

Lets work together
to:

- Reduce the burden
- Enhance access to quality care and support
- Strategically invest

From
DIABETES CANADA
AT THE TIPPING
POINT—Charting a
New Path

**INSIDE
THIS ISSUE:**

Executive Update	2
Forget the Scales	3
Applying for Conference funding	4
Larissa's Story	5
In the Schools	6
South Asian DPP	7
Navigating Finances	8



Report from the Chair

Aileen Knip RN BScN MN CCHN(c) CDE



Welcome to the fall 2014 Diabetes Nurse Interest Group (DNIG) Newsletter. It is hard to believe that winter is just around the corner! First I would like to introduce myself as the new Chair of DNIG. I have taken over the reins of Sandi Dennison and I hope to somewhat be able to fill her shoes. Sandi will remain on DNIG as Past Chair. DNIG would like to thank Sandi for all her hard work spent with DNIG.

I am presently full time faculty and Lecturer at Western University in London within the Arthur Labatt School of Nursing. I primarily teach Health Promotion,

Family and Community Nursing and Integrative Practicum. In my past I spent fifteen years working as a diabetes educator/clinical nurse specialist within a community health centre. I have always enjoyed working in diabetes education and know that someday I will return to that role.

DNIG has been busy as an interest group. We will continue to strive to issue three newsletters a year. We also held three very successful webinars in the spring. We have plans to continue with these webinars on an annual basis. As Chair of DNIG I attended the RAO Assembly in September along with Alwyn

Moyer and Hilda Swirsky two other Executive members. It was very informative to be with all the other Chapter Presidents and Interest Group Chairs for the weekend. DNIG also plans to hold its AGM on Thursday December 4th, 2014 1-2 pm via teleconference. The DNIG membership is invited to this call. Further information appears on [page 2](#) in this newsletter.

World Diabetes Day is November 14th

World Diabetes Day (WDD) is celebrated every year on November 14. The campaign is led by the International Diabetes Federation (IDF) and its member associations. It engages millions of people worldwide in diabetes advocacy and awareness.





DNIG Executive Team

Aileen Knip— Chair
 Margaret Little— Treasurer
 Alwyn Moyer— Membership and Services ENO
 Hilda Swirsky— Political Action ENO
 Toba Miller— Information Technology ENO
 Lisa Herlehy— Communications ENO
 Romy Burgess Burfitt- Diabetes Advanced
 Foot Care Practice Nurse Liaison

aknip@uwo.ca
 mmgwlittle@gmail.com
 Alwyn.moyer@sympatico.ca
 hswirs2198@rogers.com
 tmiller@Ottawahospital.on.ca
 lherlehy@Ottawahospital.on.ca
 romy@collegeofhealthstudies.com

Student Members:

Yea Won Shin
 Larissa Scimmi
 Kim Beaudoin

ys11tc@brocku.ca
 scimmi@uwindsor.ca
 beaudoink5@northernc.on.ca

“Stay connected
 to your nursing
 colleagues—[renew](#)
[now](#)”

Members’ Voices

DNIG has over 500 members, RNs and students living in all parts of the province. Have you ever wondered how we keep in touch with RNAO? We email, we telephone and we attend RNAO Assemblies three times every year in Toronto: September, February and April. The April Assembly, held in conjunction with the Annual General Meeting, provides an opportunity for the RNAO president and CEO

to report on the organization and for Interest Groups and Chapter representatives to represent the voice of their members. Each Assembly focuses on a different topic: Membership; Policy and Political Action, and Communication. Before the Assembly, Interest Groups and Chapters are asked to prepare a report to update RNAO on activities. DNIG executive relies on you, the membership to keep us

updated wherever you are. Celebrate what you are doing by sending an email to the DNIG chair. Or leave a message on our website: www.dnig.org Let’s make our numbers count!

RNAO-Speak out for Nursing, Speak out for Health

Hilda Swirsky and
 MPP Monte Kwinter



Once again this year Ontario Nurses are raising their voices through Queen’s Park on the Road Initiative. Top issues on this years agenda are:

- Expanding RN scope of practice to include RN prescribing
- NP compensation, and how NPs can help streamline the health system
- Banning medical tourism in Ontario hospitals
- Healthy system restructuring, include expanded LHINs to include primary care, public health and home care
- Recommendations for government’s new poverty reduction
- Stronger legislation on toxics



Benefits of Exercise without Weight Loss—Can we forget the Scale?



