Active Living and Diabetes: Building on Our Successes

Final Report Submitted to the Active Living Coalition for Older Adults (ALCOA)

June 1, 2008

By: Patsy Beattie-Huggan BN, MSc, RN
www.thequaich.pe.ca

Acknowledgements

The Quaich Inc. wishes to acknowledge that the Active Living Coalition for Older Adults project is being funded by the Public Health Agency of Canada.

Active Living and Diabetes: Building on Our Successes

Creating National Recommendations for Action: Primary Prevention for Type II Diabetes Amongst Older Adults

The Active Living Coalition for Older Adults:

The Active Living Coalition for Older Adults (ALCOA) is a nationally incorporated non-profit organization that brings together partners throughout Canada who believe that active living is essential to improving health and quality of life as we age. This partnership of organizations and individuals represents governments, seniors, health and professional organizations, the private sector, researchers and academics who work together on a mission to encourage older Canadians to maintain and enhance their well-being and independence through a lifestyle that embraces daily physical activities.

Project Background:

In April 2007, building on earlier work related to Type II Diabetes amongst older adults and with funding secured through the Public Health Agency of Canada, ALCOA initiated a project called Active Living and Diabetes: Building on Our Successes with the goal of developing a National/ Local framework to implement best practices related to older adults and active living, healthy eating, and diabetes. Working with and in collaboration with local, provincial and national stakeholders, the aim of the project was to identify, develop and recommend implementation strategies; as well as to develop an action plan to build capacity to deliver these strategies to the benefit of older adults amongst and within appropriate stakeholders.

Anticipated outcomes:

- Increase awareness and understanding of the needs of older adults across each region
- Increase awareness of the diabetes programs and services for older adults that are being offered in each region and highlight those considered best practice
- Develop, strengthen and expand partnerships and networks between & within sectors with key stakeholders
- Increase opportunities to share ALCOA knowledge, experiences and resources at the local, regional, and national levels
- Engage regional stakeholders in developing recommendations and an action plan
- Create national recommendations and an action plan to increase capacity to deliver strategies to advance Type II Diabetes primary prevention amongst older adults.

Activities of the project included developing a national advisory committee, hiring regional consultants, developing regional advisory committees in the east, west (including the Yukon) and central regions of Canada with membership inclusive of francophone, Aboriginal and new immigrant communities; working with these committees to conduct a needs assessment survey amongst consumers and service providers; completing an environmental scan of best practices in primary prevention[1] of Type II Diabetes amongst older adults in each region; reviewing findings and developing recommended actions to address gaps and needs in each region. The final activity of the project was hosting a national meeting to review the findings from each region, showcase leading practices and to develop National Recommendations for Action on Primary Prevention of Type II Diabetes amongst older adults.

[1] Primary Prevention: Prevention that is directed towards preventing the initial occurrence of disease or disorder (World Health Organization). For the purpose of this project primary prevention includes activities designed to prevent the delay or the onset of type 2 diabetes in older adults through modifications of the environment and/or actions to address behavioural risk factors (modified from the Canadian Diabetic Association).

National Meeting:

The National Meeting of the *Active Living and Diabetes: Building on Our Successes* project was held on February 25-26 with representation from ALCOA Guardians, the National Advisory Committee, and the Regional Advisory Committees. Various programs examined in the environmental scan process were showcased as leading and promising practices of primary prevention of Type II Diabetes. The goal of the National Meeting was to develop National Recommendations for Action (on primary prevention for Type II Diabetes amongst older adults).

Objectives circulated to participants in advance of the meeting included:

1. To overview needs and gaps in service related to primary prevention amongst older adults in Canada
2. To showcase leading and promising programs for older adults from across Canada
3. To provide participants with new knowledge, tools and connections to take back to their organizations in order to implement recommendations for best practice
4. To engage participants in sharing their knowledge and experience in developing national recommendations for action
5. To stimulate interest and commitment amongst ALCOA, other non government organizations, funders, advisory committee members, and participants for future collaborative projects

It was the hope of organizers that those in attendance would feel connected to the process, have the sense that they have had meaningful input to the recommendations, have created solid recommendations and a concrete useable action plan, and will leave enthusiastic and committed to the work ahead.

Evaluations of the meeting indicate that the meeting was successful in achieving these objectives, with the majority satisfied with the process and outcomes of the meeting.

