



Living with Diabetes

What you should know



Ontario

Local Health Integration
Network

Living With Diabetes – What you should know

Whether you've been living with diabetes for a long time or are newly diagnosed, it's important that you have as much information as possible to better understand your condition and what you can do to manage it.

There are many things you can do well – like eating healthy and being physically active – and this guide aims to provide you with some introductory information you need to know about these subjects to live a full, healthy life with diabetes. This guide is not intended to replace a more thorough diabetes education that can be provided by your local diabetes educator.

Remember to talk to your health care team about all of these points and about your diabetes management targets, including blood sugar, blood pressure and cholesterol levels. And if you still need additional information or details, visit www.diabetes.ca or call the Canadian Diabetes Association at 1-800-BANTING (226-8464).

About the Canadian Diabetes Association

The Canadian Diabetes Association works in communities across the country to promote the health of Canadians and eliminate diabetes through our strong nationwide network of volunteers, employees, health care professionals, researchers, partners and supporters. In the struggle against this global epidemic, our expertise is recognized around the world. The Canadian Diabetes Association: setting the world standard.

The *Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada* are evidence-based clinical practice guidelines intended to support health care decisions by incorporating the most current data available. Recognized internationally, these guidelines provide recommendations on screening, prevention, diagnosis, education, care and management of diabetes.

Goals and Objectives

This guide will support the recently formed Central East Diabetes Network to educate and inform health care providers, physicians and people with diabetes about diabetes services in the Central East LHIN and the Canadian Diabetes Association's 2013 Clinical Practice Guidelines. The Network, which is comprised of health care professionals who specialize in diabetes education and care, will work together to ensure that the general public and health service providers are aware of the diabetes resources that are available in their own community.

For more information, please visit the Central East LHIN website – www.centraleasthin.on.ca.

Diabetes resource information in this guide was provided by the Canadian Diabetes Association.

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Diabetes: An Introduction

What is diabetes?

There are three main types of diabetes:

Type 1 diabetes usually diagnosed in childhood and adolescence and occurs when the pancreas is unable to produce insulin, a hormone that ensures body energy needs are met. Approximately 10 per cent of people with diabetes have Type 1 diabetes.

Type 2 diabetes occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that is produced. The remaining 90 per cent of people with diabetes have Type 2 diabetes. It usually develops in adulthood, although increasing numbers of children in high-risk populations are being diagnosed.

Gestational diabetes is a temporary condition that occurs in approximately 3.5 per cent of all pregnancies. If a pregnant woman is diagnosed with gestational diabetes, both she and her child have an increased risk of developing diabetes in the future.

Is diabetes serious?

If left untreated or improperly managed, diabetes can result in a variety of complications, including:

- Heart disease
- Kidney disease
- Eye disease
- Problems with erection (impotence)
- Nerve damage

The first step in preventing or delaying the onset of these complications is recognizing the risk factors, as well as signs and symptoms of diabetes.

<i>Being:</i>	<ul style="list-style-type: none">• A member of a high-risk group (Aboriginal, Hispanic, Asian, South Asian or African descent)• Overweight (especially if you carry most of your weight around your middle)
<i>Having:</i>	<ul style="list-style-type: none">• A parent, brother or sister with diabetes• Health complications that are associated with diabetes• Given birth to a baby that weighed more than 9 lbs.• Had gestational diabetes (diabetes during pregnancy)• Prediabetes (impaired glucose tolerance or impaired fasting glucose)• High blood pressure• High cholesterol or other fats in the blood• Been diagnosed with any of the following conditions:<ul style="list-style-type: none">- Polycystic ovary syndrome- Acanthosis nigricans (darkened patches of skin)- Psychiatric disorders: schizophrenia, depression, bipolar disorder- Obstructive sleep apnea- Glucocorticoid medication

What are the risk factors for diabetes?

If you are aged 40 or older, you are at risk for Type 2 diabetes and should be tested at least every three years. If any of the following risk factors apply, you should be tested earlier and/or more often:

What are the symptoms of diabetes?

The signs and symptoms of diabetes include:

- Unusual thirst
- Frequent urination
- Weight change (either gain or loss)
- Extreme fatigue or lack of energy
- Blurred vision
- Frequent or recurring infections
- Cuts and bruises that are slow to heal
- Tingling or numbness in the hands or feet
- Trouble getting or maintaining an erection

It is important to recognize, however, that many people who have Type 2 diabetes may display no symptoms.

Diabetes: An Introduction

Can you prevent diabetes?

Research shows that lifestyle changes can help prevent or delay the onset of Type 2 diabetes. A healthy meal plan, weight control and physical activity are important prevention steps.

How is diabetes managed?

People with diabetes can expect to live active, independent and vital lives if they make a lifelong commitment to careful diabetes management, which includes the following:

Education: Diabetes education is an important first step. All people with diabetes need to be informed about their condition.

Physical Activity: Regular physical activity helps your body lower blood glucose levels, promotes weight loss, reduces stress and enhances overall fitness.

Nutrition: What, when and how much you eat all play an important role in regulating blood glucose levels.

Weight Management: Maintaining a healthy weight is especially important in the management of Type 2 diabetes.

Medication: Type 1 diabetes is always treated with insulin. Type 2 diabetes is managed through physical activity and meal planning and may require medications and/or insulin to assist your body in controlling blood glucose more effectively.

Lifestyle Management: Learning to reduce stress levels in day-to-day life can help people with diabetes better manage their disease.

Blood Pressure: High blood pressure can lead to eye disease, heart disease, stroke and kidney disease, so people with diabetes should try to maintain a blood pressure level below 130/80. To do this, you may need to change your eating and physical activity habits and/or take medication.

Today, there are more than nine million Canadians living with diabetes or prediabetes. With more than 20 people being diagnosed with the disease every hour of every day, chances are that diabetes affects you or someone you know. The good news is that many people with identified risk factors can delay or prevent the development of Type 2 diabetes with healthy lifestyle changes and if required, medication.



Diabetes: Essential Information

When you or someone you care about is diagnosed with diabetes, you may experience a range of emotions – from feeling scared and angry to shocked and overwhelmed. These are all normal. Learning as much as you can about diabetes should help reduce your fears. This directory is a great place to start and additional resources are listed at the back of this directory.

What is Type 1 diabetes?

Type 1 diabetes is a disease in which the pancreas does not produce any insulin. Insulin is a hormone that helps your body to control the level of glucose (sugar) in your blood. Without insulin, glucose builds up in your blood instead of being used for energy. Your body produces glucose and also gets glucose from foods like bread, potatoes, rice, pasta, milk and fruit.

The cause of Type 1 diabetes remains unknown. It is not caused by eating too much sugar, and is not preventable. The current thought is that Type 1 diabetes occurs when the body's immune system destroys the cells that make insulin.

Insulin therapy

Insulin therapy is required for the treatment of Type 1 diabetes. There are a variety of insulins available to help manage diabetes. Insulin is injected by pen, syringe or pump. Your doctor will work with you to determine:

- The number of insulin injections you need per day
- The timing of your insulin injections
- The dose of insulin you need with each injection

The insulin treatment your doctor prescribes will depend on your goals, age, lifestyle, meal plan, general health and motivation. Social and financial factors may also need to be considered.

The Good News

You can live a long and healthy life by keeping your blood glucose levels in the target range set by you and your health care provider:

You can do this by:

- Taking insulin as recommended (and other medications, if prescribed by your doctor)
- Monitoring your blood glucose levels regularly using a home blood glucose meter*
- Eating healthy meals and snacks
- Enjoying regular physical activity
- Aiming for a healthy body weight
- Managing stress effectively

What is Type 2 diabetes?