Exercise is one of the most talked about therapies for the management of diabetes, and for some time now has been well recognized as one of the most effective. I have attended many sessions and read many articles on physical activity but this session was particularly interesting as it didn't look at sedentary behaviour as being low on the activity spectrum but rather as an independent factor and predictor of health. The presenters defined sedentary behaviour as inactivity by sitting. Lying down or standing does not count as seden-

tary behaviour in terms of health outcomes.

The presenters reported the results of a study, where insulin sensitivity was improved, with or without weight loss. Active people living with diabetes had lower blood glucose, lower blood pressure, lower inflammatory markers and lower risk of cardiovascular disease regardless of their weight. These positive health outcomes were achieved very quickly, within 5-7 days of the introduction of activity. Remarkably, the study showed that poor health outcomes returned quickly after activity was ceased.

Comparing different types of activity, they demonstrated that interval training was more beneficial than endurance training. That is, short bursts of intense activity with periods of rest or lower intensity activity achieved the best health outcomes. As an example, running for one minute and walking for 4 minutes repeated 10 times, provided better results in health measurements than running for one hour.

What this means is that most people should be able to achieve intervals of activity; not everybody needs to be an athlete!

They also presented data showing improved health outcomes in the offspring of a mother who was physically active and had few hours per day of sedentary behaviour irrespective of weight loss.

So my take home from this session was to encourage all those people who feel that they can't do much activity for various reasons and think that what they can do won't make a difference... well, I can now tell them differently.

EVERY MOVE IS A GOOD MOVE!

Joanne Potter RN, BScN, CDE

Timiskaming Diabetes Program

Joanne was a 2014 conference funding recipient.

**Conference
Notes from the
American
Diabetes
Association—
June 2014**

Scholarships and Bursaries

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

The Mary Ann Murphy Memorial Diabetes Education Bursary

Awarded annually to an RN pursuing graduate education, whose research focus is diabetes education and care for persons with type 1 diabetes, and who has demonstrated a significant commitment to the cause of diabetes.. **Potential value: \$1,000**

The Margaret Myers Diabetes Clinical Practice Bursary

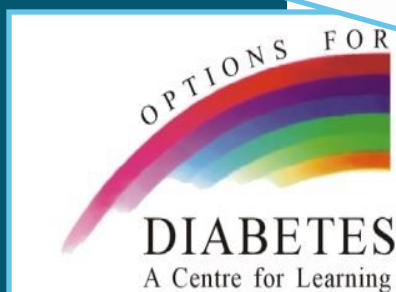
Awarded to an RN who has demonstrated a significant interest in diabetes research, education, and care and is currently practicing in the field. The purpose of the award is to support an evidence-based project or initiative that will positively impact on nursing clinical practice and on the health outcomes of people with diabetes. **Potential value: \$1,000**

The DNIG Aboriginal Diabetes Award

Awarded to an RN pursuing diverse continuing education in the area of diabetes education and care specific to type 2 diabetes in the Aboriginal population. The applicant must have demonstrated a significant commitment to diabetes education and care in the Aboriginal population and be currently practicing in an Aboriginal community. This award is funded by DNIG. **Potential value: \$2,000**



Check out conference opportunities and apply early



DNIG 2015 Conference Funding

We are pleased to report that once again we have funding to support three members to attend diabetes focused conferences in 2015. Applications will be accepted to March 31st, 2015 and will be processed on a first-come-first-served basis so act quickly!

Following are application details.

Purpose: The purpose of this funding is to support DNIG member to attend a Diabetes Conference taking place 2015.

Amount: The funding will cover costs of travel, accommodation, and meals, up to a maximum of \$1000 per member. All original receipts must be submitted no later than 30 days following the conference.

Selection: The selection committee will be comprised of DNIG Executive Team Members.

Process: A completed funding application must consist of:

- A. DNIG Member funding for Conference Attendance -Application Form
- B. A brief personal summary (500 words as identified in selection criteria)

Holiday Inn, Kingston
April 9, 2015 (Half day Workshop)
April 10, 2015 (Conference).
Contact Margaret Little.
mmgwlittle@gmail.com
hartwork@kingston.net
613 376 2307

Successful applicants will also be asked to write a brief summary of their experiences and learning from participation for a future issue of the DNIG newsletter.

Eligibility Criteria: Applicant must have been an RN member of DNIG for a minimum of one year

Personal Summary Selection Criteria: Brief personal summary must include:

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

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

Lisa Herlehy
liher233@yahoo.com



2015 Annual Conference Call for Presentations

Save the date!

