND SOCIAL MEDIA

NADA FACEBOOK PAGE / NADA CDPW FACEBOOK PAGE / TWITTER / INSTAGRAM

The NADA general Facebook page is open to the public. Diabetes resources, news, and information on research, health, lifestyle, events and conferences are



shared through this page, continuing connectivity and knowledge translation on a worldwide platform.

The NADA Community Diabetes Prevention Worker (CDPW) Facebook page was developed to maintain a community of practice with Aboriginal Diabetes Initiative (ADI) workers from across Canada. This social media page is explicit to their needs and includes a forum for communicating and engaging with other ADI workers and access to resources. The CDPW Facebook page enhances knowledge translation as it is updated on a weekly, if not daily, basis.

In FY17, NADA has seen an increase in usage of 100% of the Facebook CDPW group, a 25% increase in usage of the NADA Facebook page, and a 10% increase in usage of the NADA Twitter page. NADA opened an Instagram page in FY16 and currently has 103 followers.

NADA NEWSLETTERS

The NADA newsletter is a bi-monthly feature. Articles are submitted by diverse range of contributors including ADI workers, researchers, healthcare professionals, registered dietitians, and others. The NADA newsletter is distributed digitally through NADA networks, which enables the product to be redistributed through original recipients' networks, and enjoys a readership of over 5000 recipients.

RESOURCE OF THE MONTH

The NADA Resource of the Month is distributed to recipients across Canada. The selection of resource is dependent on the month. For example, the month of May is National Aboriginal Diabetes Day and "Investing in Healthy Breakfast" was distributed throughout that month. Assembly of First Nations (AFN) Grand Chief Perry Bellegarde has referenced

this resource in his call to communities.

Due to staff turnover in the NADA office in late 2016, as well as a migration of membership data from the previous SQL database to the eTapestry internet fundraising and membership system, the regular distribution was interrupted for the months of October to December 2016, and January to July 2017. In FY17, NADA has communicated to membership that the interrupted resource distribution will be compensated by sending two (2) Resources of the Month over five (5) month period.

Resources shared in FY17 include:

- **100 Days of Real Food Recipe Index**
- **Tribal Food and Medicine Gardens**
- **The Nutrition Rainbow**
- **Coping with Anxiety**
- **Seven Day Type 2 Diabetes Meal Plan**
- **Halloween and Diabetes: Tip for handling treats**
- **Healthy Halloween Treats**
- **Awakening the Spirit (Diabetes Awareness for Native Americans)**
- **Rethink Your Drink**
- **17 Everyday Ways to Ease Depression**
- **My Eating Strategy This Holiday (Ditch the Guilt and Enjoy)**
- **Healthy Eating Tips for the Holidays**
- **Diabetes Care (3 Things you should Know)**
- **Top 10 Foods to treat Diabetes**
- **Lightly Processed and Highly Processed Foods**

ENHANCEMENT OF NADA NATIONAL DIABETES RESOURCE DIRECTORY (NDRD)

The NDRD is a national resource listing diabetes resources and, service providers, including Tobacco, Heart Health, Healthy Weights and Physical Activity resources/contacts, etc. The NDRD is updated each year, by contacting former listings and updating information where necessary, as well as researching new and valued listings. Each province and territory is represented in this directory. The end-user may download the complete series, or select her or his province/territory of interest. This booklet is available

at <http://nada.ca/wp-content/uploads/2016/pdfs/Diabetes%20Resource%20Directory/Diabetes-Resource-Directory-2016.pdf>

PROJECTS AND RESOURCES

YOUR HEALTH MATTERS CALENDAR

The 4th edition of NADA's **Your Health Matters Calendar** was published in the 3rd quarter of FY17, and again developed in partnership with the Aboriginal Nutrition Network of the Dietitians of Canada.

The 2018 calendar features 12 Indigenous Registered Dietitians (RD) whom are also members of the Aboriginal Nutrition Network. Each month features a short biography of one RD, a recipe using traditional foods and traditional means of preparation, along with a diet or health tip. As a means of preventing diabetes and other chronic diseases, consumption of traditional and less-processed foods provides not only essential nutrients and healthier ways of eating, but importantly, a connection to culture and honouring our ancestors.

As with previous NADA calendars, each day on the calendar has three spots to record blood sugar levels for people living with diabetes and conducting regular tests.

NADA WEBINARS

Coordination of NADA webinars underwent a necessary rearrangement in FY17, resulting in a lapse in regularity of availability. However, several webinars were presented in FY17 in partnership with the Indigenous Diabetes Health Circle, who provide technical and cultural support. Most of these webinars are housed and available on the IDHC website at <https://idhc.life/webinars/>

In April 2017, NADA presented "**Indigenous Food Sovereignty: Connection with land-based language**", in which Byron Beardy, Food Security Coordinator for Four Arrows Regional Health Authority, discussed his understandings of the connections of land-based language in the context of food from an Indigenous lens.

YOUR HEALTH MATTERS 2018 CALENDAR



Dean Simon is a Registered Dietitian Candidate from the Mi'kmaq community of Flat Bay, Newfoundland and one of few, if not the only male First Nations Dietitian in Canada. He recently completed his internship through St. Francis Xavier University, in Antigonish Nova Scotia, in an Indigenous Nutrition graduate pilot project. He spent time in Mi'kmaq communities in Nova Scotia, and also worked with Inuit and Innu in Labrador. His focus was on integrating Indigenous language into Food Service, Community and Clinical Practice, and is well on his way to fluency in the Mi'kmaq Language, "L'nui'suti".

He has coached with team Mi'kmaq in the Newfoundland summer games and also likes to encourage youth athletics.