Type 2 diabetes is a disease in which your pancreas does not produce enough insulin, or your body does not properly use the insulin it makes. As a result, glucose (sugar) builds up in your blood instead of being used for energy. Your body gets glucose from foods like bread, potatoes, rice, pasta, milk and fruit. To use this glucose, your body needs insulin. Insulin is a hormone that helps your body to control the level of glucose in your blood.

The Good News

You can live a long and healthy life by keeping your blood glucose levels in the target range set by you and your health care provider. You can do this by:

- Eating healthy meals and snacks
- Enjoying regular physical activity
- Monitoring your blood glucose using a home blood glucose meter *
- Aiming for a healthy body weight
- Taking diabetes medications including insulin and other medications, if prescribed by your doctor
- Managing stress effectively

**Discuss with your health care provider how often you should measure your blood glucose level.*

Diabetes: Essential Information

Complications of diabetes

Type 2 diabetes is a progressive, life-long disease. It may become more difficult to keep your blood glucose levels within your target range. High blood glucose levels can cause complications such as blindness, heart disease, kidney problems, nerve damage and erectile dysfunction. Fortunately, good diabetes care and management can prevent or delay the onset of these complications.

You can reduce your chances of developing these complications if you:

- Keep your blood glucose within your target range*
- Avoid smoking
- Keep your cholesterol and other blood fats within your target range*
- Keep your blood pressure within your target range*
- Take care of your feet
- Have regular visits with your doctor, diabetes team, dentist and eye-care specialist

**Testing your blood glucose regularly is an important part of your daily diabetes care. Speak to your educator to learn more.*

Who can help you?

Your health care team is there to help you. Depending on your needs and the resources available in your community, your team may include:

- Primary care (Family Doctor or Nurse Practitioner)
- Diabetes educator (Nurse and/or Dietitian)
- Diabetes Specialist (Endocrinologist/Internist)
- Pharmacist
- Social Worker
- Exercise Physiologist
- Psychologist
- Foot Care Specialist
- Eye Care Specialist
- Dentist

They can answer your questions about how to manage diabetes and work with you to adjust your food plan, activity and medications.

Remember, you are the most important member of your health care team.

Get the support you need

A positive and realistic attitude towards your diabetes can help you manage it. There are resources available to help you cope with your emotions:

- Contact your local diabetes education centre (**see page 28**)
- Talking to others who have diabetes or who are caring for family members with diabetes
- Asking your local Canadian Diabetes Association branch about attending an information session or joining a peer support group (diabetes.ca)



Diabetes: Gestational Diabetes

Between 3-20% of pregnant woman develop Gestational Diabetes Mellitus (GDM), depending on their risk.

What is Gestational Diabetes Mellitus (GDM)?

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

The Good News

- Your baby will not be born with diabetes
- GDM can be managed and you can expect to have a happy, healthy baby

What does GDM mean for my baby?

If left undiagnosed or untreated, GDM can lead to high blood glucose levels. This increases the risk that your baby will weigh more than 4 kg (9lbs) and may have a difficult delivery. GDM can also increase the risk of your baby becoming overweight and developing Type 2 diabetes in the future.

What does GDM mean for me?

A diagnosis of GDM means you will be working closely with your health care team to manage your blood glucose levels and keep them in the target range. This will help you avoid complications in labour and delivery. After your baby is born, blood glucose levels will usually return to normal. However, you are at greater risk for GDM in your next pregnancy and of developing Type 2 diabetes in the future.



Risk Factors for GDM Include:

- Being 35 years of age or older
- Being from a high-risk group (Aboriginal, Hispanic, South Asian, Asian and African)
- Obesity (BMI of 30 kg/m² or higher)
- Giving birth to a baby that weighed more than 9 lbs.
- Using corticosteroid medication
- Having Prediabetes
- GDM in a previous pregnancy
- A parent, brother or sister with Type 2 diabetes
- Polycystic ovary syndrome (PCOS) or acanthosis nigricans (darkened patches of skin)

All pregnant women should be screened for GDM within 28 weeks of pregnancy.

How is GDM managed?

Choose a healthy diet:

Enjoy foods from all four of the food groups and spread out your foods by eating smaller meals and snacks. This will help you manage your blood glucose levels and provide the best nutrition for you and your growing baby.

Achieve a normal weight gain:

The amount of weight you gain will vary depending on your weight before your pregnancy. Weight loss is not recommended. Talk to your health care provider about appropriate weight gain for you.

In addition:

- Be physically active
- Check your blood glucose at home
- Take insulin, if needed
- Follow up with your diabetes care team after the baby is born

Diabetes: Prediabetes

Wouldn't it be nice if the human body had an "early alert system" that advised us when something was about to go wrong with our health? Prediabetes offers a warning and gives us a chance to change the future.

Prediabetes refers to blood glucose levels that are higher than normal, but not yet high enough to be diagnosed as Type 2 diabetes (i.e. a fasting plasma glucose level of 7.0 mmol/L or A1C of 6.5% or higher). Although not everyone with prediabetes will develop Type 2 diabetes, many people will. It is important to know if you have prediabetes, because research has shown that some long-term complications associated with diabetes – such as heart disease – may begin during prediabetes.

Get tested regularly

Like Type 2 diabetes, prediabetes can occur without you knowing it, so being aware of your risks and being tested are important. This is especially true if you have prediabetes as part of the “metabolic syndrome,” meaning you also have high blood pressure, high levels of LDL cholesterol (the “bad” cholesterol) and triglycerides, low levels of HDL cholesterol (the “good” cholesterol) and excess fat around the waist.

The risk for Type 2 diabetes is higher as you grow older, so the Canadian Diabetes Association recommends screening by testing fasting plasma glucose for everyone once they reach age 40 and every three years after that. If you have risk factors that increase the likelihood of developing Type 2 diabetes, you should be tested more frequently or start regular screening earlier.

Risk factors for Type 2 diabetes

- Being 40 years of age or older
- Having a close relative (parent or sibling) who has Type 2 diabetes

- Being a member of a high-risk population, such as those of Aboriginal, Latin American, Asian, South Asian or African descent
- Having a history of prediabetes (impaired glucose tolerance or impaired fasting glucose)
- Having some evidence of the complications of diabetes, such as eye, nerve or kidney problems
- Having heart disease
- Having a history of gestational diabetes mellitus
- Having high blood pressure
- Having high cholesterol
- Being overweight, especially around your abdomen
- Having a history of giving birth to a baby that weighed over 9 lbs. at birth
- Having obstructive sleep apnea
- Having a history of using glucocorticoid medication

Change your lifestyle, change your future

Research has shown that if you take steps to manage your blood glucose when you have prediabetes, you can delay or prevent Type 2 diabetes from developing. You may be able to reduce blood glucose levels with simple lifestyle changes, such as increasing your physical activity and enjoying a healthy, low-fat meal plan.

Losing even a modest amount of weight (5 to 10 percent of total body weight) through healthy eating and regular physical activity – such as walking 30 minutes a day, five days a week – can make a huge difference to your health and quality of life.

The important thing to remember about prediabetes is that it doesn't always lead to diabetes. Taking steps to manage your blood glucose gives you a chance to change your future to one that does not include Type 2 diabetes.

Diabetes: Just the Basics

Here are some tips to help you until you see a Registered Dietitian

Diabetes is a condition in which your body cannot properly use and store food for energy. The fuel that your body needs is called glucose, a form of sugar.

Glucose comes from foods such as fruit, milk, some vegetables, starchy foods and sugar.

To control your blood sugar you will need to eat healthy foods, be active and you may need to take pills and/ or insulin.

