

Aboriginal Diabetes Initiative (ADI)

Orientation Package

Manitoba Region – December 8, 2022



WELCOME TO THE MANITOBA FIRST NATIONS ABORIGINAL DIABETES INITIATIVE (ADI)

You have a very important role as a community ADI worker. Please take time to read through this orientation package. It will be helpful for you if you:

- Have just started to work in the ADI program
- Need help to plan program activities
- Would like to change or improve a program that already exists
- Would like a refresher to the ADI program

This orientation package contains information to:

- Introduce you to the ADI program, its goal and objectives
- Provide you with information about your role as an ADI worker
- Acquaint you with the roles of the advisory committee and FNIHB
- Provide you with a copy of 'A Call to Action'
- Provide you with a list of helpful resources
- Help you get started in your programming
- Provide ideas and tips for activities that can be done within the ADI program
- Show you how to set up different activities within your ADI program
- Guide you in developing your work plan, budget and record keeping
- Provide a list of ADI resources in your community
- Provide you with basic diabetes information
- Provide you with basic healthy eating and physical activity information
- Provide you with information on diabetes and mental health, smoking, foot care, Tuberculosis (TB) and diabetes complications

This orientation package is brought to you by The Manitoba First Nations Diabetes Leadership Council (MFNDLC) and First Nations and Inuit Health Branch (FNIHB), Indigenous Services Canada.



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ABOUT THE MANITOBA FIRST NATIONS ADI PROGRAM

ADI Goal:

The goal of the ADI program is to improve the health status of First Nations individuals, families and communities through activities designed to contribute to the promotion of healthy living and supportive environments to help reduce the prevalence and incidence of diabetes.

Focus is placed on addressing healthy eating, food security, physical activity and obesity, as well as increasing awareness of diabetes, its risk factors and complications and supporting diabetes screening and management.



What is food security?

Food security happens when all people, at all times, have access to enough safe and nutritious food to meet their nutritional needs and to live healthy and active life.

ADI objectives:

- Increase awareness of diabetes, risk factors, complications and ways to prevent diabetes and its complications in First Nations communities.
- Promote healthy eating and food security.
- Increase physical activity.
- Increase screening for diabetes and its complications.
- Increase knowledge around diabetes and prevention of diabetes.
- Develop partnerships at all levels.



Congratulations on being your community's ADI worker. As an ADI worker in the community, you play an important role in helping to prevent and delay diabetes and its complications. Part of your role includes:

- Finding out from community members what type of ADI activities are needed and wanted in the community and to implement those activities if possible and reasonable
- Helping to prevent diabetes and its complications through various healthy eating and physical activity activities in the community
- Teaching educational sessions for community members on basic diabetes prevention and treatment topics
- Providing hands-on healthy cooking sessions for all people at risk or living with type 2 diabetes
- Working in partnership with the community store to promote and ensure ongoing availability of healthy foods
- Working in partnership with various community workers including other health program workers, health professionals, school personnel, band office, RCMP officers, child and family services, day cares, Aboriginal Head Start on Reserve
- Linking with diabetes-related resources outside your community such as the Regional Health Authority, your Tribal Council (if relevant), Tribal Diabetes Coordinator, non-profit organizations such as Food Matters Manitoba, The Northern Manitoba Food, Culture and Community Collaborative, etc. For a complete list of partners visit the MFNDLC website at: www.mfndlc.ca
- Promoting and supporting food security projects and activities in your community such as growing a community garden, hosting healthy food cooking classes, supporting hunting, fishing, food gathering and harvesting in the community
- Promoting and supporting physical activity in your community
- Promoting diabetes care and management
- Organizing walks or fitness activities
- Acting as a diabetes resource for community members
- Assisting with the Diabetes Integration Project (DIP) and Retinal Screening Visioning Program (RSVP), if available to your community
- Working with the nursing station and health centre/health programs for a positive outcome for mutual clients
- Developing an ADI work plan as a way to keep track of what activities you want to implement throughout the year and tracking budget
- Other roles as identified by your community

For a copy of a sample ADI job description, see **Appendix 1.**

The role of Manitoba First Nation Diabetes Leadership Committee (MFNDLC)



MFNDLC is made up of First Nations representatives from each Tribal Council and some non-affiliated communities in Manitoba. MFNDLC meets up to four times a year to help plan and develop activities for the regional ADI work plan. MFNDLC provides feedback and guidance to the Regional ADI team as they implement the regional ADI work plan.

You have a MFNDLC representative in your area. Be sure to contact this person if you have any requests, input or feedback on the program or resources. Please use the MFNDLC phone listing in your orientation package to find out who your representative is. See **Appendix 2**.

For more information on MFNDLC, visit their website at: www.mfndlc.ca.

A Call to Action

The Manitoba First Nations Diabetes Strategy: A Call to Action was developed by representatives from First Nations communities and Tribal Councils at the request of the Assembly of Manitoba Chiefs. The document was created to assist First Nations communities in developing community-based diabetes implementation plans and initiatives. It is the aim of this strategy to identify needs and use our existing strengths to deal with diabetes in Manitoba First Nations communities. The strategy identifies priority areas and actions needed at the community, Tribal Council and regional levels to address this public health epidemic.

To read the entire document A Call to Action, see **Appendix 3**.

Your supporting team

Tribal Council Support

Manitoba Region has Tribal Diabetes Coordinators (TDC) working in each of the seven different Tribal Councils in Manitoba. The role of the TDC is to provide capacity building opportunities to support community-based ADI programs, offer culturally-specific training, to assist ADI workers in completing their work plan and to implement the work plan activities. Further, the TDC provides consultation and support to First Nations, other program and community staff on important developments in diabetes and related fields such as new prevention approaches.

The TDC provides the above services to the communities in his or her Tribal Council area including non-affiliated communities.

Tribal Council	Name of TDC	Email address	Phone number	Mailing address
West Region Treaty 2 & 4 Health Services Inc.	Barbara Thompson	b.thompson@wrtchealth.com	(204) 622-9400 ext. 2237	Unit 16- 2nd floor Dauphin, MB R7N 1C5
Cree Nation Tribal Health	Charlene Frechette	cfrechette@tribalhealth.ca	(204) 627-1500 (204) 978-0727	P.O. Box 2760 The Pas, MB R9A 1M5
Four Arrows Regional Health Authority	Vivian Omarr	vomarr@fourarrowsrha.org	(204) 947-2397	2 nd floor 338 Broadway Ave Winnipeg, MB R3C 0T2
Southeast Resource Development Council	Elizabeth Proskurnik	elizabethp@serdc.mb.ca	(204) 934-7083	2 nd floor, 360 Broadway Ave Winnipeg, MB R3C 0T6
Interlake Reserve Tribal Council	Tonia Traverse	toniatraverse@irtc.ca	(204) 390-3567	Suite 225-300 Alpine Way, Headingley, MB R4H 0E1
Keewatin Tribal Council	Arla Tait-Linklater	atait-linklater@ktc.ca	(204)-677-2341	23 Nickel Road, Thompson, MB R8N-0Y4
Dakota Ojibway Tribal Council	Shannon Wilson Jessica Flett	swilson@dohs.ca (present-Sept 2022) jflett@dohs.ca (from Sept 2022 – ongoing)	(204) 471-3780 (204) 988-5370	Suite 320-300 Alpine Way, Headingley, MB R4H 0E1

The Program Capacity Development Unit at First Nations & Inuit Health Branch

The Program Capacity Development Unit at FNIHB team will provide direct support to the Tribal Diabetes Coordinators (TDC) by providing tools, access to resources, creating linkages, building and maintaining partnerships and training opportunities that will help to deliver the community ADI programs.

Some of the things the Regional FNIHB team can assist with are:

- Tribal Council gatherings
- ADI or other program gatherings
- Health specific education and support such as:
 - Carbohydrate counting
 - Glycemic Index
 - School nutrition
 - Label reading
 - Impact of sugar and salt in the diet
 - Fibre facts
 - Eating off the land
 - Back to school lunch and snacks
 - Healthy meeting ideas
 - Nutrition for chronic kidney disease
 - Healthy eating with diabetes during pregnancy
 - Diabetes and nutrition
 - Energy and sports drinks
 - Caffeine
 - Fat and you
 - Protein's power
 - The power of pulses
 - Healthy at every size
 - Children and type 2 diabetes
 - Mood and food
 - Grocery shopping tips
 - Healthy eating on a budget
 - Foot care
 - Complications
 - Co-morbidities
 - Hypertension, blood sugars, kidney disease

See **Appendix 4** for a copy of the FNIHB contact list

Your ADI work plan

Developing an annual work plan is a good way to keep track to the activities and budget for the year. Your TDC and FNIHB staff are more than willing assist you with the development of the work plan, if needed and to review it and provide you with feedback.

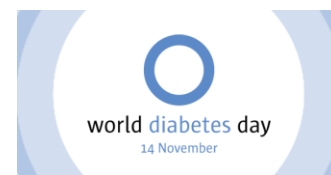
- Your ADI work plan is what you use to identify and plan your ADI activities for the upcoming year, based on your community's needs.
- Your work plan outlines the activities you will do, how often those activities will take place, and how much each of those activities cost.
- See if you can find a current ADI work plan in your community. This will provide you with the ADI activities that were planned for the year. You can also call your TDC or the FNIHB office to see if they can provide you with a copy of a current work plan.
- A work plan is a good guide, but can be changed throughout the year, if needed, to meet community needs.
- You should keep an electronic copy of your ADI work plan, as well as a hard copy on file in a folder.
- If you need to fill out an ADI work plan, see **Appendix 5** for a copy of the ADI work plan template **Appendix 6** for directions on how to fill it out and **Appendix 7** for a sample ADI work plan.



Ideas for community work plan activities

It can often be difficult to come up with new and exciting ideas for your community ADI work plan. Here is a short list of ideas that could be used. There are many more, so please be creative.

Diabetes awareness and education activities



- Host a diabetes dinner and dance
- Offer sessions on diabetes, diabetes risk factors, signs and symptoms, complications, gestational diabetes to community members
- Write quarterly community newsletters
- Celebrate World Diabetes Day on November 14th by planning a community walk or diabetes conference
- Celebrate National Aboriginal Diabetes Awareness Day the first Friday in May
- Promote diabetes awareness and education on local TV and/or radio
- Promote diabetes awareness and education through Facebook and through other social media venues
- Host diabetes support sessions for people living with diabetes
- Create posters addressing various diabetes issues and post them around the community
- Host an art contest, or song-writing contest encouraging community members to promote diabetes awareness and education through creative channels
- Promote telehealth and webinar sessions hosted by Grand Medicine, FNIHB, Diabetes Canada and/or other relevant organizations

School health

- Offer healthy eating, physical activity, healthy lifestyle and diabetes prevention workshops at the school
- Collaborate with the school to receive funding from breakfast programs (Child Nutrition Council of Manitoba, Breakfast Clubs of Canada, Farm to Cafeteria, Canadian Feed the Children)
- Provide nutrition education at the school including playing nutrition bingo and sugar shock game
- Work with the school or Aboriginal Head Start on Reserve to start a community garden with the children
- Work with the school to start an after-school program to help increase physical activity levels
- Work with the school to implement Healthy Bodies, Healthy Minds (HBHM)
- Work with the school to offer open gym nights to community members
- Collaborate with the school to start school community gardens
- Encourage the students to tend to the gardens during the summer months when school is out or to start gardens at their homes

Food security

Food security happens when all people, at all times, have access to enough safe and nutritious food to meet their nutritional needs and to live healthy and active life. Below are some examples of activities that can help make your community food secure.

- Celebrate World Food Day on October 16
- Purchase resources to implement and maintain community gardens including shovels, rakes, garden tillers, seeds, soil, fence and water hose
- Purchase community freezers, setting up an emergency basic food pantry shelf
- Purchase resources for canning, preserving and freezing sessions
- Offer canning, freezing and preserving sessions with foods cultivated from the gardens
- Plant fruit trees in the community
- Set up a bulk buying club
- Host a homemade jam-making class using sugar substitute
- Collaborate with community partners (ie. RCMP, Brighter Futures and Building Healthy Communities, Jordan's Principle) to offer hot, healthy meals to children
- Collaborate with the local grocery store to offer healthy foods in the grocery store at a reasonable price
- Explore opportunities to sell local food



Screening activities

- Host a light diabetes breakfast in partnership with the community nurse for people coming in to get fasting blood work done. The ADI worker may prepare the food and an education session, which the clients with diabetes can come to after having their blood work done by the nurse.
- Encourage community members at risk for diabetes and those with signs or symptoms of diabetes to be screened for diabetes by the community nurse
- If the Diabetes Integration Project (DIP) comes to your community assist by:
 - Contacting clients living with diabetes to be screened for diabetes complications
 - Call the DIP nurse to confirm the community visit and follow up with the nurse prior to the visit as needed
 - Help prepare light healthy snacks for the clients after their appointments
- If the Manitoba Retinal Screening Visioning Program comes to your community, assist them by setting up appointments for clients living with diabetes to be screened for eye problems

Nutrition

- Purchase resources for healthy cooking classes or for starting a community kitchen, including recipe books, oven mitts, knives, cutting boards, blenders, mixing bowls, cooking utensils, pots, pans and muffin tins
- Hire a dietitian to come to your community to promote healthy eating
- Have weekly or monthly cooking classes for the community
- Host Kids in the Kitchen cooking classes
- Celebrate Nutrition Month in March by offering grocery store tours and healthy cooking classes
- Host grocery store tours in your community
- Offer healthy eating education sessions to community members
- Offer parent-child/children focused sessions on healthy eating
- Teach the importance of eating healthy together as a family



Physical activity

- Host aerobic classes in the community by hiring an instructor or using exercise DVDs, or appropriate exercise videos on Youtube.
- Have gym nights where all community members can participate
- Host a baseball, volleyball, ultimate frisbee, or other league in your community
- Purchase exercise equipment such as baseballs, baseball bats, baseball gloves, basketballs, volleyballs, hockey equipment or soccer balls
- Host sport tournaments with other neighboring communities
- Host a marathon or walkathon for World Diabetes Day
- Host a daily, weekly or monthly walking club
- Offer canoeing workshops, swimming lessons and water safety courses to community members. Contact the Lifesaving Society or Sport Manitoba for more information.
- Offer dance lessons in the community – pow wow, square dancing, hip-hop, etc.
- Offer Tae Kwon Do sessions in the community
- Start your own community gym
- Purchase exercise equipment for your community
- Use the Recreation Director's Handbook to organize a Youth Leadership group. The link is:
http://www.gov.mb.ca/imr/mr/bldgcomm/recreg/pubs/recreation_directors_handbook_2008.pdf
- Start a walking school bus in your community
- Organize cooperative games instead of competitive games
- Introduce new activities monthly such as Nordic walking, urban poling, frisbee, cricket or yoga

- Host an after-school gym time so that parents can help increase their children's physical activity levels
- Hire a personal trainer to come to the community and work with members
- Pay to train community members to run fitness classes
- Offer exercise sessions for seniors
- Offer physical activity sessions for grandparents and grandchildren together

Gestational diabetes

- Collaborate with the Canada Prenatal Nutrition Program (CPNP) to offer a session on gestational diabetes for prenatal women living with or at risk of gestational diabetes
- Provide information to prenatal women regarding gestational diabetes
- Partner with the CPNP to start a walking club or exercise program for prenatal women
- Offer to present on gestational diabetes in the community

Cultural activities

- Host an outdoor diabetes camp for children including traditional activities such as how to fish, dry fish, cook bannock on an open fire
- Host traditional workshops including traditional dancing (Pow wow or jigging), canoe trips, nature walks with teachings, outdoor cooking of traditional foods, berry picking, medicine picking, outdoor education program such as hunting, fishing, ice fishing and survival skills involving Elders
- Organize activities to aid in the harvest of traditional foods such as community hunts
- Organize fishing trips for youth
- Host traditional cooking classes
- Host a berry picking session in the community
- Run traditional food and medicine teaching sessions offered by the Elders



Speak to your MFNDLC representative for a list of local Elders and Traditional Healers available in your Tribal Council area.



Doing your work plan activities

Whether or not you have a work plan, you will have ADI activities to implement in the community.

Remember to:

- Let people know about up-coming activities – communication is important!
- Collect feedback from participants right after the activity has taken place;
- Identify opportunities to share your project successes; and
- Develop a back-up plan if obstacles or changes need to be addressed for the progress of the project

If you are having trouble getting started, or collecting information for the ADI program, call your TDC, or one of the ADI FNIHB staff, or a fellow ADI worker for help.

Remember that we learn best by doing. That means you should include a lot of hands-on activities in your ADI work plan.

See [Appendix 8](#) on 'how to' do a variety of activities in your community.

The activities include how to:

- Plan a nourishment program at the school
- Plan school healthy eating and physical activity activities
- Plan a cooking/sampling demonstration in your community
- Plan a gardening program
- Plan a Kids in the Kitchen cooking club
- Plan a diabetes education class
- Plan a cooking class
- Plan a grocery store tour
- Plan a diabetes support group
- Plan lunch and learn sessions



Track your progress

As you implement your work plan throughout the year, you will be responsible for tracking and reporting your activities. In addition to the information you must track and report on in the community-based reporting template (CBRT), you may want to write down successes and challenges as they happen to help you remember the activity and how to improve it for future events.

In order to complete your CBRT annually with ease, it is important to keep track of the activities, subjects and number of people in attendance of each of your activities.

See **Appendix 9** for a sample of a completed CBRT (Chronic Disease and Injury Prevention section only).

You can also work with your Tribal Diabetes Coordinator to create a tracking tool that will help you track your activities throughout the year.

Training and helpful resources for you!

Regional training events

Be sure to attend regional training events where you will learn valuable information, pick up great tips, teaching tools and resources for your ADI program. These events, held yearly, promise fun and interactive learning experiences and provide a great opportunity to meet other ADI community workers and share program ideas.

The cost to attend regional training sessions, accommodations and travel are sometimes covered for one ADI worker to attend per community.

ADI 101

ADI 101 is a 5 day training session offered once a year to all new ADI workers. This session is informative, interactive and will allow new ADI workers to learn how to hold a cooking class, do a grocery store tour and understand the importance of healthy eating and physical activity in preventing diabetes and its complications.



For more information on ADI 101, call the FNIHB Regional office and ask to speak to one of the ADI team members.

Telehealth and teleconference sessions

The Regional ADI team offers telehealth and teleconference sessions twice a month geared to ADI workers and other community workers. Topics will vary from month to month, but will have a focus on healthy eating and physical activity for the prevention of diabetes and its complications.



Manitoba First Nations Food Security Coordinator

Karen Flett is Manitoba's First Nation Food Security Coordinator. She works for Four Arrows Regional Health Authority's Kimeechiminan (Our Food) Program, and provides support and advice to all Manitoba First Nations communities and tribal councils. Karen can provide training and share knowledge around starting or maintaining community gardens and raising chickens. Contact Karen at the information below:

Phone number: (431) 338-3045

Email address: kflett@fourarrowsrha.org

Connecting with other ADI workers

One great way to learn about how to run your ADI program is to talk to ADI workers in other communities, or to your MFNDLC representative. You may even be able to find a mentoring opportunity. Mentoring is spending time with a fellow ADI worker and learning about how they run their program. You can pick up some great ideas to try in your community. Contact the Regional ADI team if you would like help connecting with other ADI workers.

Helpful resources

There are many resources that you will find helpful in doing your work as an ADI worker. Please see **Appendix 10** for a list of resources that you can order from different organizations. Please see **Appendix 10.1** for a list of funding sources.

ADI resources provided to your community

The ADI regional office has provided numerous resources to each First Nations community in Manitoba over the last few years. See **Appendix 11** for a list of ADI resources sent to community workers over the last few years. See if you can find these resources in your community and use them as educational tools to implement your ADI work plan activities.

ADI resources distributed to the communities are the property of the ADI program and should be passed along from one ADI worker to the next. ADI workers are encouraged to lend their resources to other community programs and workers as a way to further promote healthy eating, physical activity and healthy lifestyles to prevent and delay diabetes and its complications. If you are lending out the resources, make sure you have a sign-out sheet so you can find your resources when you need them.

If you need ideas or help in using the ADI resources in your community, feel free to contact your TDC or a member of the ADI team.

ADI website

For more information on the ADI program, visit FNIHB's website at: <http://www.hc-sc.gc.ca/fnihb-spnia/diseases-maladies/diabete/index-eng.php>

See **Appendixes 12-23** for basic healthy eating, physical activity and diabetes information including diabetes complications, smoking, mental health, foot care and tuberculosis.

Aboriginal Diabetes Initiative (ADI) Orientation Package

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Appendix 1: Sample ADI Job Description

Below is a sample job description for an ADI worker. You may be able to adapt it to meet the needs of your community.

Report to	Community Health Director, or Nurse-in-Charge
Background	The ADI is a prevention-based initiative with a focus on health promotion and primary prevention and educational activities. Communities are encouraged to develop innovative, culturally relevant approaches aimed at increasing community wellness and ultimately reducing the burden of type 2 diabetes.
Main responsibilities	The program worker makes sure that all ADI activities are running well, according to the ADI's goals and objectives, as well as the community's needs and priorities.
Duties	<ul style="list-style-type: none"> • For communities in a set agreement, develop and implement an annual ADI work plan in partnership with other community programs and community members • Help prevent diabetes and its complications through various healthy eating and physical activity activities in the community including: <ul style="list-style-type: none"> • Hosting hands-on healthy cooking sessions for all community members • Coordinating physical activity sessions for all community members • Facilitating educational sessions for community members on what is diabetes, risk factors and how to prevent diabetes and its complications • Promoting and supporting food security projects and activities in your community such as growing a community garden, supporting hunting, fishing and food gathering • Promoting and supporting physical activity in your community • Work in partnership with the community store to promote the availability of affordable healthy foods • Work in partnership with various community workers including other health program workers, health professionals, school personnel, band office, RCMP officers, child and family services, day cares, Aboriginal Head Start on Reserve and Jordan's Principle • Facilitate a partnership with the school to assist in implementing healthy food and physical activity policies and healthy lifestyle education • Link with resources outside your community such as the Regional Health Authority, your Tribal Council (if relevant), non-profit organizations such as Food Matters Manitoba, Dairy Farmers of Manitoba, Heart and Stroke Foundation, Diabetes Canada, etc. • Act as a diabetes resource for community members • Assist with the Diabetes Integration Project (DIP) and Retinal Screening Visioning Program (RSVP) if available to your community • Work with the nursing station or and health centre to ensure that clients visiting the nurses are aware of the ADI sessions available to all community members • Become familiar with the Manitoba First Nations Diabetes Strategy 'A Call to Action' Provide

	<p>feedback to the MFNLDC on the implementation of 'A Call to Action'</p> <ul style="list-style-type: none"> • Participate in ongoing training opportunities • Work with leadership to promote and support healthy community policies • Fulfill reporting requirements of the ADI program • Other roles as identified by your community
Duties NOT to be done by ADI workers	<ul style="list-style-type: none"> • Unless the ADI worker is a trained nurse, s/he should NOT be doing clinical tasks such as: <ul style="list-style-type: none"> • Taking clients' blood glucose readings • Reading and assessing clients' blood glucose readings • Taking clients' blood pressure • Assisting clients with insulin teachings • Other clinical tasks <p>ADI workers are not trained to complete clinical tasks, nor are they protected should an incident occur. ADI workers are trained to complete community public health activities as those listed above.</p>
Skills, abilities and education	<ul style="list-style-type: none"> • Ability to read and write English at a grade 8 level • Basic cooking skills, and able to follow recipes and manage food costs • Ability and willingness to work with many people, learn new information or activities • Good management skills, punctual, committed to helping community members

Appendix 2: Manitoba First Nations Diabetes Leadership Council (MFNDLC)

MFNDLC meets up to 4 times per year to plan and develop activities for the ADI program. The purpose of MFNDLC is to address the pandemic rate of diabetes in Manitoba First Nations as a Public Health issue based on the Manitoba First Nations Strategy, 'A Call to Action'. MFNDLC will also facilitate linkages, communication and information sharing between First Nations organizations and relevant groups regarding diabetes in Manitoba First Nations. If you have any requests, input or feedback on the program or resources, you may contact the ADI representative in your area.

Representative/ Alternate	Tribal Council or community	Phone # / fax #	Email address
Elizabeth Proskurnik Geeta Soulimani	Southeast Resource Development Council	956-7500 / 956-7382	ElizabethP@serdc.mb.ca gsoulimani@serdc.mb.ca
Grace McDougall Vivian Omarr	Four Arrows Regional Health Authority	947-2397 / 982-3359	gmcdougall@fourarrowsrha.org vomarr@fourarrowsrha.org
Charlene Frechette Dianne Flett- Sinclair	Cree Nation Tribal Health	627-1535 / 623-7809	cfrechette@tribalhealth.ca dsinclair@tribalhealth.ca
Barbara Thompson Trevor Thompson	West Region Treaty 2 & 4 Health Services Inc.	622-9400 / 622-9449	bhompson@wrtchealth.com tthompson@wrtchealth.com
Arla Tait-Linklater Anita Crate	Keewatin Tribal Council	307-6926 / 677-0255	ATait-Linklater@ktc.ca ACrate@ktc.ca
Debbie Braun- Hunter/ Shannon Wilson-(present-Sept. 2022) Jessica Flett Sept. 2022- ongoing)	Dakota Ojibway Tribal Council	471-3780/ 947-5179 988-5370 / 947-5179	Dbraun-hunter@dohs.ca swilson@dohs.ca jflett@dohs.ca
Tonia Traverse Liz Bone	Interlake Reserve Tribal Council	956-7413 / 956-8840	lizbone@irtc.ca ToniaTraverse@IRTC.ca
Roba Frost Lynda Wright	Nisichawayasihk Cree Nation	484-2341/ 484-2351	rfrost@ncnwellness.ca lwright@ncnwellness.ca

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Myrah Spence Lucy Muswagon	Norway House	359-6704 / 359-6161	mspence@nhcn.ca lmuswagon@nhcn.ca
Gloria Kohinski/ Connie Kuzdak	Sagkeeng	367-9990 / 367-4587	gloria@sagkeenghealth.com ckuzdak@sagkeenghealth.com
Sharon Monkman Tanya Kirkness	Fisher River	645-2689 / 645-2461	frhcsharon@mymts.net frhctanya@mymts.net
Dennis Pashe	Dakota Tipi	857-9715 / 856-0279	DennisP@dwthealth.ca
Vacant	Tootinaowaziibeeng	546-3267 / 546-3295	
Joan Dumas Rita Thomas	South Indian Lake	374-2487 / 374-2104	joanhalkett@gmail.com Reet74thomas@gmail.com
Alyssa Hoadley	Community Nutritionist	583-5817	alyssa.hoadley@sac-isc.gc.ca
Natalie Wowk- Slukynsky	Regional Community Nutritionist	430-0657	natalie.wowk-slukynsky@sac-isc.gc.ca

The Manitoba First Nation Diabetes Strategy

A Call to Action - updated March 2017

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Executive Summary

This is the revised Manitoba First Nation Diabetes Strategy. It was developed by representatives from First Nation communities and tribal councils at the request of the Assembly of Manitoba Chiefs. The original Call to Action document was created to assist First Nation communities in developing community-based diabetes implementation plans and initiatives. It was the aim of the original strategy to identify needs and use existing strengths to deal with diabetes in Manitoba First Nation communities, tribal councils and regional levels to address this public health epidemic. This updated strategy continues to focus on identified priorities.

Beginning in 2010, the Manitoba First Nation Diabetes Committee (MFNDC) initiated an evaluation of the Call to Action-1999 Version. The scope of the evaluation covers progress from April 1, 2010 to March 31, 2014 and includes the activities of communities and their application of the Call to Action-1999 Version. The final evaluation report was prepared in March 2015. There were several recommendations to these documents that related to updating the Strategy to ensure:

- A new and shared Vision was developed;
- Greater clarity and a more comprehensive Vision and Mission Statement;
- A Change Management Component that ensure the strategy would be a more responsive tool for First Nation communities;
- Develop a plan to ensure ongoing monitoring and evaluation of the strategy to ensure relevance and to identify successes and challenges;
- Include a protocol to allow flexibility of the Strategic Plan, and;
- A regular orientation process for new users of the Strategy that is inclusive and capitalizes on new perspectives and skills

The committee was formally known as the Manitoba First Nation Diabetes Committee (MFNDC), in consultation with an Elder, the committee name was changed in February 2016 to the Manitoba First Nation Diabetes Leadership Council (MFNDLC).

A process was begun by the Manitoba First Nation Diabetes Leadership Council (MFNDLC) in June 2016 to address the above recommendations because First Nation communities have expressed they want:

- A consistent and collaborative approach to developing strategies and tools to address diabetes
- Approaches to be clearly defined in purpose and in line with community priorities and capacity

Preamble

Mission Statement

Through a holistic approach and based on the “Call to Action Strategy”, the Manitoba First Nations Diabetes Leadership Council provides leadership through building capacity and relationships, case management, and care of mind, body and spirit to decrease the impact of diabetes in First Nation Communities.

Vision Statement

Reclaiming Healthy Living through indigenous knowledge and quality care.

As noted within the original Call to Action-1999 Version, Manitoba had the highest percentage of First Nations people with diabetes in the entire country (BOBET-1998). The prevalence of diabetes is almost five-fold higher in First Nations woman, and three-fold higher in First Nations Men than in the general population in Manitoba.

As of 2017, the prevalence of diabetes continues to be significantly higher in First Nations in Manitoba. According to the 2013 Canadian Diabetes Association (CDA), First Nations people have an earlier age of diagnosis as well as higher incidents and prevalence rates of Type 2 diabetes (CDA-CPG 2013). According to the 2013 Diabetes Canada Clinical Practice Guidelines, Aboriginal woman in Canada experience Gestational Diabetes rates 2 to 3 times higher than others (CDA-CPG 2013).

Further to the goals and activities listed in the Call to Action-1999 Version, there have been several activities implemented and accomplishments achieved at the community, tribal council, and regional level. This is evident within the Diabetes Education & Environmental Scan (Appendix E). To further enhance diabetes related programming amongst the First Nation communities, MFNDLC took part in a strategic planning session in June 2016 to update the diabetes strategy.

Determinants of Health



Mental Wellness

- language barrier, loss of identity, coping, addictions, counselling services available

Education

- literacy, learning skills; how can someone be taught if they can't comprehend the English language

Emotional

- social behaviour (upbringing), residential school impact; the body might not be able to fight off disease if someone is not emotionally stable.

Environmental Health

- Housing shortage/condition, geographical locations, flooding and community displacement. water quality and overcrowding increases stress levels which is one of the risk factors for diabetes.

Physical

- nutritional status, food security, vision status, hearing status, other chronic conditions, co-infections

Health Services

- professional education & awareness, medical transportation, various jurisdictions involved (CFS, PTOs), communication strategy is down, screening & contact tracing ↓

Spiritual

- Guidance, traditional/western, sharing circle; Religion is strong in our communities, how we need to help one another has yet to occur

Income & social welfare status

- Poverty, food insecurity, and unemployment can all contribute to diabetes and its complications.

Leadership

- key stakeholders, policy decision makers, ownership, control, access & possession of health data

5 Strategy Components

The chart below identifies the priorities and activities congruent with the following 5 components:

1. Prevention and Promotion

This section deals mostly with primary prevention of diabetes within First Nation communities. It also includes human resource training needs required for community-based workers.

2. Care and Treatment

This portion addresses the care and support of those First Nation community members and their families affected by diabetes. This section also addresses secondary and tertiary prevention.

3. Gestational Diabetes

Though many of the methods required to help address gestational diabetes are discussed throughout the diabetes strategy, this form of diabetes that affects both mother and child requires its own category. Issues surrounding this prevalent and serious condition are discussed in this section.

4. Surveillance, Research and Evaluation

Surveillance monitors the proportion of diabetes in the population, and helps to identify those at risk. Research is the information gathered regarding the many issues surrounding diabetes and its complications. Finally, evaluation concentrates on measuring the effectiveness of planning and actions.

5. Policy and Infrastructure

This section talks about the organizational and infrastructure necessary to deal with diabetes at the community, tribal council, and regional levels.

