



# National Aboriginal Diabetes Association

4th National Conference on  
Diabetes & Aboriginal Peoples

# CONFERENCE REPORT

*Walking Together to Fight Diabetes*

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*Winnipeg, Manitoba - February 13-15 2006*



# Walking Together to Fight Diabetes

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*"I loved the conference, keep up the good work"*

# Introduction

*Walking Together to Fight Diabetes*

*"I enjoyed the whole NADA conference"*



# Walking Together to Fight Diabetes

## Greetings from the Conference Tri-Chairs

Greetings / Tansi,

It was a great pleasure and honour to serve as Tri-chairs for the 4th National Conference on Diabetes & Aboriginal Peoples. We truly enjoyed all aspects of this National Event.

The progress we are making in our war against diabetes has been fascinating to participate in. The conference provided us all with a great opportunity to come together and share our experiences, stories and teachings. Every effort was put forward or should we say "healthy foot" put forward in steps to reducing the complications or incidence associated with Diabetes.

One of the high points that brought the entire conference together was the viewing of "The Gift of Diabetes", Brion Whitford's gift to us all. His story told on screen, his journey and the lessons he learned struck a deep chord in so many people. It was a true inspirational moment for all the participants and presenters gathered. What he shared epitomized what we have all experienced, whether living with diabetes, or being involved in prevention, education, care and treatment and research.

We extend our personal thanks to Brion's parents and co-workers for being with us at this special gathering; and again thank all the participants, organizers and presenters who helped make this National Conference a memorable one.

The visitors, new friendships, renewing old ones, the Elders and the noon hour walks through the mall were well enjoyed! The workshop sessions provided so much information. We've been really motivated to continue with the noon hour walks and hope that you have been as well.

We commend all of you who came forward to share your own personal feelings with the gathering. This goes to show you that healing takes place in many different forums. We wish you all well as you continue on in that journey for yourselves and for your communities.

In Unity,

Christine Simard  
*Waa-tae-baa-goos*

Loretta Bayer  
*Pisim katepmowatowe Iswkwe*

Alex M. McComber  
*Otsehtokon*

Conference Tri-Chairs

## Greetings from the National Aboriginal Diabetes Association

The 4th National Conference on Diabetes and Aboriginal Peoples took place in Winnipeg, Manitoba from February 13-15, 2006. The conference brought together over 500 delegates from across the country. The delegates shared stories of success, experiences within their communities of people living with diabetes and research grounded in fighting and preventing this pandemic disease.

During the three days, the conference delegates participated in plenary sessions, workshops, oral and poster presentations and exhibits, all of which focused on Diabetes in Aboriginal people. The Elders provided us with sunrise ceremonies and guided us through the Conference.

The Physical Activity Challenge encouraged each delegate to realize the importance of physical activity. Health Canada promoted this challenge and ensured that activity was a major theme throughout the conference. The conference delegates monitored their steps with a pedometer that was included in each conference kit. Over 1 million steps were recorded! Congratulations to everyone for their tremendous effort!

In all, the conference was extremely successful and the National Aboriginal Diabetes Association (NADA) extends many thanks to all those who participated, presented and volunteered. The success of the Conference is directly related to your support. We look forward to seeing you at the next conference hosted by NADA!

Kandice Léonard  
Executive Director

*"Beautiful conference. I especially liked the presence  
of the Elders and the respect shown to them"*



# Walking Together to Fight Diabetes

## Conference Contributors

*Aboriginal Diabetes Initiative*



Health  
Canada

Santé  
Canada

### Gold Contributor



*AstraZeneca  
Manitoba Health and Healthy Living*



### Silver Contributor

*Abbott Laboratories, Limited  
Bayer Diagnostics  
Biovail Pharmaceuticals  
GlaxoSmithKline  
Pfizer Canada  
Sanofi Aventis  
Primary Health Services Branch – Saskatchewan Health*

### Bronze Contributor

*Assembly of First Nations  
Canadian Diabetes Association  
Winnipeg Regional Health Authority*

### Friends of the Conference

*All Nations Print Ltd.  
Public Health Agency of Canada  
Servier Canada*

## Conference Exhibitors

*Amgen Inc.*

*Becton Dickinson Canada Inc.*

*Canada Revenue Agency*

*Canadian Nurse Practitioners Initiative*

*Diabeaters*

*Eli Lilly Canada*

*Johnson & Johnson*

*Kahnawake Schools Diabetes Prevention Project*

*Omron Healthcare Inc.*

*Pedorthic Association of Canada*

*Roche Diagnostics*

*Southern Ontario Aboriginal Diabetes Initiative*

*Meals for Good Health*

*We acknowledge and thank the many sponsors of the  
4th National Conference on Diabetes and Aboriginal Peoples  
for their generous contributions to the success of this event.*

# Walking Together to Fight Diabetes

## Conference Committees

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

### Elders

Elder Amelia McGregor  
Elder Janet Ross

Elder Bill Messenger  
Elder Ida Calmegane

### Conference Planning Committee

Kandice Léonard (Chair)  
Anita Crate  
Laura Donatelli  
Jan Embury  
Shirli Ewanchuk  
Dr. Sora Ludwig  
Amelia McGregor  
James Makokois

Bert Morrison  
Karen Omichinski  
Janie Peterson Watt  
Colleen Rand  
Carol Seto  
Sharlene Thompson  
Tara Torchia- Wells

### Abstract Committee

Dr. Heather Dean  
Dr. Sora Ludwig  
Dr. David Maberley  
Mr. James Makokis

### NADA Staff

Kandice Léonard – Executive Director  
Nadene Coutu – Administrative Secretary  
Rick McDougall – Administrative Assistant

### Conference Coordinator

Tara Torchia-Wells

### Volunteers

Margaret MacPherson  
Theresa Majeran  
Edith Shorting  
Abigail Major  
Lisa Okema  
Kateri Delisle  
Carol Lezack  
Kristin Anderson  
Shirli Ewanchuk

Leslie Walker-Rice  
Joanne Lacombe  
Amelia McGregor  
Linda Brazeau  
Brenda Tathier  
Laura Donatelli  
Karen Omichinski  
Sharlene Thompson  
Carol Seto

## Conference Overview

The National Aboriginal Diabetes Association's 4th National Conference on Diabetes and Aboriginal Peoples **"Walking Together to Fight Diabetes"** was held in Winnipeg, Manitoba. Over 500 participants from across Canada attended the conference on February 13-15, 2006.

This year's theme was **"Walking Together to Fight Diabetes"** with breakout workshops organized around "Grassroots" and "Healthcare" presentations.

### Conference Goals ...

- To inspire Aboriginal Communities to develop and enhance their ability to reduce the incidence and prevalence of diabetes
- 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

### Conference Objectives...

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

*"I received a lot on information that I am eager to share with others in my community"*

# Opening

## *Walking Together to Fight Diabetes*

*"Overall great job, I am taking more information  
"tools" to use in my community"*

# Walking Together to Fight Diabetes

## Opening Plenary

### Opening Prayer

Opening prayers were offered by:



(listed left to right)

- Elder Janet Ross
- Elder Ida Calmegane
- Elder Bill Messenger
- Elder Amelia McGregor

### Welcome and Greetings

The Tri-chairs brought greetings to all the delegates who attended the 4th National Conference on Diabetes and Aboriginal Peoples. The Tri-chairs were:



- Loretta Bayer (left)
- Christine Simard (centre)
- Alex McComber (right)

National greetings were offered by:



- **Southern Grand Chief Chris Henderson**, Southern Chiefs Organization



- **The Honourable Theresa Oswald**, Minister for Healthy Living



- **Claudette Dumont-Smith**, Native Women's Association of Canada



- **President Clément Chartier**, Métis National Council



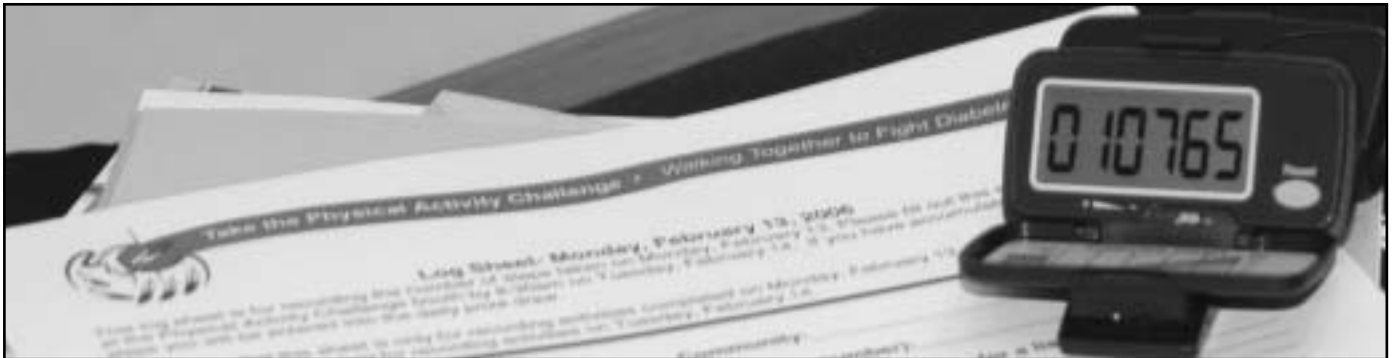
- **Allan Patt**, Diabetes Council of Canada

# Walking Together to Fight Diabetes



The **Physical Activity Challenge** was presented by Health Canada **Aboriginal Diabetes Initiative**. Over the duration of the 3-day conference delegates wore their pedometers and counted their steps. Activities occurred at each of the health breaks as well as scheduled morning and mid-day walks. Over 1 million steps were recorded at this year's conference.

