

National Aboriginal Diabetes Association



APRIL 1, 2002 - MARCH 31, 2003

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GREETINGS FROM THE BOARD OF DIRECTORS

To the Membership of the National Aboriginal Diabetes Association,

On behalf of the Board of Directors of the National Aboriginal Diabetes Association, I extend greetings to each of the members of NADA. Enclosed please find the Annual Report of the National Aboriginal Diabetes Association for the period of April 1, 2002 to March 31, 2003. During this year, NADA continued to work as part of several national committees working to ensure that diabetes, particularly among Aboriginal peoples will remain a high priority. This included work with the Aboriginal Diabetes Initiative Steering Committee.

A very small NADA gathering was held at the Radisson Hotel in Winnipeg at the end of March 2003 that was coupled with the Annual General Assembly. The members present were treated to the Canadian premiere of "Diabetes: Don't You Get It", a Native American video produced by Kymberly Cravatt and Rita Wright from Native American Prevention Research Center.

At the Annual General Assembly, the membership present elected Ms. Freda Lepine of Manitoba; Mr. Jonah Kilabuk of Nunavut, Dr. Chester Cunningham of Alberta, and Solomon Awashish of Quebec to the Board of Directors. At this time I thank the outgoing board members, Mr. Garry Carbonnell of Quebec; Ms. Margaret Horn of Quebec and Ms. Mary Geldart of New Brunswick for the time and the effort that they gave to NADA.

This is a very important time for the National Aboriginal Diabetes Association. As we come to the end of the five years Aboriginal Diabetes Initiative, we look forward with anticipation that the Canadian government will carry over funding for both the ADI and the Canadian Diabetes Strategy and will shortly announce the next step in the Canadian war on diabetes. NADA, along with the national Aboriginal political organizations, other national diabetes organizations and the private sector will continue to advocate on behalf of all Aboriginal peoples at the national planning and development tables, to ensure that the epidemic among our peoples will be addressed in a respectful and proper manner. It will require dedication from the members of the Board of Directors and from the NADA membership to give time and energies to work together in a good way for the benefit of Aboriginal peoples and for the children of our future generations.

In Peace & Friendship

Alex M. McComber
Chairman of the Board

BOARD OF DIRECTORS, ADVISOR & STAFF

National Aboriginal Diabetes Association has been able to recruit Board Members from all Aboriginal groups: First Nations, Métis and Inuit from across the country who have a broad scope of experiences and connections within the Aboriginal community.

BOARD OF DIRECTORS

(April 1, 2002 - March 27, 2003)

Alex McComber, Chair

Kathleen Cardinal

Leslie Labobe

Vivian Smith

Chester Cunningham

Mary Geldart (resigned Jan 20/03)

Margaret Horn (resigned Dec 5/02)

Garry Carbonnell, Vice-Chair (resigned Mar 27/03)

Rita Martin

Margaret Jadis

Solomon Awashish

Linda Brazeau

Roda Grey (resigned Jan 8/03)

ELECTIONS HELD MARCH 28, 2003

Entering into the new fiscal year the Board welcomed newly elected:

Freda Lepine, Vice-Chair

Solomon Awashish

Jonah Kilabuk

Chester Cunningham

The Executive welcomed:

Kathleen Cardinal, Treasurer

Rita Martin, Secretary

ADVISORS

Maureen Thompson – Health Canada

STAFF

Kandice Léonard, Executive Director

Ginette Bisson, Project Assistant

Cindy Myran, Administrative Secretary

COMMITTEES OF THE BOARD

April 12, 2002 – March 27, 2003

EXECUTIVE COMMITTEE

Alex McComber
Garry Carbonnell *
Leslie Labobe
Linda Brazeau *
Doris Greyeyes

PERSONNEL COMMITTEE

Chester Cunningham
Alex McComber
Vivian Smith
Garry Carbonnell *

PROGRAMS COMMITTEE

Roda Grey *
Kathleen Cardinal
Sol Awashish
Mary Geldart *
Rita Martin

AD HOC COMMITTEE FOR POLICY/ADVISORY

Roda Grey *
Garry Carbonnell *
Chester Cunningham

COMMUNICATIONS COMMITTEE

Alex McComber
Sol Awashish

FINANCE COMMITTEE

Linda Brazeau *
Margaret Horn *

NOMINATING COMMITTEE

Garry Carbonnell *
Leslie Labobe
Roda Grey *

AD HOC COMMITTEE FOR AGA/CONFERENCES

Margaret Horn *
Linda Brazeau *
Kathleen Cardinal
Margaret Jadis
Vivian Smith

*resigned Board of Directors members

COMMITTEES OF THE BOARD (CONTINUED)

As of March 28, 2003

EXECUTIVE COMMITTEE

Alex McComber
Freda Lepine
Kathleen Cardinal
Rita Martin
Doris Greyeyes

COMMUNICATIONS COMMITTEE

Solomon Awashish
Vivian Smith

CONFERENCE COMMITTEE

Vivian Smith
Margaret Jadis
Kathleen Cardinal
Freda Lepine
Rita Martin

FINANCE COMMITTEE

Kathleen Cardinal
Freda Lepine

AD HOC POLICY REVIEW

Leslie Labobe
Chester Cunningham

PROGRAMS COMMITTEE

Rita Martin
Solomon Awashish
Margaret Jadis

NOMINATING COMMITTEE

Leslie Labobe

Kandice Léonard, as Executive Director, is a member of all standing committees.

Throughout this fiscal year the National Aboriginal Diabetes Association has strived to fulfill our mission and goals in the spirit of sharing, respect, collaboration, mutual support and cultural sensitivity.

- **NEWSLETTER**

Community and NADA members submitted articles, stories, and recipes providing readers with updates, and information on programs, initiatives and events across Canada.