- "*Enjoyed the meeting, sharing of resources that I can follow up on when I get back to work, program/ best practice slide show. Well organized and stayed on track.*" (National Consultation Attendee)
- "*I really appreciated the time set aside for breaks – it allowed me to interact with others and learn about potential programs and partners...*" (National Consultation Attendee)

This report highlights the process of engagement, recommendations and the outline of a potential strategy for ALCOA in addressing primary prevention of Type II Diabetes amongst older adults.

Regional Input

Preparation for the national meeting began in October with the development of Regional Advisory Committees which were engaged in distributing a survey to assess needs of consumers and providers and in guiding an environmental scan of services in their regions that met criteria of "best practice" *developed for this project*. These criteria were:

- Targets older adults (50+)
- Includes a component of physical activity
- Focuses on primary prevention
- Evidence-based
- At least 1 evaluation — positive outcome
- Promotes personal or social change
- Includes measurement tool
- Implemented by provider
- Sustainable /or partnered with another organization
- Trained leaders (added by Central Region)

A face to face meeting of each Regional Committee was held to provide members and invited participants an opportunity to review the survey results, confirm the needs, the gaps in programming, and the programs that met our criteria for "best practice". Follow-up conference calls were held to confirm meeting notes and provide input to the final recommendations. While there was agreement that the criteria for reviewing programs should remain the same, the term "best practice" was revisited and then discarded, with programs reviewed in the environmental scan organized in three categories:

- **Leading** — Met all criteria developed for this project
- **Promising** — Has opportunity to become leading practice by making an adjustment to include elements of measurement or evaluation
- **Complementary** — Does not include physical activity but complements programs that include physical activity by focusing on screening, nutrition, retirement, etc.

Although there were limitations to the methodology of the survey and the scope of the environmental scan due to time constraints, results confirmed findings from other research and served as a catalyst for discussion on action areas at both regional and national levels. Reports on the survey and environmental scan, as well as highlights of regional recommendations were presented as input to the national meeting.

Regional observations on gaps in programs for older adults were as follows:

- Strong strategies are emerging at National & Provincial levels
- There is fragmented information/resources (silos) - people are unaware programs exist and this could lead to duplication
- Primary prevention programs need to go further in addressing determinants of health
- Most programs target individuals
- Limited links between medical community & social/recreational services
- Lack of guidelines for programs to measure outcomes on individual
- Lack of trained professionals and service providers (or certifying these individuals)
- Lack of information on prevention and integration with treatment for consumers

Key themes that emerged from the regional consultations were:

- Need for work on primary prevention of Type II Diabetes amongst older adults
- Need for more coordination and integration of messages and services
- Need to take holistic approach and address determinants of health
- Understanding motivation is key!!

Resource Materials

For the national meeting the following resources were developed: A report of the survey results from each region with a comparison of findings between regions; a resource book featuring all Leading, Promising and Complementary programs discovered through this project; a DVD with a narrated slide show - a snapshot of twelve exemplary programs from across Canada. Other inputs to the process were the Circle of Health©[2] (a comprehensive planning framework introduced during each regional meeting to guide discussion of the gaps and areas for action; it was also available as a resource at the national meeting.); references[3] circulated to participants in advance of the national meeting; and research reports[4] from Rick Gilbert, and Shelley Callaghan (CAAWSPA) offered as supportive evidence of the findings of this project, and a resource for more information.

In addition, Jim Frankish, Professor and Director of the Centre for Population Health Promotion Research at the University of British Columbia and a member of the Western Regional Advisory Committee and National Advisory Committee for this project, provided evidence on the links between social determinants of health, primary prevention and diabetes. This presentation provided additional input on the final day of the national meeting. Dr. Frankish's presentation and all other resources are available on the ALCOA website ***www.alcoa.ca***

---

[2] The Circle of Health© 1996, PEI Health and Community Services Agency All Rights Reserved

[3] see Appendix

[4] "Recreation Nova Scotia Connecting Seniors to Active Living Project" May 2007
"Focus group Report – Physical Activity and Women 55-70" April 2007