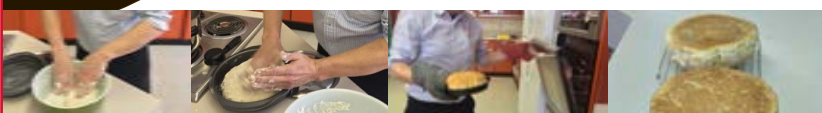
Dean feels very strongly that wild game and other traditional foods should be more widely available in acute care and long term care facilities. Meeting the energy and nutritional requirements of patients is easier achieved with familiar foods. "Everyone could benefit from the lower fat protein".

DEAN SIMON

A Boston Marathon qualifier and participant, Dean encourages dietitians to supplement their credentials with personal training and OWN the physical fitness component of healthy weight management counselling. As a masters runner having run in several university races in his mid-forties, one of his mantras is that ... "You don't stop doing things because you get old, you get old because you stop doing things", so don't let others tell you to slow down.

LUSKNIK - MI'KMAW BREAD

- Preheat oven to 400 F
Nikampise'n pipno'kuom klapis 400 F
- Warm 2 cups of milk.
Ulipis 2 kupsajjik mlakejk.
- Put 4 cups of flour in a large bowl.
Ika'tu 4 kupsajjik wape'jik meskik lapo'liktuk
- Add 3 tsp (1 tbsp) baking powder.
Ankua'tu 3 apje'j'jijik emkwanj'j' apita'taqan
- Add 1 tsp salt.
Ankua'tu 1 apje'j'jijik emkwanj'j' salawei
- Mix all dry ingredients together well.
Wia'qe'n ta'n koqwey pitek lapo'liktuk
- Gradually add warm milk to dry mixture.
sankew kuto'1 mlakej lapo'liktuk
- Knead lightly.
Sankew lusknuwate'n
- Grease pan with butter and add dough.
Make it about 2 inches thick.
Ijaqe'n mlakeju'mi ko'qosikna'kwiktuk aq pija'tu lusknikn. Na'tami 2 mtijnj'ipastej
- Bake for about 25 minutes until top is brown.
Tloqse'n na'tami 25 minitit klapis pqojimqatawamu'k.
- Test by poking with a knife.
If knife comes out clean its done inside.
Waqniktuk kite'n. Waqame'k wa'qna na'kitek.



Did you know?

Mawio'mi dancing is a great way to get the heart pumping... But make sure you are well fueled and stay hydrated!

JUNE 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DIETITIANS OF CANADA NATIONAL CONFERENCE - JUNE 6-9TH IN VANCOUVER, BC.

FATHERS DAY

ST. JOHN BAPTIST DAY (QC)

DISCOVERY DAY (NF & LB)

NATIONAL COMMUNITY OF HEALTH NURSES OF CANADA CONFERENCE - REGINA, SK

TO DO:



Lindsey Cosh from IDHC presented on IDHC's "Holistic Foot Care Model" in a May 2017 webinar. Lindsey spoke about the foot care model, which provides foot care services to Indigenous people that are affected by or at risk of diabetes and its complications. The webinar provided information on the connection between blood sugar control and healthy feet, and what people can do and what tools are needed to ensure that healthy foot care is maintained.

In June 2017, Nicole Lamy, Program Coordinator for the "Community Tables Program" at Food Matters Manitoba, presented on the program and Indigenous Food Security in Manitoba. The program offers training to organizations and communities throughout Manitoba to equip people with the skills and knowledge to run a healthy meal or snacks program. Community Tables provides training from an Indigenous perspective through sacred teachings that have been shared with us about our Indigenous food culture, traditions and celebration. The aim of Community Tables is to improve the health of the community including combating metabolic disease, especially type 2 diabetes.

For October 2017, Gary Manoakeesic and Elliot Fiddler presented on the "Sandy Lake First Nation Health and Diabetes Program". Sandy Lake First Nation is located approximately 260 kms North from Red Lake, Ont. It is an isolated fly-in community with a population of 3,900 people. Gary and Elliot presented on their work in the community. They are concerned with thinking ahead for the next generation to Eat Right, Be Active and Think Positive. They stress the importance of listening and working with each person in a way that suits that person's needs. This builds bridges and improves the chance of people participating in events and programs. The Diabetes Prevention Program gives the people the chance and choices that they can fit into their lifestyles.

For December 2017, Dr. Meghan Azad from the University of Manitoba delivered the webinar "Artificial Sweeteners and the Potential Risks". Dr. Azad is an Assistant Professor of Pediatrics and Child Health at the University of Manitoba. A recent meta-analysis led by Dr. Azad identified major knowledge gaps regarding the long-term cardiometabolic effects of non-nutritive

sweeteners consumption, garnering worldwide attention including over 1200 international media reports. Dr. Azad's research is funded by the Heart and Stroke Foundation of Canada, Research Manitoba, and the Canadian Institutes of Health Research.

In February 2018, Marisa Cardinal, Nutrition/Fitness Advisor at Saddle Lake First Nation Health Centre, presented **"My Life with Diabetes"**. Marisa is a mother of 6 who was diagnosed with gestational diabetes and has developed a passion for fitness as means to manage her diabetes along with nutrition and medication. Marisa shared her personal journey that includes a family history of diabetes and heart disease to where she is today – pursuing fitness and nutrition in her work, her education, and her life.