The newsletters were mailed to NADA members, health centres, friendship centres and were distributed at various community, provincial and national events across Canada.

Newsletters were published in December 2002 and March 2003.

- **WEBSITE**

Redesigning the NADA website, developing a website to provide information to consumers and health professionals. Other Aboriginal and health care organization will be linked to the site in order to share information in a timely and accessible manner.

The website will provide general diabetes information, contact information, current events, postings, links with other relevant and appropriate information.

Information was posted on the site to inform users that it is under construction. “www.nada.ca will be temporarily unavailable”.

Anticipated re-launch of www.nada.ca in Fall 2003.

- **NATIONAL ABORIGINAL DIABETES AWARENESS DAY**

Information and promotion packages were distributed to friendship centres, health centres and schools across Canada. These educational material provided suggestions about activities that the schools, friendship and health centres were able to incorporate into plans for National Aboriginal Diabetes Awareness Day.

NADA launched a “What Does Diabetes Mean to You” contest via NADA newsletter. The creative contest asks participants to submit a story, picture, poem or any other creative medium of expressing what diabetes means to them.

The submissions will be randomly selected and incorporated into a book that will be distributed to NADA members for the 2003 –2004 fiscal year National Aboriginal Diabetes Awareness Day.

- **PUBLIC SERVICE ANNOUNCEMENT (PSA)**

NADA partnered with Aboriginal Peoples Television Network (APTN) to create four, fifteen second, public service announcements (PSA). These PSA's were launched on APTN on National Aboriginal Diabetes Awareness Day and continue to air on APTN.

- **PATHWAY TO WELLNESS HANDBOOK FOR CARGIVERS**

The document was written by Rosella Kinoshameg in consultation with an Advisory committee established to provide input. A number of focus groups were conducted across Canada to receive feedback and input from community members and health care providers.

The information gathered from the focus groups was incorporated into the handbooks with the distribution March 2003. The document will be distributed to NADA members once printing is complete.

- **PATHWAY TO WELLNESS HANDBOOK FOR PEOPLE LIVING WITH DIABETES**

The second of the two handbook was further developed by Technologies for Learning Group it make it more user friendly. Several revisions were completed; incorporating personal stories, learning activities learning tools and simplifying the layout.

The handbook is complete and will be distributed to NADA members once printing is complete in Spring 2003.

Once the website is operational both Handbooks will be available in PDF format.

- **RESOURE DIRECTORY**

National Aboriginal Diabetes Association establishing a partnership with National Indian & Inuit Community Health Representatives Organization (NIICHO) to update NADA's Resource Catalogue. The updated directory, produced in both French and English, includes a "How To" section which provides health care workers with ideas and steps for starting up new diabetes related activities within their communities.

The Resource Directory was launched at the 2nd National Conference on Diabetes and Aboriginal Peoples in Quebec City, it was distributed to all conference delegates, as well as NADA's membership as a whole.

A priority for the 2003-04 fiscal year will be to secure funding for updating of the Directory.

Once the website is operational the Resource Directory will be available on line.

- **IN-HOUSE RESOURCES**

NADA has established a cataloguing system for all of the in-house resources. A comprehensive database was developed to categorize all of the entries and to make searching for information a relatively easy process.

An article was incorporated into the newsletter advising readers of the resources that are available at the NADA office. The database and resource library is continually maintained and updated.

NADA continues to distribute information kits, which contain information on diabetes in Aboriginal Peoples, organizational information and information on how to become a NADA member.

Many requested are received for general and more specific information form community members at large. NADA strives to provide as much information as is available.

- **DEVELOPMENT OF RESOURCES**

NADA has developed a bookmark that lists “Signs and Symptoms of Type 2 Diabetes”. Bookmarks are distributed at health fairs, conferences, and community events.

A project for 2003-2004 will be reprinting the “Signs and Symptoms” bookmark as well as developing a bookmark with nutritional tips.

- **ABORIGINAL DIABETES WORKING GROUP (ADWG)**

Aboriginal Component to the National Diabetes Surveillance System (NDSS)

The ADWG is a sub committee of the National Diabetes Surveillance System, Steering Committee (NDSS). The purpose of the ADWG is to develop a framework/strategy for the Aboriginal component in the NDSS. The objective is to support surveillance, priority setting, capacity development, program development and evaluation.

NADA appoints the Chair of the ADWG and this position is currently held by Dr Catherine Cook, in addition the ADWG has eight additional members and these member are individuals with a background in health policy focussing on diabetes. The ADWG has met concurrently with the NDSS Steering Committee, in November 2002 and March 2003.

There remain ongoing concerns about privacy protection when an Aboriginal group participates in the NDSS. The concern stems from the record linkage procedures necessary to identify and then extract Aboriginal data from existing NDSS data files in a region. To address this issue, the ADWG began developing Terms of Reference for a Privacy Impact Assessment in Nova Scotia. The Review will be completed in 2003.

Aboriginal Partners in the NDSS

In 2002, working agreements in BC and in Quebec Health Region were finalized and work is underway to extract and analyse the First Nations’ data. The data in both regions was expected to be ready by September/October 2003. Other First Nation, Métis, and Inuit groups are in various stages of developing a partnership. Opportunities for partnership with urban Aboriginal groups have been limited in scope and options for these partnerships are being explored.

General Comment

The ADWG and the NDSS Steering Committee consider it a priority to establish necessary partnerships with Aboriginal groups so that the first NDSS Report in 2003 has data for First Nations, Métis, and Inuit. However, 2003 Report will not have Aboriginal data.