Tips	Reasons
Eat three meals per day at regular times and space meals no more than six hours apart. You may benefit from a healthy snack.	Eating at regular times helps your body control blood glucose levels.
Limit sugars and sweets such as sugar, regular pop, desserts, candies, jam and honey.	The more sugar you eat, the higher your blood glucose will be. Artificial sweeteners can be useful.
Limit the amount of high fat food you eat such as fried foods, chips and pastries.	High fat foods may cause you to gain weight. A healthy weight helps with blood glucose control and is healthier for your heart.
Eat more high fibre foods (whole grain breads and cereals, lentils, dried beans and peas, brown rice, vegetables and fruits).	Foods high in fibre may help you feel full and may lower blood glucose and cholesterol levels.
If you are thirsty, drink water.	Drinking regular pop and fruit juice will raise your blood glucose.
Add physical activity to your life.	Regular physical activity will improve your blood glucose control.

Diabetes Management: Blood Glucose

Blood glucose overview

People with diabetes cannot properly use and store glucose, a form of sugar needed for energy. Glucose comes from foods like fruit, milk, some vegetables, starchy foods and sugar. The amount of glucose in your blood at a given time is referred to as your blood glucose and controlling your blood sugar is critical to managing your diabetes.

You should check your blood sugar levels regularly to:

- Obtain a quick measurement of your blood sugar level at a given time;
- Determine if you have a high or low blood sugar level at a given time;
- Learn how your lifestyle and medication affect your blood sugar levels; and
- Enable you and your health care team to make the lifestyle and medication changes that will improve your blood sugar levels.

Diabetes: Healthy, Balanced Eating

Healthy, balanced eating will help keep your blood sugar in its target range and is critical to successfully managing your diabetes.

Start by making healthy food choices:

- Enjoy a variety of vegetables, fruits, whole grains, low fat milk products, and meat and alternatives.
- Include high fibre foods such as whole grain breads and cereals, fresh fruits, vegetables and legumes, and grains (e.g. pasta, rice).
- Eat more vegetables – they're very high in nutrients and low in calories.
- Choose starchy foods such as whole grain breads and cereals, rice, noodles or potatoes at every meal. Starchy foods are broken down into glucose which your body needs for energy.
- Make lower fat choices – for example, use skim milk, lean ground beef and only small amounts of oil and salad dressings, and trim fat on meat, chicken, etc. This will help control your weight and blood cholesterol.
- Have a glass of milk and piece of fruit to complete your meal.
- Include fish, lean meats, low-fat cheeses, eggs or vegetarian protein choices as part of your meal.
- Alcohol can affect blood sugar levels and cause you to gain weight. Talk to your health care professional about whether you can include alcohol in your meal plan and how much is safe.

A Registered Dietitian can answer your questions and help you develop a personalized meal plan that includes your favourite foods.



Handy portion guide

Your hands can be very useful in estimating appropriate portions. When planning a meal, use the following portion sizes as a guide:

Fruits*/Grains & Starches*: Choose an amount the size of your fist for each of Grains & Starches, and Fruit.



Vegetables*: Choose as much as you can hold in both hands.



Meat & Alternatives*: Choose an amount up to the size of the palm of your hand and the thickness of your little finger.



Fats*: Limit fat to an amount the size of the tip of your thumb.



Milk & Alternatives*:

Drink up to 250 mL (8 oz.) of low-fat milk with a meal.

* Food group names taken from Beyond the Basics: Meal Planning for Healthy Eating, Diabetes Prevention and Management © Canadian Diabetes Association, 2005. Please refer to this resource for more details on meal planning.

Diabetes Management: Managing Weight and Diabetes

Here are some tips for a healthy lifestyle for adults.

A healthy lifestyle and a healthy weight can:

- Help you prevent or manage diabetes
- Improve blood sugar, blood pressure and blood lipids (fats)
- Reduce the risk of complications such as heart disease and stroke
- Improve general well-being and energy levels

Healthy eating and physical activity are key lifestyle factors in managing weight. Many things can make managing weight a challenge including stress, low income levels, some medical conditions and certain medications.

Who can help me?

There are many health care providers (e.g. Dietitian, Doctor, Diabetes Educator, Pharmacist, Exercise Physiologist) who can help you. Check with your Primary Care Physician before taking any weight loss medications, supplements, starting intense exercise or changing your diet.

A healthy weight can be measured in many ways including:

Body Mass Index (BMI) compares a person's weight to their height. For most adults aged 18 to 64, a BMI of 25 or higher* is overweight.

Waist Circumference (WC) is also important. It is the measurement around the waist. Too much fat around the waist (apple shape) is linked to health problems such as heart disease and high blood pressure. WC goals differ depending on ethnic background and gender. In general, a healthy WC for men is less than 40 in (102 cm) and for women it is less than 35 in (88 cm).

If you are overweight, losing 5 to 10% of your current body weight at a rate of 2 to 4 lbs. (1 to 2 kg) per month is a healthy goal. For someone who is 200 lbs. (90 kg), 5 to 10% is 10 to 20 lbs. (4.5 to 9 kg). For more information on measuring and interpreting your BMI and WC, visit Health Canada at www.hc-sc.gc.ca.

Believe in yourself

*Each person's body has its own size and shape.
Feel good about yourself and the lifestyle changes you make.
Remember to think long-term, but make changes gradually.*



Diabetes Management: Sample Meal Plan

The Canadian Diabetes Association recommends that all people with diabetes should receive advice on nutrition from a registered dietitian. Good management of diabetes includes healthy eating, staying active and taking required medication. Be sure to eat breakfast. It provides a good start to the day.

For smaller appetites

Breakfast:

Cold cereal (½ cup, 125 mL)
Whole-grain toast (1 slice)
1 orange
Low-fat milk (1 cup, 250mL)
Peanut butter (2 tbsp., 30 mL)
Tea or coffee

Lunch:

1 sandwich

- 2 slices of whole grain bread or 6" pita
- Meat, chicken or fish (2 oz., 60 g)
- Non-hydrogenated margarine (1 tsp., 5 mL)

Carrot sticks
Low-fat plain yogurt (¾ cup, 175 mL)
Tea or coffee

Dinner:

Potato (1 medium) or rice (2/3cup, 150 mL)
Vegetables
Non-hydrogenated margarine (1 tsp., 5 mL)
Lean meat, chicken, or fish (2 oz., 60 g)
Cantaloupe (1 cup, 250 mL)
Low-fat milk (1 cup, 250 mL)
Tea or coffee

Evening Snack:

Low-fat cheese (1 oz., 30 g)
Whole-grain crackers (4)



Follow a healthy lifestyle

- **Have at least 3 out of the 4 key food groups at each meal from Eating Well with Canada's Food Guide:**
 - **Vegetables and Fruit**
 - **Grain Products**
 - **Milk and Alternatives**
 - **Meat and Alternatives**
- **Have portion sizes that will help you reach or maintain a healthy body weight.**
- **Include high fibre foods such as whole grain breads, cereals, and pastas, fresh fruits, vegetables and legumes.**
- **Make lower fat choices (e.g. use skim milk, lean ground beef, trim fat on meat, chicken etc., and use small amounts of added fat such as oil and salad dressings).**
- **Healthy eating habits should be built around a healthy lifestyle – keep active every day.**

Increase your Physical Activity

- Build time for physical activity into your daily routine.
- Try to be active most days of the week.
- Walk whenever you can, instead of taking the car.
- Start slowly and gradually increase the amount of effort; for instance, progress from strolling to brisk walking.
- Make family activities active; try swimming or skating instead of watching TV or a movie.
- Try new activities; learn to dance, play basketball, or ride a bike.
- Enjoy your improved sense of health and wellbeing.