For March 2018, NADA presented another **Indigenous Food Security and Sovereignty** webinar, featuring Dr. Lee Brown and Coleen Rajotte. This webinar will

featured two acclaimed Indigenous professionals in their fields, both speaking on gardening and medicine picking. Dr. Lee Brown, Cherokee and member of the Wolf Clan, is the Director of the Indigenous Doctoral Program, Department of Education Studies, University of British Columbia (UBC), talked about his experience with Indigenous gardening initiatives at the UBC Farm and its impacts on those involved. One such initiative is the **Culturally Relevant Urban Wellness Program (CRUW)**. This program brings Aboriginal youth in foster care to the garden at the UBC Farm to develop a wide range of skills and competencies through gardening, food preservation, making medicinal teas and salves at the UBC Farm. Coleen Rajotte is an award-winning Cree and Métis Director/Producer who spoke about Indigenous Food Security and why growing our own food is so important. Ms. Rajotte is the host of **"Vitality Gardening"**, an APTN television program about traditional Indigenous gardening and plant medicines.

NON-NUTRITIVE SWEETENERS (NNS)

- Also known as artificial sweeteners
- Don't have an effect on blood glucose
- Much sweeter than regular sugar, about 30-3000 times sweeter. This means less of the NNS needs to be used
- Contain little to no calories
- Found in "diet" or "low-calorie" food/drinks

VS

NUTRITIVE SWEETENERS

- Provide energy (calories) from carbohydrates
- Raise blood glucose levels
- Found naturally (fruits, milk). Added to foods (honey, brown sugar, high fructose corn syrup, lactose)

National Aboriginal Diabetes Association | Association Nationale Autochtone Diabète

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103 - 90 GARRY STREET
WINNIPEG MANITOBA
R3C 4H1
1-877-232-6232

NON-NUTRITIVE (ARTIFICIAL) SWEETENERS

ARE THEY RIGHT FOR YOU?

www.nada.ca

THINGS TO REMEMBER WHEN CONSUMING NNS:

- NNS shouldn't replace nutritious food/drinks.
- Other ingredients in the food/drink may provide carbs or calories. For example: milk or cream in coffee has calories and carbs.
- Continue to monitor your food/drink intake. Avoid consuming extra calories to 'make up' for the lack of energy from the NNS.

CONCERNS WITH NNS

- **SAFETY:** use only Health Canada approved sweeteners (see next section). Consume these in moderation
- **TASTE:** Some may leave an aftertaste, compared to regular sugar. For example, a metallic or bitter aftertaste

WHY USE NNS?

- When trying to limit sugar
- Lowers calorie content of foods
- Play a role in weight loss/management
- Decrease dental cavities and tooth decay

OPTION FOR PEOPLE WITH DIABETES:

- If the taste of these sweeteners are preferred
- Want to reduce the amount of carbs consumed
- Want more options in the diet when carb counting

ARE NNS SAFE?

- For the most part, yes
- Pregnant and breast feeding women should consume them in moderation. Choose nutritious options when available
- Children and infants shouldn't consume NNS because they lack nutrients and energy

EXAMPLES

Non-nutritive sweeteners that are Health Canada approved.

SWEETENER	COMMON NAME	WHERE TO FIND IT
Acesulfame-K (Ace-K)	Sweet One® Sunett®	Packaged food and drinks
Aspartame	Equal® Nutrasweet®	Packets & added to cold foods and drinks
Cyclamate	Sugar Twin® Sweet'N Low® Sucral®	Packets, tablets, and liquid form
Saccharin	Hermesetas®	Tablet form
Sucralose	Splenda®	Packets & added to foods and drinks
Steviol Glycosides	Stevia, Truvia	Packets & added to foods and drinks

NADA TRADITIONAL FOODS GUIDE

NADA began developing a resource booklet, entitled **"Gifts from our Relations"** in FY16. The booklet will consist of 20-30 commonly consumed traditional foods (plants/animals) that are indigenous to lands in Canada.

The purpose of the resource is to create an easy-to-read, visual resource with practical information that individuals, organizations, health professionals, and registered dietitians may provide to perspective clients or use personally. The goal is to promote consumption of traditional foods for improved diabetes management and to strengthen cultural identity in Indigenous communities.

NADA plans to complete the booklet in FY18. Local Elders from each region, such as Elders from the Centre for Aboriginal Health Education, University of Manitoba, will be consulted.

THE ANISHINAABE PLATE

In FY16 NADA began work on a forthcoming series of "portion plates", based on the "Anishinaabe Plate" developed by Food Matters Manitoba.

Food Matters Manitoba (FMM) had initially developed the Anishinaabe Plate with a group of students and Elders from Brokenhead Ojibway Nation and

Sagkeeng First Nation. The plate integrates both nutrition information and Anishnaabe teachings that encourages youth to eat in a healthy way from foods harvested on the land that are now incidentally seen as world-class in both their flavor and nutrient content.

NADA approached FMM to partner and update the Plate, eventually producing plastic portion plates similar to those used regularly by dietitians to convey portion sizes. The updated version of the Plate will also include traditional teachings around food, to foster celebration of Anishinaabe foods and language, and encourages positive eating habits. NADA also wishes to use the Anishinaabe Plate as a model for future cultural, regional and language-related Plates for other Indigenous Peoples in Canada. Numerous plates already exist that separate food groups but few make any mention of Indigenous foods or use the language to any great extent. A physical plate will be a great giveaway and a teaching tool for further encouraging healthy eating rooted in culture.

The Plate is expected to be ready for production in FY2018.

FIRST NATIONS, INUIT AND MÉTIS FOOD SOVEREIGNTY ASSESSMENT BUNDLE

In FY16 NADA begun work on an adaptation of the **Food Sovereignty Assessment Tool** developed by the First Nations Development Institute (U.S.), now in its 2nd edition. The Tool provides context on the food security movement in First Nations communities in the United States, and provides a resource for thinking about food systems in communities and what can be done to regain control of Indigenous food systems. Recently, in conversation with an Elder in Winnipeg, it was suggested the “tool” be reinvisioned as a “bundle”, to better reflect its intention of healing and holding people together.