- **INTERDISCIPLINARY HEALTH RESEARCH TEAM (IHRT)**

*Diabetes in the Aboriginal Population:
Defining, Understanding, and Controlling an Emerging Epidemic
Status Report (April 2001-December 2003)
Dr. Kue Young*

1. Project Management

a. Structures, tools and measures used

Appendix I provides an excerpt of the original proposal outlining the management of our IHRT. We have not designed quantitative measures of the implementation of this model.

b. Significant challenges encountered and solutions employed

The major challenge during this period was the departure of the team leader from the University of Manitoba for the University of Toronto in January 2002. In view of the number of Manitoba-based projects, investigators, staff and trainees, the IHRT remains at Manitoba. The team leader makes regular visits between Toronto and Winnipeg. Sharon Bruce, assistant professor in the Department of Community Health Sciences, was appointed project coordinator, with supervisory responsibility over project staff and co-signing authority for the grant. This has worked extremely well.

A committee of principal investigators with quarterly meetings was not established, as the annual meetings and e-mail correspondence were adequate to maintain close contact.

Appendix 1: Excerpt from Proposal re Management

- *The IHRT operates on the collegial rather than hierarchical model, with a flexible administrative structure. The coordinating centre is located at the University of Manitoba, under the overall direction of the Team Leader, who is accountable to CIHR for the disbursement of research funds and the execution of the research as proposed and accepted. A program administrator will be based in Winnipeg to oversee financial/administrative matters, maintain communications, and handle media relations.*
- *The Project PIs are fully independent within their budgetary allocation. For community-based projects, each PI will be responsible for liaison and consultations with the specific community. There will be a Committee of PIs which meets quarterly to keep each other informed of progress, plan schedules, and solve problems. It is the decision-making body on issues affecting the whole team (eg. training, dissemination and policy). The Canadian co-investigators relate primarily to the Project PI. International collaborators play a mainly advisory role, both to specific projects, but also to IHRT activities as a whole. Two of the community partners (Kahnawake and Sandy Lake) implement specific projects, while the National Aboriginal Diabetes Association has a Team-wide role in research dissemination.*

c. Ability to access institutional infrastructure and support mechanisms

The team leader (Kue Young), project coordinator (Sharon Bruce), and graduate student research assistants (Dhiwya Attawar, Leigh Hayden) are housed in a suite of offices, identified as IHRT space, in the Department of Community Health Sciences. A research assistant (Aidrie Walker) was hired jointly with the Northern Medical Unit. Additional secretarial services are purchased from the Department. The IHRT also benefited from the assistance of the Northern Medical Unit in facilitating travel (especially in the registry project) to First Nation communities that it serves.

Funds from the IHRT enabled Stewart Harris to recruit a research coordinator (Elizabeth Ford) and equip an Aboriginal diabetes research office located in the Centre for Studies in Family Medicine at the University of Western Ontario Research Park. IHRT funds also supported the laboratory operations of Robert Hegele (Robarts Research Institute, London) and Wayne Lutt (Department of Pharmacology, University of Manitoba).

2. Collaborations

a. Change from original collaboration framework

There is no major change to the framework as originally proposed (Appendix 2). Our team was able to maintain its interdisciplinary character. One of our international collaborators, Mark Daniel of the University of North Carolina, was recruited by Université de Montréal as a Canada Research Chair, and will be able to participate actively in the IHRT, both as co-investigator in existing projects and PI of new projects.

Several new community partners in Manitoba joined the IHRT, after extensive consultations: the Sandy Bay First Nation, the Swampy Cree Tribal Council [8 communities], and the Interlake Reserves Tribal Council [2 communities]. These communities all signed First Nation Council resolutions.

Stewart Harris and Elizabeth Ford at UWO negotiated the participation of two communities of the Fort Frances Tribal Council [Ni'ketchawnin and Nicickuseneneaning] and Fort Hope First Nation, all in northwestern Ontario, in a study of the extent and impact of diabetes, using the Participatory Rural Appraisal (PRA) method.

Appendix 2: Excerpt from Proposal re Collaborations

As listed in the application, our IHRT consists of a multi-disciplinary team of 8 *principal investigators*, 6 *Canadian co-investigators*, 3 *international collaborators*, and 3 *community partners*, based in 3 provinces (Manitoba, Québec, Ontario) and two foreign countries (USA and Denmark).

- *Each investigator is a node of other networks relating to professional/academic specialties such as public health/ epidemiology, anthropology, endocrinology, nutrition, pediatrics, etc. Individual PIs have their own personal connections with specific First Nations and regional Aboriginal organizations such as the Assembly of Manitoba Chiefs....*

b. Resources helpful in developing collaborations

Our IHRT came together because the majority of the investigators have previously collaborated in research projects or served in national committees relevant to diabetes in the Aboriginal population. No extraordinary effort was required to achieve collaboration. Media publicity associated with the award of the IHRT was partly responsible for Sandy Bay First Nation's approaching the team leader in the summer of 2001, initiating a process that led to formal collaboration.

We have convened three annual meetings (Winnipeg, April 2001; Québec City, January 2002; Winnipeg, May 2003). The 2001 meeting coincided with the National Conference on Diabetes in Aboriginal Peoples organized by NADA. These meetings are particularly helpful for team members to engage not only in scientific business but also to socialize informally.

c. Additional resources needed to maintain collaborations

Many members attended the annual conferences of the Canadian Diabetes Association in Vancouver 2002 and Ottawa in 2003, and had informal meetings and dinners.

Site visits have occurred which enhance cross-fertilizations of ideas and techniques. In April/May 2002 the IHRT supported the travel of Rod Fiddler from Sandy Lake (Ontario) and Joanne Roulette from Sandy Bay (Manitoba) to attend the inaugural training course on diabetes prevention, organized by our IHRT partners in Kahnawake, Québec. This was an excellent example of mutual learning between First Nations.