Programs that improve mental well-being	Standardized foot care in every community	Full time sustainment ADI workers per community	Case management system to improve client care
Fitness leaders in every community; recreational facilities on-reserve; clubs (arts & crafts, + mentoring; involve elders); greater supportive programming	Foot care nurse in each tribal council per community Full time foot care nurse in communities Foot care in all	Greater ADI funding Long term ADI (retaining workers) Full time ADI worker (health promotion) Full time ADI position	Case conferences; case management system (HR, forms, referral process) Circle of Care (CFS, NNADAP, ADI) working together for care plan; strategy for hard to reach

<p>(addictions, mental health, & smoking); club (youth/elder, leadership, volunteering); recreational facilities; child care to support programs and fitness; family support groups; accessible sports programs; family focused recreation programs; mental health professionals in every community; mental health; mental health screening; physical activity (sports, hunting)</p>	<p>communities' stand-alone foot care program in each health facility</p>		<p>diabetics; data tracking to monitor progress through health care system Myth-busting of diabetes as inevitable; EMR; medical transportation (day rooms, escort, foot care, food, wait time, GDM, DM registry; Care base on CPGs Need proper D/C planning; All HCP work together (MD, Nurse, CHR, ADI etc.) Medical trans (not going by doctor's recommendations)</p>
<p>Access to a dietitian</p>	<p>Moving forward, looking back: Practicing our traditional culture</p>	<p>Greater access to indigenous Doctors & Nurses</p>	<p>Health promotion in schools</p>
<p>Full time dietitian in communities Nutritionist/Dietitian in each tribal council Dietitian (include elder and education)</p>	<p>Traditional support; Traditional teachers per tribal council ie. hunting, fishing, trapping, medicines, and summer camps; Incorporate traditional health and healing Promotion of traditional diets (living off land using what the Creator put there); spiritual</p>	<p>Trained indigenous diabetes Doctors Full time Nurse Practitioner/Physician MDs in all First Nations On-reserve access to Pharmacy/labs</p>	<p>School meal programs are healthy; Healthy living programs-holistic medicine wheel approach; Promoting physical activity and nutrition in basic health curriculum; Screening in children;</p>

	<p>support</p> <p>Greater access to traditional medicines/healer</p> <p>Elder involved in all aspects (nurse, doctor, dietitian)</p> <p>Greater breastfeeding; creating healthy babies, healthy families (self-care); positive lifestyle changes for young moms and couples.</p>		<p>Diabetes a part of school curriculum;</p> <p>Cooking skill programs in school;</p> <p>Elder teachings;</p> <p>Policy influence ie. energy drinks;</p> <p>Leadership involvement (chips, drinks); land-based classes</p>
Improving access to specialized Diabetes care	Accessible Diabetes complications screening	Improving food & water security	Quality care closer to home
<p>Specialized diabetes Nurse in every community;</p> <p>Full time Nurse focus on Diabetes;</p> <p>Nurse educator in FN;</p> <p>GDM educator access right away;</p> <p>Greater gestational Diabetes education classes</p> <p>Care & treatment services in every community;</p> <p>Specialty Diabetes groups;</p>	<p>One stop shop; nutritionist; CDE; Foot care; Clinical support, screening, initial education;</p> <p>Initial education sessions at diagnosis (series of classes)</p> <p>TDC model to provide services as DIP services at TC level</p> <p>Screening</p> <p>Kidney Screening</p> <p>Retinal screening</p> <p>Heart health</p>	<p>Freight lowering strategy for grocery in remote communities; more food security coordinators/TC;</p> <p>Clean water in every community;</p> <p>Food security promotion of drinking water;</p> <p>no sports energy drinks</p> <p>Affordable food</p> <p>Social determinants of health;</p> <p>Diabetic resources</p> <p>More gardening programs;</p> <p>Farmer markets on-reserve</p> <p>Board homes – server healthy foods</p>	<p>More dialysis units in more communities</p> <p>Dialysis closer to or in First Nations</p>

TDC to become CDE certified CDE in every community	Sexual health	Traditional food in hosp./PCH Traditional food co-op Education on budgeting	
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The 3-6 month goals for each of the 1-year goals are as follows:

Programs that improve mental well-being	Standardized Foot Care in every community	Full time sustainable ADI workers per community	Case management system to improve client care
Networking closer with the Mental Health workers within our communities; working together for client care	Workers to touch base with their diabetic clients to assess foot care health; foot care grab and go kits distributed	Advocate for this to be included in the 2017 management operation plan	Contact Nelson House and get the model of care distributed to the committee – to promote the case management conferencing
Access to a Dietitian	Moving forward, looking back: Practicing our traditional culture	Greater access to indigenous Doctors & Nurses	Health promotions in school
Start lobbying FNIHB for a dietitian for each TC to service each area	Discuss this issue with MFNERC as to how this could be incorporated by involving elders in the schools	Tribal Councils to be part of the orientation for physicians and nurses going into communities	Discuss strategy and ideas with MFNERC
Improving access to specialized Diabetes care	Accessible Diabetes complications screening	Improving food & water security	Quality care closer to home
Fran to look into actioning this step in terms of funds	Develop a proposal to submit for a MOP request	We would like more Food Security Coordinators	Manitoba renal program – meeting them to talk about where they are at with this program (background), networking and exploring how we can partner with them – they can

			present at our next meeting
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The 1-year goals are as follows:

Programs that improve mental well-being	Standardized foot care in every community	Full time sustainable ADI workers per community	Case management system to improve client care
<ul style="list-style-type: none"> All ADI workers to take the following training; a) Mental health first aid. b) Coping skills, and c) Motivational interviewing 	<ul style="list-style-type: none"> Support DIP's foot care proposal Ongoing foot care training for Nurses Basic foot care training for ADI workers 	<ul style="list-style-type: none"> advocate for increased community-based funding to FNIHB for full time ADI workers Ongoing enrolment for the community Diabetes prevention worker certificate 	<ul style="list-style-type: none"> Develop Circle of Care case conferencing (look at offering training for the Circle of Care model) TDC's to network with regional diabetes programs
Access to Dietitian	Moving forward, looking back: Practicing our traditional culture	Greater access to indigenous Doctors & Nurses	Health promotion in schools
<ul style="list-style-type: none"> Partnering with RHA for telehealth Lobbying for tribal council Dietitian 	<ul style="list-style-type: none"> Promoting traditional food Providing education from elders on traditional medicines and practices To encourage elder participation in all aspects 	<ul style="list-style-type: none"> Network with ACCESS programs and their advisors To increase practicum positions in FN communities for physicians, nurses, and pharmacy Dr. Lavallee and Dr. Cook 	<ul style="list-style-type: none"> Network with MFNERC and Frontier SD to do more health curriculum in class Working with the schools to ban energy drinks in the building
Improving access to specialized Diabetes care	Accessible diabetes complications screening	Improving food & water security	Quality care closer to home
<ul style="list-style-type: none"> Network with Nursing schools or FNIHB Nurses to provide basic foot care training as 	<ul style="list-style-type: none"> Teams based out of the TC do a proposal to get funds to have a team in the TC that does Kidney Screening, retinal 	<ul style="list-style-type: none"> To increase funds for a food security position with that position, there would be more teaching 	<ul style="list-style-type: none"> Community case managers to work keep clients closer to home

<p>part of their core training</p> <ul style="list-style-type: none"> • Access funds to flow thru TC's for all Nurses to take the CDE exam 	<p>screening and to cover their areas</p> <ul style="list-style-type: none"> • Sub-Committee to explore how to do that 	<p>about purifying water and other surviving skills for credit</p> <ul style="list-style-type: none"> • work with MFNERC about teaching gardening skills 	<ul style="list-style-type: none"> • main focus on the prevention of dialysis
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Working Groups

MFNDLC members are divided into 3 working groups:

1. Prevention & Promotion
2. Care & Treatment
3. Surveillance, Research, & Evaluation

These working groups will work toward achieving the following, but not limited to, priorities listed below:

Prevention and Promotion

- Programs that improve mental wellbeing
- Full Time ADI workers per community
- Moving Forward, Looking Back: Practising our Traditional Culture
- Health Promotion in Schools
- Improving food and water security
- Increasing awareness of Gestational Diabetes Mellitus and Diabetes in pregnancy.

Care and Treatment

- Standardized Foot Care in every community
- Case Management system to improve client care
- Access to a Dietitian
- Greater access to indigenous Doctors & Nurses
- Improving access to specialized Diabetes Care
- Accessible Diabetes Complications Screening
- Quality Care Closer to Home
- Screening and treatment of Gestational Diabetes Mellitus and Diabetes in pregnancy.

Surveillance, Research and Evaluation

- Lobbying for increased funding and resources.
- Advocating for continuation and/or enhancement of resources and services
- Providing input and advocacy toward policy development and implementation
- Ensuring cultural competency and safety within diabetes care
- Ensuring ongoing organizational infrastructure
- Ensuring that standards exist and are followed
- Networking with various sectors to ensure collaboration is ongoing in order to support a holistic approach

Conclusion

Through increased awareness and education, it is anticipated that we will see increased rates of diabetes however this should not undermine the successes. Numerous activities and accomplishments have been achieved at the community, tribal council, and regional levels such as local ADI workers, Tribal Diabetes Coordinators, Provincial Food Security Coordinators, and the Diabetes Integration Project (DIP).

Despite the many achievements such as increasing knowledge and awareness, screening, and networking; there clearly needs to be ongoing programming and support. With ongoing efforts, we will one day see a decreased level in the diabetes rates and its impacts on the First Nations population, particularly in children and adolescents. This will require collaboration amongst several sectors leading to living well as an individual, family, and community.

Appendix 4: Aboriginal Diabetes Initiative
First Nations & Inuit Health Branch - Contact List

Below is a list of the ADI team at FNIHB. Feel free to contact any one of them for information or support with your community ADI program. They all look forward to hearing from you!

Name	Title	Phone #	Email Address
Kimberley Reimann	A/Manager, Program Capacity Development	983-4183	Kimberley.reimann2@sac-isc.gc.ca
Natalie Wowk-Slukynsky	Regional Community Nutritionist	430-0657	Natalie.wowk-slukynsky@sac-isc.gc.ca
Alyssa Hoadley	Community Nutritionist	583-5817	Alyssa.hoadley@sac-isc.gc.ca

Appendix 5: ADI Work Plan and Budget Template

Community:	Contact:	Position:	
Proposed Start Date:			
Total Funding:	Telephone:	Fax:	Email:

The overall goal of ADI: To prevent and delay diabetes and its complications in First Nations individuals, families and communities through healthy eating, physical activity and healthy lifestyles.

The ADI objectives:

- *Increase awareness of diabetes, risk factors and complications as well as ways to prevent diabetes.*
- *Support activities targeted at healthy eating and food security.*
- *Increase physical activity as a healthy living practice.*
- *Increase the early detection and screening for complications of diabetes in First Nations and Inuit communities.*
- *Increase capacity to prevent and manage diabetes.*
- *Increase knowledge development and information-sharing to inform community-led evidence-based activities.*
- *Develop partnerships to maximize the reach and impact of health promotion and primary prevention activities.*

Priority	Activities	Time Frame	Partners	Budget	How will the community benefit from this activity?
Diabetes Awareness & Education Activities					
School Health/ children and youth					
Gestational Diabetes					
Food Security					

Priority	Activities	Time Frame	Partners	Budget	How will the community benefit from this activity?
Physical Activity					
Screening Activities					
Cultural Activities					
Other(s) (provide explanation)					
ADI Worker's Salary & Benefits					

Priority	Activities	Time Frame	Partners	Budget	How will the community benefit from this activity?
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Admin Fee (max 10%)					
Total Budget					

Please briefly describe how you will incorporate the following ideas/principles into your activities:

How is tradition & culture included in your ADI program?	
How will you increase your knowledge as an ADI worker?	
How will you evaluate the impact of the ADI program in your community?	

Prepared by:	Date:	Supervisor's Signature (if required):
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Appendix 6: Filling out Your ADI Work Plan and Budget

Follow these steps to complete your ADI work plan and budget.

IMPORTANT: It is a good idea for you to create a yearly work plan of your ADI activities, and provide a budget to those activities. This can help keep you on track throughout the year as well as it can help you gather information to assist with filling in the CBRT. If you choose to develop a work plan, send it into one of the ADI FNIHB staff who can review it and provide you with feedback on your work plan.

1. Fill in all of your **information** (community, contact, position, proposed start date, total funding, telephone, fax, email) in the spaces provided at the top of the first page.
2. Decide on the **activities** you will do for the upcoming year. See pages 9-12 for ideas of ADI activities to do within your community. Plan activities that fit within the ADI priorities:
 1. **Diabetes Awareness & Education Activities**
 2. **School Health**
 3. **Gestational Diabetes**
 4. **Food Security**
 5. **Physical Activity**
 6. **Screening Activities**
 7. **Cultural Activities**
 8. **Other(s) (need an explanation)**

Also include other ADI expenses such as:

- **the ADI worker's salary and benefits**
 - **administrative fee (up to 10% of total budget)**
3. Fill in the **time frame**. For example, if you chose to do cooking classes, how often will you run cooking classes? Maybe once a month? If so, then write "1X/month" in the time frame column. Or if you plan on hosting a diabetes gathering in November, write 'November' in the time frame column.
 4. Who are your **partners**? Who will help you with each activity? If you are doing

the cooking classes with another community program, write the program's name in the column.

5. Fill in the **budget**. How much money will each of the activities cost? For example, if your cooking class takes place 1X/month and each class costs \$100.00 (food, supplies), then your total budget for the activity would be \$100.00 X 12 months=\$1200.00. Be sure to fill in your budget column for anything that will cost money. Ensure that your budget adds up to the total amount of funding you have.

Include all in-kind contributions. For example, if you are doing cooking classes with CPNP and they are paying for part of the cost of the classes indicate how much they will provide and how much ADI will provide for this activity.

Make sure that your budget adds up to the total amount of funding you receive for your ADI program.

Expenses not eligible under the ADI include:

- Services that fall under provincial jurisdiction, such as dialysis;
 - Financial support for operational activities not directly related to ADI projects;
 - Funding for services provided through other community programs, such as the First Nations and Inuit Home and Community Care Program;
 - Funding for major capital such as construction, buildings, vehicles and renovations; and
 - Cash prizes
6. Fill out how your community will benefit from this activity. For example, maybe you will see more community members buying healthy foods at the grocery store as a result of your healthy cooking classes. Maybe you will see more people walking in the community.

Keep a copy of your work plan to follow throughout the year.

Need additional help? Contact:

Alyssa Hoadley – Community Nutritionist – Email: Alyssa.hoadley@sac-isc.gc.ca,

Phone: 204-583-5817

Appendix 7: Sample ADI work plan and budget

Community: Beautiful Bay First Nation	Contact: Mary Jane Smith	Position: ADI worker	
Proposed Start Date: April 1, 2020-March 31, 2021			
Total Funding: \$50,000	Telephone: (204) 555-5555	Fax: (204) 444-4444	Total Funding: \$50,000

The overall goal of ADI: To prevent and delay diabetes and its complications in First Nations individuals, families and communities through healthy eating, physical activity and healthy lifestyles.

The ADI objectives:

- *Increase awareness of diabetes, risk factors and complications as well as ways to prevent diabetes.*
- *Support activities targeted at healthy eating and food security.*
- *Increase physical activity as a healthy living practice.*
- *Increase the early detection and screening for complications of diabetes in First Nations and Inuit communities.*
- *Increase capacity to prevent and manage diabetes.*
- *Increase knowledge development and information-sharing to inform community-led evidence-based activities.*
- *Develop partnerships to maximize the reach and impact of health promotion and primary prevention activities.*

Priority	Activities	Time Frame	Partners	Budget	How will the community benefit from this activity?
Diabetes Awareness & Education Activities	<p>Write quarterly ADI newsletter</p> <p>Celebrate World Diabetes Day by hosting a 5km diabetes walk, healthy lunch and information booth.</p>	<p>April July October January</p> <p>November 14th</p>	<p>Band Nursing station CPNP BF/BHC</p> <p>All community programs RCMP Recreation</p>	<p>Paper and ink to print newsletter taken from admin fee.</p> <p>Healthy lunch: \$600 Reusable water bottles \$10 x 50 = \$500 TOTAL: \$1100</p>	<p>Community members will be aware of ADI activities taking place in the community (greater attendance at events).</p>
School Health	<p>Provide nutrition education at the school to grades K-9. Sessions include playing nutrition bingo, healthy living jeopardy game, sugar shock game, etc.</p>	<p>Once/month</p>	<p>BF/BHC Nurse</p>	<p>Each child will receive 1 fruit per session. 200 kids x \$1/fruit = \$200 per session - 10 sessions TOTAL: \$2000</p>	<p>Children are more aware of what is healthy eating. Children bring more fruit to school as part of their lunches.</p>

Priority	Activities	Time Frame	Partners	Budget	How will the community benefit from this activity?
Gestational Diabetes	Collaborate with CPNP to offer a session on gestational diabetes for prenatal women living with or at risk of gestational diabetes.	April January	CPNP Nursing	Healthy snacks \$150 per session. Will share cost with CPNP TOTAL: \$150	Healthy pregnancy outcomes for women living with gestational diabetes.

SAMPLE

Priority	Activities	Time Frame	Partners	Budget	How will the community benefit from this activity?
Food Security	<p>Collaborate with local store to offer healthy foods in the grocery store at a reasonable price.</p> <p>Support community members in starting their own garden.</p> <p>Host cooking classes for the general public.</p> <p>Host Kids in the Kitchen sessions.</p>	<p>On-going</p> <p>Start planning in April.</p> <p>Support community members during the summer/fall as they grow and harvest their gardens.</p> <p>Once a month on Wednesdays.</p> <p>Once a month on Fridays.</p>	<p>Local store</p> <p>Community members</p> <p>Community programs</p> <p>Local store BF/BHC CPNP, NNADAP</p> <p>Local store, school, BF/BHC</p>	<p>No cost</p> <p>tools: \$400 Seed: \$200 Soil/fence: \$1000</p> <p>\$150/class X 12 classes = \$1800</p> <p>\$125x12 classes = \$1500</p> <p>TOTAL: \$4900</p>	<p>Healthy foods are lower.</p> <p>More community members are purchasing healthy foods such as fruit, vegetables, whole grain products and lean protein choices.</p> <p>Many community members have their own garden and eat off of it all summer, fall and part of winter.</p> <p>Community members are learning how to cook healthy foods for themselves and their families.</p> <p>Kids are learning about healthy eating, learning to cook and as a result bringing in healthier lunches at school.</p>

Priority	Activities	Time Frame	Partners	Budget	How will the community benefit from this activity?
Physical Activity	<p>Have open gym nights Tuesday and Thursday evening from 6-9 pm.</p> <p>Host a weekly walking club.</p> <p>Purchase sports equipment for community members to use during the summer in the community.</p>	<p>Tuesdays and Thursdays all year.</p> <p>Monday afternoons</p> <p>Summer and on-going</p>	<p>School NNADAP, BF/BHC</p> <p>CPNP</p> <p>Recreation</p>	<p>No cost</p> <p>No cost</p> <p>Baseballs, gloves, bats, = \$500</p> <p>Soccer balls \$100</p> <p>Frisbees \$100</p> <p>Basketballs hoops \$500</p> <p>Volleyballs & net; \$500</p> <p>skipping ropes, balls; \$306</p> <p>TOTAL: \$2006</p>	<p>More families are active. Community members have something to do in the evening twice a week and as a result are staying out of trouble.</p> <p>More community members are walking in the community.</p> <p>Community members are more active and engaging in more physical activities.</p>
Screening Activities	<p>Encourage at risk community members to get screened for type 2 diabetes by the nurse</p>	<p>On-going</p>	<p>Nursing</p>	<p>No cost</p>	<p>More community members are being screened for type 2 diabetes.</p>

Priority	Activities	Time Frame	Partners	Budget	How will the community benefit from this activity?
Cultural Activities	Host 2 traditional workshops for children. This work shop will teach children how to fish, filet a fish, berry picking, how to cook on an open fire, medicine picking, etc.	April October	Local hunters and fishermen Elders Community volunteers BF/BHC Recreation School	Honorarium for hunters, fishermen and Elders = \$100/day x 5 people; \$500 Fishing rods (\$40) x 5; \$200 X 2 workshops = \$1400 TOTAL: \$1400	Children are learning the traditions and cultures of the community. Children are learning skills needed to eat off the land to be healthy.
Other(s) (provide explanation)					
ADI Worker's Salary & Benefits	Salary (\$15/hour) and benefits (12%)	April 1, 2020 – March 31, 2021		\$31,200 \$3,744 TOTAL: \$34,944	
Admin Fee (max 10%)	For office space, phone, fax, office supplies (paper, pens)			\$3,500	
Total Budget				\$50,000	

Priority	Activities	Time Frame	Partners	Budget	How will the community benefit from this activity?
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Please briefly describe how you will incorporate the following ideas/principles into your activities:

How is tradition & culture included in your ADI program?	All activities will include a cultural component. Involving opening prayers, traditional foods or cooking methods in cooking classes or traditional activities as part of physical activity sessions. We will also rely on the knowledge and teaching of our Elders at the sessions.
How will you increase your knowledge as an ADI worker?	I will attend ADI training opportunities offered by FNIHB or my Tribal Council. I will look for relevant conferences when funds are available.
How will you evaluate the impact of the ADI program in your community?	We will partner with nursing to assess impact on health (BMI, blood pressure, A1C), do surveys of the community to see how they evaluate their knowledge of diabetes, and their ability to make healthy choices.

Prepared by:	Date:	Supervisor's Signature (if required):
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Appendix 8: “How To” plan and implement activities in your community

Prior to starting any activity or program in your community, it is strongly recommended to hear from community members, leadership and partners to learn about their interests, priorities and needs as it relates to the ADI program. Activities implemented within the ADI program should be those that have been identified as important activities by community members. You may choose to have an in-person meeting or have community members complete a questionnaire to find out about their needs and interests.

Your program’s success depends on input and participation of community members, so make sure to engage them throughout the planning, development and implementation of your ADI activities.

The following section includes tips to plan for the following activities:

- Cooking class
- Breakfast, lunch or snack program at the school
- Grocery store tour
- Kids in the Kitchen cooking club
- Hosting a cooking/sampling demonstration
- School nutrition and physical activity presentations
- Lunch and Learn session in your workplace
- Diabetes education class
- Diabetes support group
- Gardening program

Tips for planning a cooking class (for a worksheet on planning a cooking class, see the ‘planning a cooking class in your community’ at the end of this appendix.)

- Meet with other community programs if you are running a joint cooking class and identify interest, discuss purpose and decide who will be your target audience (young parents, people at risk for diabetes, etc.).
- Adapt your session to meet your participants’ needs by making sure the recipes are appropriate for your target audience and location is easy to access.
- Set a date, time and arrange a location with a kitchen.
- Determine your budget.
- Advertise the class through flyers, posters, local radio & TV, social media.
- Arrange transportation, if required and available.
- Prepare your presentation well in advance and rehearse it.
- Prepare a Purchase Order, if needed.
- Make a shopping list and buy ingredients and supplies the day before.

- If you are giving door prizes, consider giving dry ingredients for the recipe in a basket or basic cooking supplies, like pots, pans, cutting boards, measuring spoons, etc.
- Bring a copy of the recipe for each participant.
- Arrive early to set up the room and set out ingredients.
- With participants, go over food safety guidelines and rules such as tying back long hair, washing hands, being respectful of one another, etc.
- Review the recipes to make sure everyone understands and has a task to do.
- While the food is cooking, tell participants about the key nutrients and why they are important.
- When all the food is prepared, enjoy the meal as a group.
- Clean up as a group.
- Evaluate its successes and seek feedback for improvements in the future.

Tips for planning a breakfast, lunch or snack program at the school

- Develop a committee and identify a coordinator.
- Meet with the principal and school staff to identify interest, discuss purpose and delegate responsibilities.
- Assess the facility. Make sure it has a functional stove, fridge, sink and equipment needed for preparing food.
- Determine your budget.
- Explore and secure potential funding sources such as: Child Nutrition Council, Breakfast Clubs of Canada and Canadian Feed the Children.
- Have the school send home a consent form and determine if any of the children have food allergies.
- If available, have a dietitian assist in developing a flexible menu plan that is within the budget.
- Contact the store to see if they are able to offer any discounts for the school or if they are able to partner on this program in other ways.
- Prepare a Purchase Order, if needed.
- Ask for volunteers and school staff to help with the nourishment program.
- Ensure that the cooks who will be preparing the food have their safe food handling course. Talk to your Environmental Health Officer to arrange for a course, if necessary.
- Develop a time schedule for volunteers that allows for some flexibility.
- Advertise the nourishment program through a letter going home to parents.
- Make a shopping list and buy ingredients and supplies the day before.
- Clearly advertise when the program will start and what will be available.
- Evaluate its successes and seek feedback for improvements in the future.

Tips for planning a grocery store tour

- Meet with other community programs to identify interest, discuss purpose and delegate responsibilities.
- Decide who will be your target audience (young parents, people at risk for diabetes, etc.).
- Set a date, time and location (what community store if there are multiple stores in your community) and contact the store manager for permission.
- Advertise the session through flyers, posters, local radio & TV and social media.
- Ask the store manager for samples of healthy foods for participants to taste, coupons or gift certificates.
- Familiarize yourself with the store prior to the tour.
- Aim for the tour to last about one hour.
- Prepare for the tour well in advance, including choosing activities that participants can do at the store such as a scavenger hunt.
- Arrive early to set up a table for your starting point including sign-in sheet, coupons, handouts, pens, food samples, evaluation sheets, etc.
- At each section discuss some of the important points about the food group or item (see **Appendix 15 & 16: Grocery Store Tour Key Messages and Tour Guide** for ideas).
- Evaluate its successes and seek feedback for improvements in the future.

Tips for planning a Kids in the Kitchen cooking club

- Review the Kids in the Kitchen manual.
- Meet with health staff, school and various partners to identify interest, discuss purpose and delegate responsibilities.
- Identify partners including funders and volunteers who are willing to assist.
- Determine your budget.
- Set a date and time and arrange a location with a kitchen.
- Decide how often, what age group, and the maximum number of children will be accepted in each class.
- Advertise your session to parents and children.
- Prior to the session, get signed permission for the children to join the program and find out if there are any food allergies.
- Arrange transportation, if required and available.
- Select healthy, tasty and age appropriate recipes and activities for the session.
- Review the recipes.
- Prepare a Purchase Order, if needed.
- Rehearse the planned activities.
- Make a shopping list and buy ingredients and supplies the day before.
- Bring a copy of the recipe for each child to take home.
- Arrive early to set up the room and set out ingredients.
- With the kids, develop the ground rules, such as tying back long hair, washing hands, being respectful of one another.

- With the kids, review the recipes to make sure that everyone understands and has a task to do.
- While the food is cooking, do the healthy eating or physical activity that you planned with the kids.
- When all the food is prepared, enjoy the meal as a group.
- Clean up together as a group.
- Evaluate its successes and seek feedback for improvements in the future.

Tips for planning school nutrition and physical activity presentations

- Meet with the principal and school staff to identify interest, discuss the purpose and delegate responsibilities.
- Set a date, time and topic.
- Choose what activities you would like to do and that are age appropriate. For example, you would probably not have grade one students do the same activity as grade 12 students.
- Prepare your presentation and activities well in advance and rehearse them. Look through the Healthy Bodies, Healthy Minds manual for ideas.
- Make your activities fun and interactive – use games or visuals for teaching.
- Call the FNIHB dietitians for help with the presentation and activities, if needed.
- Evaluate its successes and seek feedback for improvements in the future.

Tips for hosting a cooking/sampling demonstration in your community

Before the event:

- Meet with other community programs to see if there is interest in planning a joint cooking/sampling demonstration. If so, identify interest, discuss purpose and delegate responsibilities.
- Set a date and time for your event.
- Contact the local store manager to set up a meeting to discuss this activity.
- During the meeting with the manager, set the final date and time of the event.
- Ask the store manager for samples of healthy foods for participants to taste, coupons or gift certificates.
- Ask the store manager if a discount can be given to all community members purchasing ingredients that will be used in the cooking/sampling demonstration.
- Advertise the session through flyers, posters, local radio and TV and ask the store manager if you can put posters and flyers in their store.
- Review your recipe and become familiar with it and think of some tips you will share with community members regarding the healthy ingredients used in the cooking/sampling demonstration.
- Make the recipe at least once before to ensure it tastes good and to become familiar with how to prepare it.
- Inform the store manager of what ingredients will be needed for the cooking/sampling demonstration and ensure that the store will have plenty available on the day of the activity.

- Confirm who will pay for the ingredients that will be used for the cooking/sampling demonstration.
- Prepare a Purchase Order, if needed.
- Make a list of all other items needed for the cooking/sampling demonstration including cooking equipment, utensils, table, dishes, napkins, hand sanitizer, garbage can, etc.

Day before the event:

- Confirm the cooking demo with the store manager.
- Make copies of the recipe for community members to take home.
- Have other teaching resources available, as appropriate.
- Make sure that the food and equipment you need for the event is available.

Day of the event:

- Be early - you will need time to set up and get all your ingredients.
- Ask the store manager where to set up.
- Keep the area clean and tidy. Make sure to bring cleaning supplies.
- During the event tell participants about the key nutrients and why they are important.
- Before leaving: clean up, put away items and pay any amount owing.
- Evaluate its successes and seek feedback for improvements in the future.
- Thank the manager.

After the event:

- Come back to the store to talk with the store manager soon after the event as this helps keep the partnership going and is a great way to start talking about the next event.

Tips for planning lunch and learn sessions in your workplace

- Meet with the Health Director to identify interest, discuss purpose and delegate responsibilities.
- Ask employees what they would like to learn about and then choose a topic.
- Set a date, time and location.
- Advertise the session in your office.
- Send out invitations - this may be sent with the pay stubs, if possible.
- Prepare your presentation well in advance and rehearse it.
- If interested, contact a FNIHB dietitian to host a lunch and learn session for your workplace through telehealth.
- Gather participant handouts.
- Arrange equipment that you may need, such as a laptop, projector, speakers, television, DVD player, posters, handouts, etc.
- Buy and prepare healthy refreshments and snacks.
- Make your session fun and interactive.
- Evaluate its successes and seek feedback for improvements in the future.

Tips for planning a diabetes education class

- Meet with the community health staff and other partners to identify interest, discuss purpose and delegate responsibilities.
- Set a date, time and arrange a location.
- Determine your budget.
- Prepare the agenda.
- Organize speaker(s) if needed.
- Advertise the class through flyers, posters, local radio & TV and social media.
- Call potentially interested community members and/or send personal invitations to them.
- Arrange transportation, if required and available.
- Prepare your presentation well in advance and rehearse it.
- Contact your Tribal Diabetes Coordinator or regional ADI team at the FNIHB office if you need support. They can provide PowerPoint presentations for you or may be able to come out and help you.
- If interested, contact a FNIHB dietitian to host an educational session for your community through telehealth.
- Buy and prepare healthy refreshments and snacks.
- Gather participation handouts.
- Arrange any equipment that you may need, such as: laptop, projector, television, DVD player, posters, models, etc.
- Make your class fun and interactive – you may want to start with an energizer.
- Evaluate its successes and seek feedback for improvements in the future.

Tips for planning a diabetes support group

- Meet with community health staff to identify interest, discuss purpose and delegate responsibilities.
- Set a date, time and arrange a location.
- Find out what topics participants want to cover.
- Prepare the agenda.
- Organize resources needed such as Elders, smudging, talking stick/stone.
- Arrange for appropriate support such as a nurse or mental health therapist, if necessary and available.
- Advertise the support group through flyers, posters, local radio & TV and social media.
- Call potentially interested community members and/or send personal invitations.
- Arrange transportation, if required and available.
- Buy and prepare healthy refreshments and snacks.
- Arrive early to set up the room and greet guests.
- With the support group participants, develop guidelines to follow, such as being respectful of one another, keeping the stories shared confidential.
- Evaluate its successes and seek feedback for improvements in the future.

Tips for planning a gardening program

- Decide how you want to implement your program. Will it be one large community garden? Individual gardens for interested community members? School gardens? All of the above?
- Inquire about working in partnership with the school, Aboriginal Head Start on Reserve, CPNP, community Elders, Jordan's Principle, CFS, etc.
- Meet with volunteers to identify interest, discuss purpose and delegate responsibilities.
- Contact gardening experts such as the Manitoba Food Security Coordinator.
- Determine your budget.
- Chose location(s).
- Build or purchase boxes for the gardens, if necessary. It does not need to be fancy.
- Identify what support you will provide, such as seeds, tiller, expertise, etc.
- Advertise the program through posters, flyers, on the radio, television and through social media.
- Hold a "How to" gardening workshop prior to the gardening season.
- Secure volunteers to assist with the gardening program.
- If you plant seeds indoors, start planting in March.
- When planting seeds outdoors, plant them the last week of May, or later.
- Throughout the summer, gather tips or hold mini-workshops to help people learn how to maintain their gardens until it is time to harvest.
- Consider starting a community composting program at the same time.
- Host a community feast in the late summer/early fall with garden produce.
- Evaluate its success and seek feedback for improvements in the future.

Planning a Cooking Class in Your Community

Instructions:

- 1) Make a few photocopies these sheets and keep them on file.
- 2) Fill in the right hand column **each** time you plan a cooking class.
- 3) It is a good idea to start filling out this information about a week before the cooking class.
- 4) If you are hosting a cooking class with workers from a different program, complete this form together.