At the end of the conference there were 15 community kit winners. These winners tracked their steps and offered an innovative community physical activity ideas to win. Congratulations to all the participants!



The **Spirit Sands Singers** drum group brought the conference full circle. The drummers started the conference off with a beautiful sounding honour song. The drummers brought the delegates together in spiritual sense, understanding what each delegate was in attendance for, a walk together to fight diabetes. Spirit Sands Singers closed the conference with an honour song which honoured all those that have passed away from diabetes and those living with diabetes.



The **Friendship Exchange** took place on the second day of the conference over a lunch hour. The Exchange brought delegates from across Canada together to exchange regional gifts with each other. Prior to the commencement of the conference a delegate in each province was asked to bring a gift that represented their region to exchange. This exchange symbolized the oneness that we all have in common; regardless of where we come from, what nationality or cultural background we may have we all attended this conference for the same common goals. The Friendship Exchange brought a sense of welcoming, good will and good faith from all those that attended the Conference.



The conference delegates were treated to an impromptu performance by **Shiri Ewanchuk** and **Rhonda Cameron** over one of the lunch hours. Shirli and Rhonda are part of the **Whirling Rainbow group**, and they provided us with an array of songs. It was great to have them in attendance and those that heard them sing will agree that they were a wonderful addition to the entertainment.



# Walking Together to Fight Diabetes

## Entertainment



Marc Clement, who is the Clinical Service Manager for the Regional Diabetes Program, Parkland Regional Health Authority in Dauphin, entertained the group at the closing plenary with his song "From Echo to Landslide". The song was written and preformed by Marc at the Northern Diabetes Forum that was organized by the Northern Aboriginal Population Health and Wellness Institute (NAPHWI), and it made such an impact on the struggle with their delegates, NADA felt that it was appropriate to hear it at the 4th National Conference on Diabetes and Aboriginal Peoples as well. If you would like to hear the song please visit [www.thompson.ca](http://www.thompson.ca) . The words written by Marc illustrate just how many organizations are involved in the fight against diabetes and what a significant impact this disease has on the Aboriginal population.

## Plenary Session – The Gift of Diabetes

On the second day of the Conference the delegates viewed "**The Gift of Diabetes**" by filmmaker **Brion Whitford**. Brion Whitford had passed away weeks earlier so this viewing provided a strong message for the prevention of Diabetes.

It was an honour for the National Aboriginal Diabetes Association to have Brion's parents attend the viewing. The Elders dedicated an offering to Brion and his parents to open the plenary. Once the offering was made the delegates had a chance to view the film that Brion had produced. This film followed Brion throughout his illness and took a hard look at how diabetes affected all aspect of his existence. The film portrayed the importance of managing the disease so that further complications do not arise. By managing diabetes other health problems such as heart disease, foot amputations and eyesight can be avoided.

Conference delegates stated that seeing this film was necessary to bring about the realization of the severity of diabetes. Others noted that it was the most useful and inspiring aspect of the Conference. The general consensus was that this film touched on how diabetes affects so much of your life.

Brion's film does much to emphasize the importance of education in preventing and managing this disease.

When the session concluded the Chairs of the conference invited the delegates to bring condolences to the family. Many took time to offer the family their support.



# Walking Together to Fight Diabetes

## Opening Plenary Session – The Ribbon of Life

Presented by the Southern Ontario Aboriginal Diabetes Initiative (SOADI).

People are wearing the “Ribbon of Life” and are able to identify it as a SOADI resource and diabetes awareness tool. With this tool, the word about Diabetes awareness is spreading very quickly.

“The Ribbon of Life” (11/99), was created by Carol Loft, Regional Diabetes Worker, SOADI, Eastern Region and her sister Tracey Gazley. SOADI has promoted the Ribbon in workshops, health fairs, Powwows and various other gatherings.

This presentation guided the delegates through the meaning of the “Ribbon of Life”, what the colors of the ribbon represent, as well as what beads and the leather represent.

Everyone at the session made their own Ribbon of Life and wore it throughout the three days of the conference. When the delegates wore their Ribbon knowing the significance of what it meant, they wore it with pride. The word about Diabetes prevention and awareness in Native communities is spreading. It was great to see all the delegates wearing their ribbon each day, many delegates took kits back to their communities to assemble and wear.

**The Ribbon of Life has been passed to NADA and is now the National Symbol of Aboriginal Diabetes awareness.**

At this plenary session the Southern Ontario Aboriginal Diabetes Initiative presented NADA with a framed Ribbon of Life to symbolize the passing of the Ribbon nationally. The Elders, Bill Messenger and Amelia McGregor shared words regarding the passing of this symbol. The chairs of the conference also shared caring with SOADI in taking this symbol on nationally through NADA.

To view the PowerPoint presentation of the Ribbon of Life please view it on our website at [www.nada.ca](http://www.nada.ca)



# Walking Together to Fight Diabetes

## Closing

At the end of the three days the delegates came together as one for the closing plenary. Many new friendships were made and old friendships renewed. People came away from the event with a sense of purpose and increased awareness of the importance of prevention, education, care and support and research in the field of diabetes. A spirit of sharing and support was evident among the conference participants.

The National Aboriginal Diabetes Association Executive Director, Kandice Léonard, extended her thanks to all the people who helped with the 4th National Conference on Diabetes and Aboriginal Peoples. This included the conference sponsors, the volunteers, the presenters, office staff and the conference planning committee. NADA expressed their appreciation for the guidance of the elders and the tri-chairs, without their help to drive the conference the days would not have gone so smoothly. It is with gratitude that we closed the conference, thank you for walking with NADA to fight diabetes. We hope to see you once again at the 5th National Conference in 2008.



Physical Activity Challenge - Walking Group

# Walking Together to Fight Diabetes

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# Walking Together to Fight Diabetes

## Plenary Session – The Gift of Diabetes



Brion Whitford

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Brion’s film does much to emphasize the importance of education in preventing and managing this disease.



*"The food was excellent,  
healthy meals and snacks  
were all very good"*

## Breakout Sessions

### *Walking Together to Fight Diabetes*

*"Diabetes touches all of us Aboriginal people. We need to  
continue the efforts and NADA is doing a great job."*

*"I feel there was a positive move forward to  
encouraging responsibility for self-care, community  
efforts to change lifestyle and I felt there wasn't a  
separateness of aboriginal and non-aboriginal  
agendas. We do have a common goal, type 2  
diabetes effects everyone"*



**WEIGH IN WEIGH OUT: MEETING THE NEEDS OF  
ABORIGINAL WOMEN THROUGH HEALTHY EATING  
AND PHYSICAL ACTIVITY**

Ruth Ann Cyr, RN, CDE and Carol Seto, RD, Native  
Canadian Centre of Toronto

Obesity is a reality for many Aboriginal women for which community action is needed now. Funded by the Canadian Cancer Society, the Weigh In Weigh Out program was developed to provide nutrition education sessions and a comprehensive physical activity program to help Aboriginal women achieve healthier weights and healthier lifestyles.

Thirty-three Aboriginal women, ages 24-60 years, attended the sessions held from September '04 to April '05. Post-program results revealed that many of the women were achieving healthier weights, reported feeling better and had adopted healthier lifestyles. Findings indicated that Aboriginal women will attend classes provided that they feel safe, have peer support and where they are involved in learning methods which are highly interactive, culturally relevant and at an appropriate literacy level.