3. Training Component

a. Students whose degree work is part of project

<i>Appendix 3: Graduate Students</i>			
<i>Student [degree]</i>	<i>Student's discipline</i>	<i>Supervisor [discipline]</i>	<i>Funding source</i>
H. Neufeld ¹ [PhD]	Nutrition/ community health	G. Marchessault [nutrition]	IHRT; U Manitoba graduate fellowship
D. Attawar [MSc]	Physiotherapy/ community health	S. Bruce [community health]	IHRT; WRTC ²
M. Pirnat [MSc]	Medicine/ community health	G. Sevenhuysen [nutrition]	IHRT
C. Green [PhD]	Geography/ anthropology/ community health	R. Hoppa [anthropology]	IHRT, U Manitoba graduate fellowship
Leigh Hayden [MA]	Anthropology	S. Bruce [community health]	IHRT; MHRC ³
Corrine Isaak [MSc]	Nutrition	G. Marchessault [nutrition]	IHRT
Robin Miller	Nutrition	G. Sevenhuysen [nutrition]	IHRT

¹ Hannah Neufeld completed her MSc with IHRT funding in May 2003. Kue Young [community health] was her supervisor.

²Western Regional Training Centre

³Manitoba Health Research Council

b. Trainees hired to work on aspects of project

Appendix 4:			
<i>Student [degree]</i>	<i>Student's discipline</i>	<i>Supervisor [discipline]</i>	<i>Funding source</i>
B. Barth [MA]	Anthropology	S. Bruce [community health]	IHRT
L. Hayden [MA]	Anthropology	S. Bruce [community health]	IHRT; CIHR ⁴
S. Goulet [BScMed, MD]	Medicine	S. Bruce [community health]	IHRT
D. Attawar [MSc]	Community health	S. Bruce [community health]	CIHR ⁴

⁴ CIHR grant on diabetes and stress.

c. Community-level training

The launching of the complications screening in Sandy Bay, Manitoba, in August 2002, was preceded by a two-day training session in interviewing, anthropometry and techniques in assessing peripheral neuropathy and use of the DCA 2000, under the supervision of Sharon Bruce, with the assistance of Brownwyn Zadewski (Physical Education), Chris Everhardus (Northern Medical Unit) and Jackie Murray (Bayer). A similar training session was held at Chemawawin First Nation in October 2003.

Dhiwya Attawar and R. Miller conducted a foot care workshop at Sandy Bay First Nation in November 2003. D. Attawar is a physiotherapist and graduate student in Community Health (U Manitoba). Robin Miller is a registered dietician and certified diabetes educator, and graduate student in Human Nutritional Sciences (U Manitoba). The workshop was well attended by community members and Health Centre staff and received very positive evaluations.

4. Knowledge Translation

a. KT strategy differs from initial proposal?

No significant changes were made to suggestions made in the original proposal (Appendix 5). The IHRT allocated an annual budget for NADA to carry out its activities. We hosted two workshops at the National Conference on Diabetes in Aboriginal Peoples in Québec City in January 2002, reaching a large audience, particularly leaders and members of Aboriginal communities across Canada.

We were successful in attracting the *Canadian Journal of Diabetes* to devote a special supplement to highlight IHRT projects that are underway or being planned. This special issue will be out in December 2003.

Kue Young and Ann Macaulay are members of Health Canada's Research Working Group of the Coordinating Committee of the National Diabetes Strategy, which began deliberations in the spring of 2002.

b. Target audiences identified, KT tools developed/implemented

The IHRT targets researchers, practitioners and members of Aboriginal communities, using different tools, including presentations at traditional scientific/professional conferences and publications, and regular contributions to the NADA newsletter, explaining its objectives and activities.

Stewart Harris has been particularly active in making presentations to community groups (Fort Frances Tribal Area Health Authority, Thames Valley District Health Council, Oneida Nation, and the Kenora Area Health Access Centre).

c. Other pertinent information

We also published our own *IHRT Newsletter*. Issue #1 was distributed to all registered participants at the Québec City conference in January 2002 and all NADA members by mail.

We supported the “Sandy Bay Declares War on Diabetes” campaign in May, 2002 and contributed articles to their newsletter focusing on diabetes complications (Sharon Bruce) and type-2 diabetes in children (Heather Dean/Elizabeth Sellers).

Appendix 5: Excerpt from Proposal re Knowledge Translation

- *The National Aboriginal Diabetes Association, with its national network and extensive membership, will play a critical role in disseminating information among researchers, diabetes care professionals, policy makers and community representatives. It will serve as a sounding board on the relevance of the research and provides advice on policy development. NADA will be allocated funds to strengthen its secretariat, hire a part-time research officer, and subsidize publications, telecommunications, website development, conference travel, and the planning of the next national conference.*

5. Research Progress

a. Significant changes to original research plan

Appendix 6 Excerpt from Proposal re Timelines

Theme/Projects (short title)	Year 1				Year 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Regional diabetes registry	Planning	Field testing	Chart review, data analysis		Community feedback		Annual update, data analysis	
2. Pediatric glucose survey	Complete pilot study		Data analysis		Community feedback		Planning follow-up exam	
3. Complications screening	Planning, community Consultation		Staff training	Data collection [Community A]	Data entry/analysis [Community A]		Preliminary report	
4. Data linkage surveillance	Ongoing negotiation with AMC and MMF		Programming and data linkage		Data analysis		Preliminary report	Feedback to AMC/MMF
5. Genetic markers study	Laboratory analyses of banked specimens				Analyses of new specimens from Projects (2) and (3)			
6. Case-control study	Complete clinic-based substudy		Planning community-based substudy		Community consultation	Staff training	Data collection	
7. Insulin action study	Staff training		Fetal alcohol: proof of concept			Adult alcohol pharmacokinetics		
8. Prenatal interview study	Planning, consultation		Data collection		Data analysis		Preliminary report	
9. Randomised clinical trial	Recruitment of subjects for metformin trial			Ongoing clinical follow-up of participants				
10. Primary prevention study	Evaluation of Kahnawake and Sandy Lake projects				Identify new site		Community consultations	