As there is no similar tool for use in Canada, food sovereignty and food security are issues experienced by many First Nations, Inuit and Métis communities across Canada, NADA has determined a tool similar to the FSAT would be beneficial to these communities.

NADA hopes the Canadian adaptation of this tool will assist First Nations, Inuit and Métis communities



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HIGH FRUCTOSE CORN SYRUP

WHAT IS HFCS?

High Fructose Corn Syrup (HFCS) is a sweetener which can replace regular sugar. It is made from cornstarch. In Canada, HFCS is called “fructose glucose” in the ingredient list. When HFCS is made, half of the glucose molecules are changed to fructose.

WHERE IS HFCS FOUND?

HFCS is found in foods with added sugars. This could include soft drinks, sweetened fruit drinks, canned fruits, jams, ketchup, and boxed desserts. HFCS is added to these products because it is cheaper to use than regular sugar.

CAN HFCS AFFECT HEALTH?

Just like sugar, HFCS adds extra calories to foods/drinks. Extra calories can contribute to obesity. Many other health conditions are related to obesity, such as heart disease and diabetes. Digestive issues, like bloating and gas, may also be caused by eating HFCS.

DO ALL FOODS HAVE ADDED SUGARS?

Some foods contain sugars that have not been added, these are natural sugars. Foods such as fruits, vegetables, and milk have sugars that occur naturally. These sugars are part of that nutritious food, and are ok to consume.

ALTERNATIVES TO HFCS FOOD/DRINKS?

- Recommended to limit added sugars. This includes HFCS, but this also includes other added sugars. Names of other added sugars include: brown sugar, fructose, white sugar, molasses, raw sugar, dextrose, etc.
- Can limit added sugars by swapping water for soda drinks & 100% fruit juice for sweetened fruit drinks. Look for foods that say “no added sugar” or “unsweetened” or “reduced or lower in sugar”. These products will have little to no added sugars compared to similar products.
- Don't enjoy drinking plain water? Try adding fruits, vegetables, or herbs to give water more flavour. For example: add 2 halved strawberries and 4 mint leaves to a water bottle.



REFERENCES: eRight Ontario (2016) <http://www.eatrightontario.ca/en/Articles/Carbohydrate-and-Sugar/What-you-need-to-know-about-high-fructose-corn-syrup>



**YOU CAN
DO THIS
AT HOME!**



Have snacks with no added sugar in your home to promote healthy eating.

RECIPE: UNSWEETENED APPLESAUCE

PREP TIME: 5 minutes
COOK TIME: 15 minutes
TOTAL TIME: 20 minutes
YIELD: about 5 cups

INGREDIENTS

- 3 lbs apples (of your choice)
- ½ cup water
- ½ tsp cinnamon

DIRECTIONS

- 1 Slice and core apples; don't need to peel them unless you want to
- 2 Place all ingredients in a large pot or saucepan and set over medium heat. Cover and cook for 15-20 minutes or until tender
- 3 Use a masher, blender, or food processor to “puree” the apples. Can mash or mix them to your desired smoothness. Let the applesauce cool to room temperature then can be stored in refrigerator for up to one week. Can also freeze the applesauce for up to 12 months in sealed containers, leaving one inch of headspace.

RECIPE BY: Life Made Simple (2016)
lifelivedsimply.com/2016/08/home-made-unsweetened-applesauce/

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www.nada.ca

HIGH FRUCTOSE CORN SYRUP POSTER

in assessing and controlling their food systems and to help build capacity within communities that will lead to a movement for systemic change, resulting in healthy and sustainable food systems within their communities.

In FY17, NADA partnered with the Manitoba First Nations Education Resource Centre (MFNERC) to further develop the bundle. There are plans for pilot-testing the bundle in a variety of communities in FY18 with an expectation to have the bundle published by the end of FY18.

HEALTHY LIVING COLOURING BOOKS FOR INDIGENOUS CHILDREN AND YOUTH

In FY16 NADA initiated a project that will result in a series of colouring books for Indigenous children and youth. NADA recognizes the current trend of

colouring books as teaching tools, and is in the process of developing colouring books designed to teach children and youth about the benefits of eating and living healthy, framed in culture and language teachings.

Initial discussions determined that NADA is unable to solely fund the completion of this resource and partnerships were pursued. In FY17, NADA developed a partnership with the Manitoba First Nations Education Resource Centre (MFNERC) to publish the books. The first book is expected to be published in the last quarter of FY18.

CONFERENCES AND EVENTS

NADA BIENNIAL CONFERENCE 2018

While the biennial conference was slated to be held in 2015, due to unforeseen circumstances and turnover in NADA management it was postponed until FY16. This shift resulted in the next biennial conference occurring in April 2018. As this conference took place in FY18, reporting on the conference will be more in-depth in the FY18 annual report. However, it is necessary to note that due to the small number of NADA staff and limited budget, that does not allow for contracting of a conference planner, NADA staff were heavily involved in conference preparation from September 2017 to April 2018, resulting in prioritization of conference planning over regular NADA activities and projects.

Conference planning took place during the 2017 fiscal year, and was conducted with conference partners, the Mi'kmaw Native Friendship Centre and the Atlantic Policy Congress of First Nations Chiefs Secretariat.

NATIONAL ABORIGINAL DIABETES AWARENESS DAY

In 1999, AFN National Chief Phil Fontaine proclaimed the first Friday in May as National Aboriginal Diabetes Awareness Day (NADAD). In FY16, NADA switched from distribution of resources to a public event providing resources, information and engaging activities. The goal of this event was to raise awareness of diabetes by showcasing and providing diabetes education and prevention resources.