Diabetes Management: Sample Meal Plan

For bigger appetites

Breakfast:

Cold cereal (½ cup, 125 mL)
Whole-grain toast (2 slices)
1 orange
Low-fat milk (1 cup, 250 mL)
Low-fat cheese (2 oz., 60 g)
Tea or coffee

Lunch:

Soup (1 cup, 250 mL)
Sandwich

- 2 slices whole grain bread or 6" pita
- Lean meat, chicken or fish (3 oz., 90 g)
- Tomato slices
- Non-hydrogenated margarine (1 tsp., 5 mL)

Carrot sticks
Grapes
Low-fat plain yogurt (¾ cup, 175 mL)
Tea or coffee

Afternoon Snack:

1 medium apple or small banana

Dinner:

1 large potato or cooked noodles (1 ½ cup, 375 mL) Vegetables
Green salad with low-fat salad dressing
Lean meat, chicken or fish (4 oz., 120 g)
1 medium pear
Low-fat milk (1 cup, 250 mL)
Tea or coffee

Evening Snack:

Peanut butter (4 tbsp., 60 mL)
Whole-grain crackers (4)
Low-fat milk (1 cup, 250 mL)

The Canadian Diabetes Association works in communities across the country to promote the health of Canadians and eliminate diabetes through our strong nationwide network of volunteers, employees, health care professionals, researchers, partners and supporters. In the struggle against this global epidemic, our expertise is recognized around the world. The Canadian Diabetes Association: setting the world standard.

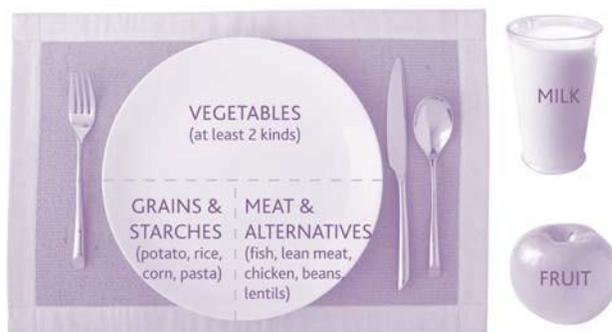
Both Type 1 and Type 2 diabetes are serious conditions, and can lead to the same complications. But you can do many things to stay well. Talk to your doctor about all of the following points, as they are important for basic diabetes care. Your doctor and your health care team will work with you to ensure you get the best care. The important first steps are:

- Eat according to a healthy meal plan.
- Increase your physical activity.
- Learn as much as possible about diabetes.



Diabetes Management: Lifestyle Tips for a Healthy Weight

The key to reaching and staying at a healthy weight is to make lifestyle changes you can live with. Set realistic goals. Make one or two small changes at a time. When these changes are part of your daily routine, add new ones.



Goal	Tips	Changes I will make
Build exercise into your day	Exercise helps muscles use glucose and burn calories. Do aerobic exercises such as brisk walking, skiing, or biking for at least 150 minutes each week (e.g. 30 minutes, 5 days a week). If you can, increase the amount of time and intensity gradually. Add resistance exercises like lifting weights 3 times a week. Check with your doctor before starting.	
Eat only when hungry	Ask yourself if you are really hungry. Avoid eating out of habit, boredom or for emotional reasons. Try to figure out what it is that you really need.	
Create a healthy eating environment	Serve foods in the kitchen rather than at the table. Eat at the table rather than in front of a screen (TV or computer). Eat slowly. It takes your brain about 20 minutes to realize that your stomach is full.	
Eat regular balanced meals	Eating 3 meals a day reduces overeating. Start with a healthy breakfast. Each food group is important. Meals should be spaced 4 to 6 hours apart.	
Choose appropriate portions	Too much food, healthy or not, leads to weight gain. If you can, check your portions with measuring cups or scales. Talk to a Dietitian about how much food is right for you. See <i>The Plate Method</i> above.	
Eat fibre-rich foods	High fibre foods may help to keep you feeling full longer. Whole grains, vegetables, fruits and legumes (dried beans and lentils) are high in fibre.	
Choose healthy beverages and snacks	Satisfy thirst with water. Pop, sweetened hot or cold drinks, juice and alcohol can add many unwanted calories. Small snacks can help control hunger. Keep pre-cut vegetables and washed fruit handy for easy snacking. Avoid fried, salty and sugary snacks.	

Diabetes Management: Staying Healthy

Are you heading in a healthy direction?

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

Blood glucose

You and your health care team should set goals for your blood glucose levels. It is important to recognize that you may need to add pills and/or insulin to your lifestyle changes (healthy eating and increased activity), to achieve your blood glucose targets. A blood glucose meter will help you track your blood glucose levels.

Blood pressure

High blood pressure can lead to eye disease, heart disease, stroke and kidney disease. You may need to change your eating and exercise habits and/or take pills to keep your blood pressure below 130/80 mm Hg.

Cholesterol

High cholesterol and other fats in the blood can lead to heart disease and stroke. You may need to change your eating and exercise habits and/or take pills to keep your blood fats at healthy levels.

Healthy eating

Ask your Doctor to refer you to a Registered Dietitian to learn about healthy eating. You should follow Eating Well with Canada's Food Guide, which includes limiting the amount of fat you eat.

Physical activity and Weight

Both aerobic and resistance exercise are important for people living with diabetes. Reaching and maintaining a healthy weight will help you control your blood glucose, blood pressure and blood fat levels.

Eye disease

You need to be seen by an Eye Care Specialist who will dilate your pupils and check for signs of eye disease. Your regular Doctor cannot do this special test in his or her office. Ask for a referral to an Eye Care Specialist.

Foot care

Take off your shoes and socks at every visit (even if your Doctor or health care team forget to ask you). Ingrown toenails, cuts and sores on the feet can lead to serious infections. Learn about proper foot care.

Depression and anxiety

These are common feelings in people with diabetes and can negatively affect your diabetes control.

Smoking

Smoking and diabetes are a dangerous mix. If you are serious about quitting, your Doctor or health care team can help. If you do not succeed the first time, keep trying; your health is worth it.

Kidney disease

The earlier you catch signs of kidney disease the better. You must have your urine tested regularly for early signs of kidney disease. Your Doctor may prescribe pills to delay more damage to your kidneys.

Nerve damage

Tell your Doctor or health care team if your hands or feet ever feel numb or feel the sensation of having "pins and needles".

Problems with erection

Trouble getting and maintaining an erection is a common problem in men with diabetes. Do not be shy about talking to your Doctor or health care team about it. They may be able to suggest ways to solve the problem.

Diabetes Management: Physical Activity

Physical activity benefits everyone – regardless of whether or not you have diabetes. In addition to helping you maintain a healthy weight, staying physically active helps to strengthen your bones, improve your blood pressure, lower your chances of getting heart disease and cancer, and increases your energy levels.

Increase your physical activity

- *Build time for physical activity into your daily routine.*
- *Try to be active most days of the week.*
- *Walk whenever you can, instead of taking the car.*
- *Start slowly and gradually increase your effort (e.g. progress from strolling to brisk walking).*
- *Involve the whole family – go swimming or skating instead of watching a movie.*
- *Learn a new activity – like ballroom dancing, playing basketball or riding a bike.*
- *Enjoy your improved sense of health and wellbeing, and keep it up!*

What kind of activity is best?

People with diabetes can benefit from both aerobic and resistance exercise.

Aerobic exercise is continuous exercise such as walking, bicycling or jogging that elevates breathing and heart rate.

Resistance exercise involves brief repetitive exercises with weights, weight machines, resistance bands or one's own body weight to build muscle strength. If you decide to begin resistance exercise, you should first get some instruction from a qualified exercise specialist, a diabetes educator or exercise resource. Start slowly.