A brief update on each project is provided below:

1. *Regional diabetes registry*: Sharon Bruce and Airdrie Walker visited Thunder Bay to observe a registry developed for the Northern Diabetes Health Network. Two graduate students (Leigh Hayden and Brian Barth) visited 13 Manitoba First Nations during the summer of 2002 and abstracted baseline data for entry into the system. An Access database is being developed for the registry. As part of her BSc(Med) project, Sara Goulet reviewed renal complications in Norway House. Sara received the Leonard Kruger Centennial Award for this project.

2. *Pediatric glucose survey*: In the summer of 2002, children in Island Lake who participated in two earlier waves of screening were re-sampled. Elizabeth Sellers began the screening project in Sandy Bay, September 2003.

3. *Complications screening study*: Data collection [interview, examination and blood tests] begun in late August in Sandy Bay, after extensive community consultations and training of field workers under the direction of Sharon Bruce. Ultrasonography was completed in September 2003, and retinal screening in November 2003. Data collection is now complete in Sandy Bay and underway in Chemawawin First Nation, of the Swampy Cree Tribal Council.

4. *Data linkage surveillance*: An analysis of the historical trends, current distribution, and future projection of diabetes among First Nations in Manitoba was completed by PhD student Chris Green. A study of the ecologic correlates of diabetes in the Winnipeg was published.

5. *Genetic markers study*: Rob Hegele's lab continues with analyses of stored specimens from Sandy Lake and the Keewatin Inuit. New samples from Manitoba are being collected and will be shipped to London.

6. *Case-control study*: This study (PI: Kue Young) was completed and a paper already published, demonstrating the protective effect of breastfeeding in the early onset of type-2 diabetes in children and youth. The next step is to further investigate the role of prenatal/early infancy risk factors in a birth cohort.

7. *Insulin action study*: Wayne Lutt's lab continues with studies on the fetal alcohol and sucrose models of insulin resistance in the rat, associated with the decreased production of a hepatic insulin sensitizing substance. The next step is to study the prevention and reversal of developed disease.

8. *Prenatal interview study*: This study forms the MSc thesis of Hannah Neufeld. Hannah completed the project and all requirements for her MSc degree and graduated in May 2003. Hannah is preparing a report for the community.

9. *Randomized clinical trial*: The metformin trial [PI: Elizabeth Sellers] was completed with rather disappointing results in terms of recruitment and compliance. A proposal for short-term insulin therapy in youth with type-2 diabetes [PI: Heather Dean] was submitted to NIH in June 2002.

10. *Primary prevention study*: The SLHDP and KSDPP teams had two teleconferences and a comprehensive planning meeting in February 2002 in Kahnawake. The experiences of the two projects are compared and contrasted in preparation for the development of a best-practice model for community-based interventions. A site visit to Sandy Lake took place late in 2002. Results were presented at the IHRT meeting in May 2003 and at the Canadian Diabetes Association in October 2003. Selection of another community in which to initiate a prevention intervention is currently underway.

BOARD OF DIRECTORS MEETINGS

April 1, 2002 to March 31, 2003

April 12 – 13, 2002
Winnipeg, MB

July 12-13, 2002
Montreal, QC

November 4, 2002
Conference Call

March 27 - 28, 2003
Winnipeg, MB

NADA ACTIVELY PARTICIPATES IN THE FOLLOWING COMMITTEES:

Coordinating Committee for the National Diabetes Strategy

Aboriginal Diabetes Initiative Steering Committee

Diabetes Council of Canada

National Diabetes Surveillance Systems

Aboriginal Diabetes Working Group

Symposium Organizing Committee

Diabetes Information Network

Minister's Advisory Committee on Diabetes

Manitoba Association of Community Health

EVENTS ATTENDED

<u>May 23, 2002</u>	6 th Annual Diabetes Gathering Fisher River First Nation, MB
<u>May 24, 2002</u>	Yellowquill College
<u>July 23, 2002</u>	Diabetes – Discovering Our Options Brandon, MB
<u>July 29 – August 2, 2002</u>	North American Indigenous Games Winnipeg, MB
<u>September 10, 2002</u>	Winnipeg Regional Health Authority Forum Winnipeg, MB
<u>September 16, 2002</u>	PRIADE Edmonton, AB
<u>October 2 – 5, 2002</u>	Canadian Diabetes Association Vancouver, BC
<u>November 22, 23, 2002</u>	Conference and Annual Gathering Northern Association of Community Councils Winnipeg, MB
<u>December 10, 2003</u>	Manitoba First Nations Diabetes Committee
<u>January 23-24, 2003</u>	The Healing Trail Conference Dryden, ON
<u>February 5-7, 2003</u>	Diabetes Educators Network Winnipeg, MB
<u>March 18, 2003</u>	Nutrition & Safety Bingo Winnipeg, MB
<u>March 25 – 26, 2003</u>	Alberta Diabetes Conference Edmonton, AB

RESOURCES PROVIDED

May 17, 2002

Health Fair
Northern Aboriginal Iskwewak
Wabowden, MB

May 23, 2002

Your Health – Your Future
Annual Health Fair
Mississauga First Nation, ON

May 20, 2002

Health & Community Control Session
National Aboriginal Health Organization
Ottawa, ON