Due to low attendance for NADAD events over the past couple of years, NADA determined it was not fiscally responsible to hold any more public NADAD gatherings and in FY17 NADA held the last event, for the time being, at the Thunderbird House in Winnipeg. Wabanakwut Kinew, leader of the Manitoba NDP party, provided opening remarks and a round dance song. Knowledge Keepers Ko'ona Cochrane and Sherry Copenace provided an opening prayer and water ceremony, respectively. The Keewatin Otchitchak Traditional Women's Drum Group sang a couple songs for attendants. Local traditional gardening guru Audrey Logan provided a teaching on Three Sisters Soup and made some to share with participants. SpiritFusion Yoga held a yoga session after lunch, and the Aboriginal Youth Mentorship Program showed participants the Screaming Eagle Game and others. Kiana Fontaine provided a teaching on the Jingle Dress Dance and how it contributes to her health. Jasmine Tara gave a talk on food security and a deer steak cooking demonstration.

FACE TO FACE DISTRIBUTION OF NADA RESOURCES AND NADA PRESENCE IN COMMUNITIES AND AT EVENTS AND CONFERENCES

NADA participates in community events, trade shows, health fairs, conferences and gatherings where possible and when invited, to share information and resources, and connect and network with community members, ADI workers, health directors and staff, physicians, researchers, and the general public.

NADA travelled to the following destinations in FY17:

- **Manitoba First Nations Diabetes Leadership Council**
- **Fisher River First Nation Health Fair**
- **National Aboriginal Physical Activity & Wellness Conference**
- **Lake St. Martin First Nation Health Fair**
- **Indigenous Diabetes Health Circle Regional Conference**
- **Peguis First Nation Health Fair**
- **University of Manitoba Indigenous Health Research Symposium**
- **Norway House Cree Nation Diabetes Conference**

GOAL

- **Build and maintain key partnerships with non-government and professional organizations to address diabetes and Aboriginal Peoples by working together in a culturally relevant manner in promoting healthier lifestyles among Aboriginal Peoples today and for future generations**

OBJECTIVE

- **Maintain existing and increase linkages for new partnership opportunities and working alliances in development of diabetes resources, research (advocacy, support, data collection, reporting) and programs and services**

PARTNERSHIPS

FOOD MATTERS MANITOBA

In addition to the Anishinaabe Plate partnership between NADA and Food Matters Manitoba (FMM), NADA lent support to FMM's proposal for Phase III of **"Our Food, Our Health, Our Culture"**. ***Our Food, Our Health, Our Culture*** is an opportunity to further implement strategies that provide effective health interventions for Indigenous children and youth that promote a positive outlook on the contribution of traditional ways and foods to reduce incidence of type 2 diabetes.

IMD HEALTH

NADA continues to work with iMD by providing and ensuring that newly developed resources such as Community Health presentations and Your Health Matters Calendars are available for download on the iMD system. Furthermore, NADA is working closely with iMD on rolling out their new cloud platform "Pinga". NADA members and communities have been offered

exclusive access to "Pinga" at no cost through a series of promotional and social media messages.



**NAIG 2017 TRAVEL AWARD WINNER
BRYNN WUTTUNEE WITH NADA BOARD
DIRECTOR DR. AGNES COUTINHO**

ONGOMIIZWIN INSTITUTE OF HEALTH AND HEALING

In FY17 NADA collaborated with Ongomiizwin on a number of grant applications for diabetes-related research.

"A Call to Action towards Food Equity" is a project with Dr. Natalie Riediger on a Canadian Institutes of Health Research-funded study using Canadian Community Health Survey Nutrition Survey data from 2004 and 2015. The study is measuring changes over time in disparities in diet quality and food security between off-reserve Indigenous and settler populations in Canada. Data analysis is ongoing and dissemination activities begin in summer 2018.

"Sticky Money: Exploring the acceptability of a sugar-sweetened beverage tax among Canadian Indigenous populations". NADA has partnered with Dr. Natalie Riediger to explore the acceptability and potential impacts of proposed sugar-sweetened beverage taxes among on- and off-reserve Indigenous peoples, with a focus on treaty law, equity, and stigma. The Canadian Institutes of Health Research approved funding beginning April 1, 2018. Aboriginal Youth Opportunities, and Four Arrows Regional Health Authority are also partners on the proposed research project.

"Food as Medicine". NADA has partnered with **Aboriginal Youth Opportunities**, and **Dr. Joyce Slater** and **Dr. Natalie Riediger** (UofM) to develop a community engagement series focused on food. Initially funded through a Centre for Healthcare



REPRESENTATIVES FROM THE FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT (FNHSSM), ONGOMIIZWIN, NATIONAL ABORIGINAL DIABETES ASSOCIATION AND ABORIGINAL YOUTH OPPORTUNITIES (AYO) ATTENDING A CENTRE FOR HEALTHCARE INNOVATION MEETING TO RECEIVE A "PATIENT AND PUBLIC ENGAGEMENT" GRANT

Innovation Patient Engagement Fund, the study hosted 3 events over the 2017-2018 year ("Food as Medicine", "Food as Love", and "Food as Resistance") to engage Winnipeg's North End community in conversations about food. The goals of these engagement activities are to

- 1) inform and disseminate research findings;
- 2) to inform and disseminate information on the activities of Winnipeg's new Food Council (Dr. Slater);
- 3) build community relationships through food; and
- 4) to engage trainees in community events.

These events took place in conjunction with regular 'Meet me at the Bell Tower' events that occur Fridays at 6pm.