Highlights of Regional Recommendations for Action

Atlantic Region

- Firm up the links with ALCOA – need a stronger presence in Atlantic Canada
- Web based depository of older adult materials on ALCOA website, e.g. Atlantic, Central, Western
- Need regional infrastructure to go forward: Presentation to Board of the Atlantic Seniors Health Promotion Network
- Expand target to chronic disease
- Communication with PHAC regarding what projects are happening so that there is not a survey overload.
- Define characteristics of successful practices.
- Develop guidance on measurement for activity programs
- Follow up national meeting with a regional conference focused on interventions:
  - ALCOA can share goals and resources of their organization.
  - Best practice review
  - Workshops on program strengthening:
    - Measurement
    - Evaluation
    - Planning
    - Target population
    - Adaptation to older adult
    - Working with volunteers
    - Training
    - Diversity

Central Region

- ALCOA – Increase awareness education, knowledge, e.g.
  - Build stronger presence in communities
  - Make mandate clearer or more widespread
- Create partnerships, collaboration and networking, e.g.
  - Connect the dots – users, community programs, partnerships
  - Team work amongst professionals in developing programs
  - Co-ordinate program information at gov't level so best options offered to public
  - Share knowledge of good programs across the country
- Ensure the voice of the older adult is included in program planning and implementation – Talk to the older adult to get perspective
- Internal program change, e.g.
  - More programs develop supportive environments
  - Ensure physical activity component has trained leaders
  - Have coaching certification as part of nursing and other health provider curriculae
  - Advocate that programs meet criteria to qualify as "high quality"
- Education for older adults, e.g.
  - 60% older adults sedentary – how do we motivate?
  - Easy access to information in hospitals, community centres, etc.
  - More user friendly information
- Societal change
  - Influence way society views aging and active living, i.e. media to show older adults in a positive way; gov't education campaigns and policies
  - Encourage corporate support for subsidies for older adults unable to pay for programs
- Research, e.g.
  - Compile results of this project in one report
  - Research what motivates older adults
  - Apply for pilot projects
- Policy change
  - Encourage policy change at all levels of government to have health as the underlying

issue for all decisions
  - Subsidize healthy food, especially in the North
  - Lobby for community policies to shift to create accessible trails for walking, riding and motorized wheelchairs
  - Lobby for more covered spaces to be available for walking in the winter
- Medical professions
  - Educate the medical field on existence of fitness programs
  - Encourage physicians to be more pro-active in prevention/ health promotion
- Community level change
  - Create programs for older adults not yet active, i.e. individual personal visits
  - Lobby schools & community centres to be open more hours
  - Propose a marketing plan in healthy living
- Others
  - Continue communicating with today's group with regard to how the project will be implemented.

Western Region

- Strategies to engage and motivate, e.g.
  - Know when and how to help individuals
  - Consistent messages to consumers
  - Develop ongoing relationships
  - Designate champions to follow-up on exercise programs
  - Improve consumer awareness of available programs
- Sustainability, e.g.
  - Develop partnerships
  - Increased funding from gov't
  - More interaction with health authorities
- Engage high risk populations, e.g.
  - Focus on ethnic groups
  - Need more education of high risk groups
- Community engagement, e.g.
  - Provide appropriate alternatives that consider environmental safety conditions (walking groups)
  - Community consultation and involvement
  - Community offer alternatives (yoga,)
  - Rural communities design programs (bingo aerobics, radio exercise, walking areas)
  - Large communities loan activities to smaller communities (carpet bowling)
- Standards
  - Programs should be evidence based
- Determinants of Health, e.g.,
  - Education – literacy considerations
  - Cultural sensitivity re program materials and method of delivery; partner in program development
  - Environment – physical environment conducive to healthy choices
  - Income & social status – all should feel welcome and included

Qualities of Successful Programs

Upon reviewing programs highlighted in the slide show, participants identified that successful programs demonstrated the following characteristics:

- Leadership
- Community development
- Goal identified – adapts to change as it goes (emerging design)
- Dissemination of information
- We need it!
- Novelty
- Networking
- People continue with exercise i.e., comfortable, reinforcement, results, social connection

National Recommendations for Action for Program Development and Enhancement

To ensure that more programs are successful in demonstrating these qualities, national meeting participants considered the recommendations from regional committees (Table 1) and other inputs in making recommendations for action in five key areas, i.e. sustainability, measurement, training, integration with other programs, and an increased emphasis on determinants of health.

