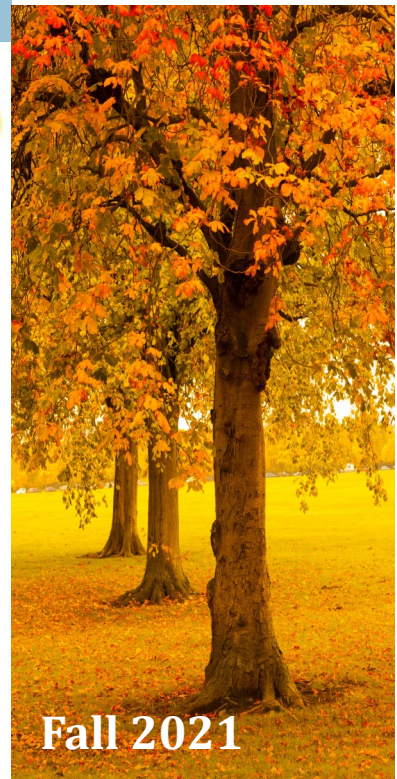


Report from the Chair

November can be a dreary month with little to look forward to given shortening days, impending cold and this year, the fear of a not very satisfying Christmas shopping experience! At the tail end of a pandemic, we are now experiencing the fallout of over a year of altered activities both economic and social. Nurses, in particular are struggling to reposition themselves following many months of anxiety, long hours and trying work conditions. Exhausted, burnt out and sometimes feeling unappreciated some are leaving the profession, some are taking a break but most soldier on. Indeed, these have been difficult times. Yet the clients we serve have also suffered, notably those living with chronic disease; lack of physical activity, change in diet and sleep habits, limited contact with health care providers and fear and anxiety all come together resulting in losses that might never be regained. With chronic disease there is no 'reset button'. So for nurses with a particular interest in diabetes how do we stay focused? Where do we find the personal resources to continue to care? How do we start from farther behind with an already challenging disease? We will not simply be able to 'pick up where we left off'. It will take time to rebuild relationships, to establish again those bonds of trust and familiarity that is so important for nurses to educate, guide and inspire clients living in the community whom we have been isolated from. How do we support each other in our day to day jobs while also finding the energy to continue to advocate for improved provincial, national and global standards for diabetes prevention and care? As an interest group composed of nurses with a practice or interest in diabetes, these questions are central and the creation of a new way begins with us.



Fall 2021

Inside this issue

Report from the Chair 1

Special points of interest

- National Framework for Diabetes Development - A National Strategy
- DNIG education support recipient stories
- Virtual conference tricks and tips
- 100 years of insulin
- Conference funding opportunities

Report from Chair continued.

In this newsletter you will find information on the National Diabetes Strategy, tips for maximizing virtual learning opportunities, personal accounts of ongoing learning opportunities including The Symposium for Advanced Wound Care and completion of a Diabetes Educator Program at the Michener Institute, both made possible through funding from DNIG. These funding opportunities are available to all DNIG members who have paid membership for the last two membership years. Also, be sure to take note of new executive members noted below who were successful candidates at our most recent elections. Contact information has been provided so members may send an email with questions/concerns or to announce events. Check out our website www.dnig.ca. Tweet @dnigrnao. Our AGM is November 17 and all are welcome. There are many opportunities to stay connected.

Thank you to nursing colleagues in Ontario. Stay strong and stand together. Take care of each other and ourselves, precursors to the provision of excellent care for those clients we serve. Send us your feedback and your activities in the community. Showcase your work. The smallest of efforts to better the lives of those living with diabetes come together for big change. And in a soon to be post pandemic world when we are redefining ourselves and our roles, opportunities for change abound. Let's do it together.

DNIG Executive Nursing Officers

Chair - Lisa Herlehy – dnig.info@gmail.com

Treasurer - Morgan Lincoln - morganlincoln@gmail.com

Communications - Cheryl Nazareth - cher.silver11@gmail.com

Membership - Toba Miller - tobamiller@gmail.com

Policy and Political Action - Laura McBreairty - l.e.mcbreairty@gmail.com

Student - Lindsay MacLennan - lindsay.a.maclennan@gmail.com

Social Media and Information Technology - Stephanie Benincasa

Members at Large – Margaret Little - mmgwlittle@gmail.com and Alwyn Moyer - alwyn.moyer@sympatico.ca

Towards a National Diabetes Strategy



“Bill C-237 will greatly help ease the burden of diabetes on Canadians by ensuring improved access to measures to help prevent or delay the development of type 2 diabetes where possible, and by improving treatment that will help all Canadians affected by diabetes avoid complications and preserve their health”
- **Russell Williams (Senior Vice President, Mission Diabetes Canada)**



As many of you are likely aware advocates for a national strategy for diabetes enjoyed a hard won victory in May of this year. [Bill C-237](#), a private member’s bill sponsored by MP Sona Sidhu, representative from Brampton South received royal assent on June 29, 2021. It is now law. Supported by Diabetes Canada through their [Diabetes 360](#) initiative as well as other stakeholders, Sidhu successfully received support in the house from all parties. The bill “requires the Minister of Health to create and report to Parliament on a national framework to defeat diabetes.”