3rd Annual National Aboriginal Physical Activity Conference

May 28th to 30th, 2015

and

Post Conference Gathering May 30th, 2015

Membertou Trade and Convention Centre

Cape Breton, Nova Scotia

Canada

www.a-pacc.ca



Students Corner—Larissa Scimmi



On managing studies and diabetes

As a ten-year-old girl being diagnosed

with type 1 diabetes, I did not initially experience negative emotions. I remember my parents crying while we were in the emergency room as we received the news. I could not understand why they were so saddened. As a young girl, I watched my father administer his insulin injections and test his blood sugar. He seemed to live a normal life that wasn't negatively affected by diabetes. That was my outlook as a young and hopeful girl. I had yet to understand what a large impact diabetes has on an individual.

As I grew older, my perspective changed. I slowly began to grow frustrated with having type 1 diabetes. I had to count my carbohydrates for every meal, test my blood sugar frequently, and eat a specific amount at a specific time. The hardest part though was explaining what I was doing to my curious friends. Everyone does not understand diabetes. I have experienced the anxiety and uncertainty that others have towards my health. Witnessing people's fear of diabetes and becoming frustrated with the constant care that I needed caused me to change my initial carefree outlook.

I am currently in my third year of the BScN Nursing program at the University of Windsor. As a university student, I find that my needs as a person with diabetes have changed. I am currently responsible to make appointments with my Endocrinologist, Diabetes Nurse Educator and order my supplies on top of the demands of school and a part time job. It was not necessarily easier when I lived with my parents; but having someone else organize my life was significantly less stressful. As I grew old-

er, I remember thinking, "Wait, I have to put additional work and time into maintaining my health?" It was a large change, but it has forced me to be organized.

Let me explain how diabetes impacts my life as a student. Let's face it, University is stressful. Stress causes my blood sugars to spike. When my blood sugars are elevated, I cannot cognitively function as well as I can with controlled blood sugar levels. Also, as a nursing student I feel like I should have superior control over my health. Because I don't always, it can be frustrating. My Diabetes Nurse Educator is wonderful. She teaches me to try to calibrate my insulin levels and my stress levels. Sometimes that works, but sometimes I am unable to have total control. She helps me to be less hard on myself also. I previously saw a bad blood sugar reading as a failure, but I cannot control everything that my body does. I believe that a Diabetes Nurse Educator is paramount in the care of a university student living with diabetes. They act as an educator, a mentor and someone who can change the way we see living with diabetes. Students living with diabetes need to be reassured when their health becomes more difficult to control. Just knowing that I am not a "bad diabetic" because I experience blood sugar fluctuations takes away a lot of the pressure that I put on myself.

"Diabetes is always at the forefront of my life, but it does not have to control it."

Another obstacle is the time needed to organize my life. I need to make sure that I order my diabetic supplies on time, test my blood sugar frequently, pack my meals for school and work, have enough battery life in my insulin pump, go to my doctor's appointments, experiment with temporary basal rates when I am stressed, fiddle with square wave bolus/dual wave bolus features when I am having a large meal and study, study, study. Oh, and don't let me forget to factor in social time when it is possible. A reality is that managing all of this is not impossible, but I need to be organized. In fact, the most difficult part of living with diabetes is not having a mental break. Diabetes is always at the forefront of my life, but it does not have to control it.

Larissa Scimmi is a third year nursing student at The University of Windsor



In the Schools Update

On September 3rd, the Canadian Diabetes Association launched its new **Guidelines for the Care of Students Living with Diabetes at School** to help clarify the essential roles and responsibilities of school boards, school personnel, parents and students and to help promote a safe and inclusive school environment for all children with diabetes. The new *Guidelines* and *position statement* are available for download at <http://www.diabetes.ca/kidsatschool>.

The start of the new school year also marked the launch of the International Diabetes Federation's **Kids and Diabetes in School (KiDS) information pack**, designed to help educate school personnel on diabetes and to help schools and families foster a more supportive school environment. The KiDS pack is currently available for download in seven different languages at: <http://www.idf.org/education/kids>

An app for ipad version of the information pack is also available through iTunes.

Webcasts-Something new for DNIG

DNIG, in partnership with the Mental Health Nursing Interest Group offered a series of three webinars this year through Ontario Telemedicine Network. RNAO's Carrie Edwards coordinated arrangements for the webinars.

April 17th: Aileen Knip, What's new/ changed in the 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada,

May 15th: Ann Finigan, Diabetes and Depression

July 10th Dr. Beryl Pilkington, The experience

of living with diabetes and mental illness for low income Canadians.