Keep it up!

Adopting a new routine can be hard, so be prepared with a plan in case your motivation starts to fade. For instance, you should:

- Do something you like! – It's much easier to stick with an activity you enjoy!
- Have a support network of family members, friends and co-workers willing to keep you motivated by joining you for a walk or a workout at the gym.
- Set small, attainable goals and celebrate when you reach them by rewarding yourself in healthy ways.
- Seek professional help from a personal trainer or other specialist who can help you.

Diabetes Management: Cholesterol Control

Have you had your cholesterol tested lately?

Most adults with Type 1 or Type 2 diabetes are at high risk for cardiovascular disease such as heart attack and stroke. People with diabetes have an increased risk of these diseases even if their LDL-cholesterol is “normal”. They have an even higher risk if their LDL-cholesterol is elevated.

Adults with diabetes should have their cholesterol tested yearly or as indicated by your health care provider. More frequent testing may be necessary for people taking cholesterol medications. Always discuss your cholesterol results with your doctor and other members of your health care team.

There are two types of cholesterol: **low-density lipoprotein (LDL)** and **high-density lipoprotein (HDL)**. Most adults with Type 1 or Type 2 diabetes are at high risk for cardiovascular diseases such as heart attack and stroke, even if their LDL-cholesterol is normal. If their LDL-cholesterol is elevated, they face an even higher risk.

If you have diabetes, you should have your cholesterol tested every one to three years and more frequently if you’re taking cholesterol medications.

Have you been told that you have high cholesterol?

High cholesterol usually refers to high LDL (“bad”) cholesterol. The main goal is to lower LDL-cholesterol. Check with your health care provider to find out if you should be on medication to accomplish this. Weight management, healthy eating and regular physical activity will also help you reach this goal. This pamphlet will help you make healthy choices.

Lowering your cholesterol

Cholesterol is a fat substance that is naturally present in your blood and cells. Higher levels of LDL-cholesterol increase the risk of cardiovascular disease, while higher levels of HDL-cholesterol can reduce the risk of cardiovascular disease.

Diabetes management requires good blood glucose, blood pressure and cholesterol control

That’s why it’s important to control your cholesterol levels in general and lower your LDL-cholesterol in particular. In addition to taking cholesterol medications as prescribed, maintaining a healthy weight, practicing healthy eating habits and participating in regular physical activity all help you manage cholesterol and reduce your risk of developing cardiovascular disease.

Nutrition tips

- Choose lower fat foods, such as a skim or 1% milk, low-fat yogourt and lean meats
- Limit saturated fats
- Avoid trans fats
- Limit food sources of cholesterol
- Choose high fibre foods, such as whole, unprocessed fruit, fresh vegetables and grains like barley, brown rice and multigrain pasta

Be sure to read the **ingredient list** on food packages and check the **nutrition label** to get the full details of what you’re eating.

Get active

As described earlier, regular physical activity can help with your overall diabetes management and improve your cardiovascular health. Aim to get active at least 150 minutes per week, such as one 30-minute session or three 10-minute sessions, five days per week.



Diabetes Management: Alcohol and Diabetes

As a general rule, there's no need to avoid alcohol because you have diabetes. It's okay to drink alcohol in moderation ONLY if you:

- Have your diabetes under control
- Are free from health problems that alcohol can make worse, such as disease of the pancreas, eye disease, high blood pressure, high triglycerides, liver problems, nerve damage or stroke; and
- Know how to prevent and treat low blood glucose. Otherwise, you should speak to your diabetes educator or health care professional before drinking alcohol. Whether you have diabetes or not, drinking alcohol in moderation means no more than two drinks per day if you are a man and no more than one drink per day if you are a woman.

Risks for people with diabetes

Alcohol can:

- Affect judgment
- Provide extra calories that can make weight loss or management a challenge
- Increase blood pressure
- Contribute to sexual difficulties
- Damage the brain and nerves
- Increase your triglycerides
- Contribute to inflammation of the pancreas
- Lead to dehydration – this is very dangerous in someone with high blood glucose
- Increase the risk of various cancers over time
- Increase the risk of personality change such as depression or aggression
- Worsen eye disease
- Damage your liver over time

Precautions to take

Drinking alcohol can increase your risk of having low blood glucose. To reduce this risk, take the following precautions:

- Eat regular meals, take your medication(s) and check your blood sugar level frequently.
- Always have a treatment for low blood sugar with you, such as three glucose tablets, six Life Savers® or 1/2 cup regular pop.
- Make sure someone with you knows your signs and symptoms of low blood sugar and how to treat it so they can help you.
- Be aware that glucagon, a treatment for low blood sugar, will not work while alcohol is in your body – make sure that someone knows to call an ambulance if you pass out.
- Drink slowly. Make your second drink without alcohol.

After drinking alcohol:

- Tell a responsible person that you have been drinking and ask them to check for low blood sugar symptoms.
- Check your blood sugar before going to bed. Eat a carbohydrate snack if your blood sugar is lower than usual.
- If you have Type 1 diabetes, be aware of the risk of morning hypoglycemia if alcohol is consumed two to three hours after the previous evening's meal.
- Set an alarm or have a responsible person wake you up through the night and early morning – a delayed low blood sugar can occur anytime up to 24 hours after drinking alcohol.
- Get up on time the next day for any food, medication or insulin you normally take. Missed medication or insulin can lead to high blood sugar, ketones and diabetic ketoacidosis (DKA).

Diabetes Management: Foot Care

Diabetes affects the circulation and immune systems, ultimately impairing the body's ability to heal itself. Over time, diabetes can damage sensory nerves ("neuropathy"), especially in the hands and feet. As a result, people with diabetes are less likely to feel a foot injury, such as a blister or a cut. Unnoticed and untreated, even minor foot injuries can quickly become infected, potentially leading to major complications.

Eight steps to better foot care

A good daily foot care regimen will help keep your feet healthy. Start by assembling a kit containing nail clippers, nail file, lotion, pumice stone and non-breakable hand mirror. Keeping everything together and close at hand will make it easier to follow these eight steps to healthy feet:

1. Wash your feet in warm, not hot, water, using a mild soap. Avoid soaking your feet as it will dry your skin.
2. While your feet are still wet, use a pumice stone to keep calluses under control.
3. Dry your feet carefully – especially between your toes.
4. Check both feet and between your toes thoroughly to ensure there are no cuts, cracks, ingrown toenails, blisters, etc. Use a hand mirror to see the bottom of your feet or ask someone to check them for you.
5. Clean cuts and scratches with mild soap and water, and cover with a dry dressing suitable for sensitive skin.
6. Trim your toenails straight across and file sharp edges. Don't cut the nails too short.
7. Apply an unscented lotion to your heels and soles. Don't put lotion between your toes as the excessive moisture can promote infection. Wipe off excess lotion that is not absorbed.
8. Wear clean socks and proper-fitting shoes every day. Whenever possible, wear white socks – that way, if you have a cut or sore, the drainage will be easy to see.

Best advice

Do wear proper-fitting shoes. They should be supportive, have low heels (less than 5 cm high) and should not rub or pinch.

Do wear socks at night if your feet get cold.

Do elevate your feet when you're sitting.

Do wiggle your toes and rotate your ankles for a few minutes several times a day.

Do exercise regularly to improve circulation.

Do inspect your feet daily and in particular feel for skin temperature differences between your feet.

Don't wear high heels, pointed-toe shoes, open toe or open heel sandals or worn out shoes.

Don't wear anything tight around your legs, such as tight socks or knee-highs.

Don't ever go barefoot, even indoors. Consider buying a pair of proper-fitting shoes just for inside.