Bill C-237 requires the Health minister to meet with their provincial and territorial counterparts, Indigenous communities, and stakeholders, and to develop within one year a national framework designed to improve access to diabetes prevention and treatment to ensure better health outcomes for Canadians. A report must be tabled by next July, and, within five years, the Health minister must submit a report on the plan’s effectiveness.

The bill also requires that the plan “identify the training and education needs of health-care professionals related to diabetes,” as well as promote research and improve the collection of data on diabetes prevention.

So in practical terms what does this mean? Is it to gather dust on the parliamentary library bookshelf? The call for a national strategy is not new. A [comprehensive report](#) commissioned by the Public Health

Agency of Canada and created in 2005 by Dr. Paula Stewart called for the same. It took more than 15 years and the efforts of one MP to make this law. Who is responsible for what comes next? In the September 20 election, Brampton South sent Sonia Sidhu back to the Hill so the voice that drove the bill forward is still there. It is assumed she will continue to sit on the health committee. Diabetes Canada continues to keep the issue front and centre. But in large part it is up to us. It takes only a few minutes to send an email to your MP with a few facts on diabetes, your story on how it impacts your life of that of your clients and a call to keep this issue front and centre both in the next federal budget and among appropriate committees. *You will get a response from your MP office. And perhaps your MP is the Minister of Health.*

This is our chance...

Ways to become involved

Stay informed. All the above information is easily accessed through your computer at home.

Keep the conversations going with colleagues, friends and family

Lobby your MP - remember this is a federal initiative

Share your voice, your stories and your expertise as nurses working with or having an interest in the future health of those living with diabetes in both Canada and Ontario.

“It takes only a few minutes to send an email to your MP with a few facts on diabetes, your story on how it impacts your life of that of your clients and a call to keep this issue front and centre both in the next federal budget and among appropriate committees.”

C-237 Backgrounder - How a Bill becomes Law

Second Session, Forty-third Parliament,

69-70 Elizabeth II, 2020-2021

STATUTES OF CANADA 2021

CHAPTER 19

An Act to establish a national framework for diabetes

ASSENTED TO

JUNE 29, 2021

BILL C-237

SUMMARY

This enactment provides for the development of a national framework designed to support improved access for Canadians to diabetes prevention and treatment.

Available on the House of Commons website at the following address:
www.ourcommons.ca



69-70 ELIZABETH II

CHAPTER 19

An Act to establish a national framework for diabetes

[Assented to 29th June, 2021]

Preamble

Whereas one in four Canadians live with prediabetes or diabetes, a chronic disease that can result in life-threatening complications if not treated;

Whereas Canada, the birthplace of insulin — a hormone that has played a key role in the control of diabetes —, seeks to be a leader in promoting diabetes awareness;

Whereas diabetes awareness and education can help people identify early signs of diabetes and thus prevent or delay its onset;

Whereas federal and provincial coordination and information sharing is required to prevent and treat diabetes as well as to prevent health inequities among people suffering with this disease;

And whereas the Parliament of Canada recognizes the need to be proactive in the fight against diabetes, and the Government of Canada should develop and implement a national framework for diabetes;

Now, therefore, Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

Short Title

Short title

1 This Act may be cited as the *National Framework for Diabetes Act*.

National Framework for Diabetes

Development

2 (1) The Minister of Health must, in consultation with the representatives of the provincial governments responsible for health, Indigenous groups and with other relevant stakeholders, develop a national framework designed to support improved access to diabetes prevention and treatment to ensure better health outcomes for Canadians.

Content

(2) The national framework must include measures to

- (a)** explain what diabetes and prediabetes are;
- (b)** identify the training, education and guidance needs of health care and other professionals related to the prevention and treatment of diabetes, including clinical practice guidelines;
- (c)** promote research and improve data collection on diabetes prevention and treatment;
- (d)** promote information and knowledge sharing in relation to diabetes prevention and treatment;
- (e)** take into consideration any existing diabetes prevention and treatment frameworks, strategies and best practices, including those that focus on addressing health inequalities; and
- (f)** ensure that the Canada Revenue Agency is administering the disability tax credit fairly and that the credit, in order to achieve its purposes, is designed to help as many persons with diabetes as possible.

Conference

(3) The Minister must hold at least one conference with the persons referred to in subsection (1) for the purpose of developing the framework.