This workshop shares our experience in developing the program, determining the findings and in providing recommendations for future programming.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Yes, I believe that First Nations communities need a program for all age groups for prevention of diseases and hypertension
- I really enjoyed this program
- I will be using information and program ideas in the groups that I run
- Thanks for sharing a program that was so successful (2)
- I enjoyed the exercise, Weigh In, Weigh Out was excellent
- Excellent presentation, it should be introduced to first nations communities
- Down to earth facilitators, good participation
- Carol and Ruth did a totally awesome job. I'm very impressed, they got the whole audience up

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

**Gestational Diabetes (GDM): A Team Approach**  
Dr. Sora Ludwig, Chris Everhardus, Jillian Paulmark,  
St. Boniface Hospital Diabetes Health Care Team

Gestational diabetes (GDM) is defined as the first recognition of diabetes during a current pregnancy. GDM is stated to occur in 3-5% of all pregnancies. It is recognized that women with GDM have an increased risk for the future development of type 2 diabetes. Increasingly, evidence is suggesting that the baby of a mother with GDM is at increased risk for childhood obesity and future type 2 diabetes. Therefore there is an increased need to recognize and manage GDM. This presentation will discuss the emerging evidence linking GDM and the risks to the child of developing early onset obesity, insulin resistance and/or type 2 diabetes. This team presentation targeted towards health professionals will review the screening and diagnostic criteria for GDM. As well, management including glucose targets, nutritional and lifestyle recommendations and insulin therapy will be presented.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- pertinent, relevant information presented in a meaningful way
- I work in addictions and have many patients who come in with diabetes and some who are pregnant. This will be important to pass along
- Information guides me as a nurse to provide information to GDM in remote Northern Communities and clinics
- I found these sessions very thorough and interesting
- Very informative and educational
- Lots of good information
- Very informative and well-presented session. Helpful to hear from various members of the health care team

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

An Evaluation of the "Professional Relations in Aboriginal Diabetes Education"

The Aboriginal Diabetes Wellness Program developed and implemented the "Professional Relations in Aboriginal Diabetes Education" (P.R.I.A.D.E.) program in 2001. Since that time, the program has educated well over 300 health professionals, providing basic diabetes knowledge and increasing participants'.

An evaluation of the P.R.I.A.D.E. program was completed in the summer of 2005. Data was compiled from post program evaluation reports and from surveys of past participants of the program.

Throughout the evaluation process, and as reflected in the interviews and post program evaluations, there is a resounding commitment and support towards the P.R.I.A.D.E program. All respondents reported that the program is achieving its desired goals, and leaving outstanding positive results within the Aboriginal community.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Yes, diabetes training that includes a cultural component is necessary when working with First nations peoples
- It surely helps my understanding of what is being done in communities
- Good presenter especially for a first time presenter
- Thanks for sharing with us
- All in all it was great!

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

Converging Stars and Shared Visions. Leslie Worth, Nurse Manager, Chronic Disease Management, Saskatoon Health Region. The Saskatoon Community Clinic and Saskatoon Health Region share a vision to build capacity, create supportive environments, strengthen existing partnerships and coordinate resources for the development and implementation of culturally sensitive diabetes prevention and management programs. Common threads that weave together the prevention and management of diabetes include development of self-management skills through education, access to diabetes friendly food and active living opportunities. Promoting the Good Food Program, Good Food Inc., developing and supporting collective kitchens, and increasing active living opportunities are the primary goals of the initiative. Dreams accomplished include hiring a Community Diabetes Outreach Worker and developing culturally sensitive screening and Building Resistance to Diabetes programs. Dreams in the making are building a peer leadership component, more urban First Nations and Metis community partners, coordination of programs and services, and a diabetes resource toolkit with information on traditional lifestyles of First Nation and Metis people.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Yes, excellent model
- Yes, the Building Resistance Program information will be very useful
- We are struggling on the reserve to get this kind of thing going
- Just perfect, my mind is rolling with new angles and ideas
- Good information, I liked the in-depth information about your clinic programs
- Too much information for the time allotted



**The Aboriginal Diabetes Presentation Series:  
A Signature Program of the Canadian Diabetes  
Association – Updated in 2006!**

The purpose of this workshop is to demonstrate and share a program that was developed to assist Aboriginal community leaders and health care representatives in delivering accurate, complete and informative presentations on diabetes to people who are of Aboriginal descent.

One of the information modules will be demonstrated and an Evaluation Form will be included in the presentation to allow participants to provide input into the program.

The Aboriginal Diabetes Presentation Series consists of accurate, referenced material in a "ready-to-use" presentation format, including Speaker's notes, FAQ's and overheads or CD-ROM. Developed in 2003, this program has been recently updated to incorporate new information relating to diabetes management and care. Information on how to access this presentation and a copy of the presentation will be made available to participants.

Presenter: Arlene Hinsta

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Yes, increase the First Nations area is very relevant
- Yes, I had not seen this program. I was impressed and interested in using it
- Sounds like an excellent tool
- I liked the fact that you included a volunteer to speak within your presentation (someone with diabetes)
- Good idea to survey the participants re: complications
- Great to see something that is universal.

Information should be sent to all First nations communities to give them the option to access

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

**Checking Your Feet:**

**The Importance of the Diabetic Foot Assessment**

Stephanie Piper, RN, CFCN

The J.A. Hildes Northern Medical Unit established the Diabetic Foot Nurse Clinician Outreach Program in June 2000. The diabetic foot nurse clinician provides diabetic foot assessment, foot care, ulcer management and vascular assessment of peripheral circulation. The program's goal is the prevention of lower limb ulceration and amputation, and to initiate early referral of foot complications to medical specialists.

This presentation is geared towards healthcare professionals, diabetic patients and their families to provide education on the importance of the diabetic foot assessment.

The presentation will discuss the importance of assessing the feet of diabetic patients, how the diabetic foot assessment is performed, to provide education on the importance of proper footwear and how diabetic patients can assess their feet on a daily basis to prevent injury to their feet.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- This information would definitely assist local workers for teaching.
- Yes, we are presently encouraging our clients to have annual foot checks
- Will be able to request info from our own presenters in our region/Province. Will be able to provide interpretive services to our community members with greater understanding
- As a fairly newly diagnosed diabetic this is good to know information.
- Good workshop – Important to attend as it could prevent amputations
- The visual part showing various ulcers and foot conditions is helpful.
- Presentation was excellent, right to the point
- Learning more about foot care is important issue for us we don't have any one that comes to our community to cut and trim our nails, expect our local Doctor and health

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

Manitoba Risk Factor and Complication Assessment, Central Regional Health Authority and Ms. Kathleen Graham on behalf of the Diabetes and Chronic Diseases Unit, Manitoba Health

Objective: To describe how the Risk Factor and Complication Assessment (RFCA) Train the Trainer program has been used to train multidisciplinary teams and begin implementing collaborative actions to provide these assessment services across Manitoba.

Methods: The intent of the Train the Trainer Program is to train teams of health professionals (MD, RD, RN) from each regional health authority (RHA) as Regional Trainers. RHAs are planning for implementation with their regional partners and First Nations communities who have expressed an interest.

Summary: Evaluation of the initial training indicated that health providers retained their new knowledge after three months and began to integrate that knowledge into their practice. Each RHA is at a different stage of RFCA implementation.

Conclusions: The RFCA Train the Trainer program promotes the training and practice of multidisciplinary teams. System, team and resources challenges to RFCA implementation have been identified and will inform future planning.

#### Evaluation summary:

Will the information from this session be useful to you and your community?

- Encouraging the patient to come to appointments and follow ups will be very useful
- Life style changes are so important; dancing is an important cultural aspect of assessment. The community garden was a great idea.
- Great to hear from the local programs already using the program and seeing the different approaches
- Lots of great ideas

Go For Green  
Johanne Lacombe

Go For Green's Active Transport Workshop encourages and motivates Canadians to choose modes of transportation that require human power, such as walking, cycling, or in-line skating, in order to increase physical activity levels and control weight. The workshop will strive to increase the level of awareness among Canadians more specifically within the Inuit and Aboriginal communities about the physical and economic benefits of choosing active transportation for creating and developing their own sustainable community.

Active Transportation directly addresses one of the principal underlying societal conditions contributing to decreased physical activity and obesity: excessive and unnecessary use of the automobile and other motor vehicle transportation. Active transportation attempts to influence people in making healthy lifestyle choices when traveling to school, work and elsewhere in their communities. The link to diabetes is very clear, as prevention is key to healthy living and sustainable communities.

#### Evaluation summary:

Will the information from this session be useful to you and your community?

- Yes I really like the walking and cycling school bus and will approach schools about it
- A good perspective for community possibilities
- safety needs to be addresses in our community, routes would be helpful
- I work in an inner city community that is considered quite unsafe, major roads, industry, railroads etc. I will pass this on to community leaders
- Very interesting, definitely something to look into for my community
- Practical information, question period was good
- Definitely an eye opener that small changes make a difference

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

**THE SANDY LAKE HEALTH AND DIABETES PROJECT: DEMONSTRATION WORKSHOP.**

Mary Mamakeesick, Edith Fiddler, Tina Noon, Anthony Hanley, Stewart Harris, Bernard Zinman.

