

DNIG

Diabetes Nurses Interest Group

DNIG
THE
VOICE
FOR
NURSING
IN
DIABETES
CARE

Report from the Chair

Lisa Herlehy



Welcome all to the summer edition of your diabetes nursing interest group newsletter. I hope that everyone is enjoying some lazy days and re-charging batteries among family and friends.

It has been a busy time for the executive a call for nominations for new executive members was made in April. We had a number of people interested and it was great to connect with so many members. In the end we have filled 2 positions which will be acclaimed. We are welcoming Morgan Lincoln who will be stepping into the position of political action officer. Sanya Visekarona will be taking on keeping every up to date

through social media. A big shout out to Sharon Rouatt who has taken twitter by storm over the past few months.

We would like to thank Annissa Ramchatesingh who will be writing her NCLEX this summer. Go Annissa!!! She is going to stay on until the fall to help pass the baton to our next students. We have two students staying on and 3 interested in joining. Their profiles will be featured in our next newsletter.

In this newsletter we highlight diabetes care and programs in our Indigenous Communities. Read through for articles from Melissa who works in Toronto and from two members of the Indigenous Health Circle

(formerly the Southern Ontario Aboriginal Diabetes Initiative). In addition we feature one of our members from Northern Ontario who is advancing his education in wound care.

Miigwech Niá:wen

Lisa

Would you like to

- write for the newsletter?
- present a webinar?
- become part of an executive team?

Here is your opportunity to shine. [Contact us](#) to discuss opportunities.

Sago, She:ken, Boozhoo, Bonjour, Tunngasugit, Welcome

Executive Members

Lisa Herlehy	Chair	dnig.info@gmail.com
Margaret Little	Treasurer	mmgwlittle@gmail.com
Alwyn Moyer	Membership & Services ENO	alwyn.moyer@sympatico.ca
Toba Miller	Communications ENO	tmiller@toh.ca
Romy Burgess Burfitt	Advanced Foot Care	romy@collegeofhealthstudies.com
Sanja Visekaruna	Social Media ENO- Elect	sanja.visekruna@gmail.com
Morgan Lincoln	Policy and Political Action ENO - Elect	morganlincoln@gmail.com
Sharon Rouatt	Member at Large	
Anissa Ramchatesingh	Student Member - Graduating	anissa.ramchatesing@rogers.com
Robin Billard	Student Member	rbillard@lakeheadu.ca
Laura McBreairty	Student Member	l.e.mcbreairty@gmail.com

Meet Morgan - Policy and Political Action ENO



Morgan recently began her dream job as a diabetes nurse educator. Supporting clients from marginalized groups, she is witnessing how the social determinants of health impact diabetes self-management. She hopes these work experiences will lend themselves well to the position of Policy and Political Action ENO.

Morgan was previously employed in home care and community education. Between 2011 and 2015, she held various executive positions within the Ontario Nurses for the Environment Interest Group (ONEIG). In addition to a BScN, Morgan holds a BA in Psychology and an MA in Critical Disability Studies.

RNAO Updates



Indigenous Diabetes Health Circle



Indigenous Diabetes Health Circle

Since 1997, the Indigenous Diabetes Health Circle, formerly the Southern Ontario Aboriginal Diabetes Initiative (SOADI), has been leading the way throughout Ontario in the pursuit for Indigenous health and wellness.

Our passionate team vision is that:

“Indigenous peoples have the tools, knowledge and ability to make healthy choices and live free of diabetes now and in future generations”.

In Canada, Indigenous people develop Type 2 diabetes at rates much higher than the general population. We are also seeing an increased number of young children diagnosed with Type 2 diabetes (1, 2).

What used to be known as adult-onset diabetes is showing up more and more in children, especially in aboriginal children. A recent study (3) found 345 cases of non-type 1 diabetes in children across Canada between April 2006 and March 2008. Almost half (44 %) were children with aboriginal heritage. “The potential impact of childhood Type 2 diabetes will significantly affect work-force productivity and the health-care system,” said Dr. Heather Dean, one of the lead authors (personal communication).