CANADIAN INSTITUTES OF HEALTH RESEARCH

With relation to the Canadian Institutes of Health Research (CIHR), NADA has become increasingly involved in CIHR funding initiatives in FY16. Aside from the research proposals detailed earlier in this report, NADA is a partner in two Mentorship Network Programs funded under CIHR's *Indigenous Mentorship Network Program (IMNP)*, the [Indigenous Mentorship Network of the Pacific Northwest \(IMN-PN\)](#) and the [Prairie Indigenous Knowledge Exchange Network \(PIKE-Net\)](#).

NADA has lent support to projects under the

Pathways to Health Equity for Aboriginal Peoples signature initiative, namely two of the *Partners for Engagement and Knowledge Exchange (PEKE)* and a couple of the *Implementation Research Teams (IRTs)*. NADA participates in advisory committees for IRT projects such as "**Embracing A Vision for Indigenous Health: Community Access to Prevention, Self-management and Integrated Diabetes Services in the BC Interior**", "**TransFORMATION of IndiGENous PrimARy HEALthcare (FORGE AHEAD) diabetes quality improvement (QI) program**", and the "**Community Mobilization Training for Diabetes Prevention: Implementation and scale-up of a best practice training model for diverse Indigenous communities (KSDPP)**".

Canada's *Strategy for Patient-Oriented Research (SPOR)* is about ensuring that the right patient receives the right intervention at the right time. Patient-oriented research refers to a continuum of research that engages patients as partners, focuses on patient-identified priorities and improves patient outcomes. The objective of SPOR is to foster evidence-informed health care by bringing innovative diagnostic and therapeutic approaches to the point of care, so as to ensure greater quality, accountability, and accessibility of care. NADA participates in the Steering Council for the **Diabetes Action Canada (DAC)**.

"TYPE 2 DIABETES MELLITUS IN CANADA'S FIRST NATIONS: STATUS OF

AN EPIDEMIC IN PROGRESS”

In the last quarter of FY15, NADA initiated a project in partnership with the First Nations Information Governance Centre (FNIGC) to update an article published in the Canadian Medical Association Journal (CMAJ) in 2000 titled, “Type 2 diabetes mellitus in Canada’s First Nations: status of an epidemic in progress” and authored by T. Kue Young, Jeff Reading, Brenda Elias, and John D. O’Neil.

In FY17, the update of the article took on a new direction following NADA’s meeting with representatives of the First Nations Information Governance Centre (FNIGC). NADA and FNIGC have agreed to a partnership to develop a report on diabetes based on data from the 2016 First Nations Regional Health Survey to present an accurate and up-to-date analysis on diabetes prevalence and incidence in First Nations communities. The partnership will seek Indigenous graduate students to co-author the report, and is expected to be published in late FY18.

NORTH AMERICAN INDIGENOUS GAMES AND UNIVERSITY OF GUELPH-HUMBER

In FY17, NADA collaborated with the University



ONGOMIIZWIN, NADA & ABORIGINAL YOUTH OPPORTUNITIES (AYO) HOSTING THE FIRST “FOOD AS MEDICINE” BELLTOWER EVENT

of Guelph-Humber to present travel awards to four Indigenous youth athletes competing at the North American Indigenous Games (NAIG), which took place in Toronto. NAIG is the largest sporting and cultural gathering for Indigenous Peoples in North America, and an event that brings together athletes from all over Turtle Island every 3 years.

At NADA, we saw this event as an excellent opportunity to engage with youth and get their perspective on the importance that physical activity and exercise have on their health. The organizers of the award wanted to raise awareness among youth about the powerful impact that physical activity has on improving and maintaining health and wellbeing.



NAIG 2017 TRAVEL AWARD WINNERS (L-R) FEARENCE FRANCIS, DANIELLE SINCLAIR, AND MAYA WATSON

GOAL

- Ensure that NADA work plan activities, diabetes resources, and operational responsibilities function with utmost efficacy

OBJECTIVE

- Evaluate the efficacy of the NADA work plan, diabetes resources and operational performance

OPERATIONS

NADA OFFICE

The NADA office experienced high turnover in the Administrative/Office Coordinator position in FY17. A new Administrative Coordinator was hired in early FY18.

WORK PLAN SESSION

The NADA Board of Directors met in Winnipeg in the last quarter of FY16 to develop a 2-year strategic work plan 2017-2019, thus there was no meeting for strategic planning in FY17. As NADA will be entering a new Contribution Agreement for FY19, that NADA Board will meet in late FY18 to develop a new work plan.

NADA ANNUAL GENERAL ASSEMBLY

NADA held its 17th Annual General Assembly on September 19, 2017, in Niagara Falls, Ontario. As NADA was hosting the annual Face to Face Gathering for the First Nations and Inuit projects under the Federal Tobacco Control Strategy in Niagara, the NADA Board decided to hold the AGA at this time as an add-on to the 2017 Indigenous Diabetes Health Circle annual conference. This AGA enjoyed the attendance of a small percentage of NADA membership. At this AGA, David Gill was elected as a new NADA Board Director.

NADA STUDENT PLACEMENTS

During FY17, NADA hosted two (2) practicum students from the University of Manitoba and one (1) from Red River Community College. **Rianna Tonn**, a student in Nutritional Sciences, helped NADA develop a few nutrition and diet-related resources. **Fortune Wokoma**, a student in Community Health Sciences, helped NADA draft responses to the Truth and Reconciliation Commission's Calls to Action.

NADA's responses to the Calls to Action will be shared in FY18. **Angela White**, a student in with Red River Community College's Computer Applications for Business Course, assisted NADA with day-to-day operations and hosting of the NADA information booth at events around Winnipeg.

The upcoming fiscal year will see more placements at the NADA office, as well as continued opportunities for students and volunteers to attend NADA-related events and conferences.