1. Sustainability

Sustaining programs beyond most government funding cycles is a challenge that occupies much of the time and energy of those offering primary prevention programs. Organizations are challenged by an expectation of self reliance in a climate where there are no standards of sustainability, limited core funding for operation, and a threat of volunteer/provider 'burnout'. Questionable sustainability affects major program decisions due to affordability. It also impacts assets and volunteer base. To secure coordination with like minded organizations in applying for funding and advocating for a level of core funding that is asset based, the following actions are recommended:

- Promote the value of health promotion, i.e., it needs buy-in for long-term initiatives (no more pilot projects)
- Coordinate activity and deliverables with other related programs launched by different organizations
- Identify champions at every level, i.e., federal, provincial, municipal
- Access corporate monies through credible partnerships
- Create a ground swell of community interest and support among citizens (voters) that the product/service is needed and valued; these people in turn pressure government to respond
- Advocate for core funding to support infrastructure for ongoing program/service delivery, evaluation and dissemination
- Be strategic about partner engagement (influential citizen, elected official) to raise the profile of an issue politically
- Identify a lobbyist to represent NGO's as a collective voice
- Maintain an "assets focus", i.e., identify what is working well and how to amplify it
- Treat volunteers with respect – structure – like a job

2. Measurement

Measurement is viewed as essential to motivate older adults and to ensure program effectiveness and accountability. Several action steps are recommended to ensure that more activity and prevention programs ensure measurement as a key component:

- Identify what can be measured – cost, weight, waist measurement, attrition, blood pressure, self efficacy, behaviour change, changes in knowledge and understanding, physical activity level/fitness, diet recall, physical activity
- Determine what should be measured – weight, waist measurement, blood pressure, diet recall, physical activity level/fitness, cost, self efficacy, social connectivity
- Determine methods of measurement, e.g., pedometers and heart rate monitors; qualitative methods to capture behaviour change, changes in knowledge and understanding; quantitative measures for monitoring attendance and attrition
- Develop a business/feasibility case
- Establish a dedicated budget for evaluation, resources, capacity and time
- Establish baseline information, e.g. a health profile for individuals
- Measure cost verses benefits using a cost benefit analysis
- Integrate with other programs, e.g.,
  - Blood pressure – partner with Canadian Hypertension Education Program
  - Weight – Canadian Diabetes Association standardized document, procedures and recommended values
  - Physical activity – Canadian Society for Exercise Physiology (standards re measurement) and ALCOA
  - Diet- Canadian Dieticians Association

3. Training

Research has shown that having trained instructors makes a difference in outcomes in primary prevention initiatives amongst older adults. However there is a scarcity of trained instructors in Canada. Dynamic training programs are viewed as an investment needed for front-line service providers and community members. Recommendations for action are as follows:

- Develop a marketing program to encourage organizations to value the importance of having trained personnel
- Develop inter-professional models of training, adapting what's already successful to needs of older adults
- Change the focus of leadership training from disease prevention to wellness for community trainers, professionals and para-professionals
- Base training on function, and ***not be disease specific***
- Develop and implement standards with formal recognition and compensation (financial)
- Develop guidelines for physicians and health professionals re: referral to community resources
- Quality assurance should be integral to a program with feedback on the impact of training becoming part of program evaluation
- Employee Health Services in the workplace should be sources of education, counseling and referral to professional services
- Explore partnerships with kinesiology/physical education students and community volunteer trainers to ensure programs use techniques that are age and culturally appropriate, and with other organizations to share resources

4. Program Connectivity/Integration

In many locations across Canada people report that they do not know where programs are located. At the same time some successful programs are experiencing waitlists. There is little integration across activity or nutrition programs and diabetes prevention, screening.

Recommendations to increase program connectivity include:

- Secure high level support at the appropriate political level for a more integrated approach to programming
- Develop a multi-sectoral body to develop a coordinated method for initiating and managing programs that are client centered, not disease specific and that have a flexible path with integration along a continuum of services
- Reward integration of programming through marketing and messaging in the media
- Develop a referral mechanism for health care professionals to link individuals to a variety of programs
- Promote programming through health fairs and community partners e.g., flu shots, blood pressure measurement and at meetings of service providers
- Develop 'incentives' for partnering initiatives

5. Determinants of Health

Research provides evidence that many of the determinants of health[5] have an impact both on the incidence and management of Type II Diabetes. It is therefore imperative that there be an increase in emphasis on determinants of health and a balance between a focus on the individual and the overall population. At present, most programs focus on the individual. Recommendations for action include:

- Educate government on value of prevention and advocate for shift in public policy and need for leadership at a high level
- Educate organizations on the importance of determinants of health (include them in programming)
- Develop programs that are client centered and provide a sense of control/increase self-esteem
- Offer supportive physical environments for programs – safe, accessible, bring program to