Type 2 diabetes has long been linked to obesity and other health risks, but until recently, was almost unheard of in children. As obesity rates climb, the disease is showing up among pre-teens. The average age of diagnosis in the above study was 13.7 years, and many children were under 10 years of age. Ninety-five per cent of the children with Type 2 diabetes were obese.

More of our Indigenous women are being diagnosed with gestational diabetes, and many at a younger age. Often times Indigenous people move from diagnosis to insulin very quickly.

Given the alarming presence of diabetes and its complications in our Indigenous communities, IDHC has been diligent about exerting efforts to provide a framework under which to offer guidance and support. We have realized many changes within our community-based programs and services, naturally moving toward a more elaborate and inclusive approach to holistic wellness as it pertains to diabetes prevention, diabetes management, and healthy living for everyone in the circle.

When generating services and resources for our communities, we consider the various stages of the lifecycle so that all community members can relate in some way to the messages we are sharing.

In this way, we continue to ensure the suitability and effectiveness of what we develop and present. Utilizing holistic wellness, IDHC services and resources are produced and offered in a Mind, Body and Spirit approach.

Health Circle - Con't

Traditional Knowledge Program - Mind - Combines traditional wisdom with current diabetes education, while incorporating First Nation's, Métis, Inuit and mainstream influences. This program also supports Frontline Workers to plan, prepare and present relevant information about diabetes while also educating on Indigenous perspectives on health and wellness.

Circle of Care program - Body - Provides foot care services to Indigenous people that are affected by or at risk of diabetes and its complications. We strive to assist individuals through education, self-care resources, professional screening, ongoing care and referrals. Our holistic model supports a continuum of seamless services which include creating a circle of care that educates and connects community members to Indigenous agency partners and local health professionals.

Services Include Ongoing Foot Care Clinics, Foot Care Subsidy Programs, Self-Care and Prevention Resources, and Holistic Foot Care Events.

Diabetes Wellness Workers - Spirit - Using and promoting holistic wellness models, we provide information sessions, information booths, presentations, resources, and workshops.

The DWWs promote diabetes awareness and assist Indigenous communities in:

- Identifying appropriate resources and services
- Planning and providing prevention and awareness strategies
- Coordinating community/regional programs and events

Incorporating Indigenous cultural teachings and embodying the Mind, Body, Spirit approach help community regain the connections that have been lost or forgotten through colonization. By educating and engaging them in diabetes awareness and healthy living initiatives they can address their "whole" being (physical, mental, emotional and spiritual) and make choices that will help them to be the best they can be.

For more information, please visit our website at www.idhc.life

Nya:weh, Miigwetch, Thank you

References

1. Turin TC, Saad N, Jun M, Tonelli M, Ma Z, Carmelle C, Barnabe M, Manns B, & Hemmelgarn, B. Lifetime risk of diabetes among First Nations and non-First Nations people. CMAJ November 01, 2016 188 (16) 1147-1153; DOI: <https://doi.org/10.1503/cmaj.150787>
2. CBC News – September 2016 <http://www.cbc.ca/news/health/diabetes-type-2-first-nations-1.3768773>
3. Amed S, Dean HJ, Panagiotopoulos C, Sellers EAC, Hadjiyannakis S, Laubscher TA, Dannenbaum D, Shah BR, Booth GL, Hamilton J. (2010). Type 2 diabetes, medication-induced diabetes, and monogenic diabetes in Canadian children. A prospective national study. Diabetes Care 2010 Jan 12. <https://doi.org/10.2337/dc09-1013>

For additional reading on Type 2 diabetes in children, see Panagiotopoulos C, Hadjiyannakis S, & Henderson M. Type 2 diabetes in children and adolescents. Can J Diabetes. 2018;42(Suppl 1): S247-S254.



Melissa Stevenson is a registered nurse and certified diabetes educator. She is also a Bear Clan member

Notes from the Ground

It is common belief that health care in Canada is of great quality and highly accessible to its people, however, from my perspective as an Indigenous Diabetes Nurse Educator, I have reason to think that this could not be further from the truth when it comes to the care of our original peoples of Turtle Island (meaning North America).

A report by the Health Council of Canada titled, “Empathy, dignity and respect” (2012), has identified that there is much research on the negative impact of residential school and intergenerational effects of colonization on Indigenous peoples’ health, which the health care system has failed to address adequately. After many years of mistreatment through racism and stereotyping, Indigenous people say they have developed a distrust of the western health care system. The report recommends that health care practitioners need to demonstrate more of culturally safe care in order to improve access to this vulnerable population.

Cultural safety is defined as recognizing, gaining knowledge, and respecting the differences in each individual and by truly listening and learning together in a way that maintains personal dignity, and creates an authentic relationship of trust, respect, and collaboration (Vancouver Island Health Authority, 2013). This type of care is what is needed to help any person of different ethnic origins. As nurses, we need to take the time to learn more about our patients in order to better understand how and if we can help them. In my experience as a nurse working within the Indigenous community, I’ve learnt that this is the basis of providing high quality care that will help our clients move through their illness journey. This means recognizing that an individual comes to us with a unique lived experience and how they navigate through illness will be their unique journey.

In April, Diabetes Canada released the new set of 2018 clinical practice guidelines. Chapter 38 on “Type 2 Diabetes and Indigenous People”, has been completely rewritten, making it more specific and relevant for the Indigenous community. One of the most important sections I believe that would help any practitioner embarking on a working relationship with an Indigenous client, in addition to being present and culturally safe, is the section on “Practical tips for health-care provider caring for Indigenous people”. Within this section the guidelines identify possible contextual factors that could help explain a person’s health is in the state it is. I would also like to caution that we can not necessarily ‘judge a book by its cover’, meaning we cannot assume that this advice is relevant to everyone. Again this is where it is up to the practitioner to take the time to get to know the client’s story and from there work with the client to help them identify their goals and be a source of help to achieve them.

Notes - Con't

In my practice I regularly meet indigenous clients who have faced challenges when trying to access appropriate care. One example is a man in his late 30s, living with complex type 2 diabetes who has had weight issues much of his adult life. While working with a specialist clinic in Toronto, he was presented with the idea of having gastric bypass surgery to help him to get his weight under control and in turn help his diabetes management. He was excited at the opportunity and once approved by OHIP he started the pre-operative assessment. When questioned about smoking, the client identified that he was the traditional pipe carrier for his family and community. As a pipe carrier, he greets each and every day by smoking his pipe to pray for his family, community and self. As the client identified, with a prayer pipe you do not inhale the tobacco and traditionally, are not supposed to take it into your lungs. Rather than taking the time to consider and understand what the process of smoking the pipe meant to him and his family, or even what it entailed, the practitioner stopped there and said "well, that's tobacco - you will have to stop it in order to be considered for the surgery". Sad to say, the client left the appointment and did not return to pursue the procedure as he was very upset at how the practitioner disregarded something that was so important to him. This is just one example of how failing to provide a culturally safe environment can prevent a client from benefitting from our health care system. I feel that we need to work together to do better. The Truth and Reconciliation Calls for Action on Health, (18-24), listed on the following page, provide the way forward.

References

- Vancouver Island Health Authority (2013) Cultural Safety. Retrieved from https://www.viha.ca/about_viha/culturalsafety.html
- Crowshoe, L. , Dannenbaum, D., Green, M., Henderson, R MA, PhD, Hayward, M, Toth, E. (2018). Canadian Diabetes Association 2018 Clinical Practice Guidelines for the Prevention and management of Diabetes in Canada; type 2 in Indigenous peoples. Can J Diab. 2018;42 (Supl 1):S296-S306. <http://guidelines.diabetes.ca/docs/cpg/Ch38-Type-2-Diabetes-and-Indigenous-Peoples.pdf>
- Health Council of Canada. (2012). Empathy, dignity and respect: creating cultural safety for Aboriginal people in urban health care. Retrieved from https://healthcouncilcanada.ca/files/Aboriginal_Report_EN_web_final.pdf

Truth & reconciliation calls to action on health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess longterm trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23. We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all healthcare professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, *Treaties* and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Truth and Reconciliation Commission of Canada: Calls to Action



A Gentle Approach to Diabetes Programming - IDHC

A Gentle Approach to Diabetes Programming - IDHC

For a number of years, the Indigenous Diabetes Health Circle has delivered culturally based health and wellness programs. More recently, IDHC has been delivering the following workshops to both front line and community members: Wellness Shakers; Quills to Cessation; Wellness Quills; Healthy Journeys, and Black Ash basket making.

In addition to the knowledge and skills acquired to complete projects like a black ash basket; shaker; quilled canoe, or other piece, participants gain a tremendous amount of patience, respect, appreciation and understanding, for both themselves and the art. The workshops aim to interconnect creative art, traditional teachings and culture with the goal of increasing awareness of diabetes, including diabetes prevention techniques and management options.

This gentle approach in health and wellness work-tradition. From the workshops, individual perception of self, and some oneself—physically, mentally,

IDHC is a program that connects the earth (Land, Air, Water, and Sun), and strengthens the relationships between community members, local organizations and



creates community participation in shops, while also restoring culture and

participants walk away with a new skill, a positive attitude, and the tools necessary to take care of themselves emotionally and spiritually.

connects community back with the LAWS of the earth (Land, Air, Water, and Sun); revitalizes culture and traditions; and strengthens relationships between community members and service providers.

Through their creative energies and perseverance, participants gain a stronger sense of identity, confidence and belonging. By gaining knowledge (both through information and art) participants learn approaches that can reduce anxiety; foster creativity; enable self-control, and encourage a proactive approach to problem solving.

Over the course of four weeks (half day programming) or two full days, in a safe and relaxing environment a resilient connection amongst the group begins to emerge. By laughing, learning, and sharing together, the participants build capacity. They begin to realize that they have a voice, skills and the potential to succeed. Increasing confidence in oneself through the creation of art, leads to increased confidence in taking care of oneself, one's family or one's community's needs with respect to diabetes.

Each of the workshops have been delivered to men and women, young and old in a variety of communities, organizations and groups such as: schools; friendship centres; day camps; woman's groups; prenatal groups; health centres, and correctional facilities.

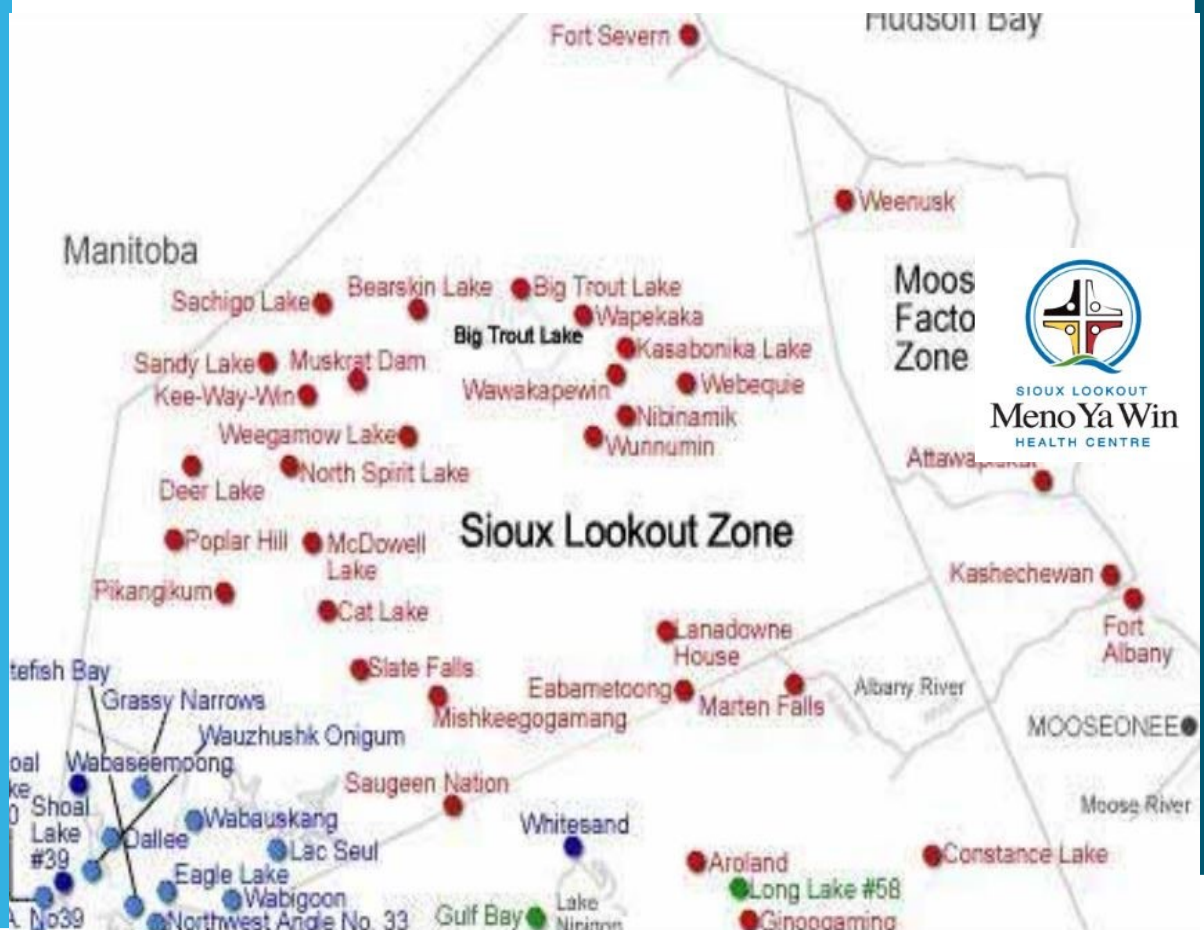
Meet DNIG Member Jeremy



Jeremy Caul is a registered nurse at Meno Ya Win Health Centre where his main role is to provide advanced foot care and triage for health centres and community members living in largely fly in communities north of Sioux Lookout.

Jeremy has recently been accepted into the Master of Clinical Science Program at University of Western Ontario where he will be studying advanced modalities in wound healing, clinical leadership and research. His goal is to continue to provide expert care to roughly 30,000 people living in under-served communities in Northern Ontario and to provide leadership for remote nurses.

In the words of Jeremy, “For those in need, accessing vital diabetes and wound care services in the North is challenging. Socioeconomic barriers are augmented by remote locations, lack of qualified practitioners as well as lack of resources necessary to deliver services. Practitioners often become quite skilled at ‘working with what we have’.



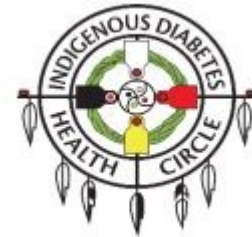
Learning Opportunities

Aboriginal Relationship and Cultural Competency: Free Courses for Healthcare Providers

Several of the *Aboriginal Relationship and Cultural Competency* courses for healthcare providers offered by Cancer Care Ontario are relevant to nurses working with persons living with diabetes. Updated in 2017, these 13 online courses are free of charge, accessible anytime and on completion each participant receives a certificate. Course topics include:

- First Nations, Inuit and Métis Culture, Colonization and the Determinants of Health,
- Aboriginal History and Political Governance,
- The Need for Cultural Competence in Healthcare,
- Current Array of Aboriginal Health Services,
- CCO - Aboriginal Cancer Strategies and Ontario Renal Network,
- Indigenous Knowledge and Traditional Health,
- Aboriginal Community Health Services,
- The Health Landscape of First Nation, Inuit and Métis People,
- Cancer and Renal Issues and Challenges,
- Truth and Reconciliation Commission of Canada (TRC) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP),
- Health Literacy - Indigenous Perspectives on Health and Well-being,
- Chronic Disease Prevention for First Nation, Inuit and Métis People, and
- Pediatric Oncology.

*We have decided to run this article again this month. Thanks to **Toba Miller**, our DNIG Website Communication Director for updating us on this great (and free!) learning opportunity*



Registration is required. More information is available on the Cancer Care Ontario E-learning website <https://www.cancercareontario.ca/en/guidelines-advice/education-events/e-learning>

Did you know?

Diabetes Canada has expanded its chapter on Indigenous Diabetes. Click on the chapter to read more.

As a member bonus this month we are giving away a copy of the Diabetes CPGs, a value of \$50 when shipping is included. Send an [email to Lisa](#) stating how you will be using it and your name will be entered into a draw. You will be the envy of your workplace.