Reports to Parliament

Tabling of framework

3 (1) Within one year after the day on which this Act comes into force, the Minister of Health must prepare a report setting out the national framework for diabetes and cause the report to be tabled before each House of Parliament on any of the first 15 days on which that House is sitting after the report is completed.

Publication

(2) The Minister must publish the report on the website of the Department of Health within 10 days after the day on which the report is tabled in Parliament.

Report

4 (1) Within five years after the day on which the report referred to in section 3 is tabled in Parliament, the Minister of Health must prepare a report on the effectiveness of the national framework for diabetes and on the current state of diabetes prevention and treatment. The report also sets out his or her conclusions and recommendations regarding the framework.

Tabling of report

(2) The Minister must cause the report to be tabled before each House of Parliament on any of the first 15 days on which that House is sitting after the report is completed.

Published under authority of the Speaker of the House of Commons

Turning over a new leaf

Amanda Mooij RN BScN

Today (November 1st) I started my orientation to be a Diabetes Educator at a local hospital. A dream that was made a reality by the Diabetes Nurse Interest Group. In September of last year, during a raging pandemic and with family fighting for their life I started my studies at the Michener Institute. I really enjoyed that I could take courses from the comfort of home. I was able to complete assignments and run a successful footcare business because of the time freedom of studying at home.

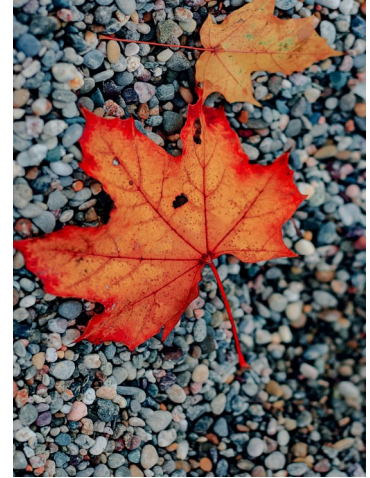
I found the teachers very engaging and the discussions insightful, they had me thinking long and hard about my habits. I have heard it said “readers are leaders”, so decided to establish a healthy reading habit, which really did help.

As an older nurse, I found some of the assignments challenging. At first I did not know where to find the guidelines, and well the results were mixed. My advice to others is: don’t be afraid to ask for help! Speak up from the beginning, ask your moderators and educational assistants for help: “Where do I find the guidelines”?

I do have one regret: I wish that we had been able to gather and meet one another for the final assignment. it would have been more personal and would have had a more “real” feel. As well, it was strange having to wait until the instructors were allowed back into the building to have my certificate mailed to me. However, these were strange times!

This has been one of the better moves of my professional life. It has opened opportunities and allowed me to provide evidence based, current information on diabetes. I figure about 30% of my client base has diabetes and I can help them even in this hard time. More importantly though, it has helped me to understand what might have been happening with my mom as she was dealing with the complications of diabetes while rapidly declining in the later stages of dementia.

Though there have been many obstacles I am so grateful to be starting a new chapter in my career as a diabetes educator.





Report from Spring 2021

Toba Miller, DNIG membership ENO

The Symposium on Advanced Wound Care (SAWC) is an international conference held twice a year. This past spring the SAWC was held virtually from May 10-14, 2021. SAWC

Conference presentations, by leaders in their fields, covered a wide variety of patient populations, skin conditions and types of wounds. SAWC conferences attract several thousand attendees: physicians, nurses, physical therapists, scientists, podiatrists, and dietitians.

As a clinician working with clients living with diabetes it is crucial for me to keep up with the latest research and best practice guidelines. Several sessions were relevant to diabetes care including basic and advanced sessions on preventing and managing diabetic foot ulcers (DFUs).

The basic session *Diabetic Foot Ulcer Standard of Care* focused on DFUs risk factors and the correlation with peripheral neuropathy. The speakers were Yuleidy Andarcio, a nurse from University of Miami, and Caralin Schneider, a wound research fellow from the same organization. The key take home messages were that DFUs are very common affecting 100's of millions of people worldwide and that prevention of DFUs is essential for digit/limb preservation and good quality of life. The speakers stressed the key risk factors for DFU development: foot deformities, peripheral artery disease, diabetic neuropathy, pressure, smoking and poorly fitting shoes along with other contributing co-morbidities. Also emphasized was the importance of using an interdisciplinary approach to mobilize resources and maximize care options. The speakers highlighted that

factors for the develop-
able whereas others are
When a DFU occurs treat-
as soon as possible and on-

“ The key message was clinicians need to scrutinize the DFU research about care options and understand the differences in clinical outcomes”

some of the common risk
ment of DFUs are modifi-
not.
ment should be initiated
going prevention is vital.