This was a new venture for the interest groups and we were very satisfied with the results. The webinars were very well attended with 128 to 150 members participating, online, or through 10 OTN sites.

We have plenty of great ideas for 2015 planning. If you would like to contribute please **email** us.

Webcast feedback-Members Respond

- Good review on the 2013 practice guidelines for Diabetes!
- A very informative presentation and highlights on changes relevant for practice. Well done!
- I really enjoyed this presentation and appreciate the knowledge regarding treatment options available for individuals with depression. I often find clients wanting to know how long they will require to be on medications, is it temporary or will they require treatment for the rest of their lives and my questions were answered.
- I appreciate the holistic approach you've taken.
- The stories of people's experience of the inequities within the health care system are powerful. We need to find a way to share the stories more widely.
- I enjoyed quotes from clients and staff that helped bring a personal perspective to the presentation.

Thanks for
your
thoughts



Members Accomplishments-Spotlight on the South Asian DPP

South Asian Diabetes Prevention Program

The South Asian Diabetes Prevention Program (SADPP) was developed by Flemingdon Health Centre in 2009, and is funded by the Toronto Central Local Health Integration Network (LHIN). Research on diabetes prevalence in Ontario shows that almost 14% of the immigrated South Asian population living in Ontario is living with Type 2 Diabetes, compared to 5.2% of the general population (1). SADPP strives to meet the needs of this high-risk population by enhancing equitable access to language-specific and culturally-relevant diabetes prevention services and resources for the South Asian communities in Toronto. Our main program objectives include identifying those who are at risk of developing diabetes using a South Asian-specific screening tool (modified from CANRISK), raising awareness about diabetes in South Asian communities, enhancing knowledge and skills around healthy lifestyle modifications and diabetes prevention, and connecting communities to relevant health providers, programs and organizations.

SADPP programing specifically targets and engages with one of the most vulnerable groups: recently immigrated and resettled South Asian populations. Many of the participants have language barriers, literacy barriers, food insecurity, inadequate housing, low income, and other social barriers. SADPP engages with people using a social determinants of health lens and offers a program that eliminates barriers to access such as: transportation, child care, income, language, cost, and health literacy. SADPP conducts mobile clinics that provide free services in the community in languages that participants are comfortable speaking, as well as using culturally relevant practices. Screening sessions and materials are offered in South Asian languages and suggestions for lifestyle modifications are intended to reflect the daily lives and distinct diets and cultures of participants. Screenings are conducted at locations where the target population meets regularly (for example places of worship, settlement and newcomer centres, public schools, etc.).

**South Asian
DPP—
Responding to
community
needs. Doing
what it can.**

Our most recent program evaluation during the 2013-14 year examined the impact of SADPP on participants. The data indicated many clients experienced positive changes in their knowledge, resources, skills, and self-efficacy. Participants are able to identify their personal risk factors for diabetes, and consequently attempted to implement lifestyle changes surrounding healthy eating, physical activity and stress management.

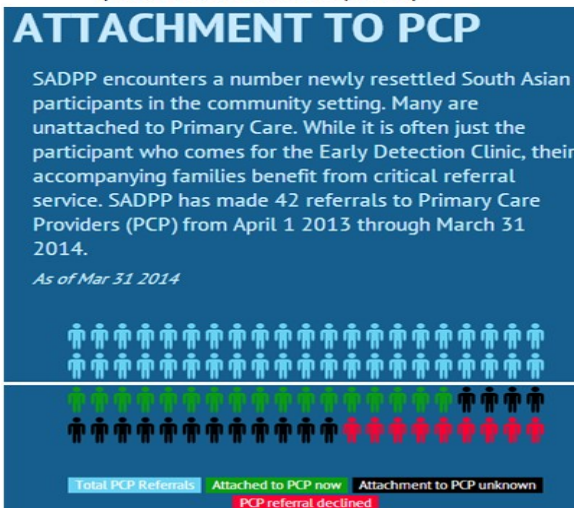
To improve continuity of care and to enhance self-efficacy, SADPP provides referrals to primary care providers and Diabetes Education Programs to individuals unattached to these services. As of April 2014, we have outreached to and screened approximately 4,000 South Asians and referred more than 850 South Asians to primary care providers and diabetes education centres across the GTA. We are continuously working to expand access to South Asians in Toronto, and are looking forward to connecting with diabetes education programs and registered nurses to promote access to this high-risk group.