By completing this form, you will have a well-planned cooking class and it will help you keep track of your sessions.

Fill in your answers here!

<p><u>Participants:</u></p> <ul style="list-style-type: none"> • Who will be invited? Some examples are: Elders, young parents, people living with diabetes, all community members • How many people are you inviting? How many do you think will come? 	<p>Who will be invited?</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>How many will attend?</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
<p><u>Date and time:</u></p> <ul style="list-style-type: none"> • When will you host your cooking class? <ul style="list-style-type: none"> ✓ Consider a time when participants will be hungry (lunch or supper) ✓ Check to see if this time is convenient for most participants 	<p>Date: _____</p> <p>Time: _____</p>

<p><u>Location:</u></p> <ul style="list-style-type: none"> • Where will you host your cooking class? <ul style="list-style-type: none"> ✓ Choose a location with plenty of space to cook and for an activity. ✓ Common areas are: health centre, nursing station, band office, school ✓ Are there enough chairs and tables? ✓ Do you have all of the equipment you need to make the recipes? ✓ Does the location supply the cleaning supplies (soap, towels) or will you? 	<p>My cooking class location:</p> <p>_____</p>
<p><u>Advertising:</u></p> <ul style="list-style-type: none"> • Will you put up posters, go on the radio, send out flyers or personally invite? • How many days before the cooking class will you advertise? 	<p>How will I advertise?</p> <p>_____</p> <p>_____</p>
<p><u>Recipes:</u></p> <ul style="list-style-type: none"> • Decide how many recipes you need to prepare. This will depend on your budget, whether you are cost sharing with another program, the number of people who will be attending your cooking class and how big the recipes are. Usually 3-5 recipes are a good amount to make • Choose recipes that are: <ul style="list-style-type: none"> ✓ Tasty ✓ Healthy ✓ Affordable ✓ Easy to make ✓ With ingredients available in the community • What will you serve to drink? (Water or milk are the best options) 	<p>My recipes for the session</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>I will serve to drink:</p> <p>_____</p>

<p><u>Presentation:</u></p> <ul style="list-style-type: none"> • Choose an educational presentation for the cooking class <ul style="list-style-type: none"> ✓ Who will lead the education session? ADI worker or other worker? ✓ What resources will be used (Powerpoint presentation, video, games)? ✓ What take-home handouts will be used? Choose 1-2 handouts. <p><u>Games and activities:</u></p> <ul style="list-style-type: none"> • What kind of “icebreakers” will you do? • What kind of game or activity will you do? (eg. nutrition bingo, sugar shock) • What supplies do you need for the game and activity? • Make sure you have enough time to cook and play games. • Ask your Tribal Diabetes Coordinator (TDC), or FNIHB staff for ideas of presentations, games and activities to do during your cooking sessions. 	<p>My presentation topic is</p> <hr/> <p>My icebreaker is:</p> <hr/> <p>My activity/game is:</p> <hr/>
<p><u>Sign in sheet and evaluations:</u></p> <ul style="list-style-type: none"> • Make a sign in sheet and bring it to the class so that participants can sign in and you can track how many people came to your class • Make an evaluation template and photocopy it for the participants. This will help you improve future cooking classes. • Ask your TDC, or FNIHB staff for sample sign in sheets and evaluation sheets. 	<p>Do I have a sign-in sheet?</p> <hr/> <p>Do I have an evaluation sheet?</p> <hr/>
<p><u>The day before:</u></p> <ul style="list-style-type: none"> • Confirm the location of the cooking class • Make a shopping list and buy all ingredients • Make photocopies of all recipes for each participant to take home 	<p>Check that you do the following:</p> <hr/> <hr/> <hr/>

<p><u>Shopping list:</u></p> <ul style="list-style-type: none"> • Set up the purchase order and keep copies of receipts for finance purposes. • Make your shopping list based on all of the recipes you will be using. Don't forget to buy extra ingredients if you are doubling or tripling recipes. • If you are going to have a draw for prizes, consider food prizes and buy extra food for these prizes. • Include a beverage on your list, if appropriate. (Water or milk are the best options). 	<p>Write out your shopping list on a separate piece of paper.</p>
<p><u>The day of the event:</u></p> <ul style="list-style-type: none"> • Go early to set up • Set out ingredients for participant to see what they will be using • Make sure all participants have a copy of the recipe • Go over food safety - hand-washing, tie long hair back, no tasting, etc. • Go over kitchen rules (cleaning duties, everyone pitches in) • Go over recipe(s) - make sure everyone understands and has a task to do • While cooking (or after) do the presentation and activity planned • At the end of the session have participants fill out the evaluation form or have a discussion about what the participants liked about the session and what can be improved • Clean up as a group • Send participants home with any leftovers 	

B. Healthy Living

Question 10. Chronic Disease and Injury Prevention: Indicate which activities and services were provided by checking (√) Yes or No. If an activity you provide could fit under more than one category provided below, choose whichever one is the ‘best fit’, and identify it only once.

Chronic Disease and Injury Prevention Activities	Activity Offered (√)
Physical Activity	Indicate Yes or No (√)
Awareness activities related to physical activity (e.g., Diabetes Walks, Healthy Living Awareness Days, physical activity presentations)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Walking clubs, running clubs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sport/recreation activities (e.g., soccer, basketball, etc.), open gym nights at school, opened/ran a community gym (weights, fitness classes, personal training, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Traditional physical activities (e.g. jigging, dancing, games, snowshoeing, canoeing)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nutrition	Indicate Yes or No (√)
Cooking sessions or classes (including community kitchens)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Traditional harvesting, food preparation, food preservation (e.g., berry picking, cleaning fish, canning, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Healthy eating awareness and education (e.g., health fairs, radio shows, social media nutrition posts); displaying nutrition information (e.g., posters, nutrition displays, etc.); taste tests; cooking demos; nutrition presentations; games/challenges; community feasts; nutrition education in schools, preschools or daycares; etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Grocery tours	Yes <input type="checkbox"/> No <input type="checkbox"/>
Community gardens	Yes <input type="checkbox"/> No <input type="checkbox"/>
Good Food Boxes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Food Vouchers	Yes <input type="checkbox"/> No <input type="checkbox"/>
School-based feeding programs (includes land-based activities)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional	Indicate Yes or No (√)
Diabetes information sessions or workshops	Yes <input type="checkbox"/> No <input type="checkbox"/>
Information sessions or workshops on other chronic diseases (e.g., cancer, heart disease, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development of resource materials (e.g., posters, cookbooks, displays, guides, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Injury prevention training and awareness raising (e.g., safety committees (water safety, properly using helmets), tool kits, “A Journey to the Teachings” training, community data collection etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Question 11. Diabetes Screening: Indicate which activities and services were provided during the reporting year by checking (√) Yes or No. If an activity could fit under more than one category provided below, choose whichever one is the ‘best fit’ and identify it only once. Where the answer is none, please enter “0”.

Do you conduct diabetes diagnostic screening in your community (e.g., fasting glucose, Oral Glucose Tolerance Test (OGTT). See Guide for definitions.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how many individuals were screened in the reporting year?		
Do you conduct non-diagnostic diabetes awareness/prevention screening in your community? (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide an estimate of how many non-diagnostic screenings were conducted during the reporting year		

Question 12. Diabetes Management: Indicate which activities and services were provided by checking (√) Yes or No. If an activity could fit under more than one category provided below, choose whichever one is the ‘best fit’ and identify it only once.

Diabetes Management Activities	Activity Offered Indicate Yes or No (√)
Diabetes support or healthy living groups	Yes <input type="checkbox"/> No <input type="checkbox"/>
Screening for complications, i.e., eye (<u>retinal</u>) screening	Yes <input type="checkbox"/> No <input type="checkbox"/>
Screening for complications, i.e., kidney (<u>renal</u>) screening	Yes <input type="checkbox"/> No <input type="checkbox"/>
Screening for complications, i.e., cardiovascular disease screening	Yes <input type="checkbox"/> No <input type="checkbox"/>
Referrals to health professionals or services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes self-management sessions	Yes <input type="checkbox"/> No <input type="checkbox"/>

Question 13. Diabetes Clinics and Training: Indicate which activities and services were provided by checking (√) Yes or No. Where the answer is none, please enter “0”.

Do you provide or support diabetes education clinics and training for clients to support their self-management (e.g., blood sugar testing, foot care, diet and exercise advice, traditional activities, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , how many individuals were served in the reporting year?		
Do you provide foot care clinics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , how many individuals were served in the reporting year?		

Appendix 10: Available Resources

The following resources can be downloaded and printed or ordered through various organizations.

Resource Name	Where it's from	Where to Download or Order this Resource
Canada's Food Guide poster, Canada's Food Guide Snapshot in various languages, healthy weight gain during pregnancy	Health Canada	https://www.hc-publication-sc.hc-sc.gc.ca/paccb-dgapcc/cmcd-dcmc/webpubs.nsf/7?ReadForm&cat=00030&lang=eng& (to order resources free of charge)
Canada's Food Guide; recipes, tips and resources	Health Canada	https://food-guide.canada.ca/en/ (to download resources, or order them free of charge)
Pulses Cookbooks: (Northern-Inspired Pulse Recipes; Cooking with Pulses; Pulses and the Gluten Free Diet; Community Food Centres Canada Recipe Book) Fact Sheets	Pulses Canada	http://www.pulsecanada.com/resources/ (to download)
Various resources	Dairy Farmers of Manitoba (Nuton)	https://nuton.ca/program/health-professionals/ (to download, order resources for a charge and some free of charge)
Healthy eating resources	Manitoba Egg Farmers	http://www.mbeegg.mb.ca/resource-s-nutrition-order.html (to order copies, free of charge)
Various resources	Diabetes Canada	https://orders.diabetes.ca/collections/all?page=1 (to download, or order hard copies for a fee)
Various resources	National Indigenous Diabetes Association	http://nada.ca/ (to download)
24-Hour Movement and Activity Guidelines for: the Early Years; Children & Youth; Adults and Older Adults	Canadian Society for Exercise Physiology	https://csepguidelines.ca/ (to download)

Appendix 10.1: Funding Sources for Food Security

The following organizations provide funding sources, or resources for food security projects. Visit their website for more information and to see if your community can benefit from their services.

Funding Sources for Food Security		
Source	Details	Contact
Indigenous Services Canada (ISC)	ISC has a process to submit a request for additional funding due to COVID-19	https://www.sac-isc.gc.ca/eng/1584819394157/1584819418553
The Northern Manitoba Food, Culture and Community Collaborative	The Northern Manitoba Food, Culture and Community Collaborative is an innovative collaborative of northern community people, northern advisors, funders and organizations working together to foster healthier and stronger communities in Northern Manitoba, through improved access to healthy foods and the development of resilient local economies.	http://www.nmfccc.ca/
TD Friends of the Environment Foundation Grant	Eligible projects include community gardens, environmental education, outdoor classrooms, recycling and compost programs and more. Submission deadlines: January 15 and July 15	https://www.td.com/ca/en/about-td/ready-commitment/funding/fef-grant/
The Indigenous Peoples Resilience Fund (IPRF)	The IPRF is an Indigenous-led effort to respond to urgent community needs while taking a long-term view on building community resilience. Funding ranges from \$5,000 to \$30,000.	https://www.communityfoundations.ca/initiatives/indigenous-peoples-resilience-fund/
Community Food Centre's Good Food Access Fund	They will be prioritizing applications from organizations that serve remote, northern and Indigenous communities and who have direct food purchase or other emergency food relief related needs. They are not currently accepting applications to the Good Food Access Fund, but additional funding may become available. You can request to	https://cfccanada.ca/en/Good-Food-Fund/How-to-apply

	receive updates on any future rounds of funding.	
True North Aid Community Grant Program	The True North Aid Community Grant program provides funding to support Indigenous-led projects in northern and remote communities in Canada that aim to create positive and impactful community-centred change.	https://truenorthaid.ca/community-grant-program/
SCHOOLS/CHILDREN		
Child Nutrition Council of Manitoba	The Child Nutrition Council of Manitoba supports over 280 schools and community-based breakfast, snack and lunch programs, serving over 32,000 children and teens in Manitoba each year.	http://childnutritioncouncil.com/
Manitoba Healthy Schools	The province of Manitoba will provide a \$125 base funding plus \$2.06 per student to First Nations schools to support their healthy schools plans and priorities. Healthy Schools reports are due October 31, 2020 (typically due June 30). If your school did not receive the grant this past year, they should contact: healthyschools@gov.mb.ca	https://www.gov.mb.ca/healthyschools/hsgrant/independentfn.html
Breakfast Club of Canada	Breakfast Club of Canada accepts applications year-round from schools, school boards, and community organizations seeking support for breakfast programs offered to school-aged children and youth during the school year.	https://www.breakfastclubcanada.org/apply-for-support/
President's Choice Children's Charity	Grants are available for schools and local non-profits to deliver nutritious meals, snacks and education-based programs.	https://www.pcchildrenscharity.ca/grants-for-school-nutrition/
Saputo	1% of their profits are put towards community projects through grants, volunteers and product donations. An open call for proposals can be found on their website.	http://www.saputo.com/en/our-promise/community/our-partnerships/sponsorship-requests

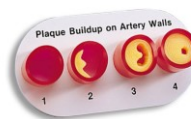
Canadian Feed the Children	They work in partnership with Indigenous communities to support community-led food security. These initiatives help reduce childhood hunger by increasing access to good food practices and by encouraging healthy eating.	https://canadianfeedthechildren.ca/where/canada
Farm to Cafeteria	They provide grants to schools, kindergarten to grade 12, across Canada including Indigenous schools and those in rural and remote areas. The 2022 grant application window is now closed. Visit their website in the future to find out about upcoming funding opportunities.	https://www.farmtocafeteriacanada.ca/
Canada Post – Community Foundation	They provide grants to Canadian schools, charities and organizations in an effort to make a difference in the lives of children in those communities. Visit their website in the future to find out about upcoming funding opportunities.	https://www.canadapost.ca/cpc/en/our-company/giving-back-to-our-communities/canada-post-community-foundation.page
LARGE SCALE FUNDING TO SUPPORT COMMUNITY FOOD SYSTEMS		
Agriculture and Agri-Food Canada	The Local Food Infrastructure Fund (LFIF) supports community led projects that strengthen food systems and help to facilitate access to safe and nutritious food for at risk Canadians. Projects must be community drive and improve access to healthy, nutritious and local foods for Canadians at risk of food insecurity.	https://agriculture.canada.ca/en/agricultural-programs-and-services/local-food-infrastructure-fund
Indigenous Agriculture and Food Systems Initiative	Funds up to \$500,000 per year, multiple year funding available. Eligible activities categorized into two streams:	https://agriculture.canada.ca/en/agricultural-programs-and-services/indigenous-agriculture-and-food-systems-initiative

	<p>Community readiness and pre-development support activities; and</p> <p>Supporting Indigenous agriculture and food systems projects.</p> <p>Application period is suspended at this time due to high demand. Visit their website to find out about upcoming funding opportunities.</p>	
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Appendix 11: Resources Provided to ADI Community Programs

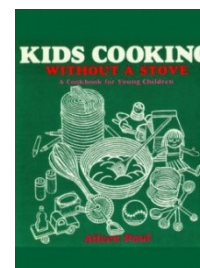
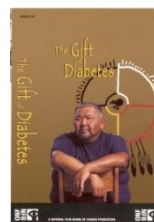
2005-06 Fiscal Year:

- Glucose Wands (picture provided)
- Pedometers (clips on to clothes and counts a person's steps)
- Foot care video VHS
- Food models (looks like real food)
- Hemoglobin A1C Pillow (picture provided)
- Traditional Foods cookbook
- Food Group tearsheet pads (5 pads / kit)
- Physical Activity Guides (children, youth, adult, older adult)
- Beating Diabetes Video VHS
- Common Foot Problems Foot model (picture provided)
- Sugar Test Tubes (test tubes with sugar in them showing how much sugar there is in different foods.)
- Food Guide pad
- Artery Section model (picture provided)
- What's in your Drink? poster
- Contemplate your breakfast poster
- Fat models (picture provided)



2006-07 Fiscal Year:

- The Gift of Diabetes DVD (picture provided)
- Food Pictures
- Preschool food puzzle
- Facts on Snacks booklet
- Think your Drink
- Creative Kids Snack Art (picture provided)
- Think Color as you Eat (activity book)
- Be Real Smart about nutrition & exercise
- Salad People cookbook - preschool and up
- Pretend Soup cookbook - preschool and up
- Kids cooking without a stove cookbook (picture provided)
- MFNDC logo adult aprons
- MFNDC logo kids aprons
- MFNDC logo oven mitts
- Diabetes Medicine Bags (picture provided)
- Egg cookbook booklet for kids



- Understanding Your Diabetes
- Diabetes Trivia Game (binder)
- Scavenger Hunt Game
- Fastfood Scoreboard
- Snack Attack
- Canada Food Guide tearsheets
- Food Group Bingo (picture provided)
- Healthy Start Kids Cookbook
- Healthy Snacks for Kids
- Oral Health and Diabetes Fact Sheet



2007-08 Fiscal Year:

- Clever catch ball (pictures of healthy foods) (picture provided)
- Pedometers (clips on to clothes and counts a person's steps)
- 1 Tub
- Kids in the Kitchen manual
- Eat breakfast poster (picture provided)



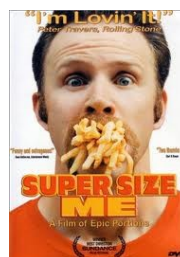
- Measuring cups
- Measuring spoons
- 3 Bowls
- 2 Wooden spoons



- 15 aprons
- Oven mitts
- 2 Cutting boards
- 2 Knives
- 2 Cookie sheets
- 1 hand washing video
- Hair ties
- Cinnamon and oil

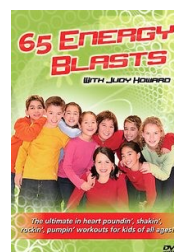
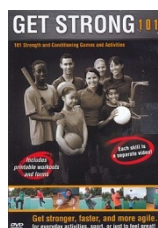
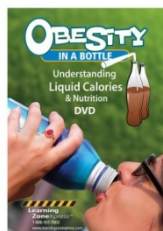


- Fitness dice (picture provided)
- Canada's Food Guide
- Fact sheets on Fight BAC
- Beyond the Basics
- Super Size Me DVD (picture provided)
- Cookbooks - for kids and with traditional recipe
- White apron and fabric paint
- 1 Jeopardy board game
- Jump ropes
- Resistant bands
- Sodium test tubes (picture provided)



2008-09 Fiscal Year:

- Obesity in a bottle DVD (picture provided)
- 1 Laptop
- 1 LCD projector
- 1 extension cord
- 1 Memory stick
- Sweetness of life DVD (set of 4 DVDs)
- Get Strong DVD (picture provided)
- 30 minute diabetic cookbook
- Fit kids workout DVD
- 65 Energy Blast DVD (picture provided)
- Large felt food guide, paper food models and velcro in a black carrying bag
- Diabetes BINGO game in a blue carrying bag
- Portion size plate (picture provided)
- Food and nutrition basic cards
- 5 piece cooking kit
- 3 dish clothes
- 5 lbs fat replica (picture provided)
- Nutrition toss up balls (white blow up 'beach ball' with pictures of food on it.)
- 3 resistant bands
- Eat for As poster
- Gestational diabetes flip chart
- CPNP calendars
- Health Canada recipe cards
- Diabetes toss ball (picture provided)



2009-10 Fiscal Year:

- 1 Do it Yourself - Diabetes Prevention Activities book
- 1 Beyond the Basics binder
- 1 Diabaters Joe 3D teaching poster (picture provided)
- 1 Vitality Gardening DVD set
- 40 ADI Calendars
- 5 Traditional Methods of Canning and Preserving books
- 5 Tasty Slow Cooker Recipe cookbooks
- 1 Metis Guide to Healthy Eating cookbook
- 1 Diabaters portion plate fridge magnet (picture provided)
- 1 Wisinedaa cookbook (Developed by Roseau River First Nation)
- 1 Pulses Cookbook
- 10 Darkness Calls/An Invited Threat comic books
- 1 Diabaters Challenge CD (picture provided)
- 1 Diabetes and Diet - Ivan's Story book
- 1 USB drive on lanyard (complete with powerpoint presentations and videos)



- 1 Healthy Pregnancy - Jenny's Story book
- 1 Choosing Life - Bobby's Story book
- 20 Health Canada Recipes cards packages
- 1 Diabeaters - Greatest Clips CD (picture provided)
- 1 Canadian Diabetes Association Grocery list (marker included)
- 2 Diabetes: Be Active! Tear-off sheets
- 2 Diabetes and Smoking Don't Mix Tear-off sheets
- 2 Diabetes: What You Eat Matters Tear-off sheets
- 2 Diabetes: You Are At Risk Tear-off sheets
- 2 Type 2 Diabetes: The Signs Tear-off sheets
- 2 What is Diabetes? Tear-off sheets
- 1 Diabeaters postcards package (20 included) (picture provided)
- 1 Gardening manual for Northern Manitoba booklet
- 1 Growing Potatoes in the Home Garden booklet
- 1 Northern Soils booklet
- 1 Vegetable Plant Pictures booklet



2011-12 Fiscal Year:

- 1 Bodyweight Fit Deck
- 1 Office Fit Deck
- 1 Yoga Fit Deck
- 1 Resistance Tube Fit Deck
- 1 Dumbbell Fit Deck
- 1 Stretch Fit Deck



2013-14 Fiscal Year:

- The Canadian Diabetes Association (CDA) 2013 Clinical Practice Guidelines
- The 2013 Hypertension Guidelines
- LIFEPAK 12 MONITOR/DEFIBRILLATOR and the LIFEPAK 15 MONITOR/DEFIBRILLATOR DVDs
- CPR Anytime kit from the Heart and Stroke Foundation
- Your Heart: It's in Your Hands DVD from the Heart and Stroke Foundation
- Heartbeat of the Anishnawbe Nation DVD from the Heart and Stroke Foundation
- High Blood Pressure: The Silent Killer – DVD and PowerPoint presentation from the Heart and Stroke Foundation
- The Basic Shelf Cookbooks
- Healthy Helpings Activity Mat
- Traditional Methods of Canning and Preserving Cookbooks

- Copies of the Physical Activity resources
- Copies of the healthy plate magnets
- Copies of the Eco calendars
- Eating Well with Canada's food guide posters
- Nutrition Month package and information

2014-15 Fiscal Year:

- Diabetes in Pregnancy Jeopardy Game (includes board, cards and instructions)
- Nutrition Month package and information
- Revised Healthy Bodies, Healthy Minds manual
- Revised Kids in the Kitchen manual
- MFNDC oven mitts
- MFNDC aprons
- Pedometers
- Fitness dice
- Yoga DVDs and books
- Variety of healthy eating posters
- Felt Food Guides
- Diabetes in Pregnancy booklets
- Karen Graham cookbooks
- Food Matters Manitoba's Northern Sun
- 15 Month Calendar Your Health Matters - Tips for a healthier life
- Kids in the Kitchen PowerPoint presentation
- Canadian Physical Activity Guidelines
- Active Living Coalition for Older Adults in Manitoba DVD

Appendix 12: Basic Diabetes Information

What is diabetes?

Glucose comes from the food we eat such as pasta, cereal, rice, bread, fruit, starchy vegetables, dairy products and added sugar (pop, candies, cookies and cake). Glucose is used by the body for energy to do such things as walk, run, work and play.

Insulin is a hormone that is made in the pancreas. When there is increased glucose in the blood stream, it causes the pancreas to release insulin. Insulin changes the sugar from food into energy. It does this by bringing the glucose into the cells so that it can be used for energy.

Diabetes occurs when you have too much sugar (glucose) circulating in your blood. If there is not enough insulin, or if the insulin does not work well, the glucose levels rise in the blood and diabetes occurs.

As well, when the glucose is not able to get into the cell and stays in the blood stream, it will get taken to the kidneys. The kidneys' role is to filter the blood and produce urine. The urine that is produced will carry the glucose out of the body. This can leave a person feeling weak and tired because they have just peed out all of the energy from the food they have eaten.

The liver's role

The liver stores and makes glucose depending on your body's need. During a meal, your liver will store glucose as glycogen for a later time when your body needs it. The high levels of insulin and suppressed levels of glucagon during a meal promote the storage of glucose as glycogen.

When you are not eating, especially overnight or between meals, the body has to make its own sugar. The liver supplies glucose by turning glycogen into glucose.

Blood glucose levels rise sharply in the early morning due to the release of certain hormones in the middle of the night. The presence of glucagon, growth hormone, epinephrine and cortisol increase the glucose production in the liver. For individuals without diabetes, these processes are balanced out by increased insulin secretion by the pancreas, which keeps blood glucose levels relatively stable. But in people with diabetes, changes in glucose metabolism during sleep can have a big impact on morning blood glucose levels.

Definitions:

Glucose	Pancreas	Insulin
A simple sugar that is an important energy source and is a component in many carbohydrates.	A large gland behind the stomach that produces the hormone insulin and secretes it into the bloodstream in order to regulate the body's glucose level.	A hormone produced in the pancreas that regulates the amount of glucose in the blood.

TEACHING ACTIVITY:

Below are two examples of ways that you can teach what is diabetes. This can be done with an individual, or in a group setting.

Key message: Diabetes is a lifelong condition where the body does not have enough insulin, or does not use insulin properly which results in high blood glucose. High blood glucose in diabetes can lead to other serious health problems.

WHAT IS DIABETES PUZZLE:

- a. Type out the definition of diabetes in large font (about 20-30).
- b. The definition is: "Diabetes is a disease where your body cannot use its blood glucose for energy."
- c. Print out the definition and cut it out with one word on each piece of paper.
- d. If you are teaching to a group, provide a puzzle to each table.
- e. Ask the table to try to figure out what the puzzle reads.
- f. The first table to get the correct answer wins.

Use your ADI resources to teach this concept!

The Healthy Living Jeopardy Game has been provided to every Manitoba ADI community program. Look for your healthy living jeopardy game. Play this game with community members and workers to find out more about diabetes.

Should you not have this resource, contact one of the ADI FNIHB team members. Refer to Appendix 11 for a full list of resources provided to the ADI community programs.

WHAT IS DIABETES? (From the Do-It-Yourself: Diabetes Prevention Activities)

What you need:

- Poster
- Construction paper
- Ketchup and tomato juice
- Display board
- Two large plastic or glass jars, labels removed, with lids
- Blank labels
- Colour markers
- Tape and scissors
- Old magazine pictures or photos

Show it!

1. Fill one jar $\frac{1}{2}$ full with ketchup. Label the jar 'high blood glucose'.
2. Fill the other jar $\frac{1}{2}$ full with tomato juice. Label this jar 'normal blood glucose'.

Label a poster with 'All these foods contain natural sugar'. Attach the pictures of food onto the poster. Write 'the body uses this sugar to burn energy' at the bottom of the poster. Display the poster.

Tell it!

Pointing at the picture of food say:

"Grains, milk, yogurt, fruits, some vegetables, beans and lentils all contain natural sugar. When we eat these foods, they break down into sugar & move in the blood. Sugar is fuel for the body. Like gas in a gas tank."

Show the insulin key and say:

"Insulin is a hormone that helps move sugar from the blood stream into the cells where it is burnt for energy. Insulin is like a key that helps open a door on the cells and allows sugar to float inside the cell where it can be used for energy. When there are not enough insulin keys or they are not working properly, the sugar builds up in the blood stream and causes all kinds of damage."

Show the jar of 'normal blood glucose' and say:

"This represents normal blood glucose where blood can flow easily through your body."

Show the jar of 'high blood glucose' and say:

"This represents high blood glucose. When insulin is not working or there is not enough insulin the sugar backs up in your blood. This makes it difficult for blood to flow through your body and causes all kinds of health problems. This is diabetes."

There are three main types of diabetes

- Type 1 diabetes
- Type 2 diabetes and
- Gestational diabetes

In addition, there is also a term called prediabetes

Prediabetes

Prediabetes refers to a condition where a person's blood glucose levels are higher than normal, but not yet high enough to be diagnosed as type 2 diabetes. Prediabetes can act as a warning sign of developing type 2 diabetes. The good news is that not all people with prediabetes will develop type 2 diabetes, but nearly half of people living with prediabetes will develop type 2 diabetes. Health care providers may recommend that people with prediabetes take oral medications.

Some research indicates that complications of diabetes such as heart disease may begin during prediabetes. Encourage community members to get screened for diabetes and take actions to prevent and delay diabetes by achieving and maintaining a healthy weight, eating healthy foods and being physically active. Losing even a modest amount of weight, such as 5-10% of total body weight, can have a very positive health impact and delay or prevent type 2 diabetes.

For more information on prediabetes, or to order resources on prediabetes, please visit the Diabetes Canada website at: <https://orders.diabetes.ca/collections/educational-material/products/prediabetes?variant=1270115393>

Type 1 diabetes

The cause of type 1 diabetes remains unknown. It is not caused by eating too much sugar and it is not preventable. It is believed that type 1 diabetes occurs when the immune system mistakenly attacks and kills the beta cells of the pancreas and as a result the pancreas is unable to make insulin. People with type 1 diabetes must take insulin injections for the rest of their lives.

Approximately 5-10% of people with diabetes have type 1 diabetes and it is usually diagnosed in children and adolescents. However, sometimes it is diagnosed in adults as well. Individuals living with type 1 diabetes can live a long a healthy life by keeping their blood glucose levels within the target range set by themselves and their health care provider. This can be done by taking their insulin as recommended, eating healthy, being physically active, aiming for a healthy body weight and managing stress effectively.

For more information on type 1 diabetes, or to order resources on type 1 diabetes, please visit the Diabetes Canada website at:

<https://orders.diabetes.ca/collections/educational-material/products/type-1-diabetes-the-basics?variant=1276758273>

Type 2 diabetes

Type 2 diabetes occurs in about 90% of people with diabetes. Type 2 diabetes is a disease in which the pancreas does not make enough insulin or the body does not effectively use the insulin that is made. As a result, glucose builds up in the blood instead of being used for energy. Type 2 diabetes usually develops in adulthood, although more and more children and especially Indigenous children are being diagnosed with type 2 diabetes.

Diabetes risk factors:

- Being over 40 years of age
- Having a parent or sibling with type 2 diabetes
- Being Indigenous, or member of another high risk population
- Having a history of impaired glucose tolerance or impaired fasting glucose
- Having heart disease
- Having a history of gestational diabetes
- Having prediabetes
- Having had a large baby (over 9 lbs)
- Having high blood pressure
- Having high cholesterol
- Being overweight, especially around the middle
- Having been diagnosed with polycystic ovary syndrome
- Having been diagnosed with Acanthosis nigricans (dirty neck syndrome)
- Having been diagnosed with sleep apnea
- Having a history of using glucocorticoid medication
- Having evidence of diabetes complications, such as eye, nerve or kidney disease

While we cannot change our age or our genetics, we can eat healthy and be active in order to help improve our weight, cholesterol levels and blood pressure. The purpose of the ADI program is to help teach and encourage people how to eat healthy and be physically active so that they can decrease their risk of developing type 2 diabetes and its complications.

Up to 10% of the population may have type 2 diabetes and not know it. Someone living with undiagnosed type 2 diabetes is at an increased risk of developing complications because they are not monitoring and controlling their blood glucose levels.

As the ADI worker, you should encourage community members to be screened for diabetes by the nurse or doctor in your community. All First Nations adults should be screened for diabetes annually. Children 18 years old and younger with one or two parents living with diabetes and who are overweight or obese should be screened for diabetes annually. Children of healthy weight and who do not have a family history of diabetes should be screened for diabetes at least every three years.

People living with type 2 diabetes can go on to live a long and healthy life if they keep their blood glucose levels within target range set by themselves and their health care team. This can be done by eating healthy, being physically active, monitoring blood glucose levels at home, reaching a healthy body weight, taking their diabetes medication or insulin if prescribed by their doctor and managing their stress effectively.

Complications of diabetes

Type 2 diabetes is a progressive, life-long disease. For people living with type 2 diabetes it may become more difficult to keep their blood glucose levels within the target range. High blood glucose levels may lead to diabetes complications such as blindness, heart disease, kidney problems, nerve damage and erectile dysfunction. The good news is that good diabetes care and management can prevent or delay the onset of diabetes complications.

Diabetes complications can be reduced by keeping blood glucose levels within the target range, avoid smoking, keeping cholesterol and blood pressure within the target range, taking care of their feet and regularly visiting their doctor, diabetes team, dentist and eye specialist.

For more information or to order resources on type 2 diabetes, please visit the Diabetes Canada website at: <https://orders.diabetes.ca/collections/educational-material/products/type-2-diabetes-the-basics?variant=1269697601>

TEACHING ACTIVITY:

Below is an example of how you can teach about diabetes risk factors. This can be done with an individual, or in a group setting.