The Sandy Lake Health and Diabetes Project (SLHDP) is an ongoing partnership between Sandy Lake First Nation and health researchers. The overall goal of our 15-year partnership is the prevention of diabetes and its complications using culturally appropriate strategies. For the past 5 years the presenting authors, who are community members, have coordinated a project to identify risk and protective factors for the development of diabetes and its associated complications (including kidney, nerve, eye and heart problems). We propose to present an SLHDP information and demonstration workshop where conference participants will be able to learn about our unique, community-based project and speak to the team responsible for its operation. Visitors will also be able to learn about assessment techniques for diabetes and its complications used in clinical and field research settings, including body mass, blood pressure, and tests for early nerve, kidney, and eye damage, as well as blood vessel problems in the legs.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Yes because Sandy Lake is the pioneer community and internationally known as experts for all other communities
- I enjoyed the format, being able to talk to presenters and listening to others comments
- Sandy Lake should consider doing presentations to the First Nations community
- Looks like a very useful tool
- I think the interaction was good
- Keep up the good work, you are doing great
- So many First Nations communities need to know about these techniques

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

**A University Affiliated Outreach Program: A Focus on Amputation Prevention.**

Frank Duerksen MD, FRCSC

Nichole Riese MD, CCFP, MSc

Stephanie Piper Diabetic Foot Nurse Clinician

The J.A. Hilde Northern Medical Unit Diabetic Foot Outreach Program was established in June 2000 for the provision of community-based diagnostic supports for timely referral to medical and surgical specialists to prevent lower limb complications of diabetes. Population-based studies have identified reduction in rates of amputation for Manitoba First Nation communities served.

The program's orthopedic surgeon will discuss progress of the initiative and draw attention to the often neglected risk factors and subsequent severe lower limb threatening complications of diabetes. The presentation is for clinicians, people living with diabetes and their families.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Yes, our First nation people need a team like yours
- Go out to our communities to give workshops so the client can see what they don't believe
- Really highlights the importance of foot care in the people with diabetes
- Excellent program that is needed to service the north
- Great visual pictures that really put it into perspective
- How can you get more MD's to refer to vascular specialists?
- The information I've heard today was extremely interesting. I look a step further because of similar complications

**Arresting the Epidemic of End-Stage Renal Disease**  
The objective of this presentation is to appreciate the shift in renal care in Manitoba and it's emphasis on renal health promotion and disease prevention.

The prevalence of end-stage renal disease (ESRD) is 30% higher in Manitoba then the rest of Canada and 50% higher for chronic dialysis\*. This is partly due to the high number of Aboriginal patients in Manitoba on dialysis as a result of diabetes.

In Manitoba, 33% of the 906 patients on dialysis are Aboriginal with 60% having diabetes as the underlying cause for their ESRD.\*

Renal Health Outreach (RHO) is a Manitoba Renal Program initiative to address the ongoing growth of ESRD in Manitoba through renal health promotion and disease prevention strategies. Under the umbrella of the RHO, are the Renal Health Clinics encompass the continuum of chronic kidney disease from early identification, prevention, attenuation of progression and preparation for renal replacement therapy.

We need to expand this service and link to outreach sites that include rural and northern Manitoba including specific selected high-risk rural, urban, and First Nation Community Clinics.

\*Canadian Organ Replacement Registry

Jan Schneider

#### **Evaluation summary:**

Will the information from this session be useful to you and your community?

- More awareness for me which means more healthy prevention and promotion for my community
- Excellent program
- Dynamic speaker
- Information has to be given to diabetics when these programs become available; prevention is what we want, right?
- Very important subject, enjoyed the presentation immensely

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

#### **University Affiliated Outreach: Establishing a Diabetic Retinal Screening Program**

Linda Taitley RN

The University of Manitoba's J. A. Hildes Northern Medical Unit established a Diabetic Retinal Screening Program in April of 2005 based on modifications of existing Canadian models of outreach.

The presentation will focus on program development in selected remote Manitoba First Nations communities. Challenges have included transportability of digital retinal imaging equipment to air-access communities, engagement of communities and their health staff, and linkages with specialty care. Opportunities will include expansion of educational components, broadening of the service area, and enhanced interface with other diabetes care programs.

This presentation is geared towards healthcare professionals, program planners, and people living with diabetes.

#### **Evaluation summary:**

Will the information from this session be useful to you and your community?

- Yes, practical information I can apply when assessing and realize the importance of earlier intervention
- Excellent program that is needed in the north
- We are fortunate to have you in our community
- It is great to see health care expanding to First Nations Communities
- A very valuable tool!
- Very good information, very informative
- Presentation was thorough and an excellent speaker

Results from the Kahnawake Schools Diabetes Prevention Project (KSDPP) 1994-present.

Alex McComber for the KSDPP team

KSDPP began in 1994 to prevent type 2 diabetes through healthy eating and increased physical activity. Kahnawake is represented by the Community Advisory Board. Achievements include KSDPP Code of Research Ethics and documented community ownership of the project, a healthy nutrition policy in schools and Youth Centre, and new recreation path. From 1994-2004 children in Grades 1-6 showed decreased consumption of sodas, chips and fries and increased brown bread and lower fat milk. Fruits and vegetable consumption remained low, there was no increase in physical activity, and an increase in obesity. The heaviest children consumed more fries and fruit drinks than normal weight children. Parents outlined both barriers and facilitators to healthy eating.

Results have been discussed with community; future plans are to work with younger children and increase physical activities in the schools

Funding from Canadian Institutes of Health Research

#### Evaluation summary:

Will the information from this session be useful to you and your community?

- More ideas to increase healthy lifestyles in our communities
- It was interesting to learn the outcomes of the project, many issues were raised and are evident in my community
- I have the KSDPP manual at the office and I use it regularly
- Yes, I am trying to get the Chief and council to get diabetes program implemented in band school
- Wonderful, dynamic and strong
- Good learning which can be put to practical application in my community
- Alex, once again thank you so much for the communication and the findings of your team so well. You live your values by empowering everyone involved in your community
- Dynamic speaker and easy to understand. A definite asset to the conference
- Great presentation and it gave me ideas of what I can do with my community

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

Walker-Rice, Leslie, Registered Nurse  
Delisle, Katerj, Certified Fitness Leader

We are moving Ata'karitéhtshera! (Vitality)

Ata'karitéhtshera is a practical, fun exercise initiative for diabetes prevention/management. For 10 years, this physical activity program has grown and been well attended. The program targets an adult at risk population, many with existing medical conditions, notably diabetes. In 2005, Ata'karitéhtshera undertook to make an exercise video to be used as a tool in wellness promotion in other aboriginal communities. The participants want to share their ongoing experiences and motivate others to enjoy being physically active. The program is led by a fitness leader and supervised by a nurse.

This workshop will include discussion on the history of the program, creation of the video, vignettes of the video, participation in interactive stretch and discussion.

#### Evaluation summary:

Will the information from this session be useful to you and your community?

- Big need, wasn't sure how to start
- We should have this at all Aboriginal conferences to get the message across
- Wow, what a great presentation
- You have a lot of motivation and energy
- Great program. Inspiring for communities to start such programs in order to prevent diabetes and complications
- High energy, well laid out presentation. Compelling reasons to start up a program.
- You two are an inspiration and thank you for sharing



MBTelehealth and Diabetes Education Resources at a "link"

Brenda Sanderson, Karen Omichinski, Sharlene Thompson - Beausejour, Manitoba

The Romanow report shows telehealth as a mechanism for improving access to health services for northern and rural residents. The need for a new approach to delivery of Aboriginal health services is highlighted. There remains considerable potential for growth as Manitoba has the largest provincial concentration of Aboriginal persons (11.7% - Statistics Canada, 1998). The MBTelehealth program is improving access to clinical services and education programming to support clinicians at remote sites. MBTelehealth currently is expanding to 10 northern isolated First Nations communities in Manitoba. Within Aboriginal communities telehealth can also provide access to conventional and alternative treatment, support for existing community based services, and local training initiatives.

As part of a First Nations Telehealth Research Project across Canada, Berens River was the site for Manitoba. Diabetes education, identified as a priority by the Berens River needs assessment, was provided in fall of 2000 by the North Eastman Health Association Diabetes Education Resource Team. The nurse educator and dietitian met with patients, families and health care team members on a weekly basis via satellite. The telehealth program improved access to health services and was seen as a welcome adjunct to the existing services.

#### Evaluation summary:

Will the information from this session be useful to you and your community?

- Yes, I have been involved with telehealth for FASD and feel it is very useful
- Yes, very helpful as we are just starting up in a few months
- I enjoyed their passion for the information
- Definitely, share this with the world
- Great stuff, I always thought being way up in the North we were the last to receive the evolution of technology
- I am very pleased and interested, I want to take home all the information I heard to my community
- Our community has recently implemented telehealth and hopefully in the near future other services which are not available will soon be part of telehealth

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

#### Diabetes Boot Camp

Evelyn Chevrier, FNDE, Judy McLeod, RN, CDE, Diabetes Nurse, Barbara Lalonde, RD, Nutritionist

Can people learn better when they live the experience? This is what we believe! This poster presentation will describe Diabetes Boot Camp, a practical approach to learning to live with diabetes.