For more information, please contact Dilani Wickram (RN), at 416-429-4991 ext 292, or visit us at www.fhc-chc.com/diabetes/prevention.

Reference

Kabir, S. (2012). Reducing Higher Prevalence of Diabetes Mellitus Among South Asian Populations in Canada. *Clinical Medicine and Research*, 10(3).

Physician Referral and Attachment Data
Figure 1. Overall Primary Care Referral status
(Accurate as of Mar 31, 2014)



When Cost is a Problem



Monitoring for Health Program

The Monitoring for Health Program (MFHP) helps Ontarians of any age who use insulin or have gestational diabetes pay for the cost of their blood glucose testing supplies. Eligible claimants must be Ontario residents with a valid health card and have no other coverage for the supplies being claimed.

The program offers a 75% reimbursement for the cost of test strips and lancets, up to a maximum of \$820 per year. This means that claimants can submit up to \$1093 in receipts for strips and lancets each year, which is then reimbursed at 75% for the max \$820. The program also reimburses 75% for a meter (max \$75) or a talking meter (max \$300), once every five years.

Seniors 65 years and older, Trillium Drug Program clients and ODSP recipients can only submit to the program for lancets and meters, since strips are covered for these client groups through ODB.

All claim forms and receipts must be originals (no photocopies please) and must be submitted by no later than March 31st to count towards the current program year.

For more information and to order claim forms, please email mfhp@diabetes.ca or call 1-800-361-0796.

Did you know? Helpful Hints

Thanks to:

Gabriella Simo

Manager,

Advocacy -

Ontario

Canadian Diabetes

Association

Trillium Drug Program clients can request a re-assessment if their income drops by more than 10% and can exclude from "household" definition any adult members who are financially independent (ie. pays rent and their own living expenses).

ODSP recipients can request more than the standard "chart" amount provided through Mandatory Special Necessities (MSN) for nee-

dles and lancets, if they can show that their *actual* monthly costs for these supplies are higher than the chart amount.

Seniors automatically become eligible for ODB on the 1st day of the month *after* they turn 65.

Seniors 65+ using insulin can receive an annual grant of \$170 for their pen needles or syringes through ADP's *Insulin*

Syringes for Seniors program. Amounts not covered by a program (e.g. the 25% not covered by the Monitoring for Health Program) can be deducted as a medical expense on income tax

Registered Disability Savings Plan (RDSP)

An RDSP is a tax-deferred savings plan designed to help individuals with disabilities. To be eligible, individuals must be receiving the Disability Tax Credit (DTC) and the RDSP must be opened before the end of the year in which the individual turns 59. Parents/guardians can open an RDSP on behalf of a child and anyone (e.g. family, friends, etc) can contribute to the RDSP. The Government of Canada also contributes a matching grant of up to \$3500 per year (depending on amount contributed and family income) and bonds of up to \$1000 per year for low-income beneficiaries. *Important note: If an individual becomes ineligible for the DTC, the RDSP must be closed and grants/bonds received from the government within the past 10 years must be returned.*

For more information, visit <http://www.cra-arc.gc.ca/rdsp/>

Tax de-
ferred sav-
ings plans



DNIG - Your Group, Your Voice

*"START where you are.
USE what you have.
DO what you can."*

—Arthur Ashe, professional tennis player



Share your successes and questions with others. Your newsletter is a forum to share all those things that you are doing that are innovative, based on good evidence and making a difference in the lives of those living with diabetes. Your newsletter is for you. **Do what you can.**

The newsletter is produced three times per year and sent electronically to DNIG members. If you require a print copy, please **let us know**.

Next Issue—All about Feet

Watch for our next issue coming in early February which will feature our usual students and spotlight on you section as well as all the latest on diabetes foot care management. Romy Burgess Burfitt is an Advanced Foot Care Nurse at the College of Health Studies. With a wealth of experience and holistic approach to client care, Romy will bring you up to speed on the role of the nurse in nursing foot care treatment.



**Prevent diabetes problems.
Keep those feet healthy and
happy.**

Conference Funding Application

Name: _____

Address: _____

Email: _____

Phone: _____

RNAO membership # _____

DNIG Membership duration _____

Employment status: FT PT

Employer _____

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

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

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

Be sure to:

Describe your professional objectives for attending the conference.

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

Describe your employment status, location, role in diabetes nursing

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

Please supply one professional reference.

Name: _____ Phone number: _____

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

Applicant signature _____ Date: _____

Please scan completed application and e-mail to **liher233@yahoo.com**