Don't put hot water bottles or heating pads on your feet.

Don't cross your legs for long periods of time.

Don't smoke – it decreases circulation and healing, and significantly increases the risks of amputation.

Don't have pedicures by non-health care professionals.

When to see your doctor

- If you have any swelling, warmth, redness or pain in your legs or feet, see your doctor right away.
- At least once a year, have your doctor check your bare feet and screen you for neuropathy and loss of circulation.
- If you have any corns (thick or hard skin on toes), calluses (thick skin on bottom of feet), in-grown toenails, warts or slivers, have them treated by your doctor or a foot care specialist (such as a podiatrist, chiropodist or experienced foot care nurse). Do not try to treat them yourself.
- Take your socks off and have your feet inspected at every diabetes-related visit to your doctor.

Diabetes Management: Healthy Eyes

Diabetes is the single largest cause of blindness in Canada.

Over time, diabetes can cause changes in the retina at the back of the eye. Your retina helps you see by acting like a film projector in the back of your eye, projecting the image to your brain. The change is called retinopathy and there are a couple of different types that affect people with diabetes. The macula, which is the part of your retina that helps you to see colour, becomes swollen (macular edema) and this can cause blindness. A second complication is the growth of new weak blood vessels that break and leak blood into your eye so the retina cannot project images to your brain (proliferative diabetic retinopathy). The result is a loss of sight.

How do I know if I have retinopathy?

In early stages there may be no symptoms, which is why it is important to have regular eye exams.

Symptoms, if present, can include:

- Blurred vision
- Flashes of light in the field of vision
- Sudden loss of vision
- Blotches or spots in vision

How can I prevent retinopathy?

Retinopathy affects 23% of people with Type 1 diabetes and 14% of people with Type 2 diabetes on insulin therapy. The good news is that there are steps you can take to catch this complication early and prevent its progress:

- Visit your optometrist at least once per year. Your optometrist may recommend you visit more or less frequently depending on your situation.
- Maintain optimal blood glucose levels, blood pressure and blood cholesterol.
- Know your A1C (a test of your average blood glucose level over three months). Most people with diabetes should aim for a target of 7.0 or less. Talk to your health care team about what your target should be.

Who should be screened for retinopathy?

- Any individual older than 15 with Type 1 diabetes should be screened annually beginning five years after the onset of diabetes.
- All individuals with Type 2 diabetes should be screened at the time of diagnosis.
- Women with Type 1 or 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.



Managing My Diabetes: My Action Plan

Date:

The change I want to make happen is:

My goal for the next month is:

Action Plan:

The specific steps I will take to reach my goal (what, when, where, how often):

Things that could make it difficult to achieve my goal:

My plan for overcoming these challenges are:

Support and resources I will need:

How important is it to me that I achieve my goal?

(Scale of 0 to 10, with 0 being not important at all and 10 being extremely important):

How confident am I that I can achieve my goal?

(Scale of 0 to 10, with 0 being not confident at all and 10 being extremely confident):

Follow-up date:

Managing My Diabetes: My Action Plan

Date:

The change I want to make happen is:

My goal for the next month is:

Action Plan:

The specific steps I will take to reach my goal (what, when, where, how often):

Things that could make it difficult to achieve my goal:

My plan for overcoming these challenges are:

Support and resources I will need:

How important is it to me that I achieve my goal?

(Scale of 0 to 10, with 0 being not important at all and 10 being extremely important):

How confident am I that I can achieve my goal?

(Scale of 0 to 10, with 0 being not confident at all and 10 being extremely confident):

Follow-up date:

Financial Assistance Programs

Ontarians with diabetes often incur medical costs that are two to three times higher than those without diabetes. The following financial assistance programs may help to offset some of the costs associated with your diabetes management. Proper diabetes care and management is important for helping to prevent or delay complications. For more information about diabetes and its management, please visit www.diabetes.ca or contact us at 1-800-BANTING (226-8464) or info@diabetes.ca

Prescription Drugs

Program: Ontario Drug Benefit (ODB) Program - Ministry of Health and Long-term Care

Tel: 1-866-532-3161 Web: <http://www.health.gov.on.ca/en/public/programs/drugs/>

Who qualifies?

- Seniors 65 years or older
- Social assistance recipients
ODSP/OW
- Residents of long-term care homes or Homes for Special Care
- Individuals enrolled in the Home Care Program
- Trillium Drug Program clients

What does the Program cover?

- Program covers most of the cost of 3,800 prescription drug products, some blood glucose test strips and some nutritional products
- Maximum number of test strips reimbursed in any 365-day period:
 - 3000 strips for individuals using insulin
 - 400 strips for individuals using oral anti-diabetes medications with a high-risk of causing low blood sugar
 - 200 strips for individuals using oral anti- diabetes medications with a low-risk of causing low blood sugar
 - 200 strips for individuals managing their diabetes through diet/lifestyle therapy (no insulin or oral anti- diabetes medications)

Individuals with exceptional clinical circumstances may be eligible for additional strips; contact your doctor or pharmacist for more information.

Additional Information:

- Seniors 65+ with annual income of \$16,018 or more (or a combined income of \$24,175 or more for a couple) must pay an annual deductible of \$100 and a co-pay of up to \$6.11 per prescription. If your income is lower than these amounts, apply to the Seniors Co-Payment Program to have the deductible waived and your co-pay reduced to \$2 per prescription.
- Drug products, diabetic test strips and nutritional supplements must be listed on the Ontario Drug Benefit Formulary to qualify for coverage through ODB. Note: You also must have a prescription for all products, including your test strips.
- Products that are not listed on the Formulary may be considered for funding on an individual basis through the Exceptional Access Program (EAP). If the product you have been prescribed is not listed on the Formulary, please contact your doctor for more information.
- NOTE: ODB does not cover pen needles, syringes or lancets.

Financial Assistance Programs

Prescription Drugs

Program: Trillium Drug Program - Ministry of Health and Long-term Care
 Tel: 1-800-575-5386 Web: www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx

Who qualifies?

Ontario residents under 65 years of age who have high prescription drug costs compared to their household income, and have no private health insurance OR private insurance does not cover 100% of drug costs.

What does the Program cover?

- Coverage for the Trillium Drug Program is provided through the Ontario Drug Benefit (ODB) Program. ODB covers most of the cost of more than 3800 prescription drug products, some blood glucose test strips and some nutritional products
- Maximum number of test strips reimbursed in any 365-day period:
 - 3000 strips for individuals using insulin
 - 400 strips for individuals using oral anti-diabetes medications with a high-risk of causing low blood sugar
 - 200 strips for individuals using oral anti-diabetes medications with a low-risk of causing low blood sugar
 - 200 strips for individuals managing their diabetes through diet/lifestyle therapy (no insulin or oral anti-diabetes medications)

Individuals with exceptional clinical circumstances may be eligible for additional strips; contact your doctor or pharmacist for more information.

Additional Information

- Coverage begins only after you have paid the deductible set by Trillium. The deductible is split into four equal amounts over the course of the year and must be paid out-of-pocket.
- Trillium calculates your deductible based on the income reported to Canada Revenue Agency (CRA) in the previous tax year. If your household income has changed – decreased by at least 10% - you can send a letter to Trillium to request that your deductible be based on your new (lower) household income; you will need to submit supporting documentation.
- Drug products, diabetic test strips and nutritional supplements must be listed on the Ontario Drug Benefit Formulary to qualify for coverage. Note: You also must also have a prescription for all products, including your test strips.
- Products that are not listed on the Formulary may be considered for funding on an individual basis through the Exceptional Access Program (EAP). If the product you have been prescribed is not listed on the Formulary, please contact your doctor for more information.
- NOTE: Trillium does not cover pen needles, syringes or lancets

Financial Assistance Programs

Prescription Drugs

Program: Non-Insured Health Benefits (NIHB) - First Nations and Inuit Health Branch - Health Canada
 Tel: 1-800-640-0642 Web: <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php>

Who qualifies?