The Boot Camp program is a three-day live-in personalized experience that takes a wholistic approach to diabetes education. This customized 'basic training' includes workshops and discussions as well as a variety of other activities. The participants have the opportunity to reflect on and practice what they have learned about managing their diabetes.

Results of our pilot program demonstrated the value of this approach. To date we have held a second Boot Camp. Both were filled to capacity. Participants completed evaluations for each workshop or activity during the Boot Camps. As well, a follow-up session was held within two months of each Boot Camp to determine what participants learned and what has helped them in the management of their diabetes. This poster presentation, including handout, will give information on the planning, implementation and evaluation results of this Boot Camp experience. We'll share our plans for future Boot Camps.

Supported by Nipissing First Nation Health Services

#### Evaluation summary:

Will the information from this session be useful to you and your community?

- Yes very much, we are always looking for new ideas of how we can get the message across
- Excellent resources, I wish I could create a boot camp at home. This is something my community can look into.
- Absolutely, I work in a friendship centre so my focus is on prevention and awareness. Thank you for a few more ideas.
- Yes I plan to model this in our ADI
- Particularly in the focused approach on a specific health issue where health/lifestyle education was needed
- Yes applicable to almost any community
- Thanks for affirming that this can be done. It will help us to convince our managers to start this type of program
- The presenters were very good speakers, they seem to know a lot of Boot Camp. But I think boot camp should be about 5 days in length. It looked very relaxing and safe.
- Wonderful effort by very gifted women
- Presenters made it fun and interesting
- You ladies did a great job, it shows you care about your clients and their health

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

Development and Implementation of a multi-institutional diabetes prevention program in Northwest Ontario First Nations

Gittelsohn, J\*; Ho, L\*; Rosecrans, A\*; Fiddler, R; Ford, E; Harris, S. \*Johns Hopkins Bloomberg School of Public Health; University of Western Ontario.

The epidemic of diabetes in First Nations has created a need for community-based prevention strategies. Based on successful programs in Sandy Lake First Nation and Apache Nations, we worked with key stakeholders in seven Ontario First Nations to develop a multi-institutional program for diabetes prevention working with elementary schools, food stores and health and social services. The feasibility trial underway (Sept 2005-May 2006) seeks to promote a healthy diet and increase physical activity. A baseline and post survey will be used to evaluate process and impact indicators (e.g. psychosocial factors, diet and physical activity). The results of this study will be used to expand the program to 20 First Nations and American Indian tribes starting in 2007. This research was supported by the American Diabetes Association and the Canadian Institutes of Health Research.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- I like the healthy alternatives, lots of people don't know about what is in the food
- We sure could use something like this in our community
- Yes, I am very interested in the outcomes and I feel this would benefit First Nations
- Good information, more leaders in the health department from my community should attend
- Gives great acknowledgement to how important it is to include everyone when trying to implement change
- This seems to be a total/holistic way of changing lifestyle of people, very good idea
- Very excellent presentation, easy to understand. The foods that were in posters were an excellent display
- I like what you have done in the community with children and teaching them about food intake
- Enormous amount of valuable work being carried out. Good to see the interventions being made available to community people

**"The diabetes epidemic in Indigenous peoples: is it stoppable?" Ellen L Toth MD, Kelli Ralph**

**Campbell MA, Jackie Leithoff MSc. University of Alberta and ACADRE Diabetes Research Group**  
Diabetes is an emerging epidemic among Indigenous peoples, with the potential for depopulation akin to that of infectious diseases post-European contact. Diabetes escalates mortality and affects people of reproductive age, the same factors that led to sustained declines from infectious diseases even where population growth had been increasing. Diabetes prevalence increased from 3.7% in 1990 to 4.7% in 2003 in Alberta's registered Indian population. Screening in one First Nation added 4% to the established 12% prevalence, while 25% of adults screened had prediabetes and 52% had metabolic syndrome. Among 814 adults in Métis Settlements 6% had undiagnosed diabetes, and 52% prediabetes.

Given population growth rates that are steadily increasing (annual growth of 3.5%) diabetes prevalence increases will be magnified. Given the lack of access to care, diabetes has the potential to threaten the health of entire communities. Prevention programs and the Aboriginal Diabetes Initiative have yet to be shown to be effective.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Yes, the community presentation was very useful, it gave me hope because the frustrating part of a health educator is the motivation of people
- I think the message here is to be persistent and hope that people will eventually hear what is being said
- Excellent stats were shown on how they produced the information
- Thank you for the wonderful optimistic view of how you and your team are making a difference.
- Political leadership taking part in health is important

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

**Diabetes and Cardiovascular Risk Factors Among Adults in First Nations Communities**

Elaine Conacher, RN CDE; Krista Loessl, RD CDE

**Objective:** To define the specific risk factors for diabetes and cardiovascular disease (CVD) within Prince Albert Grand Council (PAGC) communities.

**Methods:** A risk assessment/screening project was conducted in 8 communities to educate those who attended on the associated risks of diabetes, cholesterol and high blood pressure. These screening events provided an opportunity to do counselling in both risk management and prevention.

**Results:** An increased presence of major cardiovascular risk factors including diabetes, obesity and cigarette smoking was found in the PAGC communities versus an age and gender matched group in the Canadian Heart Health Survey.

**Conclusions:** First Nations adults are at substantially increased risk of CVD (for women, two-fold higher risk). Primary prevention is particularly important.

**Funding Source:** PAGC and Pfizer Canada.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- The information sparked incentive in myself to get working
- Ideas which can be taken to home communities and discussed as to how to plan for future diabetes plans (prevention and interaction)
- Isn't it amazing that junk food and alcohol so readily find their way into communities, but you have to move mountains to get healthy food in
- I did not know this technology was available for use at the community level
- I believe we can stop diabetes if we have more of these workshops for Aboriginal people

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

**"Promises and pitfalls of a diabetes database"**

Ellen L Toth MD, Tracy Connor BScN, Kelli Ralph Campbell MA. University of Alberta and ACADRE Diabetes Research Group

Knowledge is power. Data is a driver for funding and for accountability. The electronic age is upon us and has tremendous potential to gather and store large amounts of clinical information for statistical aggregation, trend analysis, service delivery planning, and individual patient follow up. The data can also serve to pose and answer research questions, for instance: where are diabetes rates higher, in what age groups, who get complications? However technology is fraught with hazards. From simple distrust of computers to lack of comfort and knowledge using them, through important issues of ethics surrounding data ownership, through legal requirements for data privacy protection, and to technical catastrophes, these hazards seriously threaten the usefulness of potential database creation and use.

We will share and demo our experience with creation and use of 2 databases for diabetes, where some but not all of the challenges have been overcome.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Good overview and potential and learning
- Dynamic interaction
- Very innovative program for diabetes data basing great potential and I look forward to their progress
- Database being used is a great tool. Our community still has a long way to go.
- It was like looking into my dream in real practice



### Sexual Health and Diabetes

The objective of this workshop is to increase knowledge of normal sexual function, sexual dysfunction and treatment options. This is a frank discussion of how we, as adults, came to understand normal sexuality and sexual dysfunction. Discuss actual sexual function and dysfunction. Then help the participants to link these findings with diabetes and medications associated with this chronic but manageable disease. The workshop will also discuss treatment options for men and women who suffer from sexual dysfunction including approximate costs. Finally, the discussion will identify barriers for people regarding this topic.

Presenter:

Ginette Eshkakogan, R.N., B.Sc.N.,

Community Health Nurse currently practicing in Hiawatha First Nation since 2001. Ginette, an Inuvialuit from N.W.T., has been providing health education sessions since 1997.

### Evaluation summary:

Will the information from this session be useful to you and your community?

- Yes, because there are many people in the community who have these issues
- Yes, this makes it more comfortable to discuss this issue with clients
- I enjoyed this presentation, it was done with professionalism and with a sense of humor
- Very helpful for women to have better sex without the increased cancer risks
- Great presentation, good to have humor to the presentation
- Very knowledgeable and fun, this is one of the best sessions I have been to throughout the whole conference
- I commend you for presenting on this information as it is a difficult topic to address
- The presenter was very relaxed and provided an open and honest discussion

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

### Changes & Life Choices with Karen Graham Living and Teaching Healthy Nutrition

Karen Graham, BHec, RD, CDE

Karen's fun and motivational presentation will give you unique nutrition teaching ideas to promote healthy eating in your community. Karen will focus on four important areas:

1. sugar in beverages
2. snacking
3. portions, and
4. exercise

Karen's goal is to empower you to teach healthy nutrition. She will provide you with the right tools and practical everyday information.