Indigenous Food Security and Sovereignty in Action:
Traditional Gardening and Medicine Picking

The advertisement features a blue background with a green header. It includes a photo of a man in a blue cap on the left and a photo of a woman in a white lab coat on the right. In the center, there are three logos: the Indigenous Diabetes Health Circle logo, a circular logo with a stylized 'A' and 'D', and the University of Manitoba logo. Below the images, the text reads "SOADI.CA ADVERTISEMENT FOR MARCH 2018 WEBINAR".

The advertisement features a blue background with a green header. It includes a photo of a woman with brown hair on the left and a photo of a stack of colorful brochures on the right. In the center, there are three logos: the Indigenous Diabetes Health Circle logo, the University of Manitoba logo, and a circular logo with a stylized 'A' and 'D'. Below the images, the text reads "SOADI.CA ADVERTISEMENT FOR DECEMBER 2017 WEBINAR".

GOAL

- Support First Nations, Inuit and Métis communities/organizations to establish comprehensive tobacco control strategies and interventions aimed at reducing and preventing tobacco misuse, including reducing smoking rates

OBJECTIVE

- Facilitate knowledge exchange, promote networks, provide support to FTCS recipients and share resources, tools and services performance

FIRST NATIONS AND INUIT COMPONENT OF THE FEDERAL TOBACCO CONTROL STRATEGY

FNI-FTCS COMMUNITY OF PRACTICE

As part of the First Nations and Inuit Component of the Federal Tobacco Control Strategy, NADA manages a Community of Practice comprised of FNI-FTCS project representatives who have developed and implemented comprehensive commercial tobacco control projects in First Nations and Inuit communities.

Projects were invited to participate in the National Forum on the Future of Tobacco Control in Canada in Ottawa in March 2017 and hosted by Minister of Health Jane Philpott. The forum brought together provincial and territorial governments, Indigenous leaders and organizations, non-governmental organizations, academics, health professionals, youth, and international experts to discuss new and innovative approaches to commercial tobacco

control in Canada.

As the Federal Tobacco Control Strategy was up for renewal in FY18, several project managers from the Community of Practice met in Calgary, Alberta, from July 24 to 26, 2017, to develop a position paper to inform the renewal of issues unique to First Nations and Inuit communities. The position paper, "[2017 FNI FTCS COP Respecting Tobacco: A Discussion Paper to Inform the Future Federal Tobacco Control in Canada](#)", provides an overview of input received from the First Nations and Inuit Federal Tobacco Control Strategy Community of Practice for their views on the future of Tobacco Control in Canada since the National Forum on the Future of Tobacco Control in Canada held in Ottawa on March 1-2, 2017 until September 2017. The First Nation and Inuit FTCS Community of Practice are comprised of 16 projects and 3 strategies funded by the FTCS and provide services to 363 First Nations and Inuit communities across Canada. The purpose of this paper is to include First Nation and Inuit perspectives from a project delivery viewpoint on the future of the Tobacco Control Strategy.



FIRST NATIONS & INUIT COMPONENT OF FEDERAL TOBACCO CONTROL STRATEGY
COMMUNITY OF PRACTICE GATHERING, SEPTEMBER 2017

The Community of Practice Face-to-Face Gathering was held September 18 and 19, 2017, in Niagara Falls, Ontario, NADA held its 17th Annual General Assembly on September 19, 2017, in Niagara Falls, Ontario, as an add-on to the 2017 Indigenous Diabetes Health Circle annual conference. The "[2017 FNI-FTCS CoP Gathering Report](#)" for this meeting was published on the NADA website and shared with the Community of Practice and FNIHB.

The Face-to-Face Gathering was attended by all Community of Practice projects as well as regional and national representatives from the First Nations and Inuit Health Branch (FNIHB), and used a Sharing Circle for participants to convey their successes and challenges in implementing their smoking cessation activities. Project Coordinators met in a circle to discuss, as a group, the six essential elements of the Federal Tobacco Control Strategy, which are:

1. Protection
2. Reducing Access to Tobacco Products
3. Prevention
4. Education
5. Cessation
6. Data Collection and Monitoring

The circle allowed for Coordinators to share knowledge and experiences from their project activities in their respective communities. The FTCS projects engaged in a visionary process in they identified their vision for the health and wellness of their communities – in this case with respect to non-commercial use of tobacco. In order to achieve this vision, it was necessary to first

gain an understanding of the current situation and describe the current status of projects. Relationship building is a key activity for the FTCS projects to achieve their objectives to engage advocates, community groups, leadership and individuals to support the vision of the projects.

On-going communications and engagement continues for the Community of Practice through a FTCS CoP Facebook group and through emails and conference calls. Conference calls have been held bi-monthly to discuss a variety of topics. FTCS recipients who were unable to attend conference calls were given meeting minutes which assisted in the knowledge sharing and supported knowledge exchange.

In FY17 the "[FNI-FTCS 2016-2017 Annual Outcome Report](#)" was published and shared with the FTCS Community of Practice, First Nations and Inuit Health Branch (Health Canada) and NADA membership. The Report has been circulated to the NADA network as a Resource of the Month and is available to the public on the NADA website at

As well, the "[FNI-FTCS Three Year Annual Outcome Report 2014-2017](#)" was published on the NADA website and shared with the Community of Practice.



**FIRST NATIONS & INUIT COMPONENT OF FEDERAL TOBACCO CONTROL STRATEGY
COMMUNITY OF PRACTICE GATHERING, SEPTEMBER 2017**

Steps to consider

Step 1: Enjoy a variety of foods.

- Include fruits, vegetables, meats or alternatives, dairy choices, and carbohydrates every day.
- Focus on serving sizes. Choose reasonable portions sizes to meet your needs.



Step 2: Focus on carbohydrates.

- Choose the right amount of carbohydrates for you.
- Include high fibre and whole grain carbohydrates.
- Know the proper serving sizes for one serving of carbohydrates. Use nutrition labels and approximate measuring if measuring cups and scales are not available.
- Record the amount of carbohydrates you consume at each meal.

Step 3: Monitor effects on glucose level.

- Work with your health care provider to keep track of your blood glucose levels.



National Aboriginal Diabetes Association | Association Nationale Autochtone Diabète

103 - 90 GARRY STREET
WINNIPEG MANITOBA
R3C 4H1
1-877-232-6232



National Aboriginal Diabetes Association | Association Nationale Autochtone Diabète

Carbohydrate Counting & Diabetes What you need to know



The National Aboriginal Diabetes Association envisions diabetes-free healthy communities

www.nada.ca

What are carbohydrates?

Carbohydrates (carbs) are a major nutrient found in food and drinks. Carbs are broken down into glucose (sugar) and these are the main source of energy for our body to use. Other names for "carbs" are "fibre", "starch", and "sugar".

- Fibre helps to control blood glucose. Choose foods that are whole grain or contain more than 4g of fibre.

How many carbohydrates should you eat?

- Women: 45-60g carbs per meal and 15-30g carbs per snack.
- Men: 60-75g carbs per meal and 15-30g per snack.
- One serving of carbs is about 15g...so for each meal you can choose about 4 servings of carbs.

Here are some examples of foods that are one serving (15g) of carbohydrates:

Food Item	Serving Size
Bannock	1.5 x 2.5 inch piece
Rice (brown and white, long grain, cooked)	1/3 cup (75ml)
Barley, quinoa, couscous, whole grain pasta (cooked)	1/2 cup (125ml)
Saskatoon berry, blueberry, elderberry	1 cup (250ml)
Corn	1/2 cup
Maple syrup	1 Tbsp (15ml)

Along with carb-containing foods, choose foods low in carbs to meet your other nutrient needs.

Food Item	Serving Size
Carrots, onions, mushrooms	1/2 cup
Salmon, goose, deer, turkey	2.5 oz., 75g
Eggs	1 large
Nuts and seeds	1 Tbsp

Navigating a food label

Example food: Pasta

Nutrition Facts	
Serving Size: 1.5 cup (75g) Dry Wt. About 1 cup cooked	
Amount Per Serving	
Calories 170 Calories from Fat 10	
Total Fat 1g	2%
Saturated Fat 0g	0%
Trans Fat 0g	0%
Cholesterol 0mg	0%
Sodium 0mg	0%
Potassium 100mg	2%
Total Carbohydrate 37mg	12%
Dietary Fiber 0g	0%
Sugars 0g	0%
Protein 4mg	8%
Vitamins	Thiamine 10%
Niacin 15%	Folate 6%

Serving size matters! This is double the serving size for pasta, so this will count for 2 servings of carbs.

This pasta has about two servings of carbs. The points of fibre do not count towards your carbs because fibre is good for blood glucose.

No food label? Quick tips and tricks

Quick guide to help determine serving sizes of foods:

- 1 Tbsp = 1 thumb
- 1/2 cup = 1/2 fist
- 1 cup = 1 fist
- 2.5 oz. = palm of hand



Image source: <https://www.eyebond.com/diet/eyebond>

SOADI.CA ADVERTISEMENT FOR OCTOBER 2017 WEBINAR

POSTER FOR 2017 NADAD EVENT



CARBOHYDRATE COUNTING BROCHURE

SOADI.CA ADVERTISEMENT FOR FEBRUARY 2018 WEBINAR

POSTER FOR FOOD AS MEDICINE EVENT

**NATIONAL ABORIGINAL DIABETES ASSOCIATION
STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2018**

	Health Canada	Federal Tobacco Control Strategy	Other Activities	2018	2017
Revenue					
Grant Revenue					
Health Canada	\$ 200,000	58,000	-	258,000	240,000
Interest Income	-	-	358	358	1,655
Memberships	-	-	1,415	1,415	435
Donations	-	-	2,501	2,501	281
Other revenue	-	-	6,551	6,551	230
	<u>200,000</u>	<u>58,000</u>	<u>10,825</u>	<u>268,825</u>	<u>242,601</u>
Expenses					
Accounting fees	-	-	4,058	4,058	4,072
Bank charges and interest	-	-	1,367	1,367	1,717
Conference costs	14,574	29,485	-	44,059	55,598
Evaluation	-	22,890	51	22,941	21,616
Honorarium	3,141	-	-	3,141	1,300
Insurance	2,218	-	-	2,218	2,218
Office expenses	3,294	-	13,109	16,403	9,847
Office occupancy costs	18,238	-	-	18,238	18,617
Professional fees	-	-	8,951	8,951	7,816
Program resources	13,720	7,581	825	22,126	31,030
Salaries and benefits	126,702	-	-	126,702	121,156
Subcontract	-	-	951	951	2,923
Telephone	2,093	-	-	2,093	2,967
Travel	22,185	1,603	-	23,788	25,020
Website	-	-	5,100	5,100	15,338
	<u>206,165</u>	<u>61,559</u>	<u>34,412</u>	<u>302,136</u>	<u>321,235</u>
Deficiency of revenues over expenses	<u>\$ (6,165)</u>	<u>(3,559)</u>	<u>(23,587)</u>	<u>(33,311)</u>	<u>(78,634)</u>



National
Aboriginal
Diabetes
Association

103 - 90 GARRY STREET
WINNIPEG MB R3C 4H1
NADA.CA

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