Must be identified as a resident of Canada and one of the following:

- A registered Indian according to the Indian Act; OR
- An Inuk recognized by an Inuit Land Claims org; OR
- An infant less than one year old whose parent is an eligible recipient.

What does the Program cover?

- Prescription drug products listed on the NIHB Drug Benefit List (DBL). Coverage for drug products not listed on DBL may be available by “Exception” (Doctor must complete Exception Drugs Request Form).
- If you have other coverage (e.g. through work or private insurance) you must use that coverage first before applying for repayment from NIHB. Please contact NIHB for more information.

Program: Pharmaceutical Companies- Patient Assistance Programs

Example: Lilly Canada Cares (Insulin & Glucagon Assistance Program) or Sanofi Compassionate Care Program
 Please contact your doctor or diabetes education centre for more information

Who qualifies?

Assistance is normally limited to low-income individuals who do not have coverage for the specific medication required through private health insurance or government assistance programs. Low-income is generally defined as household income that is below Statistics Canada’s low-income cut-off line.

What does the Program cover?

Many prescription drug manufacturers offer assistance programs for patients. These programs normally provide a limited-time supply of prescription drugs such as oral diabetes medications or insulin for eligible patients.

NOTE: For Sanofi-Aventis drug products, contact the Compassionate Care Program at 1-800-265-7927 (general customer service line) for an application form to be sent to your doctor’s office.

Financial Assistance Programs

Diabetes Supplies

NOTE: Seniors 65+, social assistance recipients and Trillium Drug Program clients receive coverage for their blood glucose test strips through the Ontario Drug Benefit (ODB) Program.

Program: Insulin Syringes for Seniors - Assistive Devices Program (ADP) - Ministry of Health and Long-term Care
 Tel: 1-800-268-6021 Web: <http://www.health.gov.on.ca/en/public/programs/adp/publications/diabetic.aspx>

Who qualifies?

Ontario residents 65 years or older who use pen needles or syringes on a daily basis to inject insulin. (Note: Seniors living in long-term care facilities or hospitals are not eligible).

What does the Program cover?

Eligible seniors receive an annual grant of \$170 to help pay for the cost of pen needles or syringes. Contact your pharmacist for more information and an application form.

Program: Ontario Monitoring for Health Program (MFHP)
 Funded through the Assistive Devices Program of the Ministry of Health and Long-term Care; administered by the Canadian Diabetes Association Tel: 1-800-361-0796 Email: mfhp@diabetes.ca
 Web: <http://www.diabetes.ca/get-involved/programs-entry/ontario-monitoring-for-health-program/>

Who qualifies?

- Ontario residents who use insulin or have gestational diabetes (diabetes during pregnancy) AND who do not have any other coverage (in whole or in part) for their diabetes supplies through private health insurance, employer health benefits, or other government programs.

What does the Program cover?

- 75% of the cost of blood glucose test strips and lancets, up to a maximum of \$820 per year
- 75% of the cost of a blood glucose meter, up to a maximum of \$75, once every 5 years
- 75% of the cost of a talking meter, up to a maximum of \$300, once every 5 years (visually-impaired clients only)

Note: The program does not cover pen needles or syringes.

Financial Assistance Programs

Diabetes Supplies

Program: Insulin Pump & Supplies Program - Assistive Devices Program (ADP) - Ministry of Health and Long-term Care
Tel: 1-800-268-6021 Email: adp@ontario.ca Web: http://www.health.gov.on.ca/en/public/programs/adp/insulin_pamp.aspx

Who qualifies?

Ontario residents with type 1 diabetes who have been unable to achieve good blood glucose control with multiple daily injections and who meet specific eligibility criteria. Note: There are different eligibility criteria for children and adults.

What does the Program cover?

- 100% of the cost of an insulin pump (paid directly to the vendor once funding is approved)
- \$2400 per year to help cover cost of insulin pump supplies (paid out in four installments of \$600 each)

Additional information

- You can only apply for insulin pump funding through a Diabetes Education Program registered with the ADP. For more information, please contact your diabetes health care team or visit the program website for more information.
- You must continue to meet specific eligibility criteria to continue to receive funding for your supplies. A renewal form will be mailed to you every year. This form must be completed with your diabetes assessment team and submitted to ADP.

Financial Assistance Programs

Assistive Devices

Program: Assistive Devices Program (ADP) - Ministry of Health and Long-term Care
Tel: 1-800-268-6021 Email: adp@ontario.ca Web: <http://www.health.gov.on.ca/en/public/programs/adp>

Who qualifies?

Ontario residents who have a long-term physical disability (lasting 6 months or longer).

What does the Program cover?

- ADP provides partial coverage for more than 8,000 pieces of assistive equipment and supplies including wheelchairs, mobility aids, specialized seating systems, prosthetic limbs, reciprocating gait orthoses, arm/leg/spinal braces, hearing aids, visual aids, oxygen delivery systems, etc.
- ADP normally pays up to 75% of the cost of these items or contributes a fixed amount. You will be asked to pay the remaining amount. If you live on a fixed/limited income, organizations such as the Lions Club, March of Dimes or your local place of worship may be able to help.

Vision Care Eye Exams

Ontarians with diabetes are covered by OHIP for a routine eye exam by an optometrist or physician once every 12 months. Any follow-up assessments that may be required are also covered.

Note that some newer optional diagnostic tests (e.g. HRT for glaucoma) now offered by some optometrists are not covered by OHIP.

If you have any questions regarding eye care services that you have been charged for, please contact the Ministry of Health and Long Term Care at 613-536-3103 or toll-free at 1-888-662-6613

Central East LHIN Diabetes Education Centres

CENTRAL/DURHAM

Brock Community Health Centre

20 Cameron Street West
Cannington, LOE 1E0
Tel: 705-432-2446
www.brockchc.ca

Charles H. Best Diabetes Centre

(Type 1 only)
360 Columbus Rd. East
Whitby, L1M 1Z5
Tel: 905-620-0360
www.charleshbest.com

Lakeridge Health

300 Gordon Street
Whitby, L1N 5T2
Tel: 905-576-8711 x 3726

Lakeridge Health

451 Paxton Street, Box 960
Port Perry, L9L 1A8
Tel: 905-576-8711 X 3726
www.lakeridgehealth.on.ca

Markham Stouffville (Uxbridge Cottage) Hospital

4 Campbell Drive
Uxbridge, L9P 1S4
Tel: 905-852-9771x 5260
www.msh.on.ca

Oshawa Community Health Centre

115 Grassmere Avenue
Oshawa, L1H 3X7
Tel: 905-723-0036
www.ochc.ca

Rouge Valley Health System

Ajax Pickering
580 Harwood Avenue
Ajax, L1S 2J4
Tel: 905-683-2320
www.rougevalley.ca

EAST

Campbellford Memorial Hospital

146 Oliver Road
Campbellford, K0L 1L0
Tel: 705-653-1140 x 2220
www.cmh.ca

Northumberland Hills Hospital (NHH)

1000 DePalma Drive
Cobourg, K9A 5W6
Tel: 905-372-6811 x 3047
www.nhh.ca

Peterborough Regional Health Centre (PRHC)

1 Hospital Drive
Peterborough, K9J 7C6
Tel: 705-743-8324
www.prhc.on.ca

Port Hope Community Health Centre

99 Toronto Road
Port Hope L1A 3S4
Tel: 905-885-2626
www.porthopechc.ca

NORTH

Haliburton Highlands Health Services (HHHS)

6 McPherson Street.
Minden, K0M 2S0
Tel: 705-457-1392 x 241
www.hhhs.ca

Ross Memorial Hospital (RMH)

10 Angeline Street North
Lindsay, K9V 4M8
Tel: 705-328-6091
www.rmh.org

SCARBOROUGH

Rouge Valley Health System Centenary

2867 Ellesmere Rd.
Scarborough, M1E 4B9
Tel: 416-284-8131
www.rougevalley.ca

The Scarborough Hospital (TSH) General Campus-

3050 Lawrence Avenue East
Scarborough, M1P 2V5
Tel: 416-431-8149
www.tsh.to

Birchmount Campus

3030 Birchmount Road Scarborough,
M1W 3W3
Tel: 416-495-2400 x 5323
www.tsh.to

Scarborough Centre for Healthy Communities (Main Site)

629 Markham Rd unit 2
Scarborough, M1H 2A4 Tel: 416-847-4086
www.schcontario.ca

TAIBU Community Health Centre

1371 Neilson Rd. Unit 211
Scarborough, M1B 4Z8
416-644-3539
www.taibuchc.ca

Central East Centralized Diabetes Intake

Central East Centre for Complex Diabetes Care (CCDC) Referral and Initial Assessment

The Central East CCAC has been providing diabetes intake and assessment for the Centre for Complex Diabetes Care since 2012. Diabetes stakeholders in the Central East are working together to establish a more streamlined and integrated system for the intake and referral of patients with diabetes.

Centralized Diabetes intake will make it easier for primary care providers, allied health care professionals, hospitals and patients, to refer to DEPs and the CCDC. They will have the option of calling the Centralized Diabetes Intake or submitting the Centralized Diabetes Intake Referral Form by fax. Patients will also have the ability to self-refer by calling the toll-free number and speaking with a Care Coordinator who will facilitate the referral process.

Dedicated toll free phone number: **1-888-997-9996**

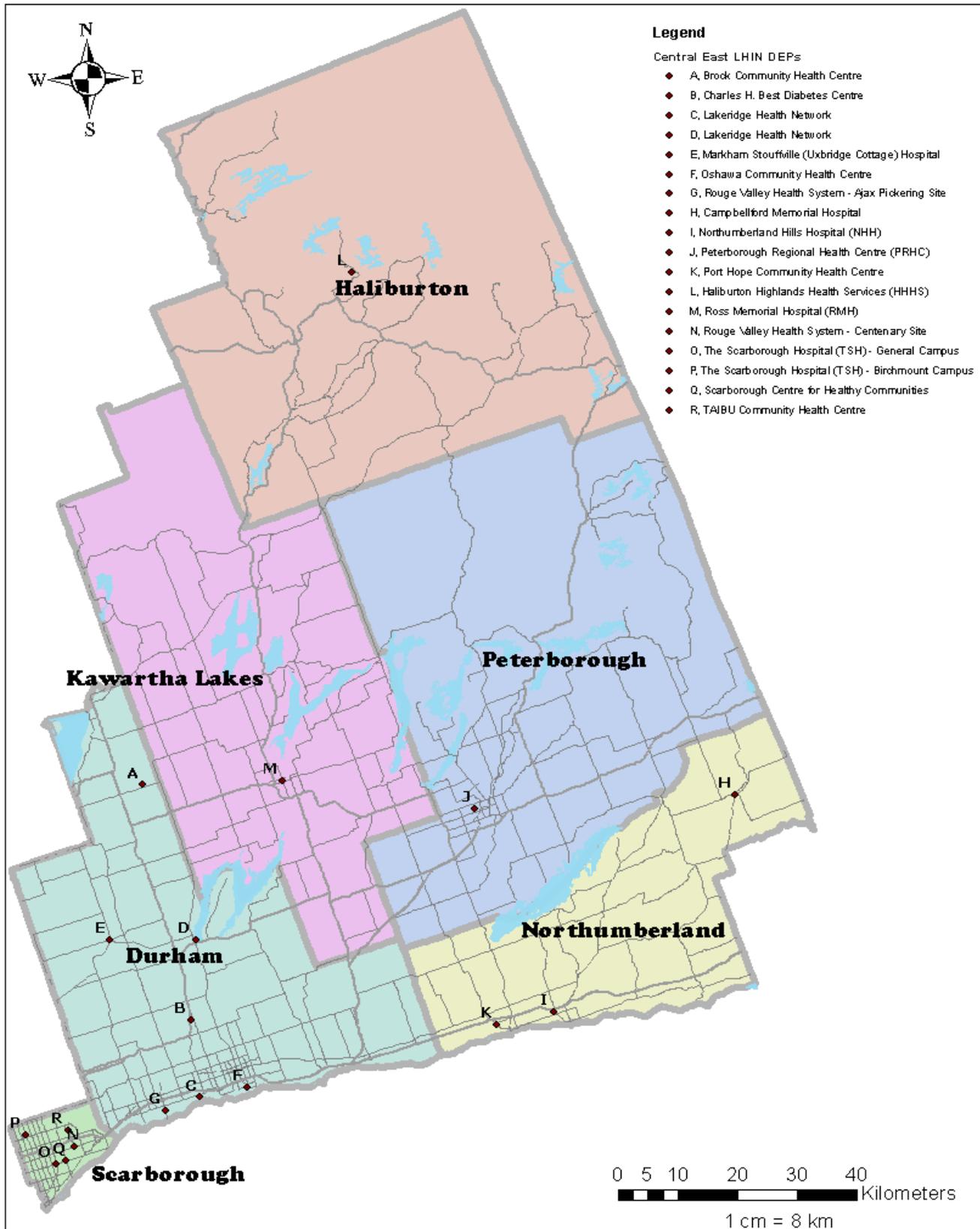
Referral fax number: **905-444-2544**

Centralized diabetes intake referral forms can be found at <http://www.healthcareathome.ca/>

SPECIAL THANKS TO THEPROJECT TEAM MEMBERS:

Chantelle Vernon, Central East LHIN
Trixie Williams, Central East LHIN
Callum Anderson, Central East LHIN
Alex Ruppert, Central East LHIN
Lakeridge Health Diabetes Education Program
Canadian Diabetes Association

Central East LHIN: MAP



Getting the most out of life with **Diabetes**

This means having the confidence to manage all aspects of your diabetes – including your emotions, your daily activities as well as your medical needs.

The *Living a Healthy Life* with **Diabetes** workshop is for adults of all ages and was developed and researched at Stanford University and is offered around the world.

Each self-management workshop is FREE, fun and effective in helping you build the confidence to manage your diabetes.



Central East Self-Management Training Program

FREE Six-Week Workshop

(2 ½ hours per week for six weeks)

Offered in communities across the
Central East LHIN

Caregivers Welcome

You will receive a copy of the book
*Living a Healthy Life with Chronic
Conditions*

You will learn new skills and tools to use in your daily life.

SESSION 1

- Self-managing diabetes
- Monitoring (all sessions)
- Nutrition/healthy eating
- Making Action Plans (all sessions)

SESSION 4

- Difficult Emotions
- Monitoring blood sugar

SESSION 2

- Feedback/problem solving
- Preventing low blood sugar

SESSION 5

- Medications
- Positive Thinking
- Depression
- Communication

SESSION 3

- Preventing complications
- Fitness/exercise
- Stress management
- Relaxation techniques

SESSION 6

- Working with your health care professional & the health care system
- Skin and foot care
- Future plans

Pre-registration required

For more information about this program or to register online:

www.healthylifeworkshop.ca

1-866-971-5545