This valuable workshop is for people with diabetes, diabetes and heart health educators, prenatal program workers, and teachers.

Karen Graham is the dietician author of "Meals for Good Health" cookbook and has been a diabetes educator working with First Nations for over 20 years.

### Evaluation summary:

Will the information from this session be useful to you and your community?

- Yes, especially about apple juice
- I will check the web page for useful recipes for lunches for the elderly
- Confident knowledgeable helpful speaker
- Very useful information
- Very simple excellent presentation using visual techniques
- Thank you for the practical presentation and for all the work and creativity that has gone into helping people eat healthy

**Implementing Lessons-Learned from KSDPP and SLHDP in Moose Factory, ON**

J. Salsberg (KSDPP-Kahnawake), S. Louttit (Moose Factory), R. Fiddler (SLHDP-Sandy Lake), O. Receveur & M. Page (KSDPP-U de Montreal), L. Levesque & A. Kirby (KSDPP-Queen's U), A. McComber (KSDPP-Kahnawake), S. B. Harris (UWO), A. C. Macaulay MD (KSDPP-McGill U)

As the population health component of the IHRT "Diabetes in the Aboriginal Population," this project took a close look at two long-standing community based prevention programs: the Kahnawake Schools Diabetes Prevention Project and the Sandy Lake Health & Diabetes Project, and attempted to implement the lessons learned in a third partner community, Moose Factory, ON. Baseline nutrition and physical activity environment data were collected, while concurrent and ongoing intervention and mobilisation training was delivered through the KSDPP Training Program in Diabetes Prevention. This presentation will discuss this experience and its implications for primary prevention and capacity building for health promotion and research.

Funded through CIHR (IHRT Program); TK Young, PI

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- I am interested in interventions that have taken place in this community and perhaps implementing in my community (2)
- I liked it very much and would like to get started on positive changes in my community
- It is always good to hear what the other communities are doing for positive changes happening in their communities.
- It is not only talked about but they are doing something about it
- Always interesting to hear more about the actual interventions, this could have been added to
- Excellent research project

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

**Take Control Today For A Healthier Tomorrow - Building Capacity in Diabetes Education in a Home and Community Care Program**

A key message in the three DREAM research studies conducted in the communities of the Battlefords Tribal Council has been "take control today for a healthier tomorrow". This presentation will describe a multi-year process of building capacity for diabetes self-management education amongst staff members in a Home and Community Care Program leading to the successful implementation of a research project, DREAM 3. In DREAM 3 fifty percent of the participants were randomized into a nurse-managed protocol for hypertension control. Nurses were required to function as educators, research assistants, client advocates and supporters. The Nurses were able to transfer their capacity to community members causing changes in both self care and attitude.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Very good info team approach and capacity within communities
- The grassroots presentation are well incorporated into the conference along with statistics
- Excellent work
- Finding out lots of approaches from my community
- Great presentation, thank you. It is wonderful to see the passion you both share in what you are doing for the diabetes epidemic
- Very thankful for sharing their experiences as health care workers, very good presentation

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

**Fighting Diabetes through Physical Activity**  
Jan Schmalenberg, Elizabeth Ready, and Maureen Rodrigue. WRHA and University of Manitoba.  
 This presentation will provide an overview of *Winnipeg in motion*. In motion works collaboratively with communities to develop and promote physical activity programs and resources that are relevant to their needs. Working with communities to develop and integrate community-based initiatives that enhance aboriginal people's capacity and resources to promote physical activity in their daily lives is a priority. The 2005 Physical Activity Baseline survey obtained information from 8629 Manitobans, with at least 400 respondents from each of the 12 Winnipeg Community Areas and 9 Regional Health Authorities. Findings will be shared and may provide communities with information to consider when planning and developing programs. Information on Aboriginal people's overall physical activity levels, physical activity levels by gender and age, and barriers to being physically active will be highlighted.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- this is an important area that we all need to implement in our daily lives
- Good awareness of health promotion strategies aimed at prevention and management of diabetes
- Thank you for sharing, more pictures are always more of an asset
- Anxious to get baseline survey. This info will help with the community and the larger provincial population
- I am looking forward to checking out the website for tools I can use in my practice

Please find more information  
 regarding this session at  
[www.nada.ca](http://www.nada.ca)

**Perceptions of Two Generations of Aboriginal Women on Causes of Diabetes During Pregnancy**

Hannah Tait Neufeld, Ph.D. (c)  
 Department of Community Health Sciences  
 University of Manitoba

The purpose of this study was to explore cultural idea systems related to maternal diet and diabetes with two generations of women in an Aboriginal community. Semi-structured and unstructured interviews with a sample of 14 mothers and 14 grandmothers focussed on causation theories and ways to prevent diabetes. Both groups linked sugar and processed foods with diabetes and recommended preventative action. Indications of cross-generational learning suggest community resources may be helpful in prenatal programming for Aboriginal women.

This research was made possible in part by the Canadian Institutes of Health Research (CIHR) Interdisciplinary Health Research Teams Studentship.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Good information of how cross generational learning can provide additional info to young mothers, and differences in perceptions between the age groups
- the perception of causative factors for gestational diabetes will impact our teaching with information
- Yes, raises awareness of the intergenerational affects and understanding of diabetes
- Reinforced what seemed to be interesting information and it will help how I address the women of different ages in my community
- Very well presented and good expectations of this type of research to the lay person
- Good report, good presentation and information
- Well-spoken presentation, you have definitely done your homework.

Please find more information  
 regarding this session at  
[www.nada.ca](http://www.nada.ca)

Presenters: CINDY MUTCH and JORDAN CARRIER

"Working Together to Beat Diabetes: Wholistic Approaches for Diabetes Prevention and Education."

The objective of this presentation is to highlight effective and adaptable diabetes prevention strategies that employ culturally unique educational approaches for promoting healthy lifestyle choices among urban Aboriginal youth. In doing so, participants will learn about innovative diabetes prevention activities, projects, and resources that have made a positive impact in the urban Aboriginal communities of Hamilton and Brantford, Ontario.

Special features of this presentation will include an overview of: (1) a week-long intensive March Break diabetes prevention camp that empowers Aboriginal families to incorporate healthy eating and physical activity into their daily routine; (2) a Healthy Lifestyle School Outreach Project that fosters a variety of community partnerships aimed at engaging youth in healthy lifestyle opportunities within local schools; and (3) a wholistic diabetes prevention video that was developed for Aboriginal youth and their caregivers.

#### Evaluation summary:

Will the information from this session be useful to you and your community?

- Yes, I am motivated to get moving in my own community
- I'm going to ask my community culture camps for an invite to display diabetes information
- Very good, easy to understand and relate to. I will definitely share with other and implement activities
- I really enjoyed the presentation and really feel appreciative and commend the team from your area that you truly are doing an excellent job to help our FN people to be healthy
- Enthusiastic committed group of people.

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

Prior to World War II diabetes was hardly ever heard of in our First Nations, today it has reached epidemic proportions amongst our peoples.

"Junk food" is very popular amongst First nations and with diabetes and obesity quickly follows. There is not a permanent cure for diabetes but along with conventional methods, teachers such as myself who have diabetes can offer and provide the best guidance through going back to the traditional herbal, medicinal and dietary practices our grandparents taught us. We can help to combine these traditional healing methods with prescribed medication, insulin, balanced diet, proper sleeping and rest plan, and suitable exercise.

I learned from my mother Angela Sidney who was a nationally recognized Tagish historian and health practitioner including traditional medicines and diet. With this interest I gained from my mother I have since visited many elders to learn their knowledge on these subjects. With these teachings, medical consultation and my own formal training and years as a Community Health Representative I enjoy showing how to combine traditional diet and medicines including herbs recommended for diabetes.

#### Evaluation summary:

Will the information from this session be useful to you and your community?

- Yes to help understand medicine people might be using
- More sessions with Ida please!
- Our community is really big on traditional medicines
- Yes, more familiar with names and how to prepare, also what they claim to do
- I truly enjoyed being a part of your session. You are a wonderful book of knowledge the creator has chosen you for a reason
- Delightful presenter, lots of humor and really put focus on spiritual components
- Thank you for coming out and teaching us about the traditional medicines, I love learning from our elders

Please find more information  
regarding this session at  
[www.nada.ca](http://www.nada.ca)

Manitoba Health's 2006 Manitoba Diabetes Care Recommendations

Dr. Sora Ludwig and the Diabetes and Chronic Diseases Unit, Manitoba Health.

In 2006, the Diabetes and Chronic Diseases Unit of Manitoba Health developed and distributed the revised version of the original Manitoba Diabetes Care Recommendations. These recommendations are a practical translation of the evidence-based Canadian Diabetes Association's Clinical Practice Guidelines. Copies were distributed throughout Manitoba to a broad target audience including primary care physicians, diabetes educators, health professionals and providers to support the provision of quality diabetes care and education in the community. This health professional workshop will utilize a case-based interactive format to illustrate the current 2006 Manitoba Diabetes Care Recommendations. Detailed problem-solving discussion will be used to demonstrate the applicability of the Manitoba Diabetes Care Recommendations to the education and care of people with diabetes.

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Well done clinical presentation, good participation from the group
- Excellent! Reinforcing aggressive intervention
- Incorporated useful clinical information within a workshop atmosphere
- Excellent resource
- Really down to earth, I felt like a doctor

Diabetes Fear Factor

By

Membertou First Nation Diabetes Working Group

Presenters: Laurianne Stevens, Vice Principal/Teacher Membertou Elementary School  
Ann Gottschall, Aboriginal Diabetes Initiative, Union of Nova Scotia Indians, RN BScN MN

Diabetes Fear Factor is a game developed by the Membertou Diabetes Working Group to help children in grades 3 to 6 learn about diabetes and ways to prevent it through healthy eating and being active. In this game, children receive a passport to diabetes awareness and prevention by collecting stickers at each of the seven stations in which they participate. A multisensory approach is used to help children learn about the effects of diabetes on the body. For example, children learn about the effects of diabetes on their eyes by scooping plastic eyeballs, while blindfolded, out of a bowl of spaghetti. They participate in other stations such as, "Filter Run", "Limbs-o", "Paperclip Challenge", "Healthy Eating Mural" and much more! This game is all about having fun while learning about diabetes and ways to prevent it!

**Evaluation summary:**

Will the information from this session be useful to you and your community?

- Yes I can see working together with a schools on the fear factor
- Yes this presentation was all that I hoped for from reading the agenda
- Very useful, excellent ideas to improve our school diabetes program Additional
- Both women have excellent vocal and presentation skills, very informative
- Very inspiring to someone who is getting major burn out
- Very clear presenters, good style, not overwhelming
- Your initiative is inspiring
- Very imaginative



*"I would like to thank all the people that brought us all together"*

## Poster Sessions

*Walking Together to Fight Diabetes*

*"My first time at this kind of conference and I am enjoying myself very much and I feel very good too."*





Effects of Diabetes on the Health of the Cree of Eeyou Istchee: What Can Be Learned from Linking Two Diabetes Information Systems. Gilles Légaré, David Dannenbaum, Elena Kuzmina, Jill Torrie, Solomon Awashish, Institut National de Santé Publique du Québec, Québec & Cree Board Health Social Services James-Bay, Montréal, PQ

With a crude prevalence of diabetes of 15%, James Bay Cree health services managers need information to ensure optimal medical monitoring of these isolated communities. A project to match denormalized data from the Eeyou Istchee regional Cree Diabetes Information System and the Quebec National Diabetes Surveillance System was launched to extend the scope of the clinical program in place. Age adjusted prevalence among Cree aged 20 or over in 2002 was 15% in men and 26% in women, with an average duration of 7.8 years. A total of 48% of cases had been hospitalized, resulting in 1,516 healthcare-motivated travels. The proportions of hospitalization for some complications was: CVD 6.4%, nephropathy 4%, lower limb amputation 0.6%, retinopathy surgery 3%). In addition, 69% of cases had consulted an ophthalmologist in the previous 5 years. This study showed the mutual benefit of cross-referencing a local clinical information system with a provincial surveillance system in order to improve case monitoring, public information, and the surveillance of complications.

Incidence and prevalence of type 2 diabetes among Kanien'keháka of Kahnawake, Quebec, Canada, 1986 to 2003. Ojistoh K. Horn, Heather Jacobs-Whyte, Amy Ing, Amanda Bruegl, Gilles Paradis, Ann C. Macaulay

Kahnawake Schools Diabetes Prevention Project

The prevalence and incidence of type 2 diabetes from 1986 to 2003 for adults in the Mohawk community of Kahnawake, Quebec, was determined. The survey used the community hospital diabetes registry to identify 312 men and 319 women with type 2 diabetes, eighteen years and older, and living in Kahnawake. Incidence rates decreased from 7.95 to 6.07 per 1000 in males, and from 7.96 to 4.79 per 1000 in females from 1986-88 to 2001-03 respectively. Prevalence rates increased from 60.0 to 83.9 per 1000 in males and from 64.0 to 71.1 per 1000 in females over the same time periods. Kahnawake incidence rates are lower than First Nations in Manitoba, Canada. The prevalence of type 2 diabetes in Kahnawake is midway between the general Canadian population and the national First Nations and Aboriginal populations.

Active Community Involvement in Diabetes Prevention: The Role of a Community Advisory Board. Amelia McGregor and Rita McComber. KSDPP

The Kahnawake Schools Diabetes Prevention Project (KSDPP) is a community-based participatory research project. Integral to the Project is the Community Advisory Board which was established to oversee and guide all aspects including health promotion, intervention, and research. Its formation provided a forum for community members' input into KSDPP functioning and ensures inclusion of community, traditions, values and culture in its intervention and research activities. Through a discussion of the formation of CAB, their experiences within it and its functioning within KSDPP, CAB members will provide a concrete example of how knowledge translation is enacted in KSDPP through CAB.

Perceived Environment and Physical Activity Involvement in a Northern-rural, Aboriginal Community. Allison M. Kirby, Lucie Lévesque, Virginia Wabano, Jon Salsberg, Ann C. Macaulay - KSDPP

Before effective interventions can be designed and implemented, needs assessment must identify primary targets for physical activity interventions. To assess PA patterns of adults living in a Aboriginal community and to assess their perceptions of the community environment to determine its influence on PA involvement.

Two hundred and sixty three residents from Moose Factory Island were asked about personal, social and environmental factors related to their PA involvement. Results indicated that 30.4% (n=80) of the population were sufficiently active (30 min of moderate to vigorous PA 5 times per week, or 60 minutes of light activity 5 times per week). More men than women reported being physically active ( $P < 0.01$ ). No environmental variables were significantly associated with activity status.

Environmental perceptions were not significantly linked to PA status.

Consumption of French Fries and Fruit Drinks  
Higher in Overweight Elementary School  
Children in the Kahnawake Schools Diabetes  
Prevention Project. OLIVIER RECEVEUR,  
KARIMOU MOROU, KATHERINE  
GRAY-DONALD, ANN C. MACAULAY.  
Université de Montréal and McGill University

To identify differences of diet quality between normal weight (BMI < 85%) and overweight children (BMI ≥ 85%), secondary data analysis was conducted of 24-hr nutrition recalls from 1994, 1998 and 2002 with height and weight from children in grades 4-6 in Kahnawake – a Kanienke'há:ka (Mohawk) community in Quebec, Canada. Intake of thirty frequently consumed food-items were evaluated using logistic regression with age and gender as covariates and BMI as dependent variables. Overweight children consumed fruit drinks more frequently (16.8% of overweight vs. 9.3% of normal weight), more rice crispies (10.3% vs. 4.4 %), larger servings of french fries (131g vs. 91g), less round steak (93g vs. 155g) and less whole milk. Multivariate logistic regression showed french fries and fruit drinks as the only significant differences between the groups.

Challenges to Leading a Physically Active Lifestyle in a Northern-rural, Aboriginal Community: Perspectives of the People. Allison M. Kirby, Lucie Lévesque, Virginia Wabano, Elaine Power - KSDPP

The study is anchored in an ecological framework which focuses on environmental considerations for promoting physical activity (PA) in a Aboriginal community. Sharing circle were conducted to inform planning and implementation of community-relevant PA interventions in Moose Factory, Ontario. Sharing circles participants discussed their PA involvement, community specific challenges to being active, and programs/resources they would like implemented. "PA challenges" were identified: lack of facilities, programs, and qualified personnel; and insufficient communication between PA providers and community. "PA recommendations": increase access to facilities, the number of programs, education about the importance of PA, and communication between PA providers and community; utilize skilled community members, and reconnect to the land via traditional activities such as fishing and hunting. The social ecological paradigm is useful when designing and implementing interventions it considers cultural aspects of the community.

GDM Learning Preferences of First Nations Women in the Sioux Lookout Zone

Nicole Carnochan, Sioux Lookout Diabetes Program  
(Northern Diabetes Health Network member program)

First Nations women have a higher than average risk of developing gestational diabetes (GDM). Further, their risk of developing diabetes after GDM is elevated as is the risk of their offspring developing diabetes at a younger age. Unfortunately, current and culturally appropriate resources for teaching women about GDM do not exist in our area. For these reasons, the Sioux Lookout Diabetes Program undertook a mailed survey of First Nations women living in the remote and isolated northern communities of our area to determine GDM-specific learning preferences. 144 responses were received from 14/27 communities (42.6% from 3 communities). Mean respondent age was 32.1 yrs (range 17-59 yrs; 87.5% were <45). A majority had not completed high school (69.7%). Written English was understood by 97% and 40.6% reported previous GDM. Learning preference varied by age. As a group, booklets were most preferred (46.3%) followed by presentations (41.2%) and videos (39%). In terms of topics, 68.1% of respondents would like to learn more about the effects of GDM on the baby; 55.1% in why GDM occurs; 48.6% in healthy eating; and 44.9% in effects on the mother. These results will be used to develop a resource.