[5]Determinants of Health: personal health and coping skills which impact self-esteem, education and literacy, transportation, income and social status, physical environment, e.g. housing, social support i.e., family, friends, gender, supportive environments, e.g. community/rural, culture, health status (Health Canada)

people to rural and outlying areas, e.g., transportation (have bus stop at recreation facility)
- Develop programs that incorporate all age groups together, e.g., grandparent, children (family activities)
- Develop materials that meet literacy level of group
- Develop different programs specific to culture and gender (e.g., Toronto 47% immigrants)
- Address present health status (e.g., COPD, Heart Disease)
- Advocate for marginalized populations
- Involve partners in planning, training and marketing health benefits (e.g., municipal, provincial and NGO partners)

A Go-forward Leadership Strategy for ALCOA:

Implementing the National Recommendations for Program Development & Enhancement

While it is understood that leadership on these recommendations can be taken at many levels – national, provincial, regional, and local, it is also acknowledged that ALCOA can serve as a champion and play a lead role in disseminating these recommendations and advocating for their implementation among key organizations with the goal of achieving a state of the art program for primary prevention of Type II diabetes.

National meeting participants strongly recommended that ALCOA play a key role in advocating for action and take the lead with a go-forward strategy outlined as follows:

1. Dissemination of recommendations

A comprehensive communication or dissemination strategy should be developed if the project is to have an impact on program and policy development. Recommendations of this project should be disseminated to the media, public, government (all levels), professions, and organizations through many channels, e.g. local/community newspapers, television and meetings with government. Releasing stories at appropriate literacy levels targeted to specific audiences is recommended. Elements of this strategy include having ALCOA ask the PHAC how the ALCOA report will be used in larger project planning (direction for future focus); collaborating on presentations at conferences; conducting follow-up with ALCOA meeting delegates on how this report is used; and to apply to PHAC for funding to implement this strategy.

2. Development of organizational capacity (ALCOA)

To prepare for the future, action must be taken now to strengthen the capacity for leadership and plan for sustainability through a business case. ALCOA is a coalition, also a not for profit organization currently dependent on government funding and corporate sponsorship. There should be a membership drive to increase the power of the coalition; discussions with funding organizations such as the Public Health Agency of Canada to advocate for longer termed funding; and adoption of standardized evaluation tools and RFP processes. Opportunities to diversify funding need to be pursued, such as partnering with other organizations in submitting proposals. While ALCOA is meeting with funders on its behalf it can advocate for policies that will be supportive of other like minded organizations.

3. Partnership development

More people and organizations need to be engaged in ongoing primary prevention of Type II Diabetes. Recommendations for action contained in this report will serve as a resource for building a partnership strategy and for identifying corporate/community champions. Ownership should rest with ALCOA stakeholders (national organizations), service providers (allied health professionals, fitness professionals, corporations, government, foundations, sponsors). The partnership strategy should find ways to work together towards a common vision of chronic disease prevention through active living (including mental, spiritual, emotional, physical, social well being).

4. Advocacy for improved policy and programs

Participants in the National Meeting expressed a need for advocacy on recommendations for increased emphasis on measurement, training, sustainability, integration and determinants of health in programs and policies for older adults. There was strong agreement that coordinating efforts should go

across all chronic diseases – not just Type II diabetes. In the short term it is recommended that a national seniors' consensus convention be held and an inventory of resources be completed; in the mid-term there would be efforts to advocate for new funding programs that allocate funding across chronic diseases; and in the long term (within 10-years) advances would be made in policies and programs to incorporate determinants of health.

Closing Comments — Don Fletcher

A Commitment from the ALCOA Chair

"We are fortunate to live in a free and democratic society. One of the hallmarks of a democratic society is that we, as citizens, and by extension, as organizations, have both the right and the responsibility to choose and to do whatever it is we believe and can do to make our society a better place in which we can all fulfill our dreams and aspirations. As Volunteers, we have a wealth of energy and expertise that applied appropriately is vital to the health of us all. The thoughtful discussions of these past few days come from the hearts and minds of you, the participants, and from the ideas of many others that have participated in the process to date. These ideas will form a basis for ALCOA to put forward recommended courses of action to the Federal Government, to Provincial governments , and to other like minded NGO's who have a concern for the well being of Older Adults in Canada.

Coalitions, by their very nature can be powