

3rd National Conference on Diabetes and Aboriginal Peoples

“Creating a Vision for Our Future”

January 28 – 31, 2004
Vancouver, British Columbia

Conference Report

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Section One:

Introduction

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We acknowledge and thank the many sponsors of the 3rd National Conference on Diabetes and Aboriginal Peoples for their contributions to this event.

Elders

Elder Dr. Simon Lucas, British Columbia Elder Doug Knockwood, Nova Scotia
Elder Velma Orvis, Manitoba Elder Ida Calmegane, Yukon

Conference Planning Committee

Kandice Léonard (Chair) Ida Labillois-Montour
Kevin Armstrong Alex M. McComber
Ginette Bisson Carol Seto

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Jonathon Jones Ginette St. Armant
Cynthia Kolada Kate Tocke
Amanda Younka

Conference Co-ordinator

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A special thank-you and note of appreciation is given to all of the Elders, Organizing Committee Members, Elders, and Volunteers. Your time and effort contributed to a successful and memorable conference.

Conference Overview

"By creating personal and collective visions, we set our nations on paths of healing and wellness. This means not only for us today, but for our children, grandchildren and those generations of faces yet to come."

- Alex M. McComber

The National Aboriginal Diabetes Association's 3rd National Conference on Diabetes and Aboriginal Peoples was held at the Hyatt Regency, Vancouver, British Columbia. Over 400 participants from across Canada attended the conference on January 28-31, 2004.

This year's theme was **"Creating A Vision for Our Future"** with breakout workshops organized around "Grassroots", "Healthcare" and "Scientific" presentations. Delegates attended poster sessions, exhibits and arts and crafts displays in hearing, seeing, participating and in sharing the "good medicine" from across Canada.

Conference Goals ...

- Increase awareness and knowledge of the seriousness of diabetes in Aboriginal communities.
- Promote culturally appropriate education and training for all people working with diabetes and Aboriginal peoples.
- Promote community-based research practices in Aboriginal communities.
- Promote collaborative action among Aboriginal communities, institutions and researchers.
- Promote community capacity development in the prevention of diabetes in Aboriginal peoples.

Conference Objectives...

- Provide a forum for participants to come together in a spirit of sharing and support.
- Stimulate discussion on practical approaches for diabetes education, prevention, care, surveillance and research.
- Share information on community initiatives and resources.
- Provide networking and partnership opportunities.



Section Two:

Opening

Opening Plenary

Opening Prayer

Opening prayer was given by:

- **Elder Dr. Simon Lucas**, British Columbia;
- **Elder Velma Orvis**, Manitoba;
- **Elder Doug Knockwood**, Nova Scotia; and,
- **Elder Ida Calmegane**, Yukon.

Welcome and Greetings

The delegates to the 3rd National Conference on Diabetes and Aboriginal Peoples were welcomed by the Conference Tri Chairpersons and National Aboriginal Diabetes Association Board Directors:

- **Solomon Awashish**;
- **Freda Lepine**; and
- **Alex McComber**.

National greetings were brought by:

- **Marie-France Lamarche**, Director, Chronic Disease Prevention, First Nations and Inuit Health Branch, Health Canada;
- **Vice-Chief Jason Goodstriker**, Regional Chief, Alberta, Assembly of First Nations; and,
- **Harley Desjarlais**, President, Métis Provincial Council of British Columbia, Minister responsible for Health, Métis National Council.

Alex McComber brought greetings from the National Aboriginal Diabetes Association. He encouraged all delegates to attend the presentations, workshops and poster sessions in sharing and learning from each other and in bringing back home the message of diabetes prevention, education, care, research and surveillance.

*"The opportunity to find things
that we can bring back to our
families and communities is here,
what we do with these will be up to
each of us."*

—Solomon Awashish

Keynote Speakers

Healthy living – improving my life

Shane Wilson, Bishopville, Nova Scotia

Shane Wilson is a 29-year old member of the Mi'kmaw Nation of Nova Scotia. He is a community member of the Glooscap First Nation and currently lives in Bishopville, Nova Scotia.

Through pictures and words, Shane shared his story about his journey to healthy eating and exercise to make positive and lasting changes in his life.

Shane described the impact that obesity has had on his life. At 300 pounds his weight was physically limiting and produced many health problems for him. He felt judged by other people, helpless, depressed and out of control.

Shane described his growing frustration with being overweight and the need to take back control over his life and his health. He wanted to avoid getting obesity-related health problems such as diabetes, heart disease and cancer.

The turning point for Shane finally came in July 2002 when he attended a diabetes awareness and prevention workshop at the Healing Centre in his community. The staff spoke about diabetes, its signs and symptoms, the risk factors and diabetes complications. They described how diabetes could be prevented through diet, exercise and a healthy body weight. The program helped participants to start their own daily physical activity walking program using a pedometer.

Like pieces of a puzzle, Shane's weight loss plan fell into place. With a positive attitude towards health, the support of his family and community and taking time out for both healthy eating and physical activity, he has been able to make significant changes to his eating and exercise habits. Shane has lost a total of 142 pounds since he first started on his healing journey. He now gets up everyday to a day which includes 10-15 km of running/walking, 200 sit-ups and 1 hour of strength training.

Management of diabetes: foot complications and preventing amputation

Dr. Kahn Vay Ung, Sioux City, Iowa

Dr. Ung is Chief Foot and Ankle Surgeon for the Foot and Ankle Clinic, Center for Limb Salvage and Wound Management in Sioux City. The Clinic began as a pilot project but found success in its first year of operation in reducing the number of amputations seen by one half. Dr. Ung reviewed the current statistics of diabetes and Aboriginal people in the United States and the medical changes that occur when a person with diabetes has complications. It is his belief that about 90% of amputations are preventable. This represents an estimated cost savings of \$75,000-\$40,000 in hospitalizations for amputation. Dr. Ung emphasized the importance of regular foot inspection and its role in reducing the risk of foot amputations by half.



Section Three:

Breakout Sessions

Grassroots

Utilizing Newoyaw: life map for living with diabetes to find a balance between Aboriginal cultural values and western medicine

Kathleen Cardinal, Vanessa Nardelli & Francis Alexis, Edmonton, Alberta

Newoyaw: Life map for living with Diabetes is an Aboriginal Diabetes Wellness Program based in Edmonton. The program was developed by Aboriginal people under the guidance of Elders. It assists individuals with balancing mind, body, emotion and spirit in managing their diabetes.

This wholistic and cultural program offers a one to three-day basic diabetes education program which teaches blood sugar testing, traditional and western meal planning, ways to prevent complications, traditional and western medication use and the benefits of physical activity. The program offers a follow-up program after 3-6 months and then 1 year after the program ends.

"Very well done"

"The information will be useful in starting a program in our community"

"The ideas in this presentation will benefit my community"

Planting the seeds of change: an Innu approach to diabetes prevention and education

Renee Bowers & Edwina Jack, Sheshatshui, Newfoundland

In 2001, the Innu Integrated Diabetes Initiative was started in Sheshatshui, Labrador. The presentation provided information about the diabetes prevention and education activities of the program. It also focused on the importance of the community diabetes worker as part of the primary health care team. Traditional walks, community gardens and Elder's berry picking trips have all been part of this program. The session concluded with a brief overview of the successes and challenges faced since the beginning of the initiative.

"A great presentation!"

"The information from the session has given me useful ideas to bring back to my community"

"This helps me to start a program in our community"

Pediatric overweight in James Bay, Quebec

**James Makokis & Noreen Willows,
Edmonton, Alberta**

Noreen Willows and James Makokis presented results of the ethnographic research carried out in three Cree communities in the James Bay region of Quebec. Their research was to better understand what has prevented and what has promoted healthy eating and physical activity in children.

A number of factors were identified that could predict whether a child would be overweight including the:

- Extent of community living and introduction of new foods;
- Abundance of fast food outlets near a community; and, the
- Level of inactivity of the children.

Community members identified that more education on nutrition and physical activity was needed. Promotion of traditional dietary and physical activity practices was seen as important to the future emotional, spiritual and psychological well-being of their communities.

"Ideas were presented that can be incorporated into practice and are useful to both practitioners and families"

"The researchers have a good understanding of the issues and have included the community's perspective"

"I really enjoyed the presentation. It was great to see such as an excellent youth speaker!"

Finding your place in a First Nations community

**Esther Stevens & Liza Grant,
Kitamaat Village, British Columbia**

This interactive workshop described the experiences of two healthcare professionals involved in assisting the Haisla Health Centre staff in developing diabetes intervention strategies. A systems approach was used to analyze how diabetes outcomes could be influenced in a community.

The authors concluded that how an individual manages their diabetes is a result of a complex system involving the way they take charge or react to the influences of family, culture/community and their own learning processes.

By allowing time for relationships to grow, clarifying roles for the community and focusing on manageable bites of information, healthcare workers can help to support a community in their journey to health. A community-specific approach to diabetes education was found to be the key to the success of the program.

"I gained a better understanding of how to work within the Aboriginal community"

"Great sharing of ideas through the small group interaction"

Future directions for First Nations on diabetes action

Kevin Armstrong, Ottawa, Ontario

First Nations communities need to look beyond Health Canada's Aboriginal Diabetes Initiative in seeking long-term stability and funding.

A number of strategies to fight the diabetes epidemic were offered:

- Determine where communities can move from and what pieces can be pulled together to integrate diabetes awareness and action;
- Establish cooperatives as a model for purchasing medical supplies and food; and,
- Develop learning communities for both providers of health and community members.

Kevin Armstrong described the National Aboriginal Health Organization's principles of research. Aboriginal Ownership, Control, Access and Possession, or 'OCAP', a fundamental part of any participatory research that is conducted in Aboriginal communities.

"We're split on the concept of a co-op as a solution to the diabetes problem"

"Great ideas I can take back to make positive changes in my community"

"Provocative ... starts you thinking!"

The healthy living kids video challenge: seven Manitoba First Nations schools/ communities challenge diabetes

Connie Grant & Elaine Guimond, Sagkeeng First Nation, Manitoba

Prior to the 1980's, diabetes was not known to exist in Aboriginal children in Canada. Type 2 diabetes is now on the rise with as many as 35-40 children reported as being diagnosed each year in one Winnipeg clinic alone. In response to this growing need, seven Manitoba First Nations communities rose to the challenge issued by the Manitoba First Nations Diabetes Committee in creating a video with the key message of active living and healthy eating in the prevention of diabetes.

A collage of seven videos was produced with funding from the Aboriginal Diabetes Initiative, Roche Diagnostics and the Canadian Diabetes Association. The video shares ideas on what we can do as educators, as a community and what can be done in schools to ensure that our children are given every opportunity to prevent diabetes.

"The video is a valuable resource and will be useful in showing the importance of diabetes prevention in youth"

"Great job and excellent ideas! More people should know about how this is affecting our children and grandchildren"

Community capacity building for success

Bernice Johansen, Williams Lake, British Columbia

Three Corners Health Services Society provides services to 800 individuals living in 5 communities in the Interior of British Columbia. In May 2001, a diabetes program was started to increase diabetes awareness, promote healthy lifestyle behaviours and to maintain and/or improve the health and quality of life in the community.

As a result of the program, diabetes prevention has been integrated into community health, home care, prenatal, mental health and recreation and fitness programs in the community. Lifestyle changes, a greater amount of healthy foods at community functions and an increase in gardening, food boxes, cooking and physical activity programs have all been testimonial to the success of the program.

"The program is a useful model for activity ideas in the management of diabetes"

"The knowledge I gained is not only helpful to me but important to pass on and teach my younger members of my community, not to hide behind this disease"

Innovative strategies for diabetes prevention in Aboriginal youth

Cindy Mutch & Vanessa Ambtman, Hamilton, Ontario

De Dwa Da Dehs Nye>s Aboriginal Health Centre offers wholistic preventative and primary healthcare. Traditional knowledge and culturally unique educational approaches to promote healthy lifestyle choices among Aboriginal youth were shared.

The March Break Outdoor Adventure Camp offers physical activity programs such as snow shoeing, skating and ice fishing, cultural programs such as dance & drum lessons and healthy lifestyle education including cooking classes and diabetes education. Aboriginal youth can attend free-of-charge if accompanied by a caregiver or parent.

The Healthy Lifestyle School Outreach Project hosts Healthy Lifestyle School fairs at local public schools. An interactive forum for diabetes education, health promotion and disease prevention is provided including healthy lifestyle displays, healthy snacks and recipes and an information scavenger hunt.

"Good ideas for working with youth, especially the outdoor adventure camp"

"Interesting and inspiring presentation"

Northern Diabetes Prevention Coalition demonstrates effective and lasting partnerships

**Jan Kroll & Adrienne Healey,
Prince Albert, Saskatchewan**

The Northern Diabetes Prevention Coalition (NDPC) is a partnership 24 agencies representing all First Nation and non-First Nation communities in northern Saskatchewan. Its goal is to support individuals, families and communities in preventing Type 2 diabetes through healthy eating and active living initiatives.

The NDPC has produced radio public service announcements in three languages, a video, sponsored recognition awards for positive lifestyle projects, developed healthy public policy and provided training workshops to build capacity for positive community action.

The presenters emphasized the importance of partnerships between national, regional, municipal and Aboriginal organizations and agencies.

"Valuable information for acquiring resources for smaller communities was provided"

"This was a valuable discussion of partnerships"

"Clear and effective delivery of information and sharing of resources"

Learning with pizzazz!

**Vanessa Nardelli, Edmonton,
Alberta**

The learning environment, the degree of interactions and teaching methods play a significant role in the overall learning process. Learning in a group or individually, or through audio, visual or hands-on experience can enhance learning.

This interactive workshop showed participants how to describe, evaluate and address various learning styles. A variety of teaching strategies and ice-breakers were shared with participants in helping them to build on their teachings around nutrition and physical activity.

"Good ideas that can be used in teaching practices"

"Excellent activities. Thank you for sharing your ideas and gifts."

"Activities were fun and interactive. Wanted to hear more."

The experience of diabetes care in First Nations community

Leigh Hayden, Winnipeg, Manitoba

Leigh Hayden is a member of the Interdisciplinary research team which looked at the experience of diabetes care from the perspectives of people with diabetes, healthcare providers and healthcare administrators.

The research found that people with diabetes in the community often find it hard to deal with stress. They reported mood swings and found it difficult to manage their feelings. Healthcare practitioners rarely spoke of the emotional aspects of diabetes in supporting people with diabetes.

Community diabetes screening: experiences from the field

Shirley McIvor, Winnipeg, Manitoba

Shirley McIvor shared her personal story of caring for family members with diabetes in a First Nation community and the lessons learned as a caregiver. She shared her personal challenges, relationships with the community and insights gained from working with people with diabetes. The presentation emphasized the importance of research partnerships between universities and communities in creating unique training opportunities and in building valuable expertise within both the local and research communities.

"This is an important aspect of self-care and personal wellness that should be shared with care providers, planners and people"

"It is important to have a multidisciplinary team working together to support and assist people in Aboriginal communities so they're mental, emotional, physical and spiritual needs are met"

"Great presentation with lots of good ideas"

"You have helped me to understand what it feels like to have diabetes and how you were able to help others"

"Thank you for sharing your story. You are a miracle and great support for people in your community."

"Good presentation giving more insight into what frontline staff and people with diabetes go through"

Diabetes-related foot complications and amputations: developing a community-based prevention plan

Dhiwya Attawar, Winnipeg, Manitoba

Research was presented which looked at factors which helped to promote or prevent good foot care for First Nations people with type 2 diabetes.

The research team found that 77% of the participants with diabetes had never previously had a foot exam. One percent of the people involved in the study had significant foot problems for which referral to a doctor for follow-up was needed.

Social, economic and organizational factors all impact diabetes foot care and the complications seen in people with diabetes. This study is important in providing a starting point for the planning of community-based strategies to prevent foot complications that involve community members, organizations, government and others in the community.

"Very good information and material in adding to present efforts to teach foot care"

"I understand more about diabetes-related foot complications and what can be done in our communities"

"You make me realize that foot care is very important in prevention"

RezRobics

Pam Belgarde & Reggie Mitchell, California, U.S.A.

Physical activity is an important part of managing diabetes and in promoting general health. Fitness instructors Pam Belgarde and Reggie Mitchell led workshop participants in simple stretching, aerobic, kicking and punching techniques in demonstrating that fitness can be fun.

"This was one of the best and most useful presentations in the conference"

"RezRobics is an excellent tool and very applicable in communities"

"I really love your ideas. Would love to get more information."

Healthcare

Primary prevention of type 2 diabetes: a tale of two Aboriginal communities in Canada

Jon Salsberg, Kahnawake, Quebec

Jon Salsberg's presentation described the similarities and differences in design, intervention and evaluation between two successful and ongoing primary diabetes prevention projects in Canada. The Kahnawake Schools Diabetes Prevention Project in Kahnawake and the Sandy Lake Diabetes Program in northwestern Ontario have recently collaborated to share information as a best-practice site for diabetes prevention and management. Both projects have developed intervention activities and incorporated local traditions into their programs. This new knowledge will help to provide information for other community programs and be used in building partnerships with other community initiatives.

"Gives me some ideas on projects to take back to my community"

"Good compare and contrast between two communities"

"Well presented but would like to have had handouts of the presentation"

Sharing the experience of a community-based participatory research project: the Kahnawake Schools Diabetes Prevention Project Centre for Research and training in diabetes prevention

Alex McComber, Kahnawake, Quebec

Kahnawake is a community of 7200 members located 15 km from Montreal, Quebec. In the 1980s, physicians identified a high rate of diabetes and its complications in Kahnawake. Elders asked what could be done to save the young children from this disease.

In 1994, the Kahnawake Schools Diabetes Prevention Project (KSDPP) was born guided by a Community Advisory Board of volunteers from many sectors of the community. A Code of Research Ethics was developed to outline the obligations of researchers and the community throughout the project.

Healthy lifestyle was promoted through elementary school and community activities which have now been expanded to include preschool and adolescent-aged children.

"A great model to follow"

"Reaffirmed how important it is to get all community input"

"Good concrete ideas and sharing of the KSDPP"

"Very well done"

Community kitchen as a mode of diabetes education and support

**Kristen Yarker & Corrinne Mitchell,
Vancouver, British Columbia**

The Aboriginal Diabetes Awareness Prevention and Teach (ADAPT) Program is a program funded by the Aboriginal Diabetes Initiative of Health Canada and is delivered by the Vancouver Native Health Society. Staffed by a professional dietitian educator and a First Nations Elder, it delivers community-based initiatives to Métis and off-reserve Aboriginal people living in Vancouver's Downtown Eastside.

ADAPT provides culturally appropriate programs such as: Diabetes Drop-ins, Sharing Circles, nutrition workshops and education in local schools. Victories, struggles and practical tips on how to start and manage a successful community kitchen were shared by the presenters.

"I will share the idea of learning and building trust through cooking with other communities I visit"

"It was good to hear about the experiences of starting a community kitchen"

"Good ideas and lots of understanding for clients living in poverty"

Diabetes Prevention 101, Kahnawake Schools Diabetes Prevention Project

Rhonda Kirby, Lois Montour & Joyce Rice, Kahnawake, Quebec

The Kahnawake Schools Diabetes Prevention Project has made a positive impact over the last ten years in providing opportunities that reinforce daily physical activity and healthy eating for all ages. Over 100 intervention activities have been implemented in the community.

The presenters shared goals, event descriptions, planning steps and resources used to support current activities including: winter sliding, an Elder's Valentine Luncheon, School Breakfast buffet and Sadie's Walk. Planning, organizing and implementation have been key to the success of these programs.

As a result of these diabetes prevention activities, the community has had a greater awareness of the benefits of healthy lifestyle and many have taken the responsibility to become more active, eat in balance and become more aware of the complications of diabetes.

"New ideas are welcome and fun"

"This community is doing a wonderful job in taking control of their health with full community support to do so"

"Very practical ideas with honest comments about what worked and what didn't"

Success of the ADI: a story from the east

S. Leighton, M. Gray & J. McGrath, Atlantic ADI Team

This highly interactive workshop involved participants in innovative diabetes prevention and care/treatment activities that have been provided to First Nations communities in the Atlantic region. Activities such as 'Diabetes Jeopardy' and 'Passport to Diabetes Prevention' demonstrated how children and youth have learned about the importance of adopting a healthy lifestyle. Qualitative evaluations to date indicate that there have been high levels of satisfaction and success with the ADI programs.

Eel Ground First Nation School is one example of a project in which the Atlantic ADI program has collaborated with multisectoral agencies in bringing blood glucose screening to the school. The project has resulted in a healthier learning environment, increased awareness of diabetes and increased staff involvement in healthy lifestyles. Next steps include lobbying Chiefs and Councils to support the cause, education of school staff and ensuring a constant presence of the ADI program wherever kids are.

"This helps motivate me to review the inventory of programs that we offer and to look at new ways to incorporate the many ideas shared"

"Excellent presentation with lots of useful information"

Pathways ... in motion

Linda Martin & Colleen Hamilton, Saskatoon, Saskatchewan

Health Promotion ***In motion™*** is a community-based health promotion strategy lead by the Saskatoon Health Region. It focuses on community-wide involvement in physical activity in preventing chronic disease and enhancing quality of life. ***Pathways ... In motion™*** addresses the primary prevention of diabetes focusing on 'at risk' populations including Aboriginal people.

In Spring of 2000 a public awareness campaign was launched around the impact of physical inactivity on health. As a result of the campaign, 60% of Saskatoon residents became aware of the program and the goal of increasing activity for health.

The strategy focuses on how four key areas impact diabetes: physical activity, healthy eating, social environment and education and awareness. Community partnership activities under the program have included: family groups, cultural wellness workshops, the City Park Program and the Westside Clinic.

"Lots of ideas to take back to my community"

"An inspiring example of community partnerships and consideration of environmental, social and cultural factors"

Community linkages supporting diabetes action

Charlotte Hamilton, North Battleford, Saskatchewan

The Battlefords Diabetes Project is a joint venture of BTC Indian Health Services Inc., Prairie North Regional Health Authority, Saskatchewan Social Services, First Nations and Inuit Health Branch and Saskatchewan Health. It provides clients with linkages to existing community support and resources for the prevention of type 2 diabetes.

Clients are screened for the program using a self-assessment quiz which helps both staff and clients to understand how clients are at risk for diabetes. Counselling is based on the Stages of Change theory which identifies a step-wise path to change based on how ready a client is to make a change in his lifestyle choices. The Healthy Living Program offers group education and program support to help clients understand how they can modify their risk for diabetes and what services they can reach out to within the clinic and community in making changes.

"It provides a blueprint to start programs in my community and fun and useful ways to teach my people about diabetes"

"Excellent resources shared and provides a good best practice model in terms of community linkages made"

Active community involvement in diabetes prevention: the role of a Community Advisory Board

Rita McComber & Amelia McGregor, Kahnawake, Quebec

The Kahnawake Schools Diabetes Prevention Project (KSDPP) is a community-based participatory research and intervention project. The presenters gave an overview of the history of the KSDPP Community Advisory Board and emphasized the importance of ensuring that research projects are community-based and guided by ethics that detail the involvement of all participants.

With the help of the Community Advisory Board, the Mohawk community of Kahnawake has been kept informed on a regular basis as to project progress which has led to better understanding and acceptance within the community.

"A lot of ideas to help us with implementing more programs and increasing community involvement"

"Good to see grassroots people other than health representatives delivering the message"

"Would like to hear more about the challenges in setting up the Advisory Committee to help others"

Prince Albert Grand Council Diabetes Program – from the community to the city

**Jan Kroll, Prince Albert,
Saskatchewan**

The Prince Albert Grand Council Diabetes Program serves 11 First Nations, 3 non-First Nations communities and offers an urban initiative in the city of Prince Albert. The program team includes a dietitian, diabetes educator and two program assistants who speak Cree and Dene.

Screening programs, blood sugar and cholesterol checks, diabetes prevention initiatives and diabetes prevention project grants are offered through this program.

The success of this program can be traced back to the fact that these services are offered at the community level, involve community members in developing the program and incorporate support staff and resources.

"The presentation gave practical tips and ideas that will be useful in developing a diabetes program"

"Excellent speaker with lots of ideas and resources"

"Great to hear about both the successes and challenges in developing your program"

Healthy bodies, healthy minds

Anita Crate, Winnipeg, Manitoba

Healthy Bodies, Healthy Minds is an initiative developed by the Nutrition and Diabetes Wellness Unit within the First Nations and Inuit Health Branch, Manitoba Region. The program includes a how-to manual consisting of policies and ideas for action and a Blast Off! Kit that provides tools, incentives and educational materials to support the program's activities.

The program has been guided and supported by several First Nations partners in Manitoba and engages community leaders, health workers and schools. The number of First Nations youth affected by diabetes and the important role that schools play in helping to educate youth about health issues relating to diabetes was described. Participants were provided with resources to help guide their schools and communities in implementing the Healthy Bodies, Healthy Minds program.

"Would be useful if it was accessible to all First Nation Communities across Canada"

"Your presentation really touched my heart"

"Good presentation with ideas to use once I return back to my community"

The Aboriginal Diabetes Presentation Series: a signature program of the Canadian Diabetes Association

Jane Eisbrenner, Toronto, Ontario

The Aboriginal Diabetes Presentation Series was developed to assist Aboriginal community leaders and health care representatives in delivering accurate, complete and informative presentations on diabetes to Aboriginal people. The Series consists of a "ready-to-use" Power Point presentation, speaker's notes and references available in print or as a CD-ROM. The Series consists of three modules which cover information about: what is diabetes, how type 2 diabetes can be prevented and how to live well with diabetes. An expansion pack is also available that addresses the role that traditional healing plays in diabetes prevention and management.

Frontier School Division: physically active and healthy lifestyles for all students

Heather Lowe, Winnipeg, Manitoba

The Frontier School Division services 41 schools in 38 communities and roughly 7,000 students. As a result of the implementation of a new Provincial Health and Physical Education Curriculum, the Division approached dietitians in the community to assist in the development of a Healthy Eating, Healthy Snack Policy for all schools within the Division. The policy was adopted in 2002 by the School Board and the development of an implementation guide and resource binder to assist schools followed.

A number of strategies undertaken to address priorities set out in the Healthy Food Policy were reviewed by the presenter including: health fairs, frontier games, the CAMP program, the Kids on the Move Program and the 1st Step Program. The steps and challenges involved in the development and implementation of the Policy were shared and discussed with participants.

"This was a very interesting presentation and gives a lot of hope about what can be done to help Aboriginal people and children"

"Very creative. Great ideas."

Poplar River First Nations diabetes retreat gathering

Sophia Rabliauskas, Dr. Joan Swain and Elder Frances Valiquette Poplar River, Manitoba, Winnipeg

The Poplar River First Nations diabetes retreat was a collaborative effort between the Poplar River First Nations Aboriginal Diabetes Initiative Program, the Northern Medical Unit, the North East Regional Health Authority and community Elders. It sought to provide a wholistic approach to diabetes, introduce people with diabetes to how and why they must control their disease and to organize a team and network of support for community members with diabetes.

Twenty participants were chosen to attend the 5-day diabetes gathering which focused on wholistic and western-based approaches to healing. Facilitators included Elders, nurses, a physician, therapist and dietitian. Seventy-five percent of the participants brought down their blood sugar by the end of the retreat and gained increased awareness of the importance of spiritual and emotional health.

"Inspiring! Such an awesome example of people taking responsibility for their health and wellness!"

"Was wonderful to hear the passion and motivation felt."

Diabetes prevention and health promotion through education at BC Aboriginal conference

Sandy Burgess and Donna Felix, British Columbia

Central Okanagan and Shuswap Bands of British Columbia have worked together to address the increase in diabetes in their area by holding three successful conferences in 2000, 2001 and 2003. The conferences have aimed to provide basic diabetes education, promote achievable healthy lifestyles, encourage the prevention of complications and to provide a venue for networking, sharing of resources and educational opportunities among health care workers working with Aboriginal peoples.

The session provided a history and overview of the British Columbia Aboriginal Diabetes Conference as well as highlights from the three conferences.

"A great way to unite people"

"Good information. It was helpful. We are planning to have one in future back home."

"Seems like a more personal and 'hands on' conference"

Ontario Aboriginal Diabetes Plan

Judy Chapman-Price, Don Fiddler, Leslie LeGros, Cathryn Mandoka, Carol Seto, Sue Vanstone, Toronto, Ontario

Provincial funding currently supports diabetes education and health promotion initiatives administered through eight Provincial-Territorial Organizations and the Health Liaison Office of the Independent First Nations in Ontario. The Ministry, Aboriginal Provincial-Territorial and Independent First Nations organizations identified the need to collaborate in developing a plan for a coordinated system of delivery for diabetes programs that is wholistic, community-based and Aboriginal-specific.

This session described the Vision and Objectives of the Plan along its five themes of: prevention, care and treatment, education, research and coordination. Members of the Steering Committee shared their experiences in the development of the Plan and described the steps needed to make a provincial initiative successful.

"Provides an example of a framework and process. It may be a starting point for considering potential stakeholders in our strategy development."

"Although politics is foreign to me, this did impart the possibility of changing bureaucracy. I did enjoy the personal stories."

Diabetes and Children

Perry Boyer and Elva Morningstar, Blind River, Ontario

This session presented the current statistics on children and diabetes and described how three First Nations communities in Ontario were addressing the issue through an annual camp for native children.

The camp's theme was "Our Youth are Our Future" and was attended by 50 children. At camp, children were educated about their high risk of developing diabetes and provided with information to help them make healthy lifestyle choices that could prevent or delay the onset of diabetes. An overview of the camp's activities was provided with good discussion generated around the group's experiences with children's camps.

"This would be very helpful in my community because we don't have anything like this for our children or our adults"

"Good coverage of resources, statistics, history of funding, etc. You put a lot of hard work into the programs and camp."

Scientific

Patient registry for heart disease and diabetes management in a tribal clinic

Chandra S. Reddy, Lac du Flambeau, Wisconsin

The patient registry is a result of the collaboration between the Great Lakes Epicentre and Peter Christensen Health Centre and funded through the Robert Wood Johnson Foundation. The primary objective of the project was to improve the management of cardiovascular disease of patients with diabetes staying at the Health Centre.

A registry was created to monitor follow-up and treatment status and a computer-based coding system was used to record cardiovascular and diabetes risk factors, diagnostic and therapeutic procedures, current vital signs, lab studies and drug treatment. The registry made it possible to gather up-to-date clinical summaries, automate scheduling for follow-up and allowed periodic evaluation of treatment and outcomes.

"Useful information re: gathering, organizing and retrieving data"

"Provided a better understanding of the care management model"

D.R.E.A.M. 3: Diabetes Risk Evaluation and Microalbuminuria in Saskatchewan First Nations People – lifestyle intervention sub-study

Susan Porter, Jacquie Hoppe, Laurie Peyachew, North Battleford, Saskatchewan

D.R.E.A.M. 3 is a research project of the Battlefords Tribal Council Indian Health Services. The study looked at the effectiveness of a home care nurse and dietitian-administered treatment program for clients with type 2 diabetes and established hypertension.

The study has evidence-based outcomes that demonstrated the success of community and client-driven lifestyle interventions. The full results of the D.R.E.A.M. 3 will be reported with the completion of the study.

"I appreciated the hands-on resources, ideas, as well as the scientific aspect of the presentation. It's great to see applied research in cooperation with community teaching."

"It's great to see how well you all work together for this common goal"

Screening for diabetes and its complication as part of the Alberta Diabetes Strategy

Sharon Supernault and Norry Kalor, Edmonton, Alberta

In May 2003, Minister Gary Mar announced the 10-year Alberta Diabetes Strategy. One of the components of the Strategy was to provide resources to screen for diabetes and its complications.

Funded by Alberta Health and Wellness, a van transporting portable testing equipment and a retinal camera will travel with a specialized team to Métis settlements and other remote communities. Individual counseling by a certified diabetes educator will also be available.

"The discussion gave lots to think about for both the pros and cons of screening"

"Great perspective from both sides. Dynamic. Well presented."

"Appreciated having other thoughts from other groups"

Legitimizing diabetes as a community health issue: a case analysis of Kahnawake Schools Diabetes Prevention Project

Sheri Bisset, Brossard, Quebec

The Kahnawake Schools Diabetes Prevention Project was implemented in 1994 and was aimed at the primary prevention of type 2 diabetes through community-based activities which encouraged healthy eating and physical activity. The study looked at how the issue of diabetes changed from being viewed as an individual problem to a community level problem and how the community came to recognize that diabetes can not only be treated but can be prevented as well.

Through interviews, focus groups and a review of key documents the researchers identified key factors that influenced community perception. These included: raising the community's level of consciousness, encountering diabetes and risk factors daily, the importance held in advancing the community's health agenda and the presence of other influencing conditions such as cultural context.

"Great preventive strategies"

"Very empowering study for a community"

"A model for raising awareness and support for community involvement"

Telemedicine: a British Columbia diabetes experience

David Maberley, Vancouver, British Columbia

The British Columbia First Nations Mobile Diabetes Telemedicine Clinic has been servicing reserve communities in northern British Columbia since 2002. In its first 18 months, the diabetes nurse educator and vision technician have assessed 505 people with diabetes and found that 20% of these people had had diabetic retinopathy with 28% requiring referral for other eye problems. The Mobile Clinic has been a successful program with 97% of the people seen saying that they would use the mobile service again.

"Good example of outreach and addressing accessibility"

"We need this type of program available across Canada in all areas"

"Want to see more of this type of team in Ontario. Very good job, keep up the good work!"

DREAM 3: Diabetes Risk Evaluation and Microalbuminuria in Saskatchewan First Nations

Joan Wentworth, North Battleford, Saskatchewan

DREAM 3 is a unique partnership between a First Nation Home Care Program and Renal Specialists. The goal of this study was to determine if complications from diabetes could be reduced through diabetes and lifestyle education and assessment.

There currently exists a high prevalence of diabetes, high blood pressure and early kidney disease in adults living in the catchment areas of Battleford Tribal Council Indian Health Services. To help address this problem a program was established so that clients could be treated and provided with education in a home care setting. Almost half of the people participating in the study were able to attain the blood pressure targets set out by the study. This study showed how blood pressure can be controlled by overcoming barriers to treatment imposed by cultural geography and by the limitations in existing health services.

"It is useful to me as a program planner"

"As a nurse I find this a great prospect and very much needed in the communities I work in. I would like to know more."

"Extremely interesting!"

Overweight in Cree children in Quebec

Noreen Willows, Edmonton, Alberta

Thirty-five percent of children aged 6-12y, 56.2% aged 2 years and 64.8% aged 5 years were found to be either overweight or at risk for being overweight in the Aboriginal communities of James Bay, Quebec. Intervention should focus on children, women of childbearing age and other adults of the community to prevent further generations of Cree from developing diabetes.

"Useful results worth keeping in mind when discussing the issue with stakeholders in health"

"Prevention and health promotion strategies are urgently required"

"To date we have resisted using the BMI with children because of our provincial nutritionist's concern, but I'm going to rethink this and discuss with our Community Health Nurses"

DREAM 3 & lifestyle: a home care intervention study sub-analysis

Sheldon Tobe and Joan Wentworth, North Battleford, Saskatchewan

The Indian Health Services in North Battleford services seven communities or approximately 4000 people. Researchers used the Stages of Change model to develop a questionnaire that was completed at two of the seven visits to participants. The questions asked what people were doing in the areas of physical activity, nutrition, smoking and alcohol use.

Nurses provided health teaching, blood pressure assessment and monitoring to 100 people in the community. Results found that there were high levels of knowledge about diet and exercise, low use of alcohol and high levels of smoking after the intervention. Conference delegates received samples of the materials used in the study including the lifestyle questionnaire, exercise suggestions and a package to help participants quit smoking.

"Results are positive and give hope to setting up similar programs in other provinces"

"We have a lot of people who have uncontrolled blood pressure. I could take this information to the MDs in our community."

"I will institute this information with more vigilant monitoring and teaching"

18 months and 1800 visits in the Screening for Limbs, I-Eyes, Cardiac and Kidneys project and the Implementation Committee of the Aboriginal Diabetes Initiative

Ellen Toth, Edmonton, Alberta

The Screening for Limbs, I-Eyes, Cardiac and Kidneys Program operates two vans that have traveled to all 44 of Alberta's First Nations communities in implementing the Canadian Diabetes Association's Clinical Practice Guidelines recommendations for screening. This workshop provided a general discussion of the project, processes to maintain quality assurance, presentation of the main results of the project, discussion of the clients wishing to be tested for diabetes and a follow-up on the program.

Of the 1508 unique clients seen to July 2003, 30% had abnormal retinal examinations. Complications such as obesity, cardiac risk factors, foot abnormalities and urine protein leakage were found to be relatively high.

"It was interesting to see how the screening could be implemented on such a large scale across the province"

"SLICK can help both those with and without type 2 diabetes in saving cost and time"

Creating HeartSmart™ Aboriginal kids

Sharon Storoschuk, Vancouver, British Columbia

This presentation shared the development of a culturally relevant curriculum-based program for students in Grades 4-6. It focused on preventing chronic diseases by promoting healthy living through interactive and hands-on activities to create awareness and develop skills in helping children to make positive lifestyle choices.

Developed materials were shared with participants as well as stories shared of the process and challenges in developing a heart disease and diabetes prevention resource for Aboriginal students. This project was funded by Health Canada.

"We need more education about diabetes in schools. This is a good thing. I'll take it back to my community health workers."

"Speaks to the importance of partnership and community involvement in development of programs and resources"

"We need these resources in other provinces!"

A nutrition, exercise and lifestyle intervention program

Michelle Mottola, London, Ontario

Dr. Mottola reviewed the statistics, diagnosis, risk factors and treatment of gestational diabetes mellitus. To address the risk factor of weight gain in pregnancy, sixteen women between 16-20 weeks gestation were enrolled in the program to determine the effects of nutrition, physical activity and healthy lifestyle choices over a 2 month period.

The study found that none of the women developed gestational diabetes mellitus. At 2 months post-partum, half of the women in a mild intensity walking group were at or below their pre-pregnancy weight. In contrast, the women participating in the moderate intensity walking group were found to be above their pre-pregnancy weight. This program emphasizes the importance of active living before and during pregnancy in reducing the risks of gestational diabetes mellitus.

"Lots of information presented that would be valuable for my intervention work"

"This will be useful to our community because our population numbers are high and so many of our people are obese. We need a program like this to monitor young mothers. I don't know if GDM is known in our community."

Developing a renal health program – prevention and treatment closer to home

Wendy Whalley, Winnipeg, Manitoba

The burden of illness due to renal disease is higher in Manitoba First Nations people compared to the general population of Manitoba. Through a partnership between the University of Manitoba and Winnipeg Regional Health Authority Renal Health Program, efforts are being made towards the development of a program to address health service, education and research needs around kidney disease.

This innovative community-based program focuses on education, screening and prevention in identifying people at risk for kidney disease. The program will also offer dialysis and facilitate the process for patients to return to their families and communities after treatment.

"So glad to hear about the project. We need it too. Please continue to share your knowledge"

"How fortunate we are compared to other communities that do not have the same services"

Risk factors for failure on transmetatarsal amputation in diabetic patients: a cohort study

Alastair SE Younger, Vancouver, British Columbia

The objective of this study was to identify diabetic foot patients who would fail transmetatarsal amputation and require below the knee amputation. Twenty-one patients were studied who required below the knee amputation after a transmetatarsal amputation. Long-term control of blood glucose level and a lack of need for debridement were found to be significant predictors of the success of a transmetatarsal amputation along with the length of time with a foot ulcer and smoking.

A transmetatarsal amputation is recommended as the first amputation procedure for all people with diabetes having major forefoot infection or ulceration. Patients should aim for good diabetes control in preventing failure of a transmetatarsal amputation.

"If we can decrease the costs of amputation, this money will go to different aspects of health care"

"Addressed the important issue of client education, understanding and acceptance of their condition and compliance and self-management"



Section Four:

Using a Wholistic Approach to Address the Type 2 Diabetes Epidemic

Opening Prayer

Opening prayer was offered by:

- **Elder Ida Calmegane**, Yukon

Welcome

Alex McComber, NADA Board of Directors

Delegates were welcomed to “Using a Wholistic Approach to Address the Type 2 Diabetes Epidemic” sessions at the conference and invited to take the opportunity during the day’s sessions to both share and hear about the work being done in communities to prevent diabetes. Although not all of the suggestions made can be actioned, delegates were reassured that their ideas would be looked at by the National Aboriginal Diabetes Association, the Aboriginal Diabetes Initiative Steering Group and other groups in informing the government about recommendations to be made around diabetes from a wholistic perspective.

Introduction, history and update of “Blueprint for Action”

Alan Patt, Ottawa, Ontario

Alan Patt is the Chairperson of the Diabetes Council of Canada, is the former Vice President and member of the National Board of the Juvenile Diabetes Research Foundation of Canada and has had 15 years of experience in politics, government, public and stakeholder relations. Alan Patt shared his story of being diagnosed with diabetes and how he and his family have lived with type 1 diabetes since 1983.

The National Diabetes Strategy was launched in early 1999 by Health Canada in response to the advocacy efforts of groups like the National Aboriginal Diabetes Association, the Juvenile Diabetes Federation, the Canadian Diabetes Association and other national organizations. There are four components to the strategy: the Aboriginal Diabetes Initiative, Prevention and Promotion, the National Diabetes Surveillance System and the National Coordination initiative.

An environmental scan was conducted in the beginning identifying initiatives across Canada that could be built upon and coordinate in developing a National Diabetes Strategy. This information was shared at the first National

Diabetes Symposium hosted in Montreal in 2001. Discussion there resulted in recommendations being made in 5 theme areas: Care, Prevention, Surveillance, Education and Research. It was the first time that key stakeholders had come together and sat at one table to build a National Diabetes Strategy including: the federal government, provinces/territories, the five National Aboriginal Organizations, Members of the Diabetes Council of Canada, National Non-Government Organizations and the private sector.

The National Diabetes Surveillance System is an internationally recognized technologically advanced monitoring system for diabetes that has been developed as a result of the Strategy. It allows for the tracking of every single interaction that someone with diabetes has with the health care system. This allows assessment of the impact that diabetes has on health and to direct resources where they are best needed.

National coordination has allowed for the first time the gathering of information right across the country to identify best practices and to better the care and management of people with diabetes. Key stakeholders sit at the Coordinating Committee table for the National diabetes Strategy and are mandated to oversee the development and implementation of the National Diabetes Strategy.

Working Groups of the National Diabetes Strategy were tasked the next year to conduct detailed environmental scans and to present their findings and recommendations in 2002 to the Strategy's Coordination Committee. The first draft of the *Blueprint for Action* was created in 2003 and brought to the second National Diabetes Symposium in Winnipeg. Proceedings and workshop records were used to validate the recommendations in the draft Blueprint and to make recommendations for change.

The process has taken over 1.5 years but this time has been required to involve all key stakeholders and to give a sense of ownership to the project. The Coordinating Committee is in its review of the first draft of the Blueprint entitled *Diabetes in Canada: Call to Action* which is anticipated for release by Fall 2004.

A wholistic approach to the National Diabetes Strategy

Alex McComber

Attention was drawn to Chapter 5 of the Blueprint which was distributed at the conference. Aboriginal-specific recommendations have been addressed for each of the 5 themes as a result of the discussions at the Winnipeg symposium. Following each of the presentations, delegates were invited to

share their ideas on what was needed to meet the physical, emotional, mental and spiritual needs of the person with diabetes. Delegates were invited to participate in a health break in the afternoon lead by Pam Belgarde and Reggie Mitchell.

Feeding Our Physical Health: Diabetes and Traditional diet

Jay Wortman, Vancouver, British Columbia

Dr. Wortman is a Métis physician born in Alberta who has been practicing health and medicine for many years with a particular focus on Aboriginal people and HIV/AIDS. Dr. Wortman is the founding member of the Native Physicians Association of Canada and is currently the Pacific Regional Director for the First Nations and Inuit Health Branch of Health Canada. He currently sits on the Aboriginal Diabetes Initiative Steering Committee as regional representative for Health Canada. Dr. Wortman has been awarded the Aboriginal Achievement Award for his work in HIV/AIDS.

Diagnosed with diabetes 14 months ago, Dr. Wortman shared a CBC feature clip on the epidemic of diabetes in Aboriginal people which featured Dr. Wortman's own journey in controlling his diabetes. He spoke of the changes he had seen in childhood, of hunters returning from hunts, consuming unhealthy foods such as bread and cakes instead of the more healthy traditional foods.

With blood glucose rising out of control, Dr. Wortman made the decision to stop eating carbohydrate foods to bring down his blood glucose. He lost 18 pounds over 4 weeks and managed to get both his blood glucose and blood pressure back to normal. He has followed an Atkins Diet ever since and it has kept his diabetes under control. Dr. Wortman believes the Atkins diet is much like the traditional Aboriginal diet which is low in high glycemic or refined carbohydrate foods. To manage diabetes he believes that people need to move towards a high protein, low carbohydrate diet. He points to the research that supports the ill effects of a high carbohydrate diet and the benefits of a low carbohydrate diet approach.

Dr. Wortman pointed out that a low carbohydrate diet needs to be distinguished from a zero carbohydrate diet which should only be used to lose weight. He suggests that "good" carbohydrates should be introduced gradually into a low carbohydrate diet by including: grains, nuts, seeds and leafy green vegetables. Potatoes, white rice, pasta and bread should be avoided as well as foods containing refined carbohydrate.

Feeding Our Mental Health: Forming research partnerships to strengthen our knowledge

Sharon Bruce, Winnipeg, Manitoba

Dr. Bruce is Assistant Professor, Department of Community Sciences, University of Manitoba with a primary interest in epidemiology of type 2 diabetes and the health of Aboriginal peoples. She worked as a nurse in acute care before returning to graduate school. She currently works with Dr. Kue Young and others on the Interdisciplinary Health Research Team looking at diabetes amongst Aboriginal people.

The Interdisciplinary Health Research Team's mandate is to look at diabetes and Aboriginal people and is a 5-year program funded by the Canadian Institute of Health Research. Community partners include the: National Aboriginal Diabetes Association, Kahnawake Schools Diabetes Prevention Program, Sandy Lake Health and Diabetes Project, the Sandy Bay Ojibway First Nations, Swampy Cree Tribal Council and the Anishanabe of the Interlake Communities of Manitoba.

The Interdisciplinary Health Research Team is committed to participatory research. Participatory research is a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each partner brings. Participatory research provides a framework for working together and promoting collaboration, equity, a community-drive purpose and an action plan which will provide direct benefit to the community.

Dr. Bruce used the example of a diabetes screening project in Manitoba that is looking at diabetes and blood fats to illustrate the research process:

- ⊕ Conceptualization Phase: communities identify the problems important to them and what could be done;
- ⊕ Design Phase: community working groups are formed including Elders, Band Council Membership, administrative groups, front-line workers and researcher to design the study;
- ⊕ Implementation Phase: hiring and training of local people to identify participants and to help coordinate research activities;
- ⊕ Interpretation Phase: results are aggregated and provided to the working group and leadership who make recommendations on the next steps; and,
- ⊕ Dissemination Phase: interim reports are provided to the working groups and leadership with final reports and community presentations distributed to each community. Project results are published in scientific publications.

Dr. Bruce pointed out that participatory research requires the involvement of communities at every stage. Building trust takes time and people have limited time to give. Recruitment is and always will be a challenge.

SMALL DISCUSSION GROUPS: QUESTIONS ABOUT RESEARCH

1. What do communities expect from academia and health professionals in developing true research partnerships?

Delegates cited specific concerns about the way research has been done in Aboriginal communities ...

- Members feel over-researched
- No research policies
- Researchers 'own' research
- Students come and do research and sometimes its not written down or named properly

Delegates had clear ideas about how researchers should interact with Aboriginal communities and community members...

- Respect
- Non-judgmental, approachable, compassionate, respect for our knowledge
- Listen to us and take us seriously
- Open to our beliefs
- Need to be genuine in order to be effective
- Use common language
- Sensitivity in distributing information to prevent stereotypes
- Equality
- Not abusing knowledge we pass on
- Gives credit where credit is due
- Researchers are role models. Need to behave when in communities.
- Confidentiality

Delegates provided suggestions about how researchers should initiate their relationships with Aboriginal communities ...

- How to increase participation from community, how to get things published and legitimized

- Communities need to have input throughout the process from deciding on the topic to publication
- Communities should be provided with advanced notice of researchers visiting communities
- Community information sessions / good working communications
- Define group to be researched
- Explain the purpose/goals /objectives of study in simple words
- Funding to support pilot project
- “Door to door” needs assessment necessary
- Benefits /impact to the community should be identified
- Relevant to community
- Community owns information and makes decisions
- Consent from governing body
- Accountability
- Health professionals in community need to inform academia of issues that exist
- Community chooses who will be involved in the research

Delegates had expectations about appropriate outcomes from research ...

- Community level report
- Forums for publishing
- Community-based research to lead into publishing – support needed for the process
- Communities need to see/share results and follow-up
- Collaboration with health professionals to get hard data (lab results)
- Timely results
- Practical outcomes
- Sustainability
- Need Aboriginal (eg. NADA) stakeholders to receive funding directly
- Continuous funding for ongoing research
- Enough time and finances to implement in future (long-term planning)

Delegates also reminded us that Aboriginal people have already developed guiding principles for research involving Aboriginal people and communities... the National Aboriginal Health Organization’s OCAP (Ownership, Control, Access, and Possession) principles address many of the issues raised above.

2. How can we ensure that all community-based and non-academic research is available and shared with all those involved in diabetes work?

Delegates had suggestions that would make research more available and accessible to all involved in diabetes work...

- Communities should develop a protocol to outline how/when information should be shared
- Equal communication
- Train community members
- Involve community members in research
- Capacity-building with residents/research assistances
- Updates on the progress of a study
- Encouragement of local groups to share their findings
- Respect readers/consumers literacy rates
- Language should be reader-friendly
- Simplify research findings
- Consolidate information
- Recommendations should be community appropriate
- Copies of reports should be returned to Aboriginal organizations, the community, community health workers, women's groups etc
- Info should be videotaped
- More media dollars
- Multi-disciplinary team is essential
- Share teaching tools
- Globalization

Delegates recommended specific forums and media for information sharing...

- Community presentations
- Posters
- Networking
- Communication through business cards, websites, written reports
- Conferences, publications
- Participant and speaker lists
- Pow-wows or other gatherings rather than a conference
- Open houses
- Displays
- Newsletter, radio, grocery stores, curling rink, schools, cooking class
- Forums for publishing to ensure access to remote communities
- Quarterly reports
- Community TV channels
- APTN

- Health professionals
- Create a research registry
- National mailing list of all health care professionals

Feeding Our Emotional Health: Family, friends and community: providing supportive conditions to stem the diabetes epidemic

Gwen Phillips, Cranbrook, British Columbia

Gwen Phillips is the Governance Transition Coordinator for the Ktunaxa Nation in British Columbia. She describes herself as a social engineer believing that nothing can be created without the involvement, input and participation of the people themselves. She was involved in developing the first FAS/FAE Aboriginal program in Canada. She is a mother and a traditional artist.

Gwen believes that academic researchers need to become learners first and not be content in studying. Communities need to know the strengths of their nations and build on them rather than dwelling on problems. In speaking to communities about wellness and disease, Gwen uses the image of a tree with roots of four different colours reflecting the diversity of communities and nations. The roots of a tree comes together and often twists in the centre, where the heart is, which is an understanding and acceptance of who one is. It is only then can one grow and draw from this inner strength.

The Elders have taught Gwen that there is not one circle in life but several in a spiral that go around ... all are opportunities for growth. Gwen spoke of the associations between addictions, abuse and diabetes telling a story of her own family's addictions. Gwen believes that when you are spiritually well you are liberated. Healing needs to come before you can become well. Aiming for healthy people, healthy families and healthy communities means striking a balance, a path that is made up of individual responsibilities, community capacity and opportunity.

Communities must move back into a traditional form of governance which really engages extended family units, re-empowers families and expects individuals to take back responsibility. Increased awareness, capacity building and creating opportunities for contribution are necessary to realize personal responsibility and in minimizing barriers for disabilities.

SMALL GROUP DISCUSSIONS: QUESTIONS ABOUT EMOTIONAL SUPPORT

1. What types of emotional support can communities provide?

Delegates felt communities could be supportive by adopting specific understandings, attitudes, and approaches ...

- Awareness is prevention
- Acceptance of the disease
- Encouragement vs. discouragement or judgement
- Relearn how to show love towards each other
- Show that you care, hug
- Active listening
- No-force method
- No shame, no blame, no guilt
- Empower people when they are first diagnosed
- Don't take away the individual's right of responsibility for his/her own health
- Give space to the individual/choice
- Acknowledge and accept denial
- Understand the grieving process
- Identify and acknowledge the shock associated with diagnosis of diabetes
- Identify and acknowledge the anger and fear associated with diabetes
- Know our history that kept us healthy and we can adapt it to our community
- Take part of the past and mix it today in the future
- Go back to traditional ways
- Need a balance between western and cultural approaches
- Take it beyond the individual and into the community
- Community can identify their own needs
- Communities need to take ownership of what is happening to their people and strive to work toward health
- Communities can provide certain types of support through positive reinforcement, strengths and gifts
- Support and encourage everyone to go for regular screening
- Community should share a message of hope
- Community must be open to education and awareness
- Support from people for the health care workers
- Support from Chief and Council and have them involved on all levels

- Willingness to incorporate research data to build/create healthy policies

Delegates felt that communities could be supportive by taking specific actions ...

- Lobbying for better food choices in stores takes community backing
- Get the pop machines out of schools
- Partnerships with stores within community
- Work for prevention and avoidance, or education on risk factors and importance of healthy life choices
- Amputation prevention messages need to be aimed at youth
- Educate spouses and other family members
- Family support for good nutrition, activity for kids, parents need to be supportive and be supported
- Support for Elders and community members to raise all children in a healthy manner
- Follow-up on teaching opportunities
- Ad campaigns
- Community contests
- Physical activity
- Make nutrition and physical activity fun
- Make nutritional changes in the community-stories, schools, senior years, media, workplace, teen years and agencies
- Learning about diabetes through games (ex bingo for Elders, the game of Jeopardy)
- Self-esteem, confidence building
- Nurture parenting skills
- Support people with disabilities
- Address residential school experiences prior to addressing addictions
- Teaching culture, spiritual direction
- Include in different ceremonies, ex, pipe ceremonies, sweatlodges
- More community involvement for embracing their culture ex. Jigging after a community kitchen
- Get Elders involved in planning
- Remove cultural barriers that may exist between Elders and young Aboriginals
- Incorporate strategies for depression into programs, recognizing the emotional aspects of diabetes
- Support for health screening clinics-awareness and attendance
- Support from family and friends to research treatment options
- Need orientation for health professionals
- Teach motivational therapy to the caregiver
- Allow researchers to work in the community and share information

Delegates felt communities could be supportive by providing specific resources ...

- Information about healthy living, managing diabetes
- Education
 - Through CHRs
 - For the family
 - To address denial
 - On stress management
 - Through testimonials
 - By partnering with different professionals
 - By addressing mental health aspects
- Diabetes curriculum from nursery to high school
- Library of self-help books
- Support groups
- Role models
- Health care providers are role models
- Buddy system of new diabetics with experienced diabetics
- Diabetes stories through community newsletters or newspapers
- Stories need to be much more positive
- Community kitchens
- Walking groups
- One-on-one counselling
- Rediscovery camp for youth
- Community gardens
- Diabetes luncheon
- Sharing circles
- Incentives for people to participate in diabetes prevention events
- Weight loss groups
- Conferences
- Fundraising activities
- Elders luncheons/card games
- Genetic counselling must be available
- Support for pre-natal care programs, emotional support for mothers during and after pregnancy
- Mental health support services
- Access to motivational speakers
- Having interpreters to explain certain emotions that are experienced in their own language
- Provide funding
- Social assistance rates must allow for healthy food, clothing and shelter
- Assistance with funding for basic foot care and foot wear
- Support for Aboriginal people in urban areas

Feeding Our Spiritual Health: The spiritual path to healing and prevention of type 2 diabetes

Simon Lucas, Hesquiat, Vancouver Island

Dr. Simon Lucas is a tenth-ranking hereditary Chief of Hesquiat First Nations in British Columbia. He is active in environmental and fishing issues but is also passionate about diabetes, tradition and language and being a whole person. Dr Lucas's involvement in fishery conservation resulted in British Columbia Aboriginal Fisheries Commission becoming a more effective representative for environmental conservation and Aboriginal rights. Chief Simon Lucas is a recipient of the National Aboriginal Achievement Award.

Dr. Lucas reminded delegates of the importance of the conference in helping everyone to feel emotionally stable, spiritually sound and to feel good the next day. He described his experiences in a Catholic Residential School which has shaped his beliefs and habits over the years. He arrived not knowing a word of English but left fluent in English and Latin, leaving his own language behind for a long time.

Dr. Lucas described the day when his grandfather announced to his parents that he was going to pick a wife for him. He met with his future wife's family. His grandfather spoke at length about his future role as a traditional chief of Hesquiat. He described the songs and dances and all that was in their territory. When his first son was born, his father burned traditional medicines and rubbed the ash onto his son's head saying, "You are going to have good memory. You are going to learn songs quick when you hear them." Today his son leads the Chieftans in songs yet he does not speak the language of his father.

When Dr. Lucas's daughter was born, her grandmother rubbed her legs with the blood of a hummingbird and declare that she would be fast in mind, fast mentally, fast physically and fast spiritually. Traditions such as these remain significant and relevant as a way to bring old things into the present while thinking about the future.

First Nations people have deep-rooted principles that cannot be dissected. Emotions, mental stability, physical well-being and spirituality all contribute to the wellness of an individual. Dr. Lucas admitted that because he did not follow the principles and did not look after himself. He became a diabetic. We need to take back responsibility to help each other live with, abide by and enforce these principles. Freedom has led us to where we are today. We need to grab back and hold our great teachings, get on the right path now.

Dr. Lucas learned about spirituality from his father, uncles and cousins at a very early age, even before attending residential school. By the time he was four, he knew what to eat and where to get drink in Hesquiat territory. Dr. Lucas advised delegates to "Hang onto life. Life is enormous. Life is all around. Be respectful of life. These are the principles our ancestors have lived by for thousands of years."

SMALL GROUP DISCUSSIONS: QUESTIONS ABOUT SPIRITUALITY

1. What do we see as the links between spirituality and health?

Delegates saw these links reflected and expressed in a range of understandings, practices, and states of being ...

- Medicine
- Food
- Self-worth
- Love
- Laughter
- Identity-knowing your roots
- Belief system
- Traditional notions about wellness
- Unity-oneness
- Mind over matter
- Values
- Protocol in community
- Sundance ceremony-tobacco/leaves/pipe
- Ceremonies to help healing
- Performing ceremonies
- Involve Elders
- We have to spend time with our grandchildren. As babies we make connections with our mothers.
- Humour and laughter leads to health
- Thanking and respecting the Creator has been forgotten. We need to re-embrace principles, bring values back into our individual lives, families, and communities.
- Link to the land-believe in yourself, identify the positive things that are around us to keep us in tune with the environment
- Its ok to be human
- Mind and body are one
- Both the same -- healing
- Spirituality is one of the 4 elements of health and you can't have one without the other

- You must believe that you will get well (when you are sick)
- When a person is sick, spirituality gives comfort and hope
- A healthy spirit is a well nurtured spirit
- Spirituality is about interconnectedness
- Acceptance vs. denial
- Blame can be overcome
- If we are spiritually strong it will be easier to be emotionally, mentally, and physically strong
- Spirituality helps us deal with grief, loss, helps us process it
- Spirituality helps us to accept disease and move forward
- Spirituality is the missing link in some cases
- Spirit = strength
- Recognizing the differences between nations
- Spirituality gives you the strength to deal with any disease
- To believe in yourself, and if you respect yourself you will have a strong foundation
- Health is the power to exist in balance of body, mind and spirit and to function in harmony with the environment and people around – there has to be balance between mind, body and spirit
- There is a huge gap between spirituality and religion
- Spirituality is the avenue where you can explore health – want a place for regeneration – it's a critical link, but is most unclear. When an Aboriginal person adopts Christianity, this religion also becomes part of their spirituality. There should be no negativity between the two.

2. How can these links be nurtured to foster a spiritual approach to diabetes prevention or diabetes management in our communities?

- Work together as a community, from the individual, to the family, to the community – changing the approach
- Teaching, awareness to grandchildren
- Allow children to participate in traditional activities – going out on the land – to teach them the value of spirituality
- We have to teach our children and grandchildren spirituality. Go back to the teachings and teach the emotional, physical, mental and spiritual. In this way we will learn how to live healthily in a good way.
- Teaching the children – they will promote the message
- Teach children discipline so that they can and will listen and recognize the importance of spirituality

- Talk about it – talk about history and healthy people of the past and the importance of traditions; grandparents and parents telling children about responsibilities
- Involve Elders and leaders from start to end
- Elders – to bring cultural unity
- Use the wisdom from the Elders, have them provide more leadership
- Have access to the Elders, healers, teachings, ceremonies
- Coordinate / promote grandparent and parent groups – revive the responsibility of guidance in parents and grandparents – acceptance by all 3 generations
- Include intergenerational activities in “programming” to increase chances for the teachings to occur
- Support Elder gatherings and invite all stakeholders to experience it
- Celebrate strengths that are in our communities already
- Discuss / brainstorm the everyday things that we do to connect to our spirit, e.g., walks and notice nature; giving thanks in many ways, journal writing
- Remember stories; look towards many people in the community who have lived with the culture (may not be only Elders)
- Locate and identify mentors and motivators
- Overcomers – what are they? who are they?
- Identity – biographies
- Poster campaign – personal autobiographies, inspiration, and hope
- Look to the past to see what we can incorporate into our lives today
- Should have cooking course / change diet, using knowledge of cultural foods and nutrition
- Look to see that food items are offered from nature
- Share the knowledge about the different communities that have different foods in the four seasons
- Provide opportunities to practice the traditions for the whole community
- Using the teachings of spirituality/cultural values/beliefs to promote diabetes prevention and management
- Provide more traditional activities and teachings in day care, schools, and community
- Schools can play a part by integrating Aboriginal teachings into the whole school, not just with Aboriginal students
- Using teachings of spirituality to promote healthy lifestyle
- Encourage the use of the medicine wheel amongst peoples in communities
- Funding needs to support spiritual work, i.e., for Elders, traditional healers, talking circles, honorarium, travel

- Lobby to our funders and governments at all levels to see the significance and value of spirituality
- Songs and dancing promote spirituality
- Using cultural spirituality in symbolism which may be used as analogies for teaching
- Cultural sensitivity
- Have cultural programming in communities relevant to the community
- Share teachings and cultural values with non-Natives
- Have talking circles to foster spiritual approach
- Have spirituality
- Teaching values and traditions
- Holistic perspective on health, i.e., food, customs, traditions
- Acceptance through spirituality helps us move through shame, blame, and guilt. Only then can you feel worthy enough to take positive action.
- Honour individual belief systems. Spirituality teaches us to respect other living beings, the environment, and our bodies.
- Open dialogue to strengthen spirituality
- Discuss what spirituality looks like for each person.
- Keeping balance in the four elements of life
- Wholistic approach in all aspects
- Ownership of health
- An opportunity to learn at one's own pace. Similar to AA & 12 steps – to empower themselves
- Respect and care for yourself
- People listening to their bodies
- Belief
- Appropriate persons to do the work
- Diabetes Response Team – support circle with individualized attention involving a diabetes educator, community health representative, Elder, nutritionist or educated peer, someone to talk to
- Positive feedback
- Strong community ties and support systems amongst individual members of that community
- Educating
- Go out and teach – exercise – cut back on foods – be happy
- Sharing what works
- Share resources with one another
- Guiding principles (discipline) keeping people closer
- Support, giving confidence
- People with diabetes foster self-care by being assertive and sharing, not managing diabetes on their own

- For Aboriginal people with diabetes, it's really hard to be balanced. Friends are important in getting through hard times. You need to talk to people and to get help with hard decisions. Being raised differently makes it hard to open up and deal with problems. Need to start to open doors, but need to learn how first. Open some doors ...



Section Five:

Poster Sessions

1. **Factors associated with high soft drink consumption in Kanien'kéha:ka elementary school children**
Sathya Karunanathan, KSDPP, Brossard, PQ
2. **Kahnawake Schools Diabetes Prevention Project: what Kahnawake School Children are Eating**
Laura Salmon, First Nations Health Program, Whitehorse, YK.
3. **Outcome review of transmetatarsal amputations in diabetic patients using antibiotic pellets**
Alastair S. E. Younger, Vancouver, B.C.
4. **Feasibility of Screening for diabetes in Aboriginal populations in Alberta - The BRAID Study (Believing we can Reduce Aboriginal Incidence of Diabetes)**
Norry Kaylor, Division of Endocrinology and Metabolism, University of Alberta, Edmonton, AB.
5. **Prince Albert Grand Council Diabetes Program – from the community to the city**
Jan Kroll, Prince Albert Grand Council, Prince Albert, SK
6. **Northern Diabetes Prevention Coalition demonstrate effective liaising partnerships**
Jan Kroll, Prince Albert Grand Council, Prince Albert, SK
7. **Development of a questionnaire to assess multilevel influences of physical activity involvement among Kanien'kehá:ka (Mohawk) parents**
Jennifer Duplantie, University of Montreal, Montreal, PQ
8. **Screening for diabetes in Aboriginal populations. Is it really a good idea?**
S. Supernault, Division of Endocrinology and Metabolism, University of Alberta, Edmonton, AB
9. **Legitimizing diabetes as a community health issue: a case analysis of the Kahnawake Schools Diabetes Prevention Project**
Sherri Bisset, Kahnawake School Diabetes Prevention Program, Brossard, PQ
10. **Perceived environments related to physical activity involvement in Kanien'kehaá:ka women**
Jennifer Duplantie, University of Montreal, Montreal, PQ

11. **A nutrition, exercise and lifestyle intervention program**
Michelle Mottola, University of Western Ontario, London, ON
12. **Diabetes prevention and health promotion through education at BC Aboriginal conference**
Sandy Burgess, BC Aboriginal Diabetes, Salmon Arm, B.C
13. **The Métis Nation of Ontario – Timmins Diabetes Program**
Richard L. Aubin, Metis Nation of Ontario Timmins, Timmins, ON
14. **Ribbon of life**
Barb Whiteye, Southern Ontario Aboriginal Diabetes Initiative, Thamesville, ON
15. **Dream 3: Diabetes Risk Evaluation and Microalbuminuria in Saskatchewan First Nations**
Sheldon Tobe, Sunnybrook and Women's College HSC, Toronto, ON
16. **Outcome review of transmetatarsal amputations in diabetic patients using antibiotic pellets**
Alistair S. E Younger, Vancouver, B.C.
17. **Screening for diabetes and its complications as part of the Alberta Diabetes Association**
Ellen Toth, Division of Endocrinology and Metabolism, University of Alberta, Edmonton, AB



Section Six:

Conference Evaluation

SUMMARY

NUMERIC VALUES -- OVERALL CONFERENCE EVALUATION FORM

1. Please tell us how satisfied you were with the conference program.

	Number of Respondents	Excellent	Good	Fair / Poor	Score ¹ (Max = 4)
Wednesday, January 28, 2004					
Opening	56	61%	32%	7%	3.5
Greetings	54	61%	33%	6%	3.5
Thursday, January 29, 2004					
Opening	59	56%	44%	0%	3.6
Keynote Speaker	63	76%	22%	2%	3.7
Friday, January 30, 2004					
Opening	59	58%	41%	2%	3.6
Using a holistic approach ...	57	61%	35%	4%	3.6
Poster session	47	40%	55%	4%	3.4
Saturday, January 31, 2004					
Opening	54	59%	37%	4%	3.6
Keynote Speaker	59	78%	20%	2%	3.8
Closing Ceremony	34	50%	47%	3%	3.5
Other Services					
Organizers	70	60%	31%	9%	3.5
Volunteers	69	59%	38%	3%	3.6
Registration	71	63%	35%	1%	3.6
Registration Package	70	51%	43%	6%	3.5
Conference Setting	70	64%	34%	1%	3.6
General Session Room	71	61%	37%	3%	3.6
Session Rooms	69	39%	51%	10%	3.3
Accommodations	67	79%	19%	1%	3.8
Healthy Snack	69	48%	30%	22%	3.2
Physical Activity	66	42%	42%	15%	3.3
Exhibitors Booths	69	45%	49%	6%	3.4
Community Resource	68	37%	51%	12%	3.2
Craft Vendors	70	36%	54%	10%	3.2

¹ For easier assessment and comparison, responses were converted to a Likert Scale, where Excellent = 4, Good = 3, Fair = 2 and Poor = 1. The Score presented here is the average value of responses on the Likert Scale.

2. How did you hear about this conference?

Poster	6%
Word of mouth	30%
Internet	18%
Other	46%

3. What attracted you to attend the conference?

Speakers	20%
Topics	37%
Dates	11%
Other	32%

4. What were your reasons for attending the conference?

Cultural Teaching	17%
Professional Reasons	21%
Information Gathering	23%
Personal Well-being	13%
Work in Diabetes	22%
Other	4%

5. Did the conference meet your expectations?

Yes	69%
No	4%
Somewhat	27%

6. Generally speaking the conference delivered what was promised.

Excellent	35%
Good	58%
Fair	6%
Poor	2%

7. Did the conference meet its stated goals?

	Yes	No	Somewhat
Increase awareness and knowledge of the seriousness of diabetes in Aboriginal communities	88%	2%	11%
Promote culturally appropriate education and training for all people working with diabetes and Aboriginal peoples	70%	1%	28%
Promote community-based research practices in Aboriginal communities	69%	2%	30%
Promote collaborative action among institutions, researchers and Aboriginal communities	72%	0%	28%

8. Did the conference meet its objectives?

	Yes	No	Somewhat
Provide a forum for participants to come together in a spirit of sharing and support.	88%	0%	12%
Stimulate discussion on practical approaches for diabetes education, prevention, care, surveillance and research	77%	0%	23%
Share information on community initiatives and resources	90%	0%	10%
Provide networking and partnership opportunities	78%	1%	21%

9. Which best describes you (did not give percentage for identity, since many checked more than one category)?

Gender

Male	10%
Female	90%

Age

Under 21	0%
21-45	55%
46-60	37%
61+	7%

10. How well did the conference address your professional education needs?

Did not meet	5%
Met Needs	80%
Exceeded Needs	15%

11. Would you return to future conferences?

Yes	97%
No	3%

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*The views expressed herein do not necessarily represent the official
policies of the National Aboriginal Diabetes Association or of Health
Canada*