Impact of Diet and Exercise Activity on Pregnancy Outcomes. A. Hui, S. Ludwig, P. Gardiner, G. Sevenhuysen, H. Dean, M. Morris, S. Bruce, R. Murray, G.X. Shen, University of Manitoba, Winnipeg, MB

A pilot randomized controlled trial using a community-based exercise/dietary intervention program in an attempt to prevent excessive weight gain during pregnancy and gestational diabetes mellitus (GDM). Forty-five participants (24 in Additional Intervention or AI group, 21 in Standard Care or SC group; 47% aboriginal) completed the study. Participants in the AI group undertook group and home exercises during pregnancy, and received a computer-assisted Food Choice Map dietary counselling with a registered dietitian. Participants in the SC group received an information package on diet and activity for healthy pregnancy. No adverse effects of exercise were observed during the study. Physical activity levels in the AI group were higher than those in the SC group ( $p < 0.01$ ). Favorable trends in the reduction of excessive weight gain, GDM, macrosomia, and the requirement for weight-related birth procedures were found in the AI group compared to the SC group. The results demonstrated the feasibility of the program and its potential to improve pregnancy outcomes.

### Diabetes Boot Camp

Evelyn Chevrigr, FNDE, Judy McLeod, RN, CDE, Diabetes Nurse, Barbara Lalonde, RD, Nutritionist

Can people learn better when they live the experience? This is what we believe! This poster presentation will describe Diabetes Boot Camp, a practical approach to learning to live with diabetes.

The Boot Camp program is a three-day live-in personalized experience that takes a wholistic approach to diabetes education. This customized 'basic training' includes workshops and discussions as well as a variety of other activities. The participants have the opportunity to reflect on and practice what they have learned about managing their diabetes.

Results of our pilot program demonstrated the value of this approach. To date we have held a second Boot Camp. Both were filled to capacity. Participants completed evaluations for each workshop or activity during the Boot Camps. As well, a follow-up session was held within two months of each Boot Camp to determine what participants learned and what has helped them in the management of their diabetes. This poster presentation, including handout, will give information on the planning, implementation and evaluation results of this Boot Camp experience. We'll share our plans for future Boot Camps.

Supported by Nipissing First Nation Health Services



*"I especially liked the presence of the Elders and the respect shown to them, in my culture seniors are either ignored or invisible."*

## Conference Evaluation

### *Walking Together to Fight Diabetes*

*"I have been witness and heard many stories of pain that our people are going through – I hope in the future conferences that these people will be further ahead in their journey. "Before we address the healing we must take care of the hurts" – empowerment."*

# Walking Together to Fight Diabetes

## Overall Conference Evaluation

There were 46 overall conference evaluations collected. The results were as follows:

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

<b>Monday February 13, 2006</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair/Poor</b>
Opening	20	20	1
Greetings	21	22	3
Ribbon of Life	28	11	1

<b>Tuesday February 14, 2006</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair/Poor</b>
The Gift of Diabetes	41	5	

<b>Wednesday February 15, 2006</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair/Poor</b>
Poster Session	7	16	8
Closing Plenary	3	10	1

### Other Services

<b>Service</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair/Poor</b>
Organizers	24	19	1
Volunteers	25	17	1
Registration	25	18	2
Registration package	23	21	1
Conference Setting	23	19	4
General Session Room	18	24	3
Session Rooms	20	21	3
Poster Sessions	14	20	5
Accommodations	23	18	1
Healthy Snack	22	21	4
Lunches	25	21	1
Activity Challenge	31	13	1
Exhibitor Booths	14	32	
Community resources	13	23	2
Craft Vendors	10	32	2
Entertainment	14	18	4
Friendship Exchange	17	18	3

# Walking Together to Fight Diabetes

## How did you hear about this conference?

Poster	5
Email	8
Word of Mouth	16
Internet	6
NADA Newsletter	20
Other	7

\*Other included DEN members, community, Native Women's Association of Canada and Southern Ontario Aboriginal Diabetes Initiative.

## What did you find most useful about the conference?

- Community sharing (4)
- Networking opportunities (6)
- As a non-Aboriginal health care worker I have gained a greater understanding of the remarkable beliefs and culture of the Aboriginal People
- The Brion Whitford film the "Gift of Diabetes" (10)
- Practical information such as KSDPP research in the community (3)
- It was exciting to meet so many groups of people working towards the same goal
- The Physical Activity Challenge (6)
- Sharing successful program ideas to overcome roadblocks and keeping the motivation level up (2)
- Everything (3)
- Statistics and research materials (2)
- The camaraderie that was formed
- Resources and program information (5)
- Gestational Diabetes information

## What did you NOT find useful?

- Nothing (11)
- Not enough ideas as to what I could do at the Grass Roots level
- The foot care presentation was too short
- Difficult to decide which session to attend
- Statistics
- The poster session (2)
- A sweet grass aerobic session should have been offered near the end of the day
- Lack of resource sharing
- More Aboriginal culture and how to develop programs that suite Native people
- The general sessions – time was not used effectively (2)
- The agenda not being available for such a long time

# Walking Together to Fight Diabetes

## What attracted you to attend the conference?

Speakers	17
Topics	31
Dates	11
Other	3

\*Other included professional development, the BC Conference and Education.

## What were your reasons for attending the conference?

Cultural Teaching	20
Information	31
Personal Well-being	19
Professional reasons	32
Gathering	11
Work in Diabetes	33

## Did the conference meet your expectations?

Yes	32
No	2
Somewhat	12

## Generally speaking did the conference deliver what was promised?

Excellent	19
Good	25
Fair	3
Poor	1



# Walking Together to Fight Diabetes

## Did the conference meet its stated goals?

To inspire Aboriginal communities to develop and enhance their ability to reduce the incidence and prevalence of diabetes?

Yes	36
No	
Somewhat	8

Increase the awareness and knowledge of the seriousness of diabetes in Aboriginal communities.

Yes	41
No	
Somewhat	4

Promote culturally appropriate education and training for all people working with diabetes and Aboriginal peoples.

Yes	33
No	1
Somewhat	11

Promote community-based research practices in Aboriginal communities.

Yes	30
No	3
Somewhat	11

Promote collaborative action among Aboriginal communities, institutions and researchers.

Yes	29
No	3
Somewhat	11

# Walking Together to Fight Diabetes

## Did the conference meet its objectives?

Provide a forum for participants to come together in a spirit of sharing and support.

Yes	40
No	
Somewhat	6

Stimulate discussion on practical approaches for diabetes prevention education, prevention, care, research and surveillance.

Yes	33
No	
Somewhat	12

Share information on community initiatives and resources.

Yes	37
No	1
Somewhat	6

Provide networking and working relationships.

Yes	34
No	
Somewhat	10

# Walking Together to Fight Diabetes

## Which best describes you?

Community member	16
Health Care Worker	12
Student	
Aboriginal organization	10
Researcher	5
Elder	6
Health care professional	26
Political Leader	
Government	6
NGO	2
Other	5

\*Other included professional resident volunteer, program coordinator. Healthy Babies and Healthy Children coordinator, Southern Ontario Aboriginal Diabetes initiative Board member, Community Health Organization.

Male	4
Female	42
Under 21	
21 – 45	21
46-60	20
61+	6

## How well did the conference address your professional education needs?

Did not meet	5
Met needs	28
Exceeded needs	7

## Would you return to future conferences?

Yes	40
No	4

# Walking Together to Fight Diabetes

Please list topics that you are interested in seeing at future conferences:

- More cultural teachings, herbs and the use of the medicine Wheel (5)
- Panel of First nations Elders living with diabetes at different levels of progression
- More ideas for physical activity
- Similarities and differences with adults and youth – practical approaches to reach young people (2)
- Overcoming denial
- Practical approaches of dealing with stress and depression
- Time for constructed sharing of community initiatives (5)
- Importance of infants diets and breastfeeding
- Cultural practices in health care providers and those living with diabetes to take home and use
- Evening entertainment and networking events (2)
- Hands on activities
- Progression stage from diabetic neuropathy to amputation
- History of Aboriginal peoples, colonization, traditional lifestyles versus contemporary concept
- More on diet, menu planning demonstrations
- Urban issues, ways to meet needs of Aboriginal peoples living in urban “inner city” communities

Which Aboriginal group would you identify yourself as belonging to?

Métis	4
First Nations	24
Inuit (Inuk)	1
Non-Aboriginal	15