Key message: You could have diabetes and not know it so it is important to know your risk factors and get tested regularly.

At Your Own Risk: (From the Do-It-Yourself: Diabetes Prevention Activities)

What you need:

-Deck of cards	-Blank labels	-Display board
-Construction paper	-Colour markers	-Tape

Show it!

1. Write on a piece of paper: “higher risk for diabetes” and display it.
2. Write the following risk factors on labels and stick them to the front of playing cards (right over the numbers).

-Over 40 years old	-Indigenous ancestry	-Mother has diabetes
-Father has diabetes	-Brother has diabetes	-Sister has diabetes
-Overweight	-Large waist	-Heart attack in the past
-Stroke in the past	-Kidney failure in the past	-Had a baby over 9lbs
-High blood pressure	-High cholesterol	-Gestational diabetes

-Warning signs (very thirsty, peeing a lot, blurred vision, slow healing)
 -Darkened patches of skin (under arms, skin folds, back of neck)
 -Diagnosed with prediabetes
 -Diagnosed with polycystic ovary syndrome

1. Shuffle the cards with the rest of the deck.

Tell it!

Say: *“Many people have diabetes but they do not even know it. We are going to play a game to help us learn what puts us at higher risk for diabetes. You will use the cards I give you as your pretend risks for diabetes. Cards with words on them are risk factors for diabetes and blank cards mean no risk.”*

Deal 4 cards to each person, say:

“Looking at your cards, does anyone have risk factors for diabetes? Everyone with risk factors on their cards needs to be tested for diabetes. Those with plain playing cards don’t have risk factors but they should check their risk again in one year.”

Go around the group, say: *“Read out your risk factors for diabetes.”*

Tape up the cards with risk factors written on them, under the “High risk for diabetes” sign.

Play another round by dealing 4 cards to each person again.

Keep playing until all the cards with risk factors on them are put up onto the display.

Point out all the risk factors saying:

“These are the risk factors for diabetes.”

TEACHING ACTIVITY:

Below is an example of how you can teach about the different types of diabetes. This can be done with an individual, or in a group setting.

TYPES OF DIABETES: (From the Do-It-Yourself: Diabetes Prevention Activities)

What you need:

-Construction paper

-Colour markers

-Display board

-Tape and scissors

-Old magazine pictures or photos

Show it!

1. Write “type 1 diabetes” on a coloured piece of paper. Write “type 2 diabetes” on another piece of paper. Display these signs.
2. Find or draw the following pictures and display them under the right sign:
 - “type 1 diabetes”: A kid, thermometer, band-aid, red cross, syringe
 - “type 2 diabetes”: Someone over 40 years old, healthy foods, someone being physically active, pills, syringe
3. Draw 10 stick people. Circle one stick person and label it: “type 1 diabetes”, circle the rest of the stick people and label them: “type 2 diabetes”. Display the drawing.

Tell it!

Pointing at the poster, and say: *“There are two main types of diabetes – type 1 and type 2 diabetes. There are key differences between the two types. Type 1 diabetes is usually found in kids. They get very sick and need to take insulin injections to live. Type 2 diabetes is usually found in people over 40 years old. They may or may not have any warning signs. Type 2 diabetes uses diet, activity, pills and sometimes insulin to control blood glucose levels.”*

Point to the stick people and say: *“Of ten people living with diabetes, nine people have type 2 diabetes and one person has type 1 diabetes.” Insulin is like a key that helps open a door on the cells and allows sugar to float inside the cell where it can be used for energy.*

Gestational diabetes

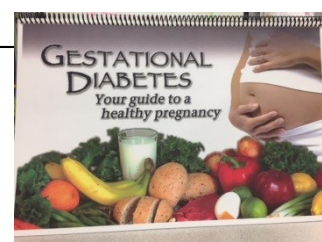
Gestational diabetes is a type of diabetes that occurs during pregnancy. The body cannot produce enough insulin to handle the effects of a growing baby and changing hormone levels. Insulin helps the body to control the level of glucose in the blood. If the body cannot produce enough insulin, blood glucose levels will rise.

Gestational diabetes affects about 8-18% of all pregnancies in Indigenous women and involves an increased risk of developing type 2 diabetes for both mother and child. First Nations women should be screened for diabetes at their initial prenatal visit (prior to 12 weeks gestation) and again between 24-28 weeks gestation, unless they have previously been diagnosed with diabetes.

Use your ADI resources to teach this concept!

Gestational Diabetes Flip Chart has been provided to every Manitoba ADI community program. Look for your gestational diabetes flip chart and use it to teach community members and workers about what is gestational diabetes and how to manage gestational diabetes.

Should you not have this resource, contact one of the ADI FNIHB team members. Refer to Appendix 11 for a full list of resources provided to the ADI community programs.



Gestational diabetes risk factors:

- Being 35 years of age or older
- Being an Indigenous woman
- Using corticosteroid medication
- Being obese
- Having prediabetes
- Having gestational diabetes with a previous pregnancy
- Previously given birth to a large baby (greater than 9 lbs)
- Having a brother, sister or parent with type 2 diabetes
- Having polycystic ovary syndrome or acanthosis nigricans

What does gestational diabetes mean for the mom?

A woman diagnosed with gestational diabetes will need to work more closely with her health care team to ensure that her blood glucose levels are within target during her entire pregnancy to help avoid complications during labor and delivery.

The mother's blood glucose levels will likely return to normal after the baby is born. However, she is at greater risk of developing gestational diabetes in future pregnancies

and of developing type 2 diabetes in the future. Achieving a healthy weight can help to reduce this risk.

What does gestational diabetes mean for the baby?

Untreated gestational diabetes can lead to high blood glucose levels. This increases the risk that the baby will weigh more than 9 lbs at birth and will have a difficult delivery. Gestational diabetes can also increase the baby's risk of being overweight or obese and developing type 2 diabetes later in life. It is important to note that the baby will not be born with diabetes.

Managing gestational diabetes:

- Enjoy healthy foods spread throughout the day (3 meals and 2 snacks)
- Achieve a normal pregnancy weight gain
- Be physically active
- Check blood glucose levels at home
- Take insulin or medication if prescribed

Gestational diabetes and breastfeeding:

It is important to breastfeed immediately after birth for at least 4 months to help avoid low blood glucose in the newborn and to reduce the risk of obesity and diabetes in the future for the baby.

There are many benefits to breastfeeding, beyond diabetes prevention. The Public Health Agency of Canada, Health Canada and the World Health Organization recommends for all women who can to provide breast milk only for feeding their baby from birth to 6 months. Women are encouraged to breastfeed for up to 2 years or more after introducing solid foods.

For breastfeeding support, speak to your community nurse, Tribal Diabetes Coordinator, or one of the FNIHB employees.

Screening for type 2 diabetes after pregnancy:

It is important for all women who are diagnosed with gestational diabetes to be tested for type 2 diabetes within 6 weeks to 6 months of giving birth, prior to planning another pregnancy and at least every 3 years (or more often depending on the risk factors).

For more information on gestational diabetes, or to order resources on gestational diabetes, please visit the Diabetes Canada website at:

<https://orders.diabetes.ca/collections/educational-material/products/gestational-diabetes?variant=1278967681>

TEACHING ACTIVITY:

Below is an example of how you can teach about gestational diabetes. This can be done with an individual, or in a group setting.

GESTATIONAL DIABETES: (From the Do-It-Yourself: Diabetes Prevention Activities)

What you need:

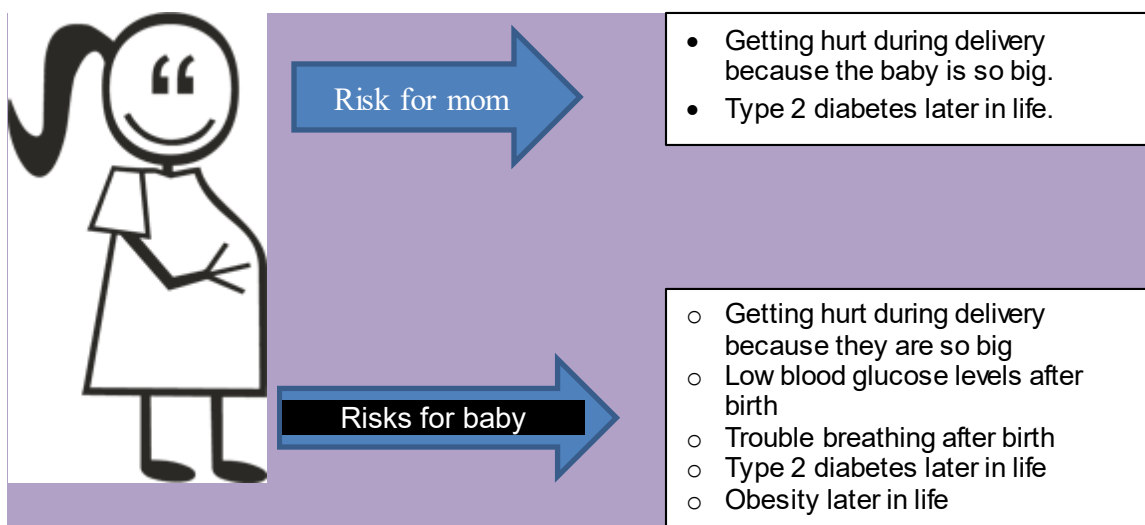
-Construction paper
-Tape

-Colour markers
-Poster

-Display board

Show it!

Draw and display this diagram listing the risks of gestational diabetes (diabetes in pregnancy) to the mom and the baby.



Tell it!**Say:**

“Gestational diabetes is another type of diabetes that happens when you are pregnant. Pregnancy hormones can sometimes make blood glucose rise. Once the baby is born, blood glucose levels go back to normal. Every woman is tested for diabetes during pregnancy. First Nations women have gestational diabetes more than non-First Nations women.”

Pointing at your display, say:

“There are risks for the mom and the baby, which is why mothers watch their blood glucose levels very closely. The main risks to the mom include getting hurt while giving birth because the baby is so big plus she can develop type 2 diabetes later in life. The main risks to the baby are getting hurt at birth because they are very big, plus they can have trouble breathing and low blood glucose levels after they are born. Children are also at risk for being obese or very over weight and developing type 2 diabetes later in life.”

Use your ADI resources to teach this concept!

The Diabetes in Pregnancy Jeopardy Game has been provided to every Manitoba ADI community program. Look for your diabetes in pregnancy jeopardy game. Play this game with community members and workers to find out more about diabetes during pregnancy.

Should you not have this resource, contact one of the ADI FNIHB team members. Refer to Appendix 11 for a full list of resources provided to the ADI community programs.

Pre-existing diabetes

Pre-existing diabetes refers to when a woman had type 1 diabetes or type 2 diabetes prior to becoming pregnant. The number of women with pre-existing diabetes has been increasing, mostly because of the increase in type 2 diabetes.

The key to a healthy pregnancy for a woman with diabetes is keeping blood glucose levels in the target range – both before she is pregnant and during her pregnancy. Poorly controlled diabetes in a pregnant woman with type 1 or type 2 diabetes increases her risk of miscarrying, having a baby born with a malformation and having a stillborn.

Prior to becoming pregnant, women with pre-existing diabetes should:

- Use reliable birth control until adequate glycemic control
- Attain a preconception A1C of $\leq 7.0\%$ ($\leq 6.5\%$ if safe)
- Remain on metformin + glyburide until pregnant, otherwise switch to insulin
- Assess for and manage any diabetes complications
- Take folic acid (1 mg/day) for 3 months pre-conception until at least 12 weeks gestation
- Discontinue medications that may be harmful to the growing baby:
 - ACE-inhibitors / ARB (prior to or upon detection of pregnancy in those with significant proteinuria)
 - Statin therapy

Planning a pregnancy for women with type 1 or type 2 diabetes:

Women with type 1 or type 2 diabetes should discuss pregnancy plans with their health care provider to:

- Review blood glucose targets
- Assess general health and status of any diabetes-related complications
- Aim for optimal weight and if overweight, start weight loss before pregnancy with healthy eating
- Review medication
- Start folic acid supplementation (1.0 mg daily)
- Ensure appropriate vaccinations have occurred

Diabetes and First Nations People

- Type 2 diabetes continues to be a significant health problem among First Nations adults.
- Approximately 21% of First Nations adults have type 2 diabetes compared to only 6% of non-Indigenous Canadians.
- First Nations adults tend to develop diabetes much younger and develop complications more rapidly compared to the general Canadian population living with diabetes (First Nations Regional Health Survey, 2008-10).
- The situation for youth is exceptionally concerning as the rates of diabetes among First Nations children has more than tripled from 1980 to 2005 (Diabetes Canada; www.diabetes.ca)
- Some estimates show that rates of type 2 diabetes are twelve times higher for Manitoba children compared to the Canadian average (Food Matters Manitoba; www.foodmattersmanitoba.ca).
- According to the 2010 Canadian national surveillance study, the province of Manitoba had the highest incidence of type 2 diabetes in youth at 12.45 cases per 100,000 children per year. This exceeds other regions by 10-20 times.

- More recent research indicates that this number now exceeds 20 cases per 100,000 children per year.
- According to the Diabetes Education Resource for Children and Adolescents (DER-CA) program, in 2015, 64 children were newly diagnosed with type 2 diabetes in Manitoba and Northwestern Ontario. Of these children, 90% of them have self-declared as being of First Nation origin.

Why First Nations people are at greater risk of developing type 2 diabetes:

Diabetes is a chronic disease with many causes including lifestyle, genetic susceptibility and the social determinants of health.

Lifestyle

- It is believed that major lifestyle changes have partially contributed to the increase rate of type 2 diabetes in First Nations people.
- In the past, people lived off the land to provide for themselves by hunting, gathering, gardening, fishing and trapping. They were more active when they travelled by walking, canoeing or using dog teams. They also had to chop their own wood for heat, haul their own water as well as tan their own hides and sew their own clothing.
- Today, technology reduces the necessity of much physical activity. Most of us do not chop wood for heat or haul water, and spend many hours of the day sitting.
- In addition, the traditional diet was healthier and made up of wild meats, fish, roots, plants and berries.
- Today's diets have changed drastically. Many diets are made up of highly processed foods and junk foods such as candies, pop and chips that they buy from the grocery store. These are high in calories, fat, sugar and sodium (salt) and were not part of the traditional diet.
- Healthy eating can be expensive and challenging to do for individuals on a limited income, for those who live in a remote area where access to healthy foods are limited, or for individuals who have limited cooking and food preparation skills.
- To learn how to prepare healthy foods at a lower cost, contact your Tribal Diabetes Coordinator or one of the FNIHB's nutritionists.

Genetic susceptibility

- Some research has shown that carrying a certain gene (HNF-1 α G319S polymorphism) is associated with a greater risk factor for developing type 2 diabetes.
- This gene has been identified in the Oji-Cree of northeastern Manitoba and northwestern Ontario, a group that has one of the highest prevalence rates of type 2 diabetes in the world.
- In one Oji-Cree community, the frequency of the S319 allele in adults was 20.9% in those with diabetes and 8.7% in those without diabetes.
- Further, individuals living with 2 copies of this gene have been diagnosed earlier compared to those who only have 1 copy of the gene, or who do not have this gene.
- There seems to be an association between carrying the HNF-1 α G319S polymorphism genes and developing diabetes and its complications.
- In addition, those who carry this gene are at higher risk for developing complications due to having high blood glucose levels for a long time.

Social determinants of health/Indigenous-specific determinants of health

- Health and social conditions vary significantly depending on where individuals live (on-reserve versus off-reserve; urban versus rural setting).
- Living on-reserve can lead to fewer opportunities for education and employment, limited availability of safe and healthy foods and poor living conditions.
- People living on-reserve often have less access to health care services due to high healthcare staff turnover, geographic barriers, language barriers, negative stereotyping, lack of social support and limited culturally-appropriate services.

Individuals and communities that experience inequalities in the indigenous-specific determinants of health carry an additional burden of health problems and are often restricted from access to resources that might help to improve problems. Not only do the social determinants of health influence overall health, but they also create health issues that often lead to circumstances and environments that, in turn, represent more determinants of health. For example, living in a low income condition has been linked to increased illness and disability, which is linked to decreased opportunities for employment, and therefore increasing the risk of poverty.

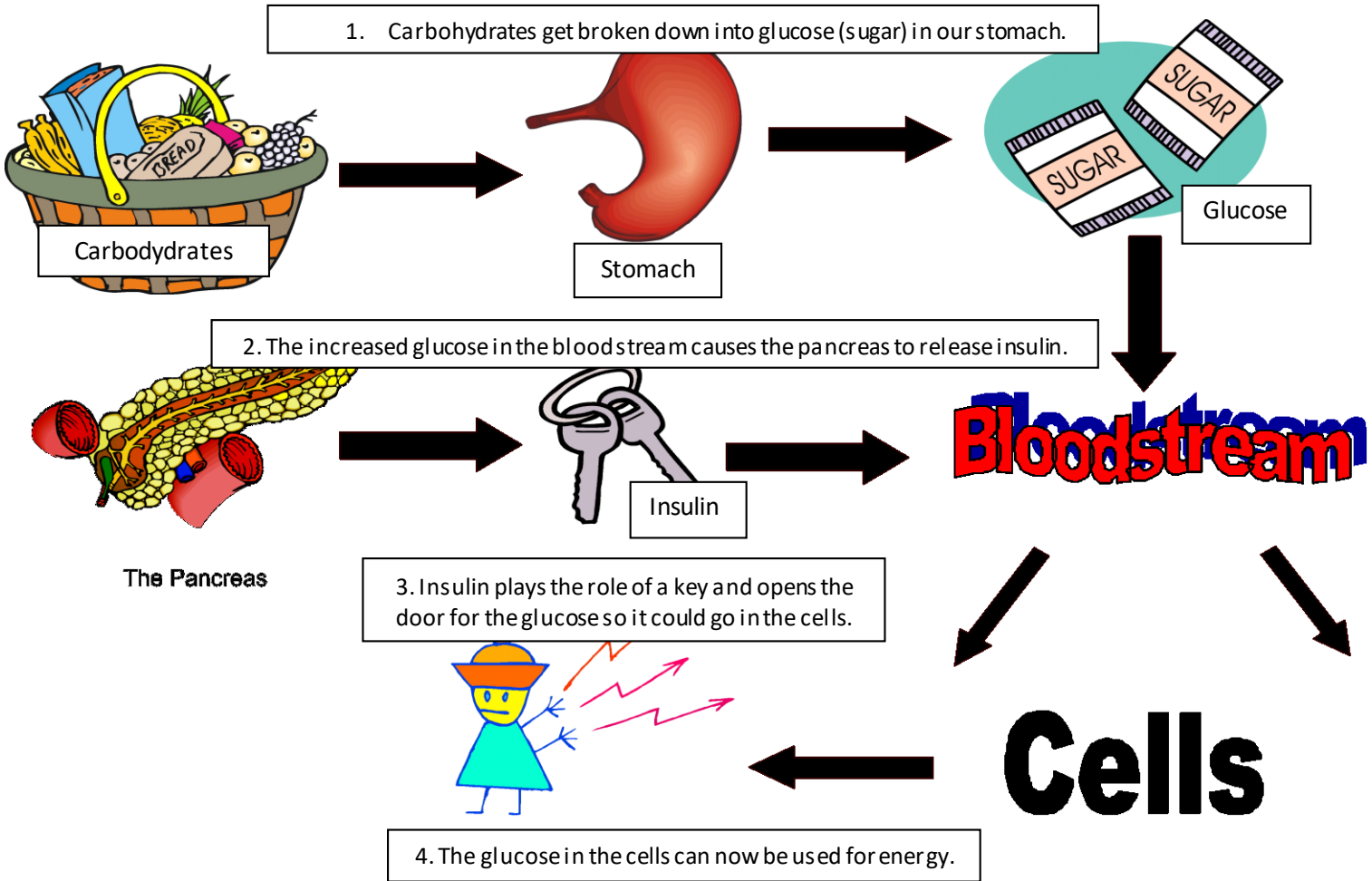
While we cannot affect some of the risk factors for type 2 diabetes, there are things we can do to help prevent and manage type 2 diabetes in First Nations people. A few of the best ways to prevent and manage diabetes is to eat well and to keep active. In the next sections of this resource, find out how healthy eating and regular physical activity can help prevent and manage diabetes and its complications.

Resources:

For a copy of the following powerpoint presentations, ask your Tribal Diabetes Coordinator (TDC), a FNIHB staff, or visit the website: www.mfndlc.ca

- Diabetes – what is it and how can we prevent it?

Appendix 13: 'How Our Body Uses Carbohydrates For Energy' Diagram



This diagram can be a great teaching tool to use when teaching about diabetes.

Appendix 14: Healthy Eating and Diabetes

Food is the key to managing diabetes and reducing the risk of heart attack, stroke, and other problems. There are many things you can do to change or improve your diet, and this appendix will give you some tips on healthy eating. Remember to avoid trying to change too many things at once.



Here is a summary of the topics covered in this section:

- Canada's Food Guide
 - Eat a variety of foods each day
 - Fill $\frac{1}{2}$ of your plate with vegetables and fruit
 - Fill $\frac{1}{4}$ of your plate with whole grain foods
 - Fill $\frac{1}{4}$ of your plate with protein foods
 - Healthy eating habits
 - Ideas on how to teach Canada's Food Guide
- Other healthy eating tips for people with diabetes
 - Portion size
 - Choose healthy carbohydrates
 - Fibre
 - Choose whole foods and less highly processed foods
 - Sodium
 - Limit sugars and sweets
 - Sugar
 - Sweeteners
 - Sugar alcohols
 - Space out your meals
 - Choose unsaturated fats instead of saturated fats
 - Drink water
 - Sweetened beverages and fruit juices
 - Energy drinks
 - Alcohol
- Food labels
 - Nutrition facts table
 - Ingredient list
 - Nutrition claims
- Healthy eating off the land and water



CANADA'S FOOD GUIDE – EAT WELL. LIVE WELL.

Individuals with diabetes should be following the same healthy eating guidelines as the general population as outlined in Canada's Food Guide.



Vegetables & Fruit KEY MESSAGES:



- **Fill ½ your plate with vegetables and fruits**
- Have plenty of vegetables and fruits
- Include vegetables and fruit at each meal and snack
- People with diabetes should choose more vegetables than fruit because most vegetables have less sugar and less carbohydrates
- People with diabetes can eat large amounts of vegetables (except for potatoes and corn) without affecting their blood glucose levels
- Vegetables and fruit have lots of fibre which helps control blood glucose levels and helps to lower cholesterol levels
- Eating a diet high in vegetables and fruit reduces your risk of heart disease and of some types of cancer
- Choose vegetables and fruit prepared with little or no added fat, sugar or salt
- Fresh, frozen and canned vegetables and fruit are all healthy choices
- Choose vegetables and fruit instead of juice
- Avoid deep frying, pan frying, or adding lots of cream sauces, butter, margarine or oil to your vegetables



Whole Grain Foods KEY MESSAGES:



- **Fill ¼ of your plate with whole grain foods**
- Make at least half of your grain products whole grain each day
- Choose grain products that are lower in fat, sugar and salt
- Whole grains are high in fibre
- Whole grain intake is associated with a lower risk of cardiovascular disease, colon cancer, and type 2 diabetes

Protein Foods KEY MESSAGES:



- **Fill ¼ of your plate with protein foods**
- Among protein foods, consume plant-based more often
- Replace saturated fat foods with unsaturated fat foods
- Protein helps build and maintain strong muscles, bones, and strengthens your immune system
- Protein has little effect on blood glucose levels and should be included in moderation at each meal to help to control your appetite

See **Appendix 15** for a copy of the ‘Grocery Store Tour: Key Messages!’ handout and **Appendix 16** for a copy of Grocery Store Tour Guide.

For an electronic copy of Canada’s Food Guide, resources, recipes and other information on the food guide, visit: <https://food-guide.canada.ca/en/>

The food guide snapshot is available in many different languages. Visit the website to see what languages the food guide snapshot is available in and to order copies. <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/snapshot/languages.html>

Healthy Eating Habits

Healthy eating is more than the foods you eat. It is also about where, when, why and how you eat.

Be mindful of your eating habits

- Take time to eat
- Notice when you are hungry and when you are full
- Create a healthy eating environment
- Pay attention to the aromas, textures, flavours and taste of food

Cook more often

- Plan what you eat
- Involve others in planning and preparing meals
- Become a batch cook
- Keep healthy options and ingredients on hand
- Try healthy cooking methods such as baking, grilling, broiling, roasting, steaming or stir frying

Enjoy your food

- Culture and food traditions can be a part of healthy eating
- Try new foods
- Enjoy your food by making choices that reflect taste, culture, budget and lifestyle
- Create a positive eating environment

Eat meals with others

- It is a great way to connect to family and friends
- Schedule in eating with others – it does not just happen on its own
- Is a great opportunity to bring family together
- It has many health and social benefits for children and youth
- It has many health and social benefits for seniors, as they can often feel alone and isolated especially at meal times

For more information on healthy eating habits, visit Health Canada's website at:
<https://food-guide.canada.ca/en/healthy-eating-habits/>

Ideas on How to Teach Canada's Food Guide

Below are examples of how you can teach Canada's Food Guide. These activities can be done with any age group – from preschoolers to Elders. You may need to tailor your activity depending on your target audience.

Explore The Possibilities of Food through Canada's Food Guide

Materials: Printed copies of Canada's Food Guide

Instructions:

1. Start a discussion about the different types of food seen on the plate of Canada's Food Guide. Share that the foods are divided into three food groupings: Vegetables and Fruit; Whole Grain Foods; and Protein Foods.
2. Ask the following questions about the foods on the plate:
 - a. What vegetables and fruit do you see on the plate that you recognize?
 - b. What vegetables and fruit do you see on the plate that you don't recognize?
 - c. What protein foods do you see on the plate that you recognize?
 - d. What protein foods do you see on the plate that you do not recognize?
 - e. What whole grain foods do you see on the plate that you recognize?
 - f. What whole grain foods do you see on the plate that you do not recognize?
 - g. What foods on the plate have you tried before?
 - h. What foods on the plate do you really like the taste of?
 - i. What foods on the plate come from animals?
 - j. What foods on the plate are crunchy?
 - k. Are there any foods that you do not see on the plate?
 - l. What foods on the plate do you typically eat for breakfast?
 - m. What foods on the plate do you typically eat for lunch?
 - n. What foods on the plate do you typically eat for dinner?
3. Ask the following questions about the messages on the back of the food guide:
 - a. What does it mean to be mindful of our eating habits? (listening to our bodies for cues that it is hungry, or full, paying attention to how our food tastes, smells, feels when we eat it.)
 - b. How does your body tell you that it is hungry?
 - c. How does your body tell you that it is full?
 - d. Who does the cooking at your home?
 - e. Do you ever help with the cooking at home?
 - f. Do you enjoy eating? Why or why not?
 - g. Is there a cultural food that your family eats? If so, what is it?
 - h. Who do you usually eat your meals with at home?
 - i. What do you usually talk about during meals?

Healthy Foods Placemat:

Materials: heavy stock legal-sized paper for each participant, pencil crayons, access to a laminator

Instructions:

1. Ask participants to think of healthy foods that they enjoy eating.
2. Remind participants to choose foods that fit within Canada's Food Guide.
3. Have participants draw and color these foods on their sheet of paper.
4. If available, laminate each placemat so that the participants can use it during meals and snacks.

Who Am I?

Materials: pictures of foods from Canada's Food Guide (1 picture per participant), tape

Instructions:

1. Tape a food picture on each participant's back. Make sure they do not peak.
2. Participants must guess what food they are by only asking yes/no questions.
3. Participants continue to ask questions until they guess who they are.

Example of questions to ask:

- Am I a fruit?
- Am I red?
- Do I come from an animal?
- Do you eat me with a spoon?
- Am I corn?

Variation: You can play this game by having one person choose a picture of a food and the other participants take their turn asking the selected participant a yes/no question about their food. The person who correctly guesses the food becomes the person who chooses the next picture of a food.

OTHER HEALTHY EATING TIPS FOR DIABETES

Portion Size

The amount of food you eat is important for diabetes management. Portion sizes are different for everyone, so what is right for someone else might not be right for you.

Use the plate model (8" plate) to help you with portion sizes. Follow the recommendations provided in Canada's Food Guide:

- Fill $\frac{1}{2}$ of your plate with vegetables and fruits – include more vegetables since they are lower in sugar
- Fill $\frac{1}{4}$ of your plate with whole grain foods such as rice, bread, pasta and bannock
- Fill $\frac{1}{4}$ of your plate with protein foods such as beans and lentils, fish, wild meats, nuts and chicken

Portion size is an important part of weight loss. If you are overweight or obese, weight loss is the most important and effective way to help normalize blood glucose levels and reduce your risk of other health problems.



Choose Healthy Carbohydrates

Carbohydrates get broken down into glucose in the body, which gets absorbed into the blood. All carbohydrates will affect your blood glucose levels, but it is a myth that people with diabetes are not “allowed” to eat carbohydrates. Carbohydrates are needed in the diet, as they are the body’s preferred source of energy. What and how many carbohydrates you eat is important. Include healthy carbohydrates in your diet for good health.

Carbohydrates come from

- All fruit and some vegetables including corn, potatoes and sweet potatoes
- Grain foods such as bread, bannock, pasta, rice, cereal and noodles
- Milk and yogurt
- Brown beans
- Sweets such as candy, pop, cake, cookies and pastries



Other foods have very little amounts of carbohydrates such as all other vegetables, cheese, wild and farmed meats, fish, chicken, eggs, peanut butter and fats and oils such as butter, margarine, canola and olive oil and will only have a small effect on blood glucose levels.

Fibre

Fibre is the part of the plant that we cannot digest. People living with diabetes should aim for **25-50 grams** of fibre per day!

Benefits of fibre

- Controls blood glucose levels
- Decreases cholesterol levels
- Decreases the risk of cardiovascular disease
- Keeps individuals full longer and therefore helps with weight loss
- Helps to prevent constipation by regulating bowel movements



Foods high in fibre include fruits and vegetables with the skin, berries, beans, legumes, psyllium, barley, oat products, wheat bran and whole grain cereal products.

How to increase fibre in the diet

- Increase the amount of fibre slowly and drink plenty of water to avoid discomfort and gas
- Eat more legumes such as dried peas, beans and lentils - they can be added to soups and casseroles
- Many nutrients, including fibre are found in the peel of your vegetables and fruit
- When possible, keep the peel on your vegetables (cooked carrots, potatoes, sweet potatoes) and fruit (raw apples, pears, kiwis)
- Breakfast is a good time to boost fibre intake
- Choose high fibre cereals
- Choose whole grain breads, pasta and crackers
- Use whole wheat/grain flour when baking
- Choose brown or wild rice
- Read food label to find high fibre foods



Choose Whole Foods and Less Highly Processed Foods

Limit highly processed foods and beverages that are high in sodium, sugar, and/or saturated fat. Eating too many of these foods can increase the risk of chronic diseases like heart disease, certain types of cancer and can affect your mental health.

Some examples of highly processed foods are cookies, chips, instant noodles, packaged macaroni and cheese, pop and candy.



Sodium

Sodium is found in salt. All types of salt are high in sodium and have about the same amount of sodium as table salt. These include: Kosher salt, sea salt, fleur de sel, gourmet salt and smoked salt. They are not healthier choices.

Sodium is an essential nutrient and we need a small amount of sodium to maintain health. However, in 2017, 58% of Canadian adults and 72% of Canadian children between the ages of 4 and 13 years consumed sodium above the recommended limits. The recommended limits for sodium is no more than 2,300 mg daily for individuals 14 years and older; 2,200 mg daily for teens 9-13 years old; 1,900 mg daily for kids 4-8 years old; and 1,500 mg daily for kids 1-3 years old.

Eating too much sodium can be harmful to our health. For some people, eating too much sodium causes high blood pressure, which is a risk factor for cardiovascular diseases.

In 2017, the main contributors (approximately 77%) of sodium in Canada were bakery products, mixed dishes, processed meats, cheeses, soups, sauces, dips, gravies, and condiments. Another 11% of the sodium we consume is added during preparation (5% added during cooking and 6% added at the table). The other 12% of sodium is naturally found in foods.

Tips for getting less sodium in your diet

- Eat fresh vegetables and fruit for snacks instead of packaged foods
- Rinse canned vegetables with cold water to wash away some of the salt
- Choose frozen and canned vegetables with no added salt
- Choose low sodium vegetable and tomato juices
- Cook pasta, rice, quinoa and barley in unsalted water
- Try unsalted butter or margarine with your bread
- Read the nutrition facts table and choose breads, cereals and bakery products that are lower in sodium
- Choose yogurt or lower sodium cottage cheese
- Buy unseasoned meat, poultry, fish, seafood and tofu
- Choose unsalted nuts
- Buy low sodium canned beans or try dried beans, peas, and lentils
- Flavour fish, tofu or meat with lemon or pepper instead of adding salt, sauces or gravy
- Taste your food before adding salt
- Do not put the salt shaker on the table while eating your meal



Use your ADI resources to teach this concept!

Salt test tubes (picture provided) has been provided to every Manitoba ADI community program. Look for your salt test tubes and use it to teach community members and workers about how much salt is found in a variety of different foods.

Should you not have this resource, contact one of the ADI FNIHB team members. Refer to Appendix 11 for a full list of resources provided to the ADI community programs.

Limit Sugars and Sweets

Limit sugars and sweets such as regular pop, fruit juices, desserts, candies, jam and honey. The more sugar you eat, the higher your blood glucose will be.



Sugars

Sugars are carbohydrates that affect your blood glucose, weight and blood fats. People with controlled diabetes can include some added sugar in their diet. However, the effect of sugar on blood glucose levels will vary and it is important to know how sugar affects your blood glucose levels.

Canadians eat too much sugar every day. It is estimated that Canadians consume approximately 26 teaspoons of sugar per day. This is more than twice the amount of sugar that we should be eating daily.



Use your ADI resources to teach this concept!

Sugar test tubes (picture provided) has been provided to every Manitoba ADI community program. Look for your sugar test tubes and use it to teach community members and workers about how much sugar is found in a variety of different foods and drinks.

Should you not have this resource, contact one of the ADI FNIHB team members. Refer to Appendix 11 for a full list of resources provided to the ADI community programs.

TEACHING ACTIVITY:

Below is an example of how you can teach about how much sugar is found in different beverages. This can be done with a variety of groups of people – children, teens and/or adults.

Key message: Sugar is found in many different beverages we consume – even those that are considered healthy.

Sugar Shock!

Materials: Sugar cubes, empty beverage containers, plastic cups, flip chart paper and markers

Instructions:

1. Split the participants into 2 teams. Have each team come up with a name.
2. Write each name on a flip chart paper, which will be used as the score board.
3. Each team selects a 'bidder' who acts with the guidance of his or her team.
4. The facilitator holds up an empty beverage container and asks how many sugar cubes are in the serving size of that beverage.
5. The bidder places sugar cubes in a clear glass to represent his or her team's guess for the sugar content of the beverage.
6. The facilitator reveals the answer, and the team that is the closest to the correct amount gets the points (the actual amount of sugar in the beverage). Double the points if the team guesses exactly right.
7. The team with the most points at the end of the game wins.

Answer sheet:

Beverage	Size	# of teaspoons of sugar
Milk	2 cups	6
Chocolate milk	1 cup	7
Pepsi/coke	1 can	9
V8	354 ml	3
Sunny D	500ml bottle	14
Apple juice, unsweetened	341 ml	9
Powerade	710 ml	15
Water	591 ml	0 (trick question)
Pepsi/coke	2 L	54

How to figure out how many sugar cubes (or teaspoons) in different beverages:

1. Look at the food label.
2. Take the grams of sugar and divide them by 4
3. That will give you the number of teaspoons of sugar in 1 serving

Example: If a label says it has 40 grams of sugar per serving
 $40/4 = 10$ teaspoons or sugar cubes in that serving!

Sweeteners

Sweeteners are attractive alternatives to sugar because they add virtually no calories to your diet. In addition, you need only a fraction compared with the amount of sugar you would normally use for sweetness.

Sweeteners are widely used in processed foods, including baked goods, soft drinks, candy, puddings, jams and jellies, dairy products, and many other foods and beverages. Sweeteners are also popular for home use and can even be used in baking or cooking. Certain recipes may need modification because artificial sweeteners provide no bulk or volume, whereas sugar does provide bulk and volume.

Health Canada has approved the following sweeteners as safe if taken in amounts up to the Acceptable Daily Intake (ADI):

- Acesulfame Potassium
- Aspartame (Equal, NutraSweet)
- Cyclamate (Sugar Twin, Sweet n' Low, Sucaryl)
- Erythritol
- Neotame
- Saccharin (Hermesetas)
- Sucralose (Splenda)
- Tagatose
- Thaumatin

Sugar alcohols

Sugar alcohols are neither sugars nor alcohols. Small amounts are found naturally in fruits and vegetables and they can also be manufactured. They are only partly absorbed by your body, have fewer calories than sugar and have no major effect on blood glucose levels. However, eating too many sugar alcohols a day may lead to side effects such as gas, bloating or diarrhea. Check product labels for the number of grams of sugar alcohols per serving.

Sugar alcohols approved for use in Canada include:

- Lactitol
- Xylitol
- Maltitol
- Mannitol
- Sorbitol
- Isomalt
- Erythritol

For more information, or to order resources on artificial sweeteners and sugar alcohols, visit the Diabetes Canada website at: <https://www.diabetes.ca/diabetescanadawebsite/media/managing-my-diabetes/tools%20and%20resources/sugars-and-sweeteners.pdf?ext=.pdf>

Space Out Your Meals

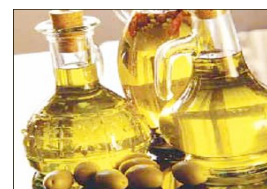
Eat three meals per day at regular times and space your meals no more than six hours apart. Eating at regular times helps your body control blood glucose levels. It also helps to try to eat about the same amount of food at each meal, especially carbohydrates. Having too many carbohydrates at a meal may cause your blood glucose level to go too high, and not enough carbohydrate may cause your blood glucose to go too low, depending on the type of diabetes medication you take.

Choose Unsaturated Fats Instead of Saturated Fats

Fat is essential to your health because it supports a number of your body's functions and helps our body grow and develop. Some vitamins, such as vitamin A, D, E and K, must have fat to dissolve so they can be used by your body. Fat adds taste to our food and helps you feel full longer. It is the main form of stored energy.



There are different types of fat. The type of fat you eat over time is more important for health than the total amount of fat you eat. Canada's Food Guide recommends that you limit foods high in saturated fat and replace them with foods that have unsaturated fats to help lower the risk of heart disease.



Saturated fats



Saturated fats can increase your bad cholesterol level and your risk of heart disease. Choose foods with saturated fat less often.

Saturated fats are found in foods like butter, cheese, red meat, cakes, pastries, deep fried foods, palm oil, coconut oil, lard and shortening.

Unsaturated fats

Unsaturated fats are good for your health. Replacing foods that are higher in saturated fats with foods that are higher in unsaturated fats will help by decreasing your bad cholesterol and possibly decreasing your risk of heart disease.



Unsaturated fats are found in foods like avocado, nuts, seeds, fatty fish such as trout, mackerel, salmon, herring and vegetable oils such as olive, canola, corn, soybean, safflower and sunflower oil.

Drink Water

Canada's Food Guide recommends water as the beverage of choice to support health and promote hydration without adding calories to the diet. Drinking regular pop and fruit juice will raise your blood glucose.



Water is vital for life. Adequate water intake is based on the total amount of water required to prevent the effects of dehydration. How much water you need in a day depends on many factors including your level of activity, your health and where you live.

Lack of water can lead to dehydration, a condition that occurs when you do not have enough water in your body to carry out normal functions. Even mild dehydration can drain your energy and make you tired. Most Canadians consume enough water to meet their hydration needs.

Sweetened beverages and fruit juices



Sweetened beverages and fruit juices have been associated with a higher risk of dental decay in children. In addition, they have been associated with an increased risk of weight gain, overweight and obesity, and type 2 diabetes in children and adults.

Sweetened beverages contain added sugars such as sucrose or fructose, often in large amounts, which contribute to the overall energy density of diets. The calories provided by these beverages have little nutritional value and may not provide the same feeling of fullness that solid food provides. As a result, total energy intake may increase which can lead to unhealthy weight gain.

For a healthy choice, choose whole fruit and vegetables and unsweetened milk instead of sweetened beverages and fruit juice.

Energy drinks

Energy drinks claim to stimulate, energize, improve alertness and delay fatigue to people drinking them. However, this claim has not been scientifically proven.



Most energy drinks contain too much caffeine and sugar and therefore children, adolescents and pregnant women should not consume energy drinks.

Instead of choosing an energy drink when you are thirsty, have water or milk. If you are feeling tired choose a healthy snack such as vegetables and dip, fresh fruit, yogurt or a cheese string and make sure to get plenty of good quality sleep every night.

Alcohol and diabetes

Check with your doctor to make sure alcohol does not interfere with your medications or complicate any of your medical conditions. Drinking alcohol can lead to serious low blood glucose reactions, especially if you take insulin or certain types of diabetes pills. Depending on the alcohol and mix you choose, drinking alcohol can lead to high blood glucose levels.

Alcohol can affect other medical conditions you may have, like nerve damage, diabetic eye disease, and high blood triglycerides (cholesterol). Excess alcohol consumption has been linked to many types of cancer, high blood pressure and liver disease.

AVOID alcohol if you

- Are pregnant, trying to get pregnant or breastfeeding
- Have a personal or family history of drinking problems
- Are planning to drive
- Are taking certain medications
- Have uncontrolled diabetes

Too much alcohol can lead to

- Addiction
- Increased injuries and death
- Affected judgement
- Sexual difficulties
- Damaged brain and nerves

For all adults, alcohol consumption should be limited to

- Two or less standard drinks per day for women and
- 10 or less standard drinks per week for women
- Three or less standard drinks per day for men and
- 15 or less standard drinks per week for men

Examples of standard
alcoholic drinks:

Beer – 341 ml (12 oz)
Table wine – 142 ml (5 oz)
Spirits – 43 ml (1.5 oz)

People who do not consume alcohol should not be encouraged to start drinking. If you choose to drink alcohol, use alcohol respectfully.

For more information on alcohol and diabetes visit the Diabetes Canada website at:
<https://www.diabetes.ca/DiabetesCanadaWebsite/media/Managing-My-Diabetes/Tools%20and%20Resources/alcohol-and-diabetes.pdf?ext=.pdf>

FOOD LABELS

Food labels provide information you can use to make informed choices about foods and drinks at the grocery store and at home. Food labels can help you:

- Compare and choose products more easily
- Know what ingredients a food product contains
- Choose products with a little or a lot of the nutrients that are of interest to you

How to Use Food Labels

Different types of information may be available on food packages. This information can help you make informed choices about healthy foods.

Nutrition Facts Table

The Nutrition Facts table provides information on serving size, calories, certain nutrients and % Daily Value (% DV) on core nutrients in a defined serving of food. The % DV can be used as a guide to show you if the prepackaged food has 'a little' or 'a lot' of a nutrient.

- 5% DV or less is 'a little'
- 15% DV or more is 'a lot'

Using the Nutrition Facts Table: % Daily Value

How to CHOOSE

The Nutrition Facts table gives you information on calories and 13 core nutrients. Use the amount of food and the % Daily Value (% DV) to choose healthier food products.

Follow these three steps:

1 LOOK at the amount of food — Nutrition Facts are based on a specific amount of food. Compare this to the amount you actually eat.

2 READ the % DV — The % DV helps you see if a specific amount of food has a little or a lot of a nutrient.

5% DV or less is a **LITTLE** } This applies to all nutrients.
15% DV or more is a **LOT** }

Yogurt

Nutrition Facts	
Per 3/4 cup (175 g)	
Amount	% Daily Value
Calories 160	
Fat 2.5 g	4 %
Saturated 1.5 g	8 %
+ Trans 0 g	
Cholesterol 10 mg	
Sodium 75 mg	3 %
Carbohydrate 25 g	8 %
Fibre 0 g	0 %
Sugars 24 g	
Protein 8 g	
Vitamin A 2 %	Vitamin C 0 %
Calcium 17 %	Iron 0 %

Ingredient List

Ingredients are listed in order of weight, beginning with the ingredient that weighs the most and ends with the ingredient that weighs the least. This helps Canadians identify if a food contains more of the ingredient (if it is found at the beginning of the list) and less of the ingredient (if it is found at the end of the list). It can also be particularly helpful when trying to avoid certain ingredients (such as allergens).

Nutrition Claims

Nutrition claims includes nutrient content claims and health claims. All foods with a claim must meet certain criteria but some foods may not have a claim even though they meet the criteria.

HEALTHY EATING OFF THE LAND AND WATER

Choose foods that are close to the way nature made them. For example, wild meats and fish, berries, wild rice, oatmeal, lentils, barley, vegetables and cooked dried beans are healthy choices. Foods that come from the land are the best choices for the body. These foods are packed with the nutrients that nature gave them and can be found close to home, and less costly than store-bought foods.

Traditional foods provide an important source of many nutrients that are often not consumed in sufficient amounts. Diets are healthier when traditional foods are consumed compared to only consuming market foods. Traditional foods are low in saturated fat, low in sodium, high in protein, high in fiber, have no added sugar or salt and are less expensive than buying prepared foods from the store. Further, consuming a traditional diet promotes physical activity through hunting, gathering, gardening and preserves the culture and traditions.



What impact does this have on your health?

- Eating a diet low in saturated fat can reduce the risk of having a heart attack
- Eating foods that are low in sodium can help reduce blood pressure
- Eating high fibre, high protein foods can help you feel full and satisfied with fewer calories
- Eating foods with no added sugars can help you keep a healthy body weight
- Having a healthy body weight can reduce your risk of type 2 diabetes

Tips on ways to eat off the land

- Learn to fish, or if you already know how to fish, teach somebody how to fish
- Learn to hunt and trap and/or teach somebody how to hunt and trap
- Plant your own garden, fruit trees or fruit bushes
- Pick wild berries off the land
- Raise your own chickens

Looking for nutrition presentations?

The FNIHB dietitians have prepared a variety of 'Grab n' Go' presentations including many nutrition presentations. These Grab n' Go presentations include:

- A 15 minute powerpoint presentation with speaker notes
- A hands-on activity for each presentation
- Some include handouts

Contact your Tribal Diabetes Coordinator (TDC) or the FNIHB dietitians for a list of all the Grab n' Go presentations that are available. Or, visit the MFNDLC website at:

www.mfndlc.ca

Appendix 15: Grocery Store Tour: Key Messages!

Vegetables and Fruits: Fill Half Your Plate with Vegetables and Fruits

Nutrients in Vegetables and Fruits: carbohydrates, fibre, B vitamins like folic acid, vitamin C and A, iron, magnesium and potassium

Key Messages:

- Have plenty of vegetables and fruits.
- Choose vegetables and fruits prepared with little or no added fat, sugar or salt.
- Choose vegetables and fruits instead of juice.
- Vegetable and fruit intake is associated with a lower risk of cardiovascular disease.



Did you know? *Vegetables and fruits are naturally low in fat and high in fibre. Avoid deep frying, pan frying, or adding lots of cream sauces, butter, margarine*

Did you know? *Vegetables and fruits have antioxidants in them that help protect your body from damage.*

How to boost your vegetable and fruit intake:

- Choose fresh, frozen, canned and dried vegetables and fruit – they are all good for you!
- Try steaming, roasting, grilling, boiling or microwaving your vegetables.
- Eat a variety of vegetables and fruit. Different vegetables and fruit are high in different vitamins and minerals.
- Leave the peel on, when possible (most of the fibre is in the peel).
- Plant a garden and grow your own vegetables and fruits.

How to select your vegetables and fruit:

Fresh:

- Choose vegetables and fruit that are in season - these will likely be the least expensive and have the most taste.
- Serve raw vegetables with a healthy dip such as hummus, or plain yogurt and onion soup mix.
- Pick berries from the land.



Frozen:

- Choose vegetables and fruit with no added sugar, salt or fat (read the food label).
- Add frozen vegetables to your stir fries, soups and casseroles.
- Throw frozen fruit or berries in your favorite healthy cereal, or in a homemade smoothie.

Canned:

- Choose canned fruit with a label that says “unsweetened”, “packed in its own juice” or “no sugar added”. Read the ingredient list to confirm that no sugar has been added.
- Choose canned vegetables with no, or less salt added.
- Rinse your canned vegetables under cold water to remove any excess salt.

Whole Grain Foods: Fill ¼ of Your Plate with Whole Grain Foods

Nutrients in Whole Grains: carbohydrates, fibre, protein, B vitamins like niacin & folic acid, iron, zinc and magnesium

Key Messages:

- Make at least half of your grain products whole grain each day!
- Choose grain products that are lower in fat, sugar and salt.
- Whole grains are high in fibre.
- Whole grain intake is associated with a lower risk of cardiovascular disease, colon cancer, and type 2 diabetes.



Did you know? *Canadians need about 25-35 grams of fibre every day. This is even higher if you have diabetes. Fibre has many health benefits like helping you feel full for longer, which helps with weight control. Fibre also helps improve digestion and regularity, helps to reduce cholesterol levels and control blood sugar levels.*

How to boost your whole grain intake:

- Look for higher fibre foods by checking the ingredient list for the words: 'whole grain', 'whole wheat flour', '100% whole wheat', 'cracked wheat', or 'oatmeal'.
- Try using some whole wheat flour when making bannock.
- Try adding a little high fibre cereal to your favourite cereal (example: sprinkle some All Bran onto your regular cereal).
- Avoid products made with 'enriched wheat flour', or 'white flour'.
- Eat less donuts, cakes, and muffins (they are high in fat and sugar, and low in fibre).
- Avoid instant noodles as these are deep fried before packaging and high in salt.

How to select your whole grains:

Bread/Buns:

- Choose breads that have at least 2-3 grams of fibre per serving (usually 2 slices).
- Read the ingredient list- just because the bread is dark in color doesn't mean it is high in fibre. Some breads have caramel color added, which gives the bread a darker brown color.
- Store bread in the fridge or freezer so it lasts longer.

Cereals:

- Choose cereals with at least 4 grams of fibre per serving.
- Choose cereals with less than 8 grams of sugar per serving.

Pasta/Rice:

- Choose whole wheat pasta more often.
- Choose brown rice or wild rice more often than white rice.



Crackers:

- Choose crackers with as little fat and salt as possible.
- Examples of some lower fat crackers: rice cakes, bread sticks, 'Melba' toast, soda crackers and stone wheat crackers.

Did you know? *If a cracker is greasy to the touch, it's probably high in fat. Read the food label and choose a cracker that has less than 3 grams of fat per serving.*

Protein Foods: Fill ¼ of Your Plate with Protein Foods

Nutrients in Protein Foods: calcium, iron, protein, fibre, vitamin A, vitamin D, B vitamins, folic acid, fat, carbohydrates, potassium, zinc and magnesium

Key Messages:

- Among protein foods, consume plant-based more often.
- Eating nuts is associated with decreased cholesterol.
- Eating soy protein is associated with decreased cholesterol.
- Replace saturated fat foods with unsaturated fat foods.



Plant-based protein foods include: Pulses, nuts, seeds, seed and nut butters, tofu and fortified soy beverage.

Did you know? *Pulses are the dried edible seeds found in plants of the legume family and include lentils, chickpeas, dried peas and dried beans (kidney, black, navy, white).*

How to boost your plant-based protein foods intake:

- Add chickpeas to any green salad.
- Add pureed lentils to your spaghetti sauce.
- Mix black beans into your salsa for a high fibre dip.
- Add a handful of black beans to your homemade pizza.
- Include white beans in your favorite omelette.
- Add any cooked pulses to your broth-style soup.
- Include a handful of chopped nuts with your oatmeal.
- Replace the meat in your stir fry with a firm tofu.
- Try a new black bean burger recipe.



Did you know?

Pulses are an excellent source of fibre. Most of us do not get enough fibre in our diet. Remember to drink more water when you increase your fibre intake.

How to select your plant-based protein foods:

- Choose dried pulses to soak and cook at home.
- Choose canned pulses that have “no added salt” or are “low sodium”. Rinse the canned pulses to remove some of the salt.
- Choose unsalted nuts and seeds.
- Choose “natural” or no added fat, sugar or salt nut butters (peanut butter, almond butter).
- Watch your portion size of nuts, seeds, and nut butters because they are high in fat – a small amount is good for the heart.

How to select your animal-based protein foods:

- Choose foods that are lower in saturated fat, such as lean red meat including wild game, lower fat milk (2% MF or less), lower fat, plain yogurt (2% MF or less), cottage cheese and lower fat cheeses (20% MF or less).
- Traditional foods such as wild meats, fish, ducks and geese are healthy and have been shown to improve diet quality.
- Choose fresh eggs.
- Choose fresh, frozen (plain) or canned fish (packed in water).
- Limit processed meats such as sausages, ham, corned beef, canned meats, lunch meats such as bologna, Spam, Klik, bacon, wieners and chicken nuggets.

Did you know? *If you are lactose intolerant, try lactose-free milk, or a fortified soy beverage instead. Yogurt and cheese have less lactose in them and are often better tolerated.*

Water Should Be the Beverage of Choice.



Key Messages:

- Water should be the beverage of choice to support health and promote hydration without adding calories to the diet.
- Young children and older adults are at most risk of becoming dehydrated.

Did you know? *How much water you need depends on numerous factors including your age, activity level and gender.*

Foods and Beverages that Undermine Healthy Eating

Key Messages:

- Limit highly processed foods and beverages that are high in sodium, sugar, and/or saturated fat. Eating too many of these foods can increase the risk of chronic diseases like heart disease, certain types of cancer and can affect your mental health.
- Some examples of highly processed foods are cookies, chips, instant noodles, packaged macaroni and cheese, pop and candy.
- Excess alcohol consumption has been linked to many types of cancer, high blood pressure, liver disease. Alcohol is also discouraged as it provides no nutrition.



Importance of Food Skills

Key Messages:

- Food skills are important to help make informed food choices and to support healthy eating.
- Food skills include knowing how to: plan a menu, plan a grocery list, read and understanding food labels, be aware of food marketing, prepare meals, adjust recipes, store food, best use leftovers, grow, hunt and fish.
- Cooking and food preparation using nutritious foods should be promoted at all ages as a practical way to support healthy eating.
- Food skills can help support mindful eating which includes taking the time to eat, paying attention to feelings of hunger and fullness and avoiding distractions when eating.

Did you know? *Food skills can be taught, learned, and shared wherever you are – at home, at school, in community centres, in the garden, or on the land.*

Celebrate Traditional Food Practices

Key Messages:

- Celebrate your traditional food practices, which can keep food traditions alive by sharing them across generations and with others.
- Some ways of celebrating your traditional food is by sharing those foods with others, either in your home or at community events.
- Share your knowledge and skills around gathering and preparing traditional foods with others.



Appendix 16: Grocery Store Tour Leader Guide



Information adapted from the Heart and Stroke Foundation *HeartSmart Grocery Shopping Tour Guide*.

The outline for this Grocery Store Tour Guide is based on
Eat well. Live well. Canada's Food Guide



How to Hold a Grocery Store Tour in My Community

Who?

- Who will be your target audience?
 - Men, women, elders, youth, children
- Decide how many people you want to come.
 - Small groups often work better (eg. 6 – 8 people).

What?

- Choose a topic!
- Make sure it is relevant to your participants' needs.
 - Young parents – may want to do a tour on 'healthy eating on a budget' or 'healthy foods for children'
 - Prenatal women – focus on key nutrients in pregnancy
 - People living with diabetes – Look at food labels for sugars, fibre, sodium, & fat.

Where?

- Local store in your community. Contact store manager for permission.

When?

- Choose a date and time.
- Make it a time when the store is not too busy.
- Make it a convenient time for participants.

How?

Before the day:

- Advertise by putting up posters at the band office, health centre, schools, stores, etc., and make local radio or TV announcements if possible, or post it on social media. Have people sign-up for the tour.
- Ask store manager for samples of healthy foods for participants to taste, coupons or gift certificates.
- Verify the date and time with the store manager.
- Plan your topic, plan activities that participants can do at the store, prepare handouts and an evaluation.

On the day:

- Go early to familiarize yourself with the store layout.
- Set up a table for your starting point if possible – include sign-in sheet, coupons if available, handouts, pens, etc.
- Conduct your tour.
 - ***Plan your script.*** Decide what aisles you will visit, foods you will compare, and facts you will share.
 - ***Stick to facts.*** During the tour, focus on product attributes instead of brands you may prefer. Provide accurate, objective information so that consumers can make their own choices.
- Have participants fill out an evaluation before they leave.

After the tour:

- Thank the store manager for allowing you to conduct the grocery store tour in the store.
- Follow up with any requests or questions from participants.
- Depending on the evaluations, consider offering another grocery store tour in the future.

Introduction

“Hello everyone, my name is _____. Today I am going to help you learn what to look for when you are at the store to do your grocery shopping. We will learn about reading

food labels and choosing healthy foods for you and your families. If you have any questions along the way please feel free to ask. Let's get started!"

Eat well. Live well. Canada's Food Guide

Some points to remember about Canada's Food Guide while shopping are:

- Nutritious foods are the foundation of healthy eating.
- Vegetables, fruit, whole grains, and protein foods should be consumed regularly.
- Among protein foods, consume plant-based more often.
- Foods that contain mostly unsaturated fat should replace foods that contain mostly saturated fat.
- Water should be the beverage of choice.
- Nutritious foods to consume regularly can be fresh, frozen, canned or dried.
- Nutritious foods can reflect cultural preferences and food traditions.
- Eating with others can bring enjoyment to healthy eating and can foster connections between generations and cultures.
- Traditional food improves diet quality among Indigenous Peoples.
- Food choices can have an impact on the environment.
- Sugary foods and drinks should not be consumed regularly.
- Sugar substitutes do not need to be consumed to reduce the intake of free sugars.
- Cooking and food preparation using nutritious foods should be promoted as a practical way to support healthy eating.
- Food labels should be promoted as a tool to help Canadians make informed food choices.
- Food skills, including cooking skills, knowing how to make a meal plan and knowing how to grocery shop are important life skills.
- Cultural food practices should be celebrated.
- Food skills should be considered within the social, cultural, and historical context of Indigenous Peoples.



Food Labels

Food labels provide information you can use to make informed choices about foods and drinks at the grocery store and at home. Food labels can help you:

- Compare and choose products more easily
- Know what ingredients a food product contains
- Choose products with a little or a lot of the nutrients that are of interest to you

How to Use Food Labels

Different types of information may be available on food packages. This information can help you make informed choices about healthy foods.

Nutrition Facts Table

The Nutrition Facts table provides information on serving size, calories, certain nutrients and % Daily Value (% DV) on core nutrients in a defined serving of food. The % DV can be used as a guide to show you if the prepackaged food has ‘a little’ or ‘a lot’ of a nutrient.

- 5% DV or less is ‘a little’
- 15% DV or more is ‘a lot’

Using the Nutrition Facts Table: % Daily Value

How to CHOOSE


The Nutrition Facts table gives you information on calories and 13 core nutrients. Use the amount of food and the % Daily Value (% DV) to choose healthier food products.

Follow these three steps:

1 LOOK at the amount of food — Nutrition Facts are based on a specific amount of food. Compare this to the amount you actually eat.

2 READ the % DV — The % DV helps you see if a specific amount of food has a little or a lot of a nutrient.

5% DV or less is a **LITTLE** } This applies to
15% DV or more is a **LOT** } all nutrients.



Yogurt

Nutrition Facts	
Per 3/4 cup (175 g)	
Amount	% Daily Value
Calories 160	
Fat 2.5 g	4 %
Saturated 1.5 g	8 %
+ Trans 0 g	
Cholesterol 10 mg	
Sodium 75 mg	3 %
Carbohydrate 25 g	8 %
Fibre 0 g	0 %
Sugars 24 g	
Protein 8 g	
Vitamin A 2 %	Vitamin C 0 %
Calcium 17 %	Iron 0 %

Ingredient List

Ingredients are listed in order of weight, beginning with the ingredient that weighs the most and ends with the ingredient that weighs the least. This helps Canadians identify if a food contains more of the ingredient (if it is found at the beginning of the list) and less of the ingredient (if it is

found at the end of the list). It can also be particularly helpful when trying to avoid certain ingredients (such as allergens).

Nutrition Claims

Nutrition claims includes nutrient content claims and health claims. All foods with a claim must meet certain criteria but some foods may not have a claim even though they meet the criteria.

Changes to Food Labels

Health Canada has recently introduced food labelling changes to help Canadians understand food labels. The food industry has until 2022 to meet the new regulations. These changes will make it easier to:

- Know what is in your food
- Make healthier food choices

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New % Daily Value for total sugars

New footnote to help interpret the % Daily Value

Nutrients in Vegetables and Fruits: carbohydrates, fibre, B vitamins like folic acid, vitamin C and A, iron, magnesium and potassium.



Vegetables & Fruit

Fill ½ Your Plate with Vegetables and Fruits

Key Messages

- Have plenty of vegetables and fruit.
- Vegetables and fruit have lots of fibre which helps control blood sugar levels and helps to lower cholesterol levels.
- Eating a diet high in vegetables and fruit reduces your risk of heart disease and of some types of cancer.
- Vegetables (except for potatoes and corn) have very little sugars or carbohydrates. People with diabetes can eat large amounts of vegetables without affecting their blood sugar levels.
- Choose vegetables and fruit prepared with little or no added fat, sugar or salt.
- Choose vegetables and fruit instead of juice.

- Avoid deep frying, pan frying, or adding lots of cream sauces, butter, margarine or oil to your vegetables.

Fresh Vegetables and Fruit



- Fill your cart with a variety of colours of vegetables and fruit. This will ensure that you get a variety of vitamins, minerals, and antioxidants that will help you stay healthy.
- Choose vegetables and fruit that are in season. These will likely be the least expensive, taste the best and have the most nutrients.
- Most of the fibre is found in the seeds and peel of vegetables and fruit. When possible, leave the peel on your vegetables and fruit. Apples, pears and kiwi peels are edible!
- Cooked vegetables such as carrots, potatoes and sweet potatoes taste delicious with the peel on. Make sure to wash them well before cooking.
- Choose a large variety of vegetables including:
 - Carrots, lettuce, asparagus, kale, spinach, Brussel sprouts, rutabaga, turnips, sweet potatoes, peas, zucchini, broccoli, cauliflower, cabbage, onions, mushrooms, squash, turnips, celery, parsnips, peppers, corn, potatoes and beans.
- Many vegetables can be eaten raw, with or without a dip. Choose a healthy dip such as hummus, or a dip made with plain Greek yogurt for extra protein.
- Most vegetables can be cooked a variety of different ways including steamed, roasted, stir fried, barbequed, boiled or microwaved.
- Choose a large variety of fruit including:
 - Tomatoes, cucumbers, avocados, berries, bananas, apples, oranges, kiwis, pears, plums, peaches, melons, water melon, grapes, grapefruit and pineapple.
- Fruits can be eaten raw, frozen, or cooked.
 - *Peel your brown bananas and put them in a freezer bag and freeze. They can be used later in different recipes such as for muffins, breads or to make healthy 'ice cream' (see recipe below).*



**Recipe:
Chocolate 'ice
cream'**

Add to a food processor, or blender the following ingredients:

- 1 frozen banana
- ½ cup canned coconut milk
- 1 Tablespoon cocoa powder

Mix until well processed. Serve immediately.

Frozen Vegetables and Fruit

- Frozen vegetables and fruit are just as nutritious as fresh ones.
- Choose frozen vegetables with no added salt or fat.
 - *Read the ingredient list.*
- Add frozen vegetables to your stir fries, soups and casseroles. This will add a lot of nutrients to your diet and choosing frozen vegetables instead of fresh ones means that you do not need to wash or cut them prior to using them, which will save you time.
- Avoid buying frozen vegetables with added cheese and butter sauce.
- Choose frozen fruit with no added sugar.
 - *Read the ingredient list.*
- Throw frozen fruit or berries in your favorite healthy cereal, or in a homemade smoothie.



Activity!

Have participants choose packages of frozen vegetables.

Look at the Nutrition Facts table and compare the saturated fat and sodium content of:

- A package of frozen vegetables (plain)
- A package of frozen vegetables with an added sauce

Canned Vegetables and Fruit

- Canned vegetables and fruit can be part of a healthy diet.
- Choose canned vegetables with no, or less salt added.
- Rinse your canned vegetables under cold water to remove any excess salt.



- *Show where to find sodium (salt) on the Nutrition Facts table.*
- Choose canned fruit with a label that says “unsweetened”, “packed in its own juice” or “no sugar added”. Read the ingredient list to confirm that no sugar has been added.
- Canned fruit packed in syrup, or light syrup, means that sugar has been added to the canned fruit.

Activity!

Have participants choose a canned fruit that they have bought before.

Look at the Nutrition Facts table and compare the sugar content of:

- Canned fruit that is packed in water.
- Canned fruit packed in juice.
- Canned fruit packed in syrup.

Vegetable and Fruit Juices

- Choose whole vegetables and fruit instead of juices. Choosing the whole vegetables and fruit will provide you with fibre and has less sugar than the juice.
- Vegetables juices can be part of a healthy diet, but store-bought vegetable juices are high in sodium.
- People with high blood pressure, or diabetes should limit how much vegetable juice they consume.

Nutrients in Whole Grain Foods: carbohydrates, fibre, protein, B vitamins like niacin & folic acid, iron, magnesium and zinc.



Activity!

Have participants choose a vegetable juice.

Read the Nutrition Facts table.

- What is the %DM for sodium?

Read the ingredient list.

- What ingredients are in the vegetable juice that are not vegetables?

Consider making your own vegetable juice at home using vegetables from your garden and limiting how much, if any, salt is added to the juice.

Whole Grain Foods

Fill $\frac{1}{4}$ of Your Plate with Whole Grain Foods



Key Messages

- Make at least half of your grain products whole grain each day!
 - Choose grain products that are lower in fat, sugar and salt.
 - Whole grains are high in fibre.
- Whole grain intake is associated with a lower risk of cardiovascular disease, colon cancer, and type 2 diabetes.

Fibre

- Fibre is found in plant foods such as vegetables, fruit, legumes, and grains. It is also found in whole wheat/whole grain products and cereals.
- Adults should get 25 – 35 grams of fibre daily and more if they have diabetes.
- There are two different types of fibre: soluble fibre and insoluble fibre.
 - *Soluble – helps control blood sugars and lower blood cholesterol. It is found in oats, peas, beans, apples, psyllium, barley and legumes.*
 - *Insoluble – helps to prevent and control bowel problems and promotes regularity. It is found in wheat bran cereals, brown rice, whole wheat bread, beans and vegetables.*
- High fibre foods keep you full longer and therefore help with maintaining or losing weight.
- To get the greatest health benefit, eat a large variety of high-fibre foods.
- As you increase your fibre intake you also need to increase your water intake.

Breads, Buns, & Bannock

- Look for higher fibre foods by checking the ingredient list for the words: ‘whole grain’, ‘whole wheat flour’, ‘100% whole wheat’, ‘cracked wheat’, or ‘oatmeal’. These should be the first ingredients listed.
- Limit products made with ‘enriched wheat flour’, ‘wheat flour’ or ‘white flour’ as they are less nutritious than whole grain products.



- Read the Nutrition Facts table and choose breads that have at least 2-3 grams of fibre per serving (usually 2 slices).
- Brown bread is not the same as whole grain bread. Some companies will add molasses, caramel or other colouring to give bread a brown colour.
- Try using some whole wheat flour when making bannock.
- Store bread in the fridge or freezer so it lasts longer.

Activity!

Have participants choose different breads from the shelf.

Compare the type of flour on the ingredient list and the amount of fibre on the Nutrition Facts table.

Cereal

- Choose cereals high in fibre.
 - ***A high fibre cereal has at least 4 grams of fibre per serving on the Nutrition Facts table.***
- Try adding a little high fibre cereal (such as bran buds, or All Bran) to your favourite cereal.
- Choose cereals with fewer ingredients on the ingredients list.
- Choose cereals that are low in sugar.
 - ***A low sugar cereal has less than 8 grams of sugar per serving on the Nutrition Facts table.***
 - ***Remember that the number of grams of sugar divided by 4 will tell you the teaspoons of sugar in one serving! (32 g ÷ 4 = 8 teaspoons!)***

**Activity!**

Have participants pick out two cereals that they often buy.

By looking at the Nutrition Facts table, compare the sugar (less than 8 g) and fibre (more than 4 g) of the different cereals.

Pasta & Rice

- Look for whole wheat or whole grain pasta.
- Avoid highly processed and pre-packaged pastas that are high in sodium.
- Brown rice or wild rice are better choices compared to white rice when buying rice because they are higher in fibre.
- Avoid instant rice, as all nutrients have been removed during the processing.
- Avoid instant noodles as they are deep fried in saturated fat and are high in salt with little to no nutrients.

**Activity!**

Have participants pick up a package of instant noodles.

How much % DV of saturated fat and sodium does the package contain?

The average package of instant noodles contains 35% DV of saturated fat and 40-85% DV of sodium.

Crackers & Muffins

- Crackers are often high in fat and sodium.
- Choose crackers with as little sodium as possible.
- Choose crackers with no trans fats and less saturated fats.
- Choose lower fat crackers such as: rice cakes, bread sticks, Melba toast, soda crackers, and stone wheat crackers.
- Avoid store-bought muffins, as they tend to be high in saturated fat and sugar, low in fibre and too large of portions.
- Buy high fibre ingredients that can be added to homemade muffins such as whole wheat flour, wheat germ, oat bran, dried fruit, flax and nuts.



Activity!

Have participants pick up a box of crackers.

How much % DV of saturated fat and sodium does the package contain?

If a cracker is greasy to the touch, it is probably high in fat. Read the Nutrition Facts table and choose a cracker that has less than 3 grams of fat per serving.

Protein Foods

Fill ¼ of Your Plate with Protein Foods

Key Messages

Nutrients in Protein Foods: carbohydrates, fibre, protein, B vitamins like folic acid, calcium, iron, fat, vitamin A, vitamin D, magnesium, potassium and zinc.

- Among protein foods, consume plant-based more often.
- Replace saturated fat foods with unsaturated fat foods.
- Protein helps build and maintain strong muscles, bones, and strengthens your immune system.



Pulses

- Pulses are among plant-based protein foods.
- Pulses are the dried edible seeds found in plants of the legume family and include lentils, chickpeas, dried peas and dried beans (kidney, black, navy, white).
- Pulses are a super food because they are very high in fibre and protein.
- Choose dried pulses to soak and cook at home.
- Pulses can be soaked overnight in the refrigerator, by microwaving them in water for 10-15 minutes, or by boiling them for 2 minutes.
- Choose canned pulses that have “no added salt” or are “low sodium”. Rinse the canned pulses to remove some of the salt.
- Pulses can be used in many recipes instead of using meat to help lower the saturated fat of the recipe and increase the fibre. (For example: black beans on pizza instead of pepperoni or lentils in spaghetti sauce instead of ground beef.)



**Recipe:
Hummus!**

Can't find a good hummus in the store? Make your own at home! Add to a food processor, or blender the following ingredients:

- 2 cans of chickpeas, rinsed
- 1 large garlic clove, sliced
- 1/3 cup tahini, or plain peanut butter
- 1/4 cup lemon juice (or juice from 1 lemon)
- 1 teaspoon of salt
- 4-6 Tablespoons of water (adjust the quantities as needed)

Mix until well processed. Serve immediately with fresh vegetables. It will keep in the fridge for up to one week.

Activity!

Have participants pick up a can of black beans or navy beans.

How much % DV of fibre is there per serving?

Would you say beans are high, or low in fibre?

Nuts & Seeds

- Nuts and seeds are among plant-based protein foods.
- Choose unsalted nuts and seeds.
- Choose “natural” or no added fat, sugar or salt nut butters (peanut butter, almond butter, cashew butter, etc.).
- Natural peanut butter is much lower in sugar and saturated and trans fats than regular peanut butter.
 - *Natural peanut butter will come with oil on top – do not drain off the oil. Place un-opened natural peanut butter in a cupboard upside down for a few days and then mix the remaining oil into the peanut butter.*
 - *Refrigerate it after stirring it to prevent the oil from separating out again.*
- Watch your portion size of nuts, seeds, and nut butters because they are high in fat. A small amount is good for the heart, but too much can lead to weight gain.



Activity!

Have participants pick up a regular peanut butter and a natural peanut butter.

Compare the ingredients list on both products. How many ingredients are in the natural peanut butter? How many are in the regular peanut butter?

Soy Protein

- Soy protein is among plant-based protein foods.
- The intake of soy protein has been associated with a decrease in cholesterol and lowers your risk of heart disease.
- At the grocery store some of the soy protein foods and beverages that you can find are fortified soy beverages and tofu.

**Unsweetened Fortified Soy Beverages**

- Unsweetened fortified soy beverages are a nutritionally adequate alternative to milk.
- Read the nutrition labels to make sure that the soy beverage is fortified.
- Those fortified should have calcium, vitamin D, vitamin A, vitamin B12, riboflavin and zinc added.
- Choose fortified soy beverages that have no sugar added.
- Unsweetened fortified soy beverages can be a good alternative for people with milk protein allergies, those who are sensitive to milk, or those who choose not to consume milk.
- If you have a milk allergy, read the ingredient list to make sure that it does not have milk or milk proteins.

Activity!

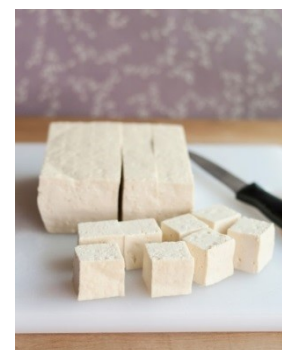
Have participants pick up a soy beverage.

*Is it fortified with calcium, vitamin D, A, B12, riboflavin and zinc?
Has sugar been added to the product?*

Read the Nutrition Facts table and the ingredient list to find out!

Tofu

- Tofu is made from fresh or dried soybeans.
- It is a low cost, versatile, protein-rich food that is typically easy to find in grocery stores.
- Tofu can be purchased as
 - soft or silken tofu
 - firm tofu
 - extra firm tofu
- Tofu has very little taste. It absorbs the flavors or spices you add to it, which makes it so versatile.
- In addition to protein, tofu also contains important nutrients such as calcium, iron, magnesium and zinc.
- Firm or extra firm tofu is an excellent source of calcium if it has been set with calcium sulphate.
- Gently rinse the tofu before using it. Then, slice it, dice it, grill it or crumble it. There are many ways to use tofu. Look online for delicious recipe ideas.

**Activity!**

Have participants pick up two different firm or extra firm tofu packages.

Check the ingredients list for calcium sulphate, and read the Nutrition Facts table to see how much calcium is in the tofu.

Different brands may have different amounts of calcium.

Animal-Based Foods

While Canada's Food Guide emphasizes more plant-based foods, animal-based foods are nutritious and can be part of a healthy diet. Here are some tips on how to select healthier animal-based food options.

Dairy Products

Milk

- Milk Fat or % M.F. tells you how much fat is in a dairy product.
- Choose lower fat milks, such as skim milk, 1% or 2% milk.
- Milk has nine essential nutrients including calcium, vitamin D, vitamin A, vitamin B12, protein, riboflavin, phosphorus, niacin and pantothenic acid.
- Lactaid milk is just as healthy as regular milk, but has the enzyme 'lactase' added to it to remove some of the lactose and make it easier for lactose intolerant individuals to digest.
- Buttermilk is similar to 1% milk in fat, but it is higher in sodium.
 - *Buttermilk is great to use in many lower-fat recipes.*
- Evaporated milk also contains sodium, and it is better to choose lower fat varieties.
- Evaporated milk still has vitamin A and vitamin D like regular milk.
 - *Rehydrate evaporated milk by adding an equal amount of water.*
- Powdered milk is also a good source of calcium
- Powdered milk can be a great alternative to fluid milk in remote and isolated communities where the cost of milk is very high.
 - *Powdered milk can be added to many recipes such as casseroles, cream soups, or mashed potatoes to increase the nutrient content!*
- Avoid sweetened condensed milk, cream and whipped cream because they are very high in saturated fat and/or sugar and they contain little calcium.



Yogurt

- Choose lower fat yogurts such as those that are 0% M.F, 1% M.F., or 2% M.F.
- Yogurt is a good source of calcium.
 - ***Choose yogurts with 18% DV of calcium.***
- Certain brands of yogurt have vitamin D added to it.
 - ***Check the Nutrition Facts table to see if there is any vitamin D added to your yogurt.***
- Many yogurts are high in sugar.
 - ***Read the Nutrition Facts table to see how much sugar is in your yogurt.***
- Choose a plain yogurt and flavour it with natural fruit such as sliced banana, or frozen berries.
 - ***Use plain yogurt in your smoothies instead of flavoured yogurt.***
 - ***Use plain yogurt to replace sour cream, which is high in saturated fat and low in calcium. Plain yogurt can be topped on your baked potato, or on your taco salad.***
 - ***Plain yogurt has natural sugar in it. However the amount of total sugar will be much lower compared to a fruit flavoured yogurt.***
- Greek yogurts are an excellent source of protein. However, they are more expensive than regular yogurts.
- Probiotic bacteria found in some yogurts promote a healthy digestive tract by producing acid, which makes the colon less attractive to bad bacteria that make people sick.

**Activity!**

Have participants pick out a sweetened yogurt and a plain yogurt.

How much sugar is in one serving of each yogurt?

Would you eat the plain yogurt?

Which is a better choice for you?

Cheese

- Cheese is not as high in calcium as milk, and is high in saturated fat.
- Choose cheeses lower in fat and sodium.
- Block cheese should have less than 20% M.F.

**Activity!**

Have participants pick out brands of cheese that they buy.

Look for the % M.F. on the front of the label.

- Cottage cheese is high in nutrients including B vitamins and protein and it is low in fat. However, cottage cheese tends to be high in sodium.
- Buy the brand with the least amount of sodium.
- Rinse your cottage cheese in a colander to remove some of the sodium.
- Avoid cream cheese, processed cheese such as cheese slices, because they are high in saturated fat, are highly processed and contain little calcium.

Recipe:
Berry cottage
cheese “ice
cream”

Try this delicious, yet healthy dessert.

Add to a food processor, or blender the following ingredients:

- 2/3 cups of cottage cheese
- 1 cup of frozen berries

Mix until well processed. Serve immediately.



Eggs

- Eggs are one of the best sources of protein, as our bodies absorb and use the high quality egg protein very well.
- Eggs are easy to find in the store, easy to cook with, versatile and are a lower cost protein food.
- People with high cholesterol should limit the egg yolks they eat to two per week.
 - *They can eat as many egg whites as they want since there is no cholesterol in the egg white.*
- Omega-3 Eggs have similar amounts of fat to regular eggs but have healthier fats known as omega-3.
 - *These can be eaten regularly by people with high cholesterol, because omega-3 fats are good for cholesterol levels.*



Fish & Shellfish

- The intake of traditional foods, including fish caught from the lake, has been shown to improve the quality of the diet and is linked to culture, identity, way of life and thus overall health.
- Salmon and trout are high in omega-3 fats that are good for the heart.
- Try to include omega-3 rich fish in your diet 2 times per week.
- Canned fish is a good alternative, but choose ones packed in water and with less salt.
- Plain frozen fish or shellfish are very healthy options.

**Recipe:
Salmon salad
sandwich**

Boost the nutrition in your sandwich with this recipe!

In a large bowl mix together:

- 1 can of salmon
- ¼ cup plain yogurt
- ½ cup frozen peas, thawed

Spread on whole wheat bread. Add lettuce and serve!

Meats

- Traditional meats and wild game are often naturally lower in fat than farm-raised meats.
- Choose poultry and lean red meat.
- Cut off excess fat from the meat prior to cooking it.
- Bake, broil, grill, and roast meats (rather than frying) to help remove more fat.
- Typically the less processed the food is, the least expensive it will be. A whole chicken costs less than boneless, skinless chicken.
 - *Roast an entire chicken and keep leftovers for lunch sandwiches, soups or casseroles.*
 - *Boil the leftover chicken bones in lightly seasoned water with vegetable scraps such as onions, carrots and celery for 24 hours to make a healthy soup broth.*
- Choose lean or extra lean ground beef when possible.
 - *Always cook the meat and drain off the excess fat.*



Type of Meat	Fat Content
Regular ground beef (100 g, cooked, undrained)	4 tsp
Lean ground beef (100 g, cooked, undrained)	3 tsp
Extra Lean ground beef (100 g, cooked, undrained)	2 tsp
Lean cut of beef or pork (100 g)	~ 1 tsp
Skinless chicken or turkey (100 g, white meat)	~ ½ tsp
Skinless chicken or turkey (100 g, dark meat)	~ 1 tsp

Processed Meat

- Limit processed and deli meats such as salami, bologna, wieners, sausages, loaves, and canned hams/corned beef because they are generally very high in saturated fats and sodium and have been linked to increased risk of colorectal cancer.
- Some pre-packaged deli meats are lower in fat and salt, but read the labels to find out.

Fats & Oils



Key Messages

- We need fat in our diet to keep us healthy.
- The type of fat consumed over time is more important for health than the total amount of fat consumed.
- Limit the intake of saturated fats in the diet and instead choose foods that contain mostly unsaturated fat.
 - *This will help decrease cholesterol levels.*
- This includes fat for cooking, salad dressings, margarine, and mayonnaise.
- People with high cholesterol should use soft margarines and vegetable oils rather than hard margarines, butter, or lard.

Unsaturated Fats

- Unsaturated fat is a healthy choice and should be chosen instead of saturated fat.
- Unsaturated fat is liquid at room temperature.
- Unsaturated fat includes monounsaturated fat and polyunsaturated fat.
 - *There are two types of polyunsaturated fat: omega-3 fatty acids and omega-6 fatty acids.*
- Examples are vegetable oil, canola oil, olive oil, and soft margarines.

- *All vegetable oils are cholesterol-free because cholesterol only comes from animal products.*

Activity!

*Show that unsaturated fats are not listed on food labels:
Total fat – saturated fat – trans fat = unsaturated fat!*

Monounsaturated	Polyunsaturated
Avocado	Fatty fish (salmon, trout), shellfish
Olive oil, Canola oil	Safflower, sunflower, corn and soybean oils
Some nut seeds (almonds, pecans)	Sesame and nut oils
Soft margarine made with these oils	Soft margarine made with these oils

Saturated Fats

- Saturated fat is solid at room temperature.
- Saturated fat is unhealthy and can raise blood cholesterol and increases your risk for cardiovascular disease.
- Saturated fat comes mostly from animal products such as cheese, cream, butter, lard and fatty meats.
- Saturated fat is also in tropical oils such as coconut oil, palm, and palm kernel oils.

Activity!

Show cookies and crackers made with tropical oils.
Compare the saturated fat content of these to those made with an unsaturated fat.

Trans Fats

- Trans fats raises blood cholesterol levels and should be avoided.

- Trans fats is a fat that has been changed by a process called hydrogenation. This process increases the shelf life of fat and makes the fat harder at room temperature. Foods that contained trans fats included store-bought crackers, baked goods, donuts and fried foods.
- Health Canada has banned artificial trans fat, making it illegal for manufacturers to add partially hydrogenated oils to foods sold in Canada. This ban is being phased in and as of September 2020 all artificially produced trans fat will be removed from the food supply.

Homemade Meals Vs. Highly Processed Foods

Homemade Meals

- Homemade meals are healthier and less expensive than highly processed and packaged foods.
 - *Promote cooking and food preparation using nutritious foods as a practical way to support healthy eating.*
- Cook more often and encourage other family members to cook with you.
 - *Eat meals with others.*

Highly Processed Foods

- Limit highly processed foods and drinks because they are not part of a healthy eating pattern.
- Highly processed foods and drinks add too much sugars, sodium and saturated fat to our diet and can increase your risk of chronic disease.
 - *Highly processed foods and drinks include: sugary drinks, chocolate and candies, ice cream and frozen desserts, fast foods like French fries and burgers, frozen entrees like pasta dishes and pizzas, bakery products like muffins, cookies and cakes and processed meats like sausages and deli meats.*
- Be aware of food marketing and recognize when a food is being marketed to you.

- *Most marketed foods and drinks are highly processed foods and drinks that contribute too much sodium, sugars, or saturated fat to our eating patterns.*

Sugary drinks & Confectioneries

- Kids who drink sugary beverages, including 100% fruit juice, are at risk of dental decay.
- Too much added sugars in the diet is linked with risks of weight gain and type 2 diabetes.
- Choose water as your choice of beverage.



Healthy Grocery Shopping Tips!

Use these tips to help you make healthier food choices when you are grocery shopping.

Be Prepared

- Make a meal plan and create your grocery list based on your meal plan.
- Remember to check to see what you already have at home. This will save you time and money and will help you buy only the foods you need.
- Do not shop on an empty stomach, or you may buy foods you do not need.

Fill Your Cart with Healthy Choices

- Aim to fill $\frac{1}{2}$ your cart with vegetables and fruits.
- Aim to fill $\frac{1}{4}$ of your cart with whole grain foods.
- Aim to fill $\frac{1}{4}$ of your cart with protein foods.
 - *Choose protein foods that come from plants more often.*



- Use grocery shopping as a chance to find new healthy foods.
- Choose affordable options when you are grocery shopping on a budget.

Assess Your Shopping Habits

- Keep track of where in the store you are spending time and the types of foods you put in your cart. Certain sections are full of foods high in saturated fat, sodium and sugar.
- Limit the amount of highly processed foods you buy. The more of these foods you have in your house, the more of them you will eat.
- Take time to look at the food labels, compare products and choose the healthier option.
- Notice if marketing is influencing your food choices while shopping. Examples of marketing in the grocery store include:
 - *Product placement*
 - *Colorful packaging*

Think of the Environment

- Use reusable shopping bags to help reduce the use of plastic bags, which are harmful to the environment.
- Choose products with less packaging. Buying foods in bulk will help reduce packaging.



Try Making an Impact at Your Grocery Store

- Get involved in making your local grocery store a healthier food environment.
- If you want a certain item and cannot find it, ask. Encourage the manager to stock healthier options.
- Give your grocery store feedback. Share ideas to replace checkout aisle snacks with healthy options.

- Encourage your store to consider activities that encourage healthy eating such as:
 - Cooking classes to practice making healthy meals
 - Cooking demos to showcase healthy, easy and delicious recipes
 - Tours with a dietitian to learn more about healthy food choices



References

Diabetes 101.

(n.d.). *How to Hold a*

Grocery Store Tour in My Community. First Nations and Inuit Health Branch.

Dietitians of Canada. (2013). *Best Food Forward: Plan Shop Cook Enjoy!* (Powerpoint Presentation). Dietitians of Canada Nutrition Month 2013.

Health Canada. (2019). *Canada's Food Guide*. Health Canada Publications.

Heart and Stroke Foundation of Manitoba. (n.d.). *HeartSmart Grocery Shopping Tour: Tour Leader Guide*. Heart and Stroke Foundation.

Appendix 17: Diabetes and Physical Activity

EVERYONE BENEFITS FROM PHYSICAL ACTIVITY!

One of the ways to reduce the risk of type 2 diabetes, and its complications is through physical activity. Some people may not know the term physical activity, but it simply means that a person is moving his or her body and using more energy than if they were just sitting and resting. This could include things that they do at work such as carrying a box of files, housework such as vacuuming, or things that they like to do in their leisure time such as walking or playing hockey. The main idea is that a person is getting up and moving. Every little bit counts, even if it does not seem like much.

4 types of physical activities

- Sport is a planned activity that follows rules and is competitive. Some examples of this would be hockey, volleyball, curling and soccer.
- Exercise is planned and follows a sort of prescription, such as, walking quickly for 15 minutes, or lifting a weight 20 times.
- Traditional Activities are activities such as ceremonies and living closely to the land. These are generally quite physically demanding.
- Active living is integrating physical activity into your daily life though occupational, household and leisure time activities. It can be as simple as hanging the laundry on the clothesline or walking to get groceries instead of driving.

Benefits of physical activity

- Better health, including helps to lower cholesterol, lowers blood glucose levels, lowers the risk of heart attack and stroke, reduces the risk of diabetes and its complications
- Better fitness
- Better posture and balance
- Weight control or weight loss
- Stronger muscles and bones
- Improved self-confidence
- Improved self-esteem
- More energy
- Improved overall happiness
- Relaxation
- Stress reduction
- Improved cognitive function and reduced risk of dementia
- Ability to maintain independence with age



Being physically active not only improves the physical aspects of a person's life, but it also helps to improve one's mental, emotional and spiritual health.

Physical activity guidelines



The Canadian Society of Exercise Physiology has physical activity guidelines that provide minimum levels of activity that each person should be getting. It is important to note that if a person is normally inactive, he/she may need to slowly work up to the recommended levels. The guidelines are broken up into four different age groups: early years aged 0-4 years; 24 hour movement guidelines for children and youth aged 5-17 years; adults aged 18-64 years and older adults aged 65 and older. The guidelines can be downloaded from the Canadian Society of Exercise Physiology website at www.csep.ca/guidelines. For hard copies of the guidelines see **Appendix 18**.

Early years (0-4 years):

For healthy growth and development, infants, toddlers, and preschoolers should achieve the recommended balance of physical activity, high-quality sedentary behaviour, and sufficient sleep.



A healthy 24 hours includes:

Infants (less than 1 year)

- **Move:** Being physically active several times in a variety of ways. For those not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake.
- **Sleep:** 14-17 hours (for those 0-3 months) and 12-16 hours (for those 4-11 months).
- **Sit:** Not being restrained for more than 1 hour at a time (in a high chair or stroller); screen time is not recommended.
- When sedentary, they should be engaged with things like reading and storytelling with a caregiver.

Toddlers (1-2 years)

- **Move:** At least 180 minutes spent in a variety of physical activities at any intensity spread throughout the day. More is better!
- **Sleep:** 11-14 hours of good quality sleep, including naps, with consistent bedtimes and wake-up times.

- **Sit:** Not being restrained for more than 1 hour at a time (in a high chair or stroller); screen time is not recommended for those less than 2 years old. For those 2 years old, sedentary screen time should be no more than 1 hour per day. Less is better!
- When sedentary, they should be engaged with things like reading and storytelling with a caregiver.

Preschoolers (3-4 years)

- **Move:** At least 180 minutes spent in a variety of physical activities at any intensity spread throughout the day with at least 60 minutes of energetic play. More is better!
- **Sleep:** 10-13 hours of good quality sleep, including naps, with consistent bedtimes and wake-up times.
- **Sit:** Not being restrained for more than 1 hour at a time (in a car seat or stroller) or sitting for extended periods. Sedentary screen time should be no more than 1 hour per day. Less is better!
- When sedentary, they should be engaged with things like reading and storytelling with a caregiver.

Children and Youth (5-17 years):

For optimal health benefits, children and youth should achieve high levels of physical activity, low levels of sedentary behaviour, and sufficient sleep each day.



A healthy 24 hours includes:

- **Sweat:** An accumulation of at least 60 minutes per day of moderate to vigorous physical activity involving a variety of aerobic activities. Vigorous physical activities, and muscle and bone strengthening activities should each be incorporated at least 3 days per week.
 - Aerobic exercise is repeated, rhythmic and continuous movement, such as walking, jogging, dancing, biking, swimming, etc.
 - Moderate activity means that the person feels warm, the heart is beating faster, is breathing heavier, but still able to talk easily, but not sing.
 - Vigorous activity means that the person, is warm and likely sweating, the heart is beating faster and breathing heavier to the point where it would be difficult to have a conversation.
- **Step:** Several hours of a variety of structured and unstructured light physical activities.



- **Sleep:** Uninterrupted 9-11 hours of sleep per night for those aged 5-13 years and 8-10 hours per night for those aged 14-17 years, with consistent bedtimes and wake-up times.
- **Sit:** No more than 2 hours per day of recreational screen time. Limited sitting for extended periods.

For children and youth that are not currently meeting the 24-hour movement guidelines, small changes over time should be made to get closer to them. Following these guidelines is associated with better overall health, academic achievement and reasoning and understanding, better control of emotions, better social skills and behaviour, and overall quality of life.

These guidelines are relevant for all healthy children and youth, and may be appropriate for children and youth with disabilities or medical conditions. However, a health care professional should be consulted for additional guidance.

Adults (18-64 years):

For health benefits, adults aged 18-64 should be active each day, minimize sedentary behaviour and get enough sleep.

A healthy 24 hours includes:

- **Physical Activity:** Performing a variety of types and intensities of physical activity including:
 - Moderate to vigorous aerobic activity for at least 150 minutes a week.
 - Aerobic exercise is repeated, rhythmic and continuous movement, such as walking, jogging, dancing, biking, swimming, etc.
 - Moderate activity means that the person feels warm, the heart is beating faster, is breathing heavier, but still able to talk easily, but not sing.
 - Vigorous activity means that the person, is warm and likely sweating, the heart is beating faster and breathing heavier so that they can only say a couple of words between breaths or feel “out of breath”.
 - Muscle-strengthening activities at least 2 times per week.
 - Several hours of light physical activity, including standing.
- **Sleep:** Getting 7-9 hours of good-quality sleep regularly with consistent bedtimes and wake-up times.
- **Sedentary behaviour:** Limiting sedentary behaviour to 8 hours or less, which includes:



- No more than 3 hours of recreational screen time.
- Breaking up long periods of sitting as often as possible.

Replacing sedentary behaviour with more physical activity and trading light physical activity for more vigorous activity, while preserving sleep can provide greater health benefits.

Older adults (65 years and older):

For health benefits, adults 65 and older should be active each day, minimize sedentary behaviour and get enough sleep.

A healthy 24 hours includes:

- **Physical Activity:** Performing a variety of types and intensities of physical activity including:
 - Moderate to vigorous aerobic activity for at least 150 minutes a week.
 - Aerobic exercise is repeated, rhythmic and continuous movement, such as walking, jogging, dancing, biking, swimming, etc.
 - Moderate activity means that the person feels warm, the heart is beating faster, is breathing heavier, but still able to talk easily, but not sing
 - Vigorous activity means that the person, is warm and likely sweating, the heart is beating faster and breathing heavier so that they can only say a couple of words between breaths or feel “out of breath”.
 - Muscle-strengthening activities at least 2 times per week
 - Physical activities that challenge balance
 - Several hours of light physical activity, including standing
- **Sleep:** Getting 7-9 hours of good-quality sleep regularly with consistent bedtimes and wake-up times.
- **Sedentary behaviour:** Limiting sedentary behaviour to 8 hours or less, which includes:
 - No more than 3 hours of recreational screen time
 - Breaking up long periods of sitting as often as possible.



Replacing sedentary behaviour with more physical activity and trading light physical activity for more vigorous activity, while preserving sleep can provide greater health benefits.

People with diabetes

Often people with chronic diseases, such as type 2 diabetes feel that they are not able to exercise. In almost all circumstances the benefits of physical activity outweigh the potential risks. Being active carries much less risk than being inactive.

Regular exercise should be part of the treatment plan for people living with diabetes. However, before beginning very strenuous or vigorous exercise, they should be assessed by their health care provider for health risks.



Key Messages from the Diabetes Canada Clinical Practice Guidelines include:

- Physical activity often improves glucose control and facilitates weight loss but has multiple other health benefits even if weight and glucose control do not change.
- It is best to avoid prolonged sitting. Try to interrupt sitting time by getting up briefly every 20 to 30 minutes.
- Try to get at least 150 minutes per week of aerobic exercise (like walking, bicycling or jogging).
- Using a step monitor (pedometer or accelerometer) can help track your activity.
- In addition to aerobic exercise, try to do at least 2 sessions per week of strength training (like exercises with weights or weight machines).
- If you decide to begin strength training, you should ideally get some instruction from a qualified exercise specialist.
- If you cannot reach these recommended levels of activity, doing smaller amounts of activity still has some health benefits.

Physical Activity During Pregnancy

The Canadian Guidelines for Physical Activity throughout pregnancy state that :

- Unless a doctor has said that they cannot exercise, all pregnant people should be physically active throughout their pregnancy including:
 - Those who were previously inactive
 - Those diagnosed with gestational diabetes
 - Those who are considered overweight or obese
- Pregnant people should accumulate 150 minutes of moderate-intensity physical activity each week.
- Physical activity should be accumulated over a minimum of 3 days per week, although being active every day is encouraged.
- A variety of aerobic and resistance activities should also be incorporated to achieve greater health benefits.
- Yoga or gentle stretch can also be beneficial.

- Pelvic floor training can be added to reduce the risk of urinary incontinence.
- Laying flat on the back should be avoided if the individual feels light-headedness, nausea or unwell.

How To Start

For those that have been inactive or want to be more active, it can be difficult to know where to start. The Movement Counselling Tool for Adults Aged 18-64 Years (**Appendix 18**) is a great tool to use to help guide the conversation with someone who would like to start being more active.



When deciding to get active, people often try to do too much when they start and end up feeling sore and then discouraged. It is important to start slowly and set reasonable expectations. Here are a few tips to make sure that starting a new exercise routine is safe and enjoyable.

The warm-up

The warm-up is essential to get the body ready for exercise. It prepares the heart and lungs for more activities and helps lubricate the joints to help increase flexibility. The warm-up could include walking slowly and then gradually increasing the speed for 5-10 minutes.



The activity

Exercise can be fun and should be specific to each individual. An individual should start by picking something that they enjoy and can fit into their day. A few fun ideas are:



- Going for a walk after dinner
- Playing outside with kids or grandkids
- Buying an exercise DVD that will be fun
- Joining a walking club
- Starting a garden
- Buying a resistance band and doing strength activities at home
- Trying a new sport or activity like volleyball, soccer, ultimate frisbee or yoga
- Snowshoeing
- Chopping wood

The cool-down

The cool-down is just as essential as the warm-up. It can help prevent sore muscles and an irregular heartbeat. It also helps get back to a resting heart



rate and helps the body cool down. It can be as simple as walking around, gradually getting slower and then stretching. Each stretch should be held for 10-30 seconds and should not hurt.

Get Active Questionnaire

For most people, the benefits of being physically active outweigh any risks, however, for some people, getting advice or direction from a health care provider is advisable.

Anyone can fill out the Get Active Questionnaire, which can be found in **Appendix 18**, which will help determine if they should talk with a health care provider before starting to be more physically active.

Appendix 18:

Guidelines:

- **Canadian 24-Hour Movement Guidelines for the Early Years (1-4 years)**
- **Canadian 24-Hour Movement Guidelines for Children and Youth (5-17 years)**
- **Canadian 24-Hour Movement Guidelines for Adults (18-64 years)**
- **Canadian 24-Hour Movement Guidelines for Older Adults (65+ years)**
- **Canadian Guideline for Physical Activity throughout Pregnancy**

Resources:

- **Make your whole day matter- Movement Guidelines Infographic**
- **Movement Counselling Tool for Adults aged 18-64 years**
- **Get Active Questionnaire**

0-4 years

CANADIAN 24-HOUR MOVEMENT GUIDELINES FOR THE EARLY YEARS (0-4 YEARS):

An Integration of Physical Activity, Sedentary Behaviour, and Sleep

PREAMBLE

These Guidelines are relevant to all apparently healthy infants (less than 1 year), toddlers (1-2 years), and preschoolers (3-4 years), irrespective of gender, cultural background, or the socio-economic status of the family. These Guidelines may be appropriate for young children with a disability or medical condition; however, a health professional should be consulted for additional guidance.

To encourage healthy growth and development, young children should receive support from their parents and caregivers that allows for an active lifestyle with a daily balance of physical activities, sedentary behaviours, and sleep. Young children should participate in a range of developmentally appropriate, enjoyable, and safe play-based and organized physical activities in a variety of environments (e.g., home/child care/school/community; indoors/outdoors; land/water; summer/winter), both independently as well as together with adults and other children. For infants, supervised activities could include tummy time, reaching and grasping, pushing and pulling, and crawling. The quality of sedentary behaviour matters; for example, interactive non-screen-based behaviours (e.g., reading, storytelling, singing, puzzles) are encouraged. Developing healthy sleep hygiene in the early years is important; this includes having a calming bedtime routine with consistent bedtimes and wake-up times, avoiding screen time before sleep, and keeping screens out of the bedroom.

Following these Guidelines through the early years is associated with better growth, cardiorespiratory and musculoskeletal fitness, cognitive development, psychosocial health/emotional regulation, motor development, body composition, quality of life/well-being, as well as reduced injuries. The benefits of following these Guidelines exceed potential harms.

For those not currently meeting these 24-Hour Movement Guidelines, a progressive adjustment toward them is recommended. Adhering to these Guidelines may be challenging at times; resources are available for assistance at www.BuildYourBestDay.com/EarlyYears.

These Guidelines were informed by the best available evidence, expert consensus, stakeholder consultation, and consideration of values and preferences, applicability, feasibility, and equity. The specific Guidelines and more details on the background research, their interpretation, guidance on how to achieve them, and recommendations for further research and surveillance are available at www.csep.ca/guidelines.

Canadian 24-Hour Movement Guidelines for the Early Years (0-4 years)

For healthy growth and development, infants, toddlers, and preschoolers should achieve the recommended balance of physical activity, high-quality sedentary behaviour, and sufficient sleep.

A healthy 24 hours includes:



MOVE

SLEEP

SIT

INFANTS (LESS THAN 1 YEAR)

Being physically active several times in a variety of ways, particularly through interactive floor-based play—more is better. For those not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake.

14 to 17 hours (for those aged 0-3 months) or 12 to 16 hours (for those aged 4-11 months) of good-quality sleep, including naps.

Not being restrained for more than 1 hour at a time (e.g., in a stroller or high chair). Screen time is not recommended. When sedentary, engaging in pursuits such as reading and storytelling with a caregiver is encouraged.

TODDLERS (1-2 YEARS)

At least 180 minutes spent in a variety of physical activities at any intensity, including energetic play, spread throughout the day—more is better.

11 to 14 hours of good-quality sleep, including naps, with consistent bedtimes and wake-up times.

Not being restrained for more than 1 hour at a time (e.g., in a stroller or high chair) or sitting for extended periods. For those younger than 2 years, sedentary screen time is not recommended. For those aged 2 years, sedentary screen time should be no more than 1 hour—less is better. When sedentary, engaging in pursuits such as reading and storytelling with a caregiver is encouraged.

PRESCHOOLERS (3-4 YEARS)

At least 180 minutes spent in a variety of physical activities spread throughout the day, of which at least 60 minutes is energetic play—more is better.

10 to 13 hours of good-quality sleep, which may include a nap, with consistent bedtimes and wake-up times.

Not being restrained for more than 1 hour at a time (e.g., in a stroller or car seat) or sitting for extended periods. Sedentary screen time should be no more than 1 hour—less is better. When sedentary, engaging in pursuits such as reading and storytelling with a caregiver is encouraged.

Replacing time restrained or sedentary screen time with additional energetic play, and trading indoor for outdoor time, while preserving sufficient sleep, can provide greater health benefits.

CANADIAN 24-HOUR MOVEMENT GUIDELINES FOR CHILDREN AND YOUTH:

An Integration of Physical Activity, Sedentary Behaviour, and Sleep

PREAMBLE

These guidelines are relevant to apparently healthy children and youth (aged 5–17 years) irrespective of gender, race, ethnicity, or the socio-economic status of the family. Children and youth are encouraged to live an active lifestyle with a daily balance of sleep, sedentary behaviours, and physical activities that supports their healthy development.

Children and youth should practice healthy sleep hygiene (habits and practices that are conducive to sleeping well), limit sedentary behaviours (especially screen time), and participate in a range of physical activities in a variety of environments (e.g., home/school/community; indoors/outdoors; land/water; summer/winter) and contexts (e.g., play, recreation, sport, active transportation, hobbies, and chores).

For those not currently meeting these 24-hour movement guidelines, a progressive adjustment toward them is recommended. Following these guidelines is associated with better body composition, cardiorespiratory and musculoskeletal fitness, academic achievement and cognition, emotional regulation, pro-social behaviours, cardiovascular and metabolic health, and overall quality of life. The benefits of following these guidelines far exceed potential risks.

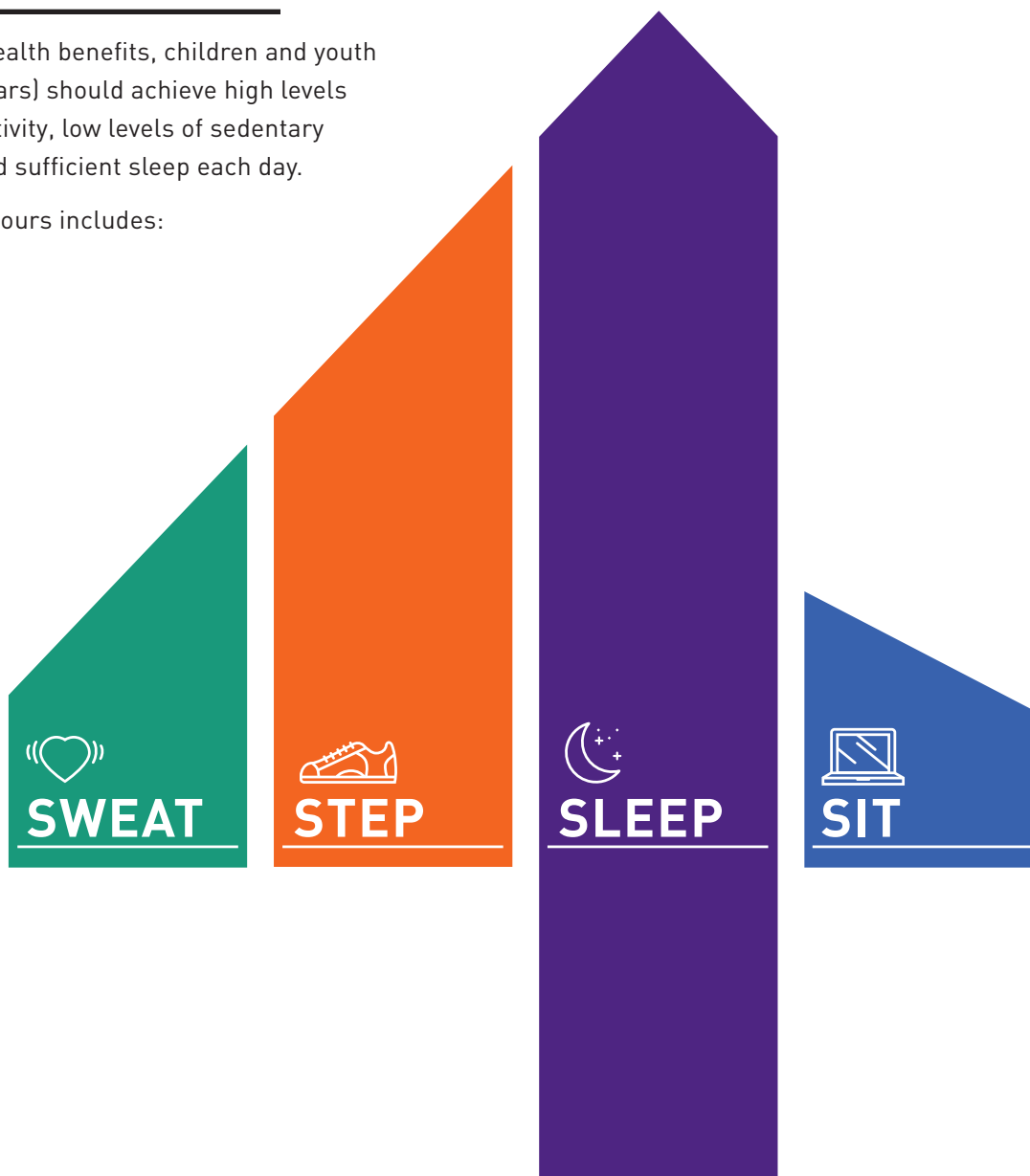
These guidelines may be appropriate for children and youth with a disability or medical condition; however, a health professional should be consulted for additional guidance.

The specific guidelines and more details on the background research informing them, their interpretation, guidance on how to achieve them, and recommendations for research and surveillance are available at www.csep.ca/guidelines.

GUIDELINES

For optimal health benefits, children and youth (aged 5–17 years) should achieve high levels of physical activity, low levels of sedentary behaviour, and sufficient sleep each day.

A healthy 24 hours includes:



SWEAT

MODERATE TO VIGOROUS PHYSICAL ACTIVITY

An accumulation of at least 60 minutes per day of moderate to vigorous physical activity involving a variety of aerobic activities. Vigorous physical activities, and muscle and bone strengthening activities should each be incorporated at least 3 days per week;

STEP

LIGHT PHYSICAL ACTIVITY

Several hours of a variety of structured and unstructured light physical activities;

SLEEP

SLEEP

Uninterrupted 9 to 11 hours of sleep per night for those aged 5–13 years and 8 to 10 hours per night for those aged 14–17 years, with consistent bed and wake-up times;

SIT

SEDENTARY BEHAVIOUR

No more than 2 hours per day of recreational screen time; Limited sitting for extended periods.

Preserving sufficient sleep, trading indoor time for outdoor time, and replacing sedentary behaviours and light physical activity with additional moderate to vigorous physical activity can provide greater health benefits.

18-64 years

CANADIAN 24-HOUR MOVEMENT GUIDELINES

FOR ADULTS AGED 18-64 YEARS:

An Integration of Physical Activity, Sedentary Behaviour, and Sleep

PREAMBLE

This document is intended for use by policy makers, health professionals, and researchers, and it may be useful to interested members of the public.

These 24-Hour Movement Guidelines are relevant to adults (aged 18-64 years), irrespective of gender, cultural background, or socio-economic status. These Guidelines may not be appropriate for adults aged 18-64 years who are pregnant or persons living with a disability or a medical condition; these individuals should consider consulting the *Get Active Questionnaire*, disability/condition-specific recommendations, or a health professional for guidance.

Adults aged 18-64 years should participate in a range of physical activities (e.g., weight bearing/non-weight bearing, sport and recreation) in a variety of environments (e.g., home/work/community; indoors/outdoors; land/water) and contexts (e.g., leisure, transportation, occupation, household) across all seasons. Adults aged 18-64 years should limit long periods of sedentary behaviours and should practice healthy sleep hygiene (routines, behaviours, and environments conducive to sleeping well).

Following the 24-Hour Movement Guidelines is associated with these health benefits:

- a lower risk of mortality, cardiovascular disease, hypertension, type 2 diabetes, several cancers, anxiety, depression, dementia, weight gain, adverse blood lipid profile; and
- improved bone health, cognition, quality of life and physical function.

The benefits of following these Guidelines far exceed potential harms. Following these Guidelines may be challenging at times; progressing towards any of the Guideline targets will result in some health benefits.

These 24-Hour Movement Guidelines were informed by the best available evidence, expert consensus, stakeholder consultation, and consideration of values and preferences, applicability, feasibility, and equity. A glossary and more details on the Guidelines, the background research, their interpretation, guidance on how to achieve them, and recommendations for further research and surveillance are available at <https://csep.ca/guidelines>.

For health benefits, adults aged 18-64 years should be physically active each day, minimize sedentary behaviour, and achieve sufficient sleep.

A healthy 24 hours includes:

PHYSICAL ACTIVITY

Performing a variety of types and intensities of physical activity, which includes:



- **Moderate to vigorous aerobic physical activities** such that there is an accumulation of at least 150 minutes per week
- Muscle strengthening activities using major muscle groups at least twice a week



- Several hours of **light physical activities**, including standing

SLEEP



Getting 7 to 9 hours of good-quality sleep on a regular basis, with consistent bed and wake-up times

SEDENTARY BEHAVIOUR



Limiting sedentary time to 8 hours or less, which includes:

- No more than 3 hours of recreational screen time
- Breaking up long periods of sitting as often as possible



Replacing sedentary behaviour with additional physical activity and trading light physical activity for more moderate to vigorous physical activity, while preserving sufficient sleep, can provide greater health benefits.



Progressing towards any of these targets will result in some health benefits.

65 years or older

CANADIAN 24-HOUR MOVEMENT GUIDELINES

FOR ADULTS 65 YEARS OR OLDER:

An Integration of Physical Activity, Sedentary Behaviour, and Sleep

PREAMBLE

This document is intended for use by policy makers, health professionals, and researchers, and it may be useful to interested members of the public.

These 24-Hour Movement Guidelines are relevant to adults aged 65 years or older, irrespective of gender, cultural background, or socio-economic status. These Guidelines may not be appropriate for adults aged 65 years or older living with a disability or a medical condition; these individuals should consider consulting the *Get Active Questionnaire*, disability/condition-specific recommendations, or a health professional for guidance.

Adults aged 65 years or older should participate in a range of physical activities (e.g., weight bearing/non-weight bearing, sport and recreation) in a variety of environments (e.g., home/work/community; indoors/outdoors; land/water) and contexts (e.g., leisure, transportation, occupation, household) across all seasons. Adults aged 65 years or older should limit long periods sedentary behaviours and should practice healthy sleep hygiene (routines, behaviours, and environments conducive to sleeping well).

Following the 24-Hour Movement Guidelines is associated with these health benefits:

- a lower risk of mortality, cardiovascular disease, hypertension, type 2 diabetes, several cancers, anxiety, depression, dementia, weight gain, adverse blood lipid profile, falls and fall-related injuries; and
- improved bone health, cognition, quality of life and physical function.

The benefits of following these Guidelines far exceed potential harms. Following these Guidelines may be challenging at times; progressing towards any of the Guideline targets will result in some health benefits.

These 24-Hour Movement Guidelines were informed by the best available evidence, expert consensus, stakeholder consultation, and consideration of values and preferences, applicability, feasibility, and equity. A glossary and more details on the Guidelines, the background research, their interpretation, guidance on how to achieve them, and recommendations for further research and surveillance are available at <https://csep.ca/guidelines>.

For health benefits, adults aged 65 years or older should be physically active each day, minimize sedentary behaviour, and achieve sufficient sleep.

A healthy 24 hours includes:

PHYSICAL ACTIVITY

Performing a variety of types and intensities of physical activity, which includes:



- **Moderate to vigorous aerobic physical activities** such that there is an accumulation of at least 150 minutes per week
- Muscle strengthening activities using major muscle groups at least twice a week
- Physical activities that challenge balance



- Several hours of **light physical activities**, including standing

SLEEP



Getting 7 to 8 hours of good-quality sleep on a regular basis, with consistent bed and wake-up times

SEDENTARY BEHAVIOUR



Limiting sedentary time to 8 hours or less, which includes:

- No more than 3 hours of recreational screen time
- Breaking up long periods of sitting as often as possible



Replacing sedentary behaviour with additional physical activity and trading light physical activity for more moderate to vigorous physical activity, while preserving sufficient sleep, can provide greater health benefits.



Progressing towards any of these targets will result in some health benefits.

2019 Canadian Guideline for Physical Activity throughout Pregnancy

Preamble:

These *Guidelines* provide evidence-based recommendations regarding physical activity throughout pregnancy in the promotion of maternal, fetal and neonatal health. In the absence of contraindications (see next page for a detailed list), following these *Guidelines* is associated with: 1) fewer newborn complications (i.e., large for gestational age); and 2) maternal health benefits (i.e., decreased risk of preeclampsia, gestational hypertension, gestational diabetes, caesarean section, instrumental delivery, urinary incontinence, excessive gestational weight gain, and depression; improved blood glucose; decreased total gestational weight gain; and decreased severity of depressive symptoms and lumbopelvic pain).

Physical activity is not associated with miscarriage, stillbirth, neonatal death, preterm birth, preterm/prelabour rupture of membranes, neonatal hypoglycemia, low birth weight, birth defects, induction of labour, or birth complications. In general, more physical activity (frequency, duration and/or volume) is associated with greater benefits. However, evidence was not identified regarding the safety or additional benefit of exercising at levels significantly above the recommendations. Prenatal physical activity should be considered a front-line therapy for reducing the risk of pregnancy complications, and enhancing maternal physical and mental health.

For pregnant women not currently meeting these Guidelines, a progressive adjustment toward them is recommended. Previously active women may continue physical activity throughout pregnancy. Women may need to modify physical activity as pregnancy progresses. There may be periods when following the guidelines are not possible due to fatigue and/or discomforts of pregnancy; women are encouraged to do what they can and to return to following the recommendations when they are able.

These Guidelines were informed by an extensive systematic review of the literature, expert opinion, end-user consultation and considerations of feasibility, acceptability, costs and equity.

Recommendations:

The specific recommendations in the 2019 Canadian Guideline for Physical Activity throughout Pregnancy are provided below.

1

All women without contraindication should be physically active throughout pregnancy.

Specific subgroups were examined:

- Women who were previously inactive.
- Women diagnosed with gestational diabetes mellitus.
- Women categorized as overweight or obese [pre-pregnancy body mass index ≥ 25 kg/m²].

2

Pregnant women should accumulate at least 150 minutes of moderate-intensity physical activity each week to achieve clinically meaningful health benefits and reductions in pregnancy complications.

3

Physical activity should be accumulated over a minimum of three days per week; however, being active every day is encouraged.

4

Pregnant women should incorporate a variety of aerobic and resistance training activities to achieve greater benefits. Adding yoga and/or gentle stretching may also be beneficial.

5

Pelvic floor muscle training (e.g., Kegel exercises) may be performed on a daily basis to reduce the risk of urinary incontinence. Instruction in proper technique is recommended to obtain optimal benefits.

6

Pregnant women who experience light-headedness, nausea or feel unwell when they exercise flat on their back should modify their exercise position to avoid the supine position.

Contraindications:

All pregnant women can participate in physical activity throughout pregnancy with the exception of those who have contraindications (listed below). Women with absolute contraindications may continue their usual activities of daily living but should not participate in more strenuous activities. Women with relative contraindications should discuss the advantages and disadvantages of moderate-to-vigorous intensity physical activity with their obstetric care provider prior to participation.

Absolute contraindications to exercise are the following:

- ruptured membranes,
- premature labour,
- unexplained persistent vaginal bleeding,
- placenta previa after 28 weeks gestation,
- preeclampsia,
- incompetent cervix,
- intrauterine growth restriction,
- high-order multiple pregnancy (e.g., triplets),
- uncontrolled Type I diabetes,
- uncontrolled hypertension
- uncontrolled thyroid disease,
- other serious cardiovascular, respiratory or systemic disorder.

Relative contraindications to exercise are the following:

- recurrent pregnancy loss,
- gestational hypertension,
- a history of spontaneous preterm birth,
- mild/moderate cardiovascular or respiratory disease,
- symptomatic anemia,
- malnutrition,
- eating disorder,
- twin pregnancy after the 28th week,
- other significant medical conditions.

CSEP-PATH: MOVEMENT COUNSELLING TOOL

FOR ADULTS AGED 18-64 YEARS

The Canadian 24-Hour Movement Guidelines for adults integrate three core movement behaviour recommendations for optimal health benefits:

MOVE MORE

**REDUCE
SEDENTARY TIME**

SLEEP WELL

Use this tool to guide your conversation with clients that express an interest in changing a movement behaviour.

STEP 1: ASK client for permission to discuss their movement behaviours (i.e., physical activity, sedentary time, sleep).

- “May I discuss Canada’s daily movement recommendations with you?”
- Discuss the Canadian 24-Hour Movement Guidelines with your client.

STEP 2: ASSESS client’s physical activity, sedentary time, and sleep.

- Ask open-ended questions such as “Tell me about your current physical activity levels?” or “How would you describe your sleep schedule?”
- Use the information gathered and the movement recommendations below to help guide goal setting and action planning (STEP 4).

A HEALTHY 24 HOURS INCLUDES:

PHYSICAL ACTIVITY



150 minutes per week of moderate to vigorous aerobic physical activities



Muscle strengthening activities at least twice a week



Several hours of light physical activities including standing

SEDENTARY TIME



Limit sedentary time to 8 hours or less



No more than 3 hours of recreational screen time



Break up long periods of sitting as often as possible

SLEEP



Get 7 to 9 hours of good-quality sleep on a regular basis



Consistent bed and wake-up times

Replacing sedentary behaviour with additional physical activity and trading light physical activity for more moderate to vigorous physical activity, while preserving sufficient sleep, can provide greater health benefits.

STEP 3: ADVISE client on their current movement behaviours.

- Discuss the health benefits and/or risks of their current status if necessary.

STEP 4: AGREE on a realistic goal with your client.

- Ask client which movement behaviour(s) they would like to focus on. Create a SMART goal with your client that helps them move towards the guideline recommendations (see [Goal Setting Worksheet](#)). Offer practical strategies when needed. (examples of strategies for each target are below)
- **Remind** client that progressing towards **any** of the movement behaviour targets will result in some health benefits.

PHYSICAL ACTIVITY



Discuss ways to increase the types and intensities of aerobic activity they perform each day.



Develop an appropriate resistance training program for your client.



Discuss how they could replace sedentary periods of their day with light activities such as standing.

SEDENTARY TIME



Identify periods of the day where they are sedentary and discuss how to replace them with other movement behaviours (e.g., standing).



Encourage them to keep screens away from bedrooms and eating areas.



Encourage them to get up and get a glass water during the day, or use technology to remind them to take breaks.

SLEEP



Have them develop relaxing bedtime routine, avoid caffeine consumption in afternoon, no screens 30-60 mins before bedtime.



Encourage them to go bed at the same time every day.



Make your whole day matter.

SMART Goal:

STEP 5: ASSIST client to increase self-confidence and overcome barriers.

- Consider using tools such as the [Decision Balance Worksheet](#) or the [Barriers to Physical Activity Tool](#), to help facilitate the discussion.

STEP 6: ARRANGE a follow-up with your client (e.g., 2 weeks).

Follow-up date and time:

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

1 Have you experienced **ANY** of the following (A to F) **within the past six months?**

- A** A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
- B** A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
- C** Dizziness or lightheadedness during physical activity?
- D** Shortness of breath at rest?
- E** Loss of consciousness/fainting for any reason?
- F** Concussion?

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY ➤

YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤➤

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/WEEK
 - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/WEEK

Canadian 24-Hour Movement Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).

GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.

DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

Name (+ Name of Parent/Guardian if applicable) [Please print]

Signature (or Signature of Parent/Guardian if applicable)

Date of Birth

Date

Email (optional)

Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)

Appendix 19: Smoking and Diabetes

We have all heard and know that smoking is bad for our health. It increases our risk for lung cancer, heart attack and stroke. Did you know that 100 Canadians die from smoking-related diseases every day?

Did you also know that people with diabetes face an even greater risk from smoking? When you have diabetes and you smoke, you are more likely to have certain diabetes complications compared to the person with diabetes who does not smoke.

Ways that smoking affects your diabetes:

- Smoking cuts the amount of oxygen reaching tissues. The decrease in oxygen can lead to a heart attack or stroke.
- Smoking increases your cholesterol levels and the levels of some other fats in your blood, raising your risk of a heart attack.
- Smoking damages and constricts the blood vessels. This damage can worsen foot ulcers and lead to nerve damage and leg and foot infections.
- Smoking increases your blood pressure.
- Smoking can raise your blood glucose level.
- Smoking can increase a man's chance of becoming impotent.

In addition, consider these facts:

- Smokers with diabetes are more likely to get nerve damage and kidney disease.
- Smokers are more prone to getting colds and respiratory infections.
- Smokers with diabetes are three times as likely to die of cardiovascular disease as are non-smokers with diabetes.

Quitting smoking is one of the most important things people living with diabetes can do to help prevent or delay the onset of complications.



Why is it so hard to quit?

It's not easy to quit smoking. To understand why it is so hard and to help quit smoking, it helps to understand the nature of smoking addiction. The addictive parts of smoking can be divided in three parts:

- Addiction to nicotine
 - Nicotine, found in cigarettes, is one of the most addictive drugs. Its use over time changes brain chemistry.
 - Nicotine has its effect by attaching to certain receptors in the brain.
 - If not regularly stimulated with nicotine, the person will feel withdrawal.
 - Both withdrawal and the craving it causes are tied to changes in brain chemistry.
- Habit
 - Your ingrained responses such as always smoking after a meal
- Feelings
 - Certain feelings trigger the urge to smoke

What can I do to quit?

The first critical step is to make the decision to quit. It may help to set a firm, short-term quit date. In the meantime, get as much information as you can from your community nurse about options to help you quit. A variety of quit-smoking aids and medications are available that can increase your chances of success.

Nicotine replacement therapy

The first line of treatment is nicotine replacement therapy. This can be in the form of gums, lozenges, patch or inhaler and will help ease withdrawal symptoms. Talk to your community nurse about the potential benefit of nicotine replacement therapy.

Oral medications

Other prescribed medication can help reduce smoking cravings.

A number of nicotine replacement therapy products including gums, lozenges, patches and inhalers as well as oral medications are covered through Non-Insured Health Benefits (NIHB). For a full list of quit-smoking aids and medications available through NIHB, visit the website at: <http://www.healthycanadians.gc.ca/publications/health-system-systeme-sante//nihb-drug-list-2016-liste-medicaments-ssna/index-eng.php?page=36#aa>

Or call NIHB at: 1-800-665-8507.

Never quit quitting!

Quitting can be hard and many people experience a lapse. Successful quitters generally make at least two or three unsuccessful attempts before they finally kick the habit, so never quit quitting. It's never too late to quit smoking.



For more information on smoking and diabetes, or to order handouts on smoking and diabetes, please visit the Diabetes Canada website at:

<https://orders.diabetes.ca/collections/educational-material/products/smoking-and-diabetes?variant=1276860545>

Partnerships:

There are a number of ways that you can partner with others to make your community a safer smoke-free place.

- Collaborate with community leadership to help make the community smoke-free in public places
- Partner with the school by supporting and promoting programs in school-aged children that have proven to be effective in convincing young people to not start smoking
- Work with your community addictions worker to assist people living with diabetes to quit smoking

Canada's Tobacco Strategy:

In Manitoba region, since 2019 every First Nation community receives support or funding for Canada's Tobacco Strategy (formerly named the Federal Tobacco Control Strategy, FTCS). This funding is provided to three tribal councils and five communities to help reduce the use of non-traditional tobacco use in all First Nations communities in Manitoba.

Some of the activities that fall under this program include:

- Increasing actions on tobacco protection measures
- Increasing actions to reduce access to and availability of tobacco products within communities
- Promoting innovative approaches to prevent tobacco misuse at the group or population level that engage and target community members in relevant settings and environment
- Increase education and skill development activities directed to community members and training for community workers on health promotion and tobacco-related topics
- Provide tools, programs, training and activities to support community-members to quit smoking or quit other forms of tobacco misuse

For more information on the Canada's Tobacco Strategy, or to find out how you can benefit from these services in your community, contact the FNIHB staff.

Appendix 20: Diabetes Complications

Both type 1 and type 2 diabetes are serious conditions, and can lead to the same complications. However, people living with diabetes can do many things to stay well. People living with diabetes should talk to their health-care team, who can help them get the care they need. As mentioned in previous sections, it is very important for people living with diabetes to eat healthy and increase their level of physical activity. It is also important for them to learn as much as possible about diabetes.

Keeping blood pressure and blood glucose at target will help to avoid diabetes complications such as heart attack, stroke, and damage to eyes, nerves and kidneys.

People living with diabetes should be screened for complications regularly. Below is information on the different types of diabetes complications, when and how to screen for the complications and how to reduce the risk of developing diabetes complications.

The ABCDES3 of diabetes management (reducing the risks of diabetes complications):

People living with diabetes are at increased risk for heart disease and stroke and other complications such as eye and kidney disease, nerve damage and foot problems. Keeping blood glucose, blood pressure and cholesterol in a healthy range can reduce the risk of complications. People living with diabetes can work with the community ADI worker, nurse, doctor, foot care nurse, or Diabetes Integration Project (DIP) team (if available in their community) to lower their risk of diabetes complications considerably by remembering their ABCDES3.

A = A1C

- This is a blood test done by the nurse or doctor.
- It is a measure of blood glucose levels over time.
- Optimal blood glucose control is usually 7% or less for people with diabetes.

B = Blood pressure

- Maintain optimal blood pressure (130/80 mmHg).

C = Cholesterol

- Maintain LDL cholesterol (“bad” cholesterol) target (usually 2.0 mmol/L or lower).

D = Drugs to protect the heart

- Take medication as prescribed to protect against heart attack and stroke. Includes medication for blood pressure and cholesterol.

E = Exercise goals and healthy eating

- Engage in at least 150 minutes of moderate to vigorous physical activity per week.
- Eat according to a healthy plan.
- Achieve and maintain a healthy body weight.

S = Self-management support

- Set a personalized goal.
- Identify barriers to achieving goals (pain, stress, mental health, financial and/or other concerns).

S = Screening or monitoring for complications

- Heart: ECG every 3-5 years if required.
- Foot: Yearly exam or more if required.
- Kidney: Yearly blood/urine tests or more if required.
- Eye: Yearly exam or more if required.

S = Smoking cessation

- Stop smoking.

For more information on staying healthy with diabetes, visit the Diabetes Canada website at: <http://guidelines.diabetes.ca/docs/patient-resources/staying-healthy-with-diabetes.pdf>



Use your ADI resources to teach this concept!

The glucose wands (picture provided) has been provided to every Manitoba ADI community program. Look for your glucose wands and use them to teach community members and workers about the importance of good blood glucose control.

Should you not have this resource, contact one of the ADI FNIHB team members. Refer to Appendix 11 for a full list of resources provided to the ADI community programs.

Screening for blood glucose control:**A1C:**

Adults living with diabetes should have their A1C measured every three months. The target for most adults should be 7.0% or lower. The target is individualized and based on a number of factors including life expectancy, risk and extent of heart disease, episodes of hypoglycemia, duration of diabetes and inability to achieve A1C of 7% or lower.

Use your ADI resources to teach this concept!

The A1C pillow (picture provided) has been provided to every Manitoba ADI community program. Look for your A1C pillow and use it to teach community members and workers about their A1C levels.

Should you not have this resource, contact one of the ADI FNIHB team members. Refer to Appendix 11 for a full list of resources provided to the ADI community programs.



Self-monitoring blood glucose:

People living with diabetes should use a glucose meter to help keep track of their blood glucose levels. They may need to make changes to their lifestyle (eating healthy and increasing their level of physical activity) and to their medication and insulin to achieve their blood glucose targets. A schedule should be developed between the person living with diabetes and the community health nurse to determine how often blood glucose levels need to be checked.

Targets:

- Premeal = 4.0-7.0 mmol/L for most people.
- 2 hour post meal = 5.0-10.0 mmol/L for most people.
- 2 hour post meal = 5.0-8.0 mmol/L if not achieving A1C targets.