June 4, 2002

Celebration of Our Youth
Ginew, MB

July 20, 21, 2002

Mississauga First Nation Pow Wow
Mississauga First Nation, ON

August 8, 2002

Community Health Gathering
Dryden, ON

September 5, 2002

Industry Canada Focus Day
Winnipeg, MB

September 19, 2002

Aboriginal Diabetes Conference
Comox Valley, BC

October 9, 2002

Diabetes: Discovering Our Options
Portage La Prairie, MB

October 11, 2002

Teen Halloween Dance Fundraiser for Diabetes
Little Black River First Nation, MB

October 14, 2002

Training Session
NorMan Diabetes Education Resource
The Pas, MB

October 25, 2002

Health Fair
Swan Lake First Nation, MB

November 14, 2002

World Diabetes Day
Winnipeg, MB

November 22, 2002

12 Hour Marathon
CHNT Community Radio Station
Timiskaming First Nation, QC

December 5 & 6, 2002

Regional Elders' Gatherings
Voice of the Elders
Winnipeg, MB

FINANCIAL STATEMENTS

Robyn Hull ^{RH}
CHARTERED ACCOUNTANT LTD.

Auditor's Report

National Aboriginal Diabetes Association, Inc.

I have audited the statement of financial position of National Aboriginal Diabetes Association, Inc. as at March 31, 2003 and the statements of operations and net assets and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. These standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit includes assessing the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2003 and the results of its operations and cash flows for the year then ended in accordance with generally accepted accounting principles.

Winnipeg, MB
December 18, 2003

Chartered Accountant

115 Pulford Street
Winnipeg, Manitoba
R3L 1X8
Tel: (204) 889-5911
Cel: (204) 771-4946

NATIONAL ABORIGINAL DIABETES ASSOCIATION, INC.**Statement of Operations and Net Assets**

For the Year Ended March 31, 2003

2003**2002****Revenue**

Health Canada	\$ 200,000	\$ 235,000
Donations	1,527	940
Conference Registration & Sponsorships	0	130,991
Merchandise Sales	229	176
Memberships	3,941	5,996
Interest	95	357
Corporate Donations	100	1,750
Interdisciplinary Health Research Team (IHRT)	35,009	16,229
Career Focus	0	860
Activities income	0	300

240,901**392,599****Expenses**

Office expenses	34,832	52,201
Annual General Assembly	11,015	1,907
Employment wages & contracts	101,219	128,149
1st National Conference	-	-
2nd National Conference	-	189,552
Newsletter	5,500	10,386
Information kits	-	89
Resource catalogue/directory	4,684	22,293
Website development and maintenance	491	1,297
Cookbook	-	643
Handbook - Pathways to Wellness	9,396	22,756
National Aboriginal Diabetes Awareness Day	5,091	806
Board meetings	27,444	10,958
Committees of the board	(356)	3,785
Community events	5,924	4,644
Annual report	10,440	3,248
IHRT	35,009	4,373
Fundraising volunteer	371	-
Public Service Announcement	1,033	-

252,093**457,087****Excess of (expenses) revenue****(11,192)****(64,488)****Net Assets, beginning of year****24,660****89,148****Net Assets, end of year****\$ 13,468****\$ 24,660****Robyn Hull** CA
CHARTERED ACCOUNTANT LTD.

See accompanying notes to the financial statements.

NATIONAL ABORIGINAL DIABETES ASSOCIATION, INC.**Statement of Financial Position**

March 31, 2003

2003

2002

Assets**Current**

Cash	\$ 46,367	\$ 47,209
Accounts receivable	20,281	5,946
GST receivable	3,984	18,421
Prepaid expenses	598	5,404
	<hr/>	<hr/>
	\$ 71,230	\$ 76,980

Liabilities and Net Assets**Current**

Bank indebtedness	-	-
Accrued conference expenses (Note 3)	-	1,000
Unexpended grant funding	38,762	19,771
Payables and accruals	19,000	31,549
	<hr/>	<hr/>
	57,762	52,320

Net Assets

	<hr/>	<hr/>
	13,468	24,660
	<hr/>	<hr/>
	\$ 71,230	\$ 76,980

*** Originals Reviewed and Approved by Board of Directors.**

See accompanying notes to the financial statements.

NATIONAL ABORIGINAL DIABETES ASSOCIATION, INC.

Statement of Cash Flows

For the Year Ended March 31, 2003

2003

2002

Cash provided from (used for)

Operations

Difference in revenue over expenses	\$ (11,192)	\$ (64,488)
Changes in other non-cash operating accounts	<u>10,350</u>	<u>116,352</u>
Cash provided (used)	(842)	51,864
Cash, beginning of year	<u>47,209</u>	<u>(4,655)</u>
Cash, end of year	<u>\$ 46,367</u>	<u>\$ 47,209</u>

See accompanying notes to the financial statements.

NATIONAL ABORIGINAL DIABETES ASSOCIATION, INC.

Notes to the Financial Statements

March 31, 2003

1. Summary of significant accounting policies

(a) Financial Instruments

The organization's financial instruments consist of cash, accounts, receivable, and accounts payable. Unless otherwise noted, it is management's opinion that the organization is not exposed to significant interest, currency or credit risks arising from these financial instruments.

(b) Organization purpose and status

The National Aboriginal Diabetes Association, Inc. is an organization that addresses diabetes amongst aboriginal peoples. The organization helps to prevent and promote Diabetes amongst aboriginal peoples and creates networks and opportunities for individuals, families and communities to help them understand and manage Diabetes. The organization represents members on various national bodies to help increase Diabetes awareness.

The National Aboriginal Diabetes Association, Inc. has been incorporated under the Canada Corporations Act since August 29, 1997. The organization is a registered charitable organization.

(c) Contributed Services

National Aboriginal Diabetes Association, Inc. acknowledges the substantial services provided by volunteers in assisting the organization in carrying out its activities. Due to the difficulty in determining their value, these services are not reported in the financial statements.