Can J Diabetes 42 (2018) S296-S306

Contents lists available at ScienceDirect

ELSEVIER Canadian Journal of Diabetes journal homepage: www.canadianjournalofdiabetes.com

DIABETES CANADA CJD 2018

2018 Clinical Practice Guidelines

Type 2 Diabetes and Indigenous Peoples

Diabetes Canada Clinical Practice Guidelines Expert Committee

Lynden Crowshoe MD, CCFP, David Dannenbaum MD, CCFP, Michael Green MD, MPH, CCFP, FCFP, Rita Henderson MA, PhD, Mariam Naqshbandi Hayward MSc, Ellen Toth MD, FRCPC

Check for updates

Conferences, Scholarships and Bursaries-DNIG supports Members in Ongoing Learning

We are pleased to report that once again we have funding to support three members to attend diabetes focused conferences in 2018. There has been one successful candidate already who will be off to Halifax in the fall. There are two more awards up for grabs to apply now!

The funding will cover costs of travel, accommodation, and meals, up to a maximum of \$1000 per member. Applicant must have been an RN member of DNIG for a minimum of one year and not a bursary recipient for the previous five years.



Diabetes Educator Course – November 19-21, 2018
Four Points by Sheraton Toronto Airport, Mississauga, ON

Personal Summary Selection Criteria:
Brief personal summary must include:

1. Identified professional objectives for attending the diabetes conference.
2. Identified involvement (past/present) in diabetes professional practice/DNIG
3. Identified strategy for sharing learning with nursing colleagues. AP-PLY NOW



21st Professional Conference & Annual Meetings

Halifax, NS October 10-13, 2018

Please send completed scanned applications and any questions to: [Lisa Herlehy](#)

DNIG offers three bursaries each year which are managed by the Registered Nurses Foundation of Ontario (RNFOO). For application forms, please go to [RNFOO Awards and Scholarships](#). Applications for 2018 are now closed. Successful applicants will receive their award at the RNAO Assembly and AGM in April. Check out RNFOO for details and consider applying in 2019.

DNIG Northern Students Tuition Support Award (1 x \$1000) To provide an opportunity to a Registered Nurse or graduating baccalaureate nursing student living and working in RNAO Region 11 or 12* who wishes to pursue advanced education (certificate or degree) focusing on diabetes education/care for persons living with diabetes, and who has demonstrated a significant commitment to the cause of diabetes.

Diabetes Nursing Interest Group Scholarship (DNIG) (1 x \$2,000) Awarded to an RN pursuing diverse continuing education in the area of diabetes education and care specific to type 2 diabetes. The applicant must demonstrate a significant commitment to diabetes education and care in a community with an Indigenous population.

DNIG Special Projects in Diabetes Award (1 x \$1000) To provide an opportunity to a Registered Nurse who wishes to complete a special project focusing on diabetes.

Diabetes Nursing Interest Group (DNIG) Research Award (1 x \$3000) Supports a graduate level student in either a PhD, MScN or MN program who is conducting research focused on an aspect of nursing related to education, prevention, or management of diabetes. Applicants must have a completed research proposal that has been submitted for ethics approval. Applicants must be a member of DNIG.

Conference Funding Application

Name: _____

Address: _____

Email: _____

Phone: _____

RNAO membership # _____

DNIG Membership duration _____

Employment status: FT PT

Employer _____

Please tell us about the conference you wish to attend, approximate distance and your anticipated mode of transportation.

*NOTE: For reimbursement agreed upon amount, an expense report and all receipts are to be submitted to DNIG no later than 1 month following conference completion.

Please attach a 1-page document (maximum 500 words) outlining why you qualify for this funding.

Be sure to:

Describe your professional objectives for attending the conference.

Describe your involvement (past/present) in your professional association/DNIG

Describe your employment status, location, role in diabetes nursing

Describe how you will share what you have learned with your nursing colleagues

Please supply one professional reference.

Name: _____ Phone number: _____

I certify that all information contained in this application is true and accurate.

Applicant signature _____ Date: _____

Please scan completed application and [e-mail to Lisa](#) . Apply Now!