HEART ATTACK AND STROKE:

People with diabetes are at very high risk of heart disease and stroke and may develop heart disease 15 years earlier than individuals without diabetes.

Coronary artery disease is the most common form of heart disease in diabetes.

This occurs when the major arteries that carry blood, oxygen, and nutrients to the heart become blocked and damaged in a process known as hardening of the arteries. If the arteries that supply the brain are hardened, this may lead to a stroke.



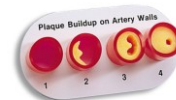
High blood glucose is one risk factor for heart attack or stroke, but people with diabetes often have a number of other risk factors. These include being overweight (especially with excess fat around the waist), inactive lifestyles, high blood pressure and high cholesterol. People who smoke or have a family history of heart disease or stroke are at even higher risk.

Reducing the risks for heart attack and stroke is a very large part of diabetes self-management. The good news is that people with diabetes can lower their risk of heart disease and stroke considerably by paying careful attention to all of their risk factors. Working with their health-care team to achieve the following targets is the key to good diabetes management. Achieving and maintaining a healthy weight through regular physical activity and healthy eating is important, but most people with diabetes will also require medications to reach these goals.

Use your ADI resources to teach this concept!

The artery section model (picture provided) has been provided to every Manitoba ADI community program. Look for your artery section model and use it to teach community members and workers about the importance of living a healthy lifestyle in order to prevent plaque buildup on the artery wall.

Should you not have this resource, contact one of the ADI FNIHB team members. Refer to Appendix 11 for a full list of resources provided to the ADI community programs.



Screening for heart attack and stroke:

Blood pressure:

All people with type 2 diabetes should have their blood pressure measured at every diabetes clinic visit. The target should be less than 130/80 mmHg.

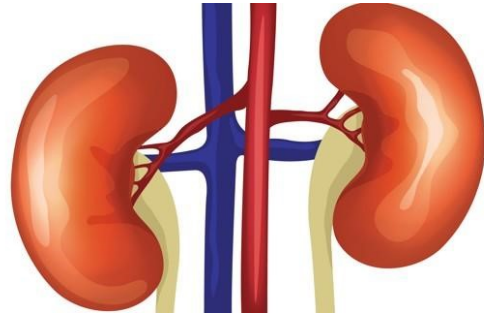
Limiting the sodium intake in the diet can help to control and lower the blood pressure for some individuals. However, some individuals will need to take prescribed medication to lower the blood pressure and to offer protection against heart attack and stroke.

Dyslipidemia (cholesterol):

People with diabetes should have their total cholesterol, HDL, LDL and triglycerides checked at diagnosis and then yearly if treatment is not initiated. More frequent testing is needed if treatment is initiated. LDL cholesterol should be less or equal to 2.0 mmol/L.

Many people with diabetes will be prescribed a drug called a statin to lower LDL (“bad”) cholesterol. Other drugs may sometimes also be used to increase HDL (“good”) cholesterol and to lower other blood fats such as triglycerides.

Low-dose Aspirin therapy may be recommended for some people with diabetes to help prevent blood clots from forming. Aspirin is available without a prescription, but is not safe for everyone. Individuals should talk to their doctor prior to taking an Aspirin to ensure that it is safe for them and to know what dose they should take.



KIDNEY FAILURE:

Diabetes is the leading cause of kidney disease in Canada and 50% of people with diabetes will have signs of kidney damage in their lifetime. However, good diabetes management and regular screening can prevent or delay the loss of kidney function.

What do kidneys do?

The kidneys filter the blood, removing waste through the urine. They also regulate the amount of fluid and salts in the body and are important for controlling blood pressure.

How kidney disease develops:

Over the years, high blood glucose levels and high blood pressure can damage the tiny blood vessels in the kidneys and prevent them from working properly. When the kidneys are not working properly, protein spills into the urine instead of being processed into the blood stream. Without treatment, the kidneys will eventually fail and dialysis or a kidney transplant will be required.

Loss of kidney function can be prevented or delayed by:

- Good blood glucose control
- Good blood pressure control
- Not smoking
- Taking your medications as prescribed
- Good cholesterol control
- Being physically active
- Eating well
- Being screened for kidney disease

Screening for kidney disease:

All people with type 1 diabetes should be screened for kidney disease after having diabetes for 5 years and then annually if they do not have chronic kidney disease. People with type 2 diabetes should be screened for kidney disease at diagnosis and then yearly if they do not have kidney disease.

Screening for kidney disease is done by:

- A blood test that checks your GFR, which tells how well your kidneys are filtering. GFR stands for glomerular (glow-MAIR-you-lure) filtration rate.
- A urine test that checks for albumin in your urine. Albumin is a protein that can pass into the urine when the kidneys are damaged.

EYE COMPLICATIONS:

People living with diabetes are at risk for many eye complications when their blood glucose levels remain uncontrolled, especially over a long periods of time. Some of the most common eye conditions or diseases that can result from someone living with diabetes are:

- Diabetic retinopathy
- Diabetic macular edema
- Cataracts
- Glaucoma



Symptoms:

Any one of these types of eye conditions/diseases can lead to vision symptoms or changes such as fluctuating or blurring of vision, occasional double vision, loss of visual field, flashes/floaters within the eyes, blotches or spots. Anyone of the symptoms can eventually lead to further vision changes, vision loss or blindness. There are also times when early signs of eye changes/diseases go unnoticed by the person living with diabetes. However, these eye changes/diseases can be first detected from a thorough examination performed by an eye doctor (optometrist).

What is retinopathy?

Over time, diabetes can cause changes in the retina at the back of the eye. The retina works by acting like a film projector in the back of the eye, projecting the image to the brain. The change is called retinopathy and affects approximately 23% of people with type 1 diabetes and 14% of people with type 2 diabetes on insulin. Our Indigenous

populations within Canada experience some of the highest prevalence rates of diabetic retinopathy as compared to the rest of Canadians. Approximately 1/3 of Indigenous people in Canada have not had an eye examination within the last two years.

Risk factors for retinopathy include:

- Longer duration of diabetes
- Uncontrolled blood glucose levels
- High blood pressure
- Pregnancy (with type 1 diabetes)
- Dyslipidemia



Screening for retinopathy:

All people with type 2 diabetes should be screened for retinopathy at time of diagnosis. Further, women with type 1 and type 2 diabetes or women who hope to become pregnant should be screened before conception, during the first trimester, as needed during pregnancy and within the first year post-partum.

The Retinal Screening Visioning Program (RSVP) is available to certain First Nations communities in Manitoba. The RSVP will screen all people living with diabetes for eye diseases. Speak to your community nurse to find out if the RSVP visits your community, or what other services are available for retinopathy screening.

Treatment:

If retinopathy is detected it can be treated with medication, laser therapy or surgery.

Prevention:

People living with diabetes can reduce their risk of diabetic retinopathy and other eye related problems by:

- Getting a regular eye exam upon diagnosis (for those diagnosed with type 2 diabetes; for those diagnosed with type 1 diabetes, they should have their eyes examined 5 years after diagnosis).
- Going for an eye exam annually or more frequently if needed.
- Remembering the ABCDES3
 - A - A1C = aim for an A1C of 7% or less by managing blood glucose.
 - B – Blood Pressure = aim for a blood pressure of less than 130/80 mmHg.
 - C – Cholesterol = The LDL (bad) cholesterol target is less than 2.0 mmol/L.
 - D – Drugs = to protect the heart – Speak with the health care team about medications.

- E – Exercise & Eating = Regular physical activity, healthy eating, and maintain a healthy body weight.
- S – Screening for complications = Ask the health care team about tests for heart, feet and kidneys too (not just your eyes).
- S – Smoking cessation = stop smoking.
- S – Self-management = stress and other barriers – set goals to reach and live well with diabetes such as managing stress effectively.

NERVE DAMAGE:

Nerve damage, or neuropathy, is a long-term complication of diabetes. Exposure to high blood glucose levels over an extended period of time causes damage to the nerves, including those going to the arms, hands, legs and feet.

Neuropathy can occur in many places in the body, but the most common symptoms are abnormal sensations in the toes and feet, including:

- Sharp, shooting pains
- Burning
- Tingling
- A feeling of being pricked with pins
- Throbbing
- Numbness (not able to properly feel pain, heat, or cold)



Neuropathy increases the risk for foot ulcers and amputation. Due to nerve damage in their feet and toes, people with diabetes who have neuropathy often do not notice minor cuts, sores, or blisters in these areas. If left untreated, these small wounds can easily become infected, lead to gangrene, and may eventually require amputation of the affected area.

For more information on foot care, visit Appendix 21 of this resource.

Risk factors for neuropathy:

- High blood glucose levels
- High triglycerides levels
- Being overweight
- Smoking
- High blood pressure



How to prevent complications of neuropathy:

Although there is no cure, you can effectively manage neuropathy through proper foot care, excellent blood glucose control and taking certain medications, as prescribed.

SEXUAL PROBLEMS:

Diabetes can cause sexual complications for both men and women. People with diabetes have a higher rate of sexual problems than the average Canadian. Sexual activity is a normal human activity, and the lack of it can decrease the quality of life and affect the quality and dynamics of the relationship with your partner.

Sexual issues for men:



Erectile dysfunction:

Approximately 34 to 45% of adult men with diabetes are affected by erectile dysfunction, which refers to a man's inability to get or keep an erection. Erectile dysfunction can impact the quality of life and can be an early sign of cardiovascular disease.

Uncontrolled diabetes causes damage to the walls of the blood vessels, which affects circulation and blood flow to the penis. In addition, nerve damage can affect erection quality. Erectile dysfunction can also be a side effect of drugs that are often prescribed to men with diabetes (these include some blood pressure-lowering drugs and anti-depressants).

Ejaculatory disorders:

Approximately 32-67% of males with diabetes experience some type of ejaculatory disorder. There are three different types of ejaculatory disorders: retrograde ejaculation; premature ejaculation; and retarded (delayed) ejaculation. Recognition of any type of ejaculation disorder is an important component in sexual quality of life and should be inquired during screening or sexual health function history.

What causes sexual issues in men?:

- Having diabetes for many years
- Poor blood glucose control
- Having high blood pressure
- Having high cholesterol

Sexual issues for women:

Uncontrolled blood glucose can lead to complications that effect one's sex life and can lead to sexual dysfunctions. Some of the major problems include:

- Physical problems (reduced sex drive, lack of vaginal lubrication, reduced ability to experience an orgasm)
- Psychological problems (having diabetes may lead to a loss of a positive self-image, feelings of unattractiveness, stress of dealing with a chronic disease)
- General health concerns (worries about pregnancy and contraception, frequent urinary tract infections or vaginal yeast infections, other health-related illnesses)

All of these issues can affect a woman's sexual health.

What causes sexual issues in women?:

- Reduced lubrication and reduced response due to nerve damage
- Poor blood glucose control can lead to recurrent urinary tract infections and yeast infections
- Low desire can be attributed to weight gain, depression and/or anxiety, which are all common for women with diabetes

Treatment:

Discussions of treatment options for sexual issues in both men and women should include the doctor, the person affected and the sexual partner. Intensive glycemic control is effective for preventing neuropathy and therefore sexual issues.

Erectile dysfunction can be treated for many men with drugs called PDE5 inhibitors, also known as Viagra, Cialis and Levitra, which can help a man achieve and maintain an erection. These drugs work by increasing blood flow to the penis, allowing an erection to occur. Injections and mechanical devices would be an alternative therapy choice for men with erectile dysfunction. These options should be discussed with the health care provider.

Hormone replacement therapy might be an option since lower levels of sex hormones are associated with diabetes for both men and women and can be a factor causing sexual issues. Hormone replacement therapy comes in the form of pills, patches, creams and injectable medicines.

The use of water-based lubricants is recommended for addressing vaginal dryness.

Prevention:

People living with diabetes can reduce their risk of sexual issues by:

- Keeping their blood glucose within target range
- Keeping their blood pressure within target range
- Keeping their cholesterol within target range
- Quit smoking
- Start exercising
- Having an annual physical and discussing their sexual history during that appointment

Sexual problems are not an easy topic to talk about, perhaps especially in a community where everybody knows each other. However, it is common for people living with diabetes to experience sexual problems and it greatly impacts the quality of life. As an ADI worker, educate your clients on sexual problems and diabetes and encourage all people living with diabetes to discuss this with the community nurse.

OTHER COMPLICATIONS:

Having uncontrolled diabetes can cause a number of complications including skin problems, gum disease, urinary tract infections, genital problems, thrush, tooth decay, stomach and bowel problems including constipation and diarrhea.

People living with diabetes can work with the community ADI worker, nurse, doctor, foot care nurse, or Diabetes Integration Project (DIP) team (if available in their community) to lower their risk of diabetes complications considerably by remembering their ABCDES3.

A = A1C

- Optimal blood glucose control is usually 7% or less for people with diabetes.

B = Blood pressure

- Maintain optimal blood pressure (130/80 mmHg).

C = Cholesterol

- Maintain LDL cholesterol (“bad” cholesterol) target (usually 2.0 mmol/L or lower).

D = Drugs to protect the heart

- Take medication as prescribed to protect against heart attack and stroke. Includes medication for blood pressure and cholesterol.

E = Exercise goals and healthy eating

- Engage in at least 150 minutes of moderate to vigorous physical activity weekly.
- Eat according to a healthy plan.
- Achieve and maintain a healthy body weight.

S = Self-management support

- Set a personalized goal.
- Identify barriers to achieving goals (pain, stress, mental health, financial and/or other concerns).

S = Screening or monitoring for complications

- Heart: ECG every 3-5 years if required.
- Foot: Yearly exam or more if required.
- Kidney: Yearly blood/urine tests or more if required.
- Eye: Yearly exam or more if required.

S = Smoking cessation

- Stop smoking.

TEACHING ACTIVITY:

Below is an example of how you can teach about all the diabetes complications. This can be done with an individual, or in a group setting.

It's Serious: (From the Do-It-Yourself: Diabetes Prevention Activities)

What you need:

-Construction paper	-Colour markers	-Display board
-Tape and scissors	-Blank labels	-Play-dough
-Foam tubing	-Dried spaghetti	-Protective glasses
-Margarine	-Work gloves	-Cotton balls

Show it!

1. Cut the foam tubing into finger-length pieces.
2. Put just enough play-dough in one piece, of tubing (so that the inside of the tubing is partially blocked). Label this tube "partially blocked artery".
3. Put more play-dough into the second piece of tubing (so that it is completely blocking the tubing). Label this tube "heart attack".
4. Do not add play-dough to the third piece of tubing. Label this this: "healthy artery".
5. Smear a small amount of margarine on the lenses of the protective glasses.
6. Put one cotton ball in each of the fingers of the work gloves.
7. Write a title: "serious health problems of diabetes" on a piece of construction paper, posting it up.
8. Also write each of the following health problems on individual pieces of construction paper and post them under the "serious health problems of diabetes" sign.
 - Stroke
 - Kidney failure
 - Blindness
 - Nerve damage
 - Erection problems
 - Amputations
 - Heart attack

Tell it!

- **Point to the health problems and say:**

- *“8 out of 10 people living with diabetes will die from heart attack or stroke.*

-*Over time, high blood glucose can cause other health problems such as kidney failure, blindness, nerve damage and erection problems. These are called complications of diabetes.”*

- **Show the group the three pieces of tubing and say:**

-*“High blood glucose can lead to blocked arteries.”*

- **Hold the completely blocked artery to your heart and say:**

-*“If this happens in the heart, it’s a heart attack.”*

- **Hold the completely blocked artery to your head and say:**

-*“If this happens in your brain, it’s a stroke.”*

- **Hold the spaghetti up to your eyes, lower back (kidneys) and your feet and say:**

-*“This noodle represents the tiny capillaries that are in your eyes, kidneys, and feet.*

-*When these capillaries are blocked they can snap and leak leading to blindness, kidney failure, and amputations.”*

- **Snap the spaghetti.**

- **Allow participants to try on the glasses and say:**

-*“These glasses represent blindness, one of the health problems related to high blood glucose. Diabetes is the leading cause of adult blindness.”*

- **Let them try on a work glove and feel the cotton ball and say:**

-*“This represents nerve damage in diabetes that can lead to foot injuries and amputations. It is difficult to feel things that can lead to injuries. Diabetes is the leading cause of amputations.”*

Have the participants try doing simple tasks with the gloves on like tying a shoe lace.

Key message: Diabetes is a serious disease where high blood glucose should not be ignored. Early diagnosis and good diabetes care can prevent or delay the serious health problems of diabetes.

Resources:

For a copy of the following powerpoint presentations, ask your Tribal Diabetes Coordinator (TDC), a FNIHB staff, or visit the website: www.mfndlc.ca

- Diabetes and High Blood Pressure
- Diabetes and Heart Health
- Diabetes and Eye Complications
- Diabetes and Sexual Health

For more information on diabetes and high blood pressure, visit the Diabetes Canada website at: <https://www.diabetes.ca/managing-my-diabetes/preventing-complications/high-blood-pressure>

For more information on diabetes and heart disease and stroke, visit the Diabetes Canada website at: <https://www.diabetes.ca/managing-my-diabetes/preventing-complications/heart-disease---stroke>

For more information on diabetes and kidney disease, visit the Diabetes Canada website at: <https://www.diabetes.ca/managing-my-diabetes/preventing-complications/kidney-disease>

For more information on diabetes and sex, visit the Diabetes Canada website at: <https://www.diabetes.ca/managing-my-diabetes/stories/sex---diabetes%E2%80%94what-you-need-to-know>

Appendix 21: Foot Care

Foot problems are very common in people with diabetes, since diabetes can cause nerve damage and poor circulation to the legs and feet. People with diabetes are less likely to feel a foot injury and if they develop an injury, it is more difficult to heal. Untreated foot injuries can quickly become infected, potentially leading to serious complications. As always, prevention is the best medicine. Below is a list of things that people living with diabetes can do and should not to do for proper foot care.

Good foot care – TO DO:

Check BOTH feet every day for the following:

- Numbness
 - Redness
 - Dryness
 - Cuts or cracks
 - Bruises
 - Blisters or sores
 - Infections
 - Changes in shape
 - Unusual markings
- Use a mirror to see the bottom of their feet if they cannot lift them up. Ask a family member to help if they are not able to see their feet using a mirror
 - Check the color of their legs & feet – seek help if there is swelling, warmth or redness
 - Wash and dry their feet every day, especially between the toes
 - Apply a good skin lotion every day on their heels and soles. Wipe off excess
 - Choose a lotion with no perfume or alcohol
 - Change their socks every day and choose white cotton socks with no seams
 - Trim their nails straight across
 - Have a trained health care provider trim their toenails if they are unable to reach their toes, or do not have feelings in their feet
 - Clean a cut or scratch with mild soap and water and cover with dry dressing
 - Wear good supportive, closed toes shoes or professionally fitted shoes with low heels (under 5 cm)
 - Shake out their shoes before putting them on. Look and feel inside the shoes before putting them on as some objects can get stuck in there and might not fall out when shaking the shoes
 - Buy shoes in the late afternoon since their feet swell by then
 - Avoid extreme cold and heat (including the sun)
 - Get regular foot care
 - See a foot care specialist if they need advice or treatment



Good foot care – DO NOT:

- Cut their own corns or callouses
- Break blisters, as the skin provides protection
- Treat their own in-growing toenails or slivers with a razor or scissors. They should see their doctor or foot care specialist
- Use over-the-counter medications to treat corns and warts
- Apply heat with a hot water bottle or electric blanket as this may cause burns unknowingly
- Soak their feet. Water dries their feet even more
- Take very hot baths
- Use lotion between their toes
- Walk barefoot inside or outside
- Wear tight socks, garter or elastics or knee highs
- Wear over-the-counter insoles as this may cause blisters if they do not fit right for their feet
- Sit for long periods of time
- Smoke

Report the following to the community nurse, foot care nurse or Diabetes Integration Project (DIP) nurse:

- New reddened areas, bruising or discoloration
- Numbness
- Tingling
- Changing shape
- Swelling
- New open areas (cracks or blisters)
- Pain in their feet

Foot care services in every First Nation community:

Since 2017 basic foot care services have been available in every First Nations community in Manitoba. This service will help prevent foot complications and prevent serious foot problems including amputation.

As the ADI worker it is not your responsibility, nor part of your job, to screen clients for foot problems. Instead, encourage community members living with diabetes to have their feet checked by the foot care nurse.

If you are unsure how clients can access the foot care nurse in your community, contact your Tribal Diabetes Coordinator, your community nurse or one of the FNIHB employees to connect you with your community's foot care nurse.

Non-insured Health Benefits coverage:

Non-Insured Health Benefits coverage for special foot wear orthotics is available for people living with diabetes. They will need:

- A prescription from a doctor
- An appointment for a special fitting
- To pay upfront and then apply for reimbursement

For more information on foot care, or to order handouts on foot care, please visit the Diabetes Canada website at: <https://orders.diabetes.ca/collections/educational-material/products/foot-care-a-step-toward-good-health?variant=1270037889>



Use your ADI resources to teach this concept!

The common foot problems foot model (picture provided) has been provided to every Manitoba ADI community program. Look for your foot model and use it to teach community members and workers about the importance of good foot care and possible foot problems common for people living with diabetes.

Should you not have this resource, contact one of the ADI FNIHB team members. Refer to Appendix 11 for a full list of resources provided to the ADI community programs.

Appendix 22: Diabetes and Mental Health

People living with diabetes are often overwhelmed and/or frustrated by the burdensome demands of managing their chronic disease. They may feel angry, guilty, frightened, discouraged, worried, confused, alone, depressed, unmotivated and have strained relationships.

More and more research is demonstrating the relationship between mental health disorders and diabetes. We do not yet understand the relationship between mental health and diabetes, but some evidence shows that treatment for mental health disorders may actually increase the risk of diabetes, especially when certain medications are prescribed. Further, biochemical changes due to the mental health disorders may play a role as well as lifestyle changes and symptoms of mental health disorders.

DEPRESSION:

Approximately 30% of people with diabetes will be affected by symptoms of depression and 10% of people will experience major depression. Further, individuals with depression have an approximately 60% increased risk of developing type 2 diabetes. Depression makes it harder to control blood glucose levels and accelerates the rate of developing complications.

Feeling depressed can:

- Lead to poor physical and mental functioning
- Lower motivation for self-care, which leads to decreased amount of physical activity
- Make it hard to control blood glucose levels
- Not wanting to take medication
- Lead to other diabetes-related problems
- Decrease the quality of life
- Increase family problems

All people living with diabetes should be screened for depression and other mental health disorders by their doctor or community nurse.

Mental health and First Nations Peoples:

Compared to the rest of Canada, First Nations people experience substantial prejudicial inequalities including high rates of poverty, unemployment, lower quality of housing and education. This has led to poor emotional and mental health on the individual and the community as a whole. As a result, First Nations people tend to have elevated rates of anxiety and depression, high rates of substance abuse and addiction, increased rates of family violence and significantly higher rates of youth suicide.

Some First Nations communities have fewer problems than others. There appears to be some protective factors such as having strong cultural practices, history of religious or spiritual practices and rituals, a deep belief of living in harmony with earth and all its creatures and strong traditional values of humility, sharing, sense of responsibility and not hurting others.

Help improve health outcomes of community members by understanding and supporting First Nations cultures, wisdoms and practices. Encourage people living with diabetes to develop a holistic understanding of health and wellness by practicing ceremonies that are central to their tradition and culture. Choose ceremonies that empower individuals to fulfill the spiritual, mental, emotional and physical needs and facilitates the connection between the individual, family and community.

Such ceremonies include, but are not limited to:

- Smudging
- Pipe ceremonies
- Sweat lodge ceremonies

Partner with Elders, community members and leaders to incorporate traditional and community-specific cultural events as part of the ADI program. Asking how you can incorporate tradition and culture into care empowers the person living with diabetes, giving him or her control over his or her own well-being and helps start the healing process.

Many ADI workers host diabetes talking/sharing circles or support groups for people living with diabetes. This is a good opportunity for people living with diabetes to connect and provide support to each other regarding their diabetes and other life events. Living with diabetes can be extremely stressful, frustrating, scary, discouraging, and exhausting. It is important for people living with diabetes to get the support and help they need.



ANXIETY:

Little is known about the relationship between diabetes and anxiety. Recent evidence suggests that the rate of anxiety disorders is elevated in people with type 1 diabetes. Anxiety is common in all people living with diabetes with about 40% of them having at least some anxiety symptoms. These symptoms may include:

- Restlessness
- Feeling tense or on edge
- Fatigue
- Irritability
- Impatience
- Difficulty concentrating
- Muscle tension
- Trouble falling or staying asleep
- Diarrhea
- Headache
- Excessive sweating
- Shortness of breath
- Stomach ache

All people living with diabetes should be screened for anxiety disorders by their doctor or community nurse.

For more information on anxiety and diabetes, visit the Diabetes Canada website at:
<http://www.diabetes.ca/diabetes-and-you/complications/anxiety>

STRESS:

Everyone experiences stress at one time or another in their life. A little bit of stress is a good thing. However, stress is a bad thing when it is overwhelming and people do not know how to deal with it. Too much stress can have negative impacts on people's health, including their diabetes.

Chronic stress can:

- Elevate blood pressure
- Elevate blood glucose levels, increasing risks for complications
- Compromise the immune system, making illnesses more likely
- Increase the possibility for depression and anxiety
- Increase the likelihood of blood clots

Strategies for managing stress:

Because too much stress leads to poorer health outcomes, it is important for people living with diabetes to find healthy ways to cope with their stress. Some coping strategies include:

- Physical fitness – physical activity increases 'the happy hormones', endorphins
- Mental fitness - talking to a therapist, family member or friend can be helpful

For more information on stress and diabetes, visit the Diabetes Canada website at: <http://www.diabetes.ca/diabetes-and-you/healthy-living-resources/heart-health/stress-management-high-blood-pressure>

EATING DISORDERS:

Eating disorders, such as anorexia nervosa, bulimia nervosa and binge eating, have been found to be more common in people with diabetes than with the general population. In people living with diabetes, eating disorders can lead to poor blood glucose control and repeated hospitalizations for dangerously high or low blood glucose. Poor blood glucose control can lead to long-term complications.

People living with type 2 diabetes who have depressive symptoms may experience night eating syndrome. This is characterized by the consumption of more than 25% of daily calories after the evening meal and waking at night to eat. This can result in weight gain, poor blood glucose control and an increased number of diabetes complications.

Eating disorders are serious. People with an eating disorder should talk to the community nurse or mental health therapist to seek support.

Medicine wheel

Many nations use the circle and the four directions of the medicine wheel to symbolize completeness, wholeness, connectedness, unity and strength. The medicine wheel is based on cultural values, traditions and beliefs. The medicine wheel can:

- Help us understand the changes we encounter on our journey in life
- Explain difficult concepts, helping us to see and understand things that we normally do not see or understand
- Show how things are connected within us and with the rest of creation
- Provide us with a way to understand life and the world around us
- Provide us with a holistic outlook on life

When there is disturbance in any aspects of the medicine wheel, it can affect other dimensions of wellness and even cause illness. The four aspects are also needed for when healing needs to occur.

As well, diabetes affects all four aspects of life.

- Having proper understanding of diabetes, how to prevent and treat helps people living with diabetes care for their mental health;
- Eating healthy and being physically active helps people living with diabetes care for their physical health;
- Accepting diabetes and learning to live with diabetes helps people living with diabetes care for their emotional health and
- Developing a strong spiritual sense for healing and the feeling of connection between the body, the world and the Creator helps people living with diabetes care for their spiritual health

Diabetes self-management

There is a lot that individuals living with diabetes can do to effectively manage their diabetes including self-managing blood glucose, nutrition, physical activity and taking medication/insulin on time.

Remind individuals living with diabetes that they are the center of their healthcare team. They are the ones who lives and manages their diabetes every minute of every hour of every day. Only individuals living with diabetes can take charge and manage their care, because they are an expert on themselves. Individuals living with diabetes should be encouraged to speak to a health care professional if they are feeling overwhelmed.

Mental health and diabetes resources

- Mental health and diabetes powepoint presentation (Developed by Shannon Spence, Tribal Diabetes Coordinator (TDC), IRTC). For a copy of the powerpoint presentation, ask your TDC, a FNIHB staff, or visit the website: www.mfndlc.ca
- Canadian Mental Health Association - website: <https://cmha.ca/>
 - Resources: Printable pamphlets on anxiety, childhood depression, bipolar disorder, eating disorders, anger, mental illness, stress, schizophrenia, preventing suicide, and supporting loved ones
- Mood Disorders Society of Canada – website: <https://mdsc.ca>
 - Resources: Printable factsheets on depression, helping children cope, building resilience, & risk of suicide
- Canadian Psychological Association – website : <https://www.cpa.ca>
 - Resources: Factsheets diabetes & mental health, anxiety, sleep disorders, eating disorders, stress, suicide, depression, and healthy living

Appendix 23: Diabetes and Tuberculosis

What is Tuberculosis (TB)?

Tuberculosis is caused by bacterial germs called- Mycobacterium Tuberculosis. An infected person with TB disease can spread the germs into the air by coughing or sneezing and anyone sharing the same air space can breathe the germs in. Sputum collection and chest x-rays are tests done to diagnose TB disease.



Symptoms of TB can include:

Cough
Night Sweat
Loss of Appetite
Weight Loss
Fatigue
Fever

What is Latent TB Infection?

If you breathe in the TB germ you can have latent TB infection or it can progress to Active TB disease. When one has latent TB infection they are not contagious. The TB germs are dormant or asleep. People are diagnosed with latent TB infection with a positive TB Skin Test. There is a risk of latent TB infection to progress to Active TB disease. This means that the TB germs may wake up and start to grow and multiply.



Treatment for TB and Latent TB Infection

For TB disease, antibiotics are taken for 6 months. For latent TB infection, antibiotics are taken for about 9 months. When one completes their treatment for TB disease they are cured. Treatment for latent TB infection prevents the germ from becoming active.

How can you prevent Tuberculosis in your community?

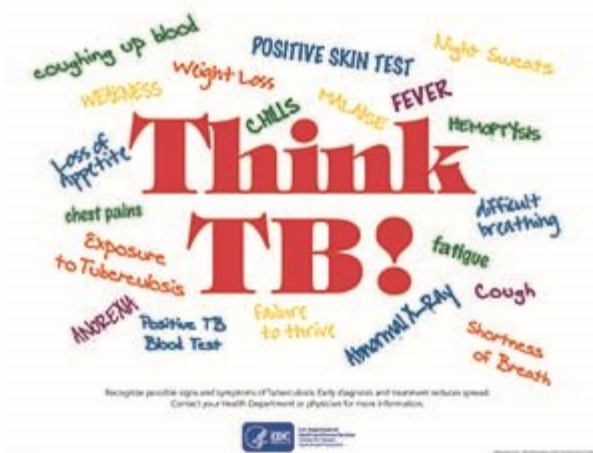
- Educate community members on the symptoms of TB.
- Encourage community members to go to their health care facility when they are sick to be assessed and tested for TB.
- Avoid risk factors that compromise your immune system such as excessive smoking and alcohol use and practicing unsafe sex.
- When diagnosed make sure you complete your treatment for latent TB infection and TB disease.

If you have diabetes what can you do to prevent TB Disease?

- Evidence shows that diabetes triples the risk of developing TB. When a chronic illness such as diabetes compromises ones immune system it places them at a greater risk in contracting TB.
- Understand the symptoms of TB. Get tested if you have any TB symptoms.
- Keep your immune system strong and healthy- eat well and exercise.
- Manage your glucose well. When your glucose is not managed well it places your body at greater risk for germs such as TB.
- It is important to make healthy lifestyle choices- such as reduction in smoking and excessive alcohol consumption and encouraging safe sex practices. The less risk factors those living with diabetes have, the less chance the TB germ will invade your body.
- You can request a TB Skin Test to know your status with latent TB infection. It would be strongly recommended for someone living with diabetes with a positive TB Skin Test to take treatment for latent TB infection.

What someone living with diabetes should know about Tuberculosis

- Both diabetes and TB share similar symptoms- fatigue, loss of appetite, weight loss.
- Tuberculosis also depresses your immune system and places you at greater risk for other infections.
- Clients with diabetes and TB take a longer time to respond to anti-TB treatment.
- For those living with diabetes and on treatment for TB or latent TB infection it is important to manage your glucose well. Clients with poor glycemic control can cause a negative effect on TB treatment.



Be Tested

Be Treated

Be Cured

“Collaborative Framework for the Care and Control of Tuberculosis and Diabetes”,
World Health Organization and International Union Against Tuberculosis and Lung
Disease.

“Diabetes and Tuberculosis: a review of the role of optimal glycemic control”- this article
reviews the association between diabetes and tuberculosis and suggests appropriate
management for these conditions.