(d) Capital assets

It is the policy of the organization to expense capital asset costs and not capitalize such costs. No provision has been made for amortization of capital assets.

(e) Prepaid expenses

It is the policy of the organization to record recoverable expenses as prepaid expenses. Prepaid amounts are expensed as depleted. Supplies and non-recoverable costs are expensed in the period incurred.

NATIONAL ABORIGINAL DIABETES ASSOCIATION, INC.

Notes to the Financial Statements

March 31, 2002

2. Lease obligations

(a) Office lease

The organization has a five year office lease with W.R.E. Development Ltd. ending August 31, 2006. The monthly payment amount is \$1,300.

Lease payments for the next three years are as follows:

2004	\$15,600
2005	\$15,600
2006	\$ 6,500

(b) Postage meter lease

The organization has a forty-two month postage meter lease with Pitney Bowes Leasing ending November 30, 2003. The monthly payment amount is \$150.

Lease payments for the next year is as follows:

2004	\$1,200
------	---------

**4TH ANNUAL GENERAL ASSEMBLY
WINNIPEG, MANITOBA
MARCH 28, 2003**

March 28, 2003

1. Call to Order

Alex McComber opened the 4th Annual General Assembly (AGA) at 2:00 p.m. on March 28, 2003. He welcomed the Members in attendance and thanked them for coming.

2. Appointment of Secretary

Leslie Labobe, Board Member, was appointed to be the recording secretary for the AGA.

3. Determination of Quorum

A quorum was established for this AGA with 14 NADA Members present.

4. Approval of January 25 & 26, 2002 Annual General Assembly Minutes

The Minutes Review Committee for 2002 was Maureen Thompson, Kandice Léonard and Carol Seto. They reviewed the minutes and approved them for distribution to the NADA Members.

MOTION:

MARGARET JADIS FROM PRINCE EDWARD ISLAND MOVED THAT THE MINUTES OF JANUARY 25 & 26, 2002 BE ACCEPTED.

VIVIAN SMITH FROM BRITISH COLUMBIA SECONDED THE MOTION.

CARRIED.

5. Report on Voting Members

Kandice Léonard provided the report on voting members. There are 14 NADA Members present that are eligible to vote at this AGA.

6. Approval of Standing Rules

Alex McComber read the standing rules.

MOTION:

MAUREEN THOMPSON FROM OTTAWA MOVED THAT THE STANDING RULES BE ACCEPTED.

RITA MARTIN FROM NEW BRUNSWICK SECONDED THE MOTION.

CARRIED.

7. Approval of AGA Agenda

Alex McComber asked if there were any additions or omissions to the presented agenda.

MOTION.

RITA MARTIN FROM NEW BRUNSWICK MOVED THAT THE 4TH AGA AGENDA BE ACCEPTED AS PRESENTED.

VIVIAN SMITH FROM BRITISH COLUMBIA SECONDED THE MOTION.
CARRIED.

8. Chairperson's Address

Alex McComber presented the Chairperson's address. The following is a summary of his presentation:

He welcomed the NADA Members to the Annual General Assembly; that while the turnout is low in numbers, it gives us the required quorum to carry through with the meeting as per the organization's by-laws.

NADA continues to participate in the management and future development of the Aboriginal Diabetes Initiative and with the resources available, continues to develop and implement activities that meet our goals and objectives. The organization continues to run effectively with a great staff team located in Winnipeg.

In the coming year, we will see planning for the 3rd National Conference on Diabetes and Aboriginal Peoples, to most likely takes place in western Canada. We are confident that this event will be successful and provide participants with a look at the many success stories in Aboriginal communities who are addressing diabetes."

9. Introduction of Parliamentarian

Alex McComber introduced Louis Sorin as the parliamentarian for the AGA.

10. Appointment of Scrutineers

The role of the scrutineer is to count the ballots, report to the membership the results of the Board of Director's election and destroy the ballots when instructed by the membership. Alex McComber asked if there were any volunteers for scrutineers.

Deborah Wilde from Manitoba and Rita Martin from New Brunswick volunteered to be scrutineers.

MOTION:

MARGARET JADIS FROM PRINCE EDWARD ISLAND MOVED THAT DEBORAH WILDE AND RITA MARTIN BE THE SCRUTINEERS.

FREDA LEPINE FROM MANITOBA SECONDED THE MOTION.
CARRIED.

11. Establishment of Minutes Approving Committee

Alex McComber explained that as per the NADA bylaws, a Minutes Approving Committee prior to distribution to members must approve the AGA minutes. Three members are required to be on this committee. He asked if there were any volunteers to form this committee.

Ginette Bisson from Manitoba, Kandice Léonard from Manitoba and Maureen Thompson from Ontario volunteered to form the Minutes Approving Committee.

MOTION:

FREDA LEPINE FROM MANITOBA MOVED THAT GINETTE BISSON, KANDICE LÉONARD AND MAUREEN THOMPSON FORM THE MINUTES APPROVING COMMITTEE. VIVIAN SMITH FROM BRITISH COLUMBIA SECONDED THE MOTION. CARRIED.

12. Executive Director's Report

Kandice Léonard, NADA Executive Director, presented the executive director's report. She summarized NADA's activities from the period of April 1, 2001 to March 31, 2002. Her detail report is included in the Annual Report of April 1, 2001 to March 31, 2002.

MOTION:

MAUREEN THOMPSON FROM ONTARIO MOVED THAT THE EXECUTIVE DIRECTOR'S REPORT BE ACCEPTED AS PRESENTED INTO THE RECORD.

KATHLEEN CARDINAL FROM ALBERTA SECONDED THE MOTION. CARRIED.

13. Financial Report

Kandice Léonard, NADA Executive Director, presented the financial statements to the Members. She shared that a review has been completed for the fiscal year April 1, 1999 to March 31, 2000. Audits have been completed for fiscal years April 1, 2000 to March 31, 2001 and April 1, 2001 to March 31, 2002.

MOTION:

RITA MARTIN FROM NEW BRUNSWICK MOVED THAT THE FINANCIAL REPORT BE ACCEPTED AS PRESENTED INTO THE RECORD.

MARGARET JADIS FROM PRINCE EDWARD ISLAND SECONDED THE MOTION. CARRIED.

14. Membership Reports

Kandice Léonard reported that NADA has 1129 members, of which 612 are active, registered members.

15. Introduction of Nominees for Board of Directors

Alex McComber asked if there were any nominations from the Assembly. The nomination list for the Board of Directors includes: Freda Lepine, Solomon Awashish, Chester Cunningham and Jonah Kilabuk.

MOTION:

MAUREEN THOMPSON FROM ONTARIO MOVED THAT THE NOMINATIONS BE CLOSED. JEANNIE DANIELS FROM MANITOBA SECONDED THE MOTION.

CARRIED.

Alex McComber shared that there are four seats to be filled for the NADA Board of Directors.

MOTION:

KATHLEEN CARDINAL FROM ALBERTA MOVED THAT THE LIST OF NOMINEES BE ACCEPTED BY ACCLIMATION.
DEBORAH WILDE FROM MANITOBA SECONDED THE MOTION.
CARRIED.

16. Nominees Speeches

Nominees were accepted by acclimation.
Freda Lepine was the only present nominee. She was given an opportunity to address the Assembly.

17. Election of Board of Directors

An election was not required as the nominees were accepted by acclimation.

18. Recognition of Outgoing Board Members

Alex McComber asked if there were any resolutions from the Assembly.

MOTION:

RITA MARTIN FROM NEW BRUNSWICK MOVED TO HAVE BYLAW 12.1 WHICH STATES “DIRECTORS OF THE BOARD MAY SERVE THREE CONSECUTIVE TERMS”. **BE STRICKEN** FROM THE BYLAWS.

MARGARET JADIS FROM PRINCE EDWARD ISLAND SECONDED THE MOTION.
CARRIED.

MOTION:

MARGARET JADIS FROM PRINCE EDWARD ISLAND MOVED **TO AMEND** BYLAW 24.A. WHICH STATES “ALL OFFICERS SHALL HOLD OFFICE FOR A TERM OF TWO (2) YEARS AND SHALL MAINTAIN THE RESPONSIBILITIES THERETO UNTIL NEW OFFICERS ARE APPOINTED. OFFICERS OF THE BOARD MAY SERVE TWO (2) CONSECUTIVE TERMS.

BE REVISED TO READ “ALL OFFICERS SHALL HOLD OFFICE FOR A TERM OF TWO (2) YEARS AND SHALL MAINTAIN THE RESPONSIBILITIES THERETO UNTIL NEW OFFICERS ARE APPOINTED”.

VIVIAN SMITH FROM BRITISH COLUMBIA SECONDED THE MOTION.

THREE MEMBERS OPPOSED.

NINE FOR.

CARRIED.

MOTION:

KATHLEEN CARDINAL FROM ALBERTA MOVED **TO AMEND** BYLAW 24.B. WHICH STATES “CHAIRPERSON: AS THE CHIEF EXECUTIVE OFFICER OF THE ASSOCIATION, THE CHAIRPERSON SHALL, SUBJECT TO THE AUTHORITY OF THE BOARD, BE CHARGED WITH THE GENERAL MANAGEMENT AND SUPERVISION OF THE AFFAIRS AND OPERATIONS OF THE ASSOCIATION”.

BE REVISED TO INCLUDE “IN THE ABSENCE OF THE EXECUTIVE DIRECTOR THE CHAIRPERSON SHALL HAVE AUTHORITY FOR STAFF”.

RITA MARTIN FROM NEW BRUNSWICK SECONDED THE MOTION.

CARRIED.

19. Report of Scrutineer/Election Results

No report was presented as the nominees were accepted by acclamation.

20. Recognition of Outgoing Board of Directors

Alex McComber shared with the Members that the out going Board of Directors are: Mary Geldart from New Brunswick, Roda Grey from Ontario, Linda Brazeau from Manitoba and Garry Carbonnell from Quebec. On behalf of the staff, Board and Members, Alex thanked them for their hard work and dedication to NADA.

21. Installation of New Board of Directors

Alex McComber welcomed the new Board Members to NADA.

Alex McComber asked Freda Lepine; “do you as a new board member agree to further the mission of NADA, which is to address diabetes amongst Aboriginal peoples by creating networks, and opportunities for individuals and communities within their beliefs, traditions and values?”

Freda Lepine: “I do”.

Alex McComber invited all present Board Members to the front and introduced each Board Member to the Assembly.

22. Announcements

Alex McComber asked the Assembly if they had any announcements that they would like to present to the Assembly.

No announcements were presented.

23. Closing Remarks

Alex McComber thanked the Members for attending the 4th Annual General Assembly.

MOTION:

MARGARET JADIS FROM PRINCE EDWARD ISLAND MOVED THAT THE 4TH ANNUAL GENERAL ASSEMBLY BE CLOSED AS 3:50 P.M. CENTRAL TIME THIS 28TH DAY OF MARCH 2003.

LESLIE LABOBE FROM PRINCE EDWARD ISLAND SECONDED THE MOTION.

CARRIED.

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Health Canada.

The views expressed herein do not
necessarily represent the official policies
of Health Canada.

PREPARED BY: Kandice Léonard
Executive Director