Clinicians should support the patient in addressing the modifiable risk factors of: glycemic control, smoking cessation, weight reduction, offloading/redistribution devices, and regular exercise to support wound healing. Technology advances have changed offloading device options. For instance, in addition to total contact casting and offloading sandals or shoes, a “smart boot” is on the market that tracks the patient’s adherence of use and knee scooters can help patients remain active.

The *Advanced Diabetic Foot Ulcer Management* presentation was given by Javier La Fontaine and Lawrence Lavery, Doctors of Podiatric Medicine, from the University of Texas Southwestern Medical Center. These presenters discussed the medical and surgical treatments for limb preservation. They reviewed and took questions about the rationales, research and level of evidence for the treatment of patients with DFUs using: topical oxygen therapy, hyperbaric oxygen therapy, negative pressure wound therapy with irrigation, point-of-care bacteria fluorescence, collagen/cellulose dressings, bioengineered skin substitute allogeneic mesenchymal stem cells, electrical stimulation and laser therapy. The key message was clinicians need to scrutinize the DFU research about care options and understand the differences in clinical outcomes.

Much of the resource information was from the United States or Europe but DNIG members wanting to explore information about caring for persons at risk for or with diabetic foot ulcers will find Wounds Canada (www.woundscanada.ca) has excellent resources for both patients and clinicians. Many of these resources are available in both English and French.

Virtual Conferences Check List

During the COVID-19 pandemic many conferences, workshops and other education events have moved online. Although not the same as in-person learning virtual events have many advantages. For instance, the events are often more accessible because travel is not required, and costs can be less because of reduced registration fees. Learning online can be a different experience. Below are five tips to help make the most of your virtual learning.

Check Dates, Times and Rules for Attending.



Verify dates and time zones. Some events are international, and the time zone may not be convenient for you.

Find out if the event is a onetime event or the event material can be accessed over a period of time.

Ensure Computer or Other Device Compatibility and Do a Test Run.



Determine if any special or additional software is required for optimal viewing and participation.

Take time before the event to test your system, which is frequently an option included in the registration information.

Download any Apps, as you would with a face-to-face event.

Make a Plan.



Set some achievable learning goal and blocked time.

Designate a physical space to attend the event with minimal distractions.

Avoid multitasking or being side tracked by other commitments.

Take Advantage of All Opportunities.



Participate in education sessions, virtual supplemental offerings, stretch breaks.

Engage in networking/socializing options, social media and any games or contests.

Follow-up After the Event.



Contact speakers or other attendees, as appropriate. Organize your learning material for future reference.

Insulin Celebrates a Century



Recently Canada Post and the Royal Canadian Mint have both commemorated the 100th anniversary of the discovery of insulin. The blue highlighted on the toonie is the insulin monomer and the notes beside the 1st insulin vial is evidence of the documentation of the medication back in 1921.

For More Information on the journey of Insulin: See

<https://www.theglobeandmail.com/life/adv/article-u-of-t-builds-on-its-legacy-of-insulins-discovery-with-innovative/>

Dr. Collip monument and gardens unveiled

Belleville, ON, Canada / Quinte News

John Spitters

Oct 16, 2021 | 2:21 PM



Mayor Mitch Panciuk (left) poses by the Dr. James Bertram Collip memorial monument with Dr. Collip committee members Richard Hughes (centre) and Ian Sullivan. (Photo: Quinte News)

James Collip was a Canadian Biochemist who made valuable contributions to the development of insulin. He was a member of the team at the University of Toronto laboratory along with JJ Macleod, Charles H Best and Fredrick Banting, that isolated the insulin hormone. In early 1922 Collip was the first to purify the pancreatic extract, enabling its use on humans. The first insulin injection was given to a dying 14yr old, Leonard Thompson. By continuing to use insulin, the boy was able to live another 13yrs. Think of the millions of lives that have been saved in the past hundred years. All thanks to four guys and some dogs.

Virtual Learning Application

These bursaries were developed to support the studies and clinical capabilities of our members. Each bursary, up to a maximum of \$500.00, will be awarded to cover virtual event registration fees.

Eligibility:

- Candidates must be DNIG members for one year or longer.
- Nine (9) non-student members and one (1) student member.
- Virtual programming is for 4 hours or longer.
- Content is relevant to the care of persons with diabetes.

Name: _____

Address: _____

Email: _____

Phone: _____

RNAO membership # _____ DNIG Membership duration _____

Employment status: FT PT Employer _____

Please tell us about the conference you wish to attend.

*NOTE: For reimbursement of agreed upon amount, all receipts are to be submitted to DNIG, no later than 1 month following event completion.

Please attach a 1-page document (maximum 500 words) to your application form stating your learning objectives and the relevance of the event's information for your professional nursing activities.

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

Applicant signature _____ Date: _____

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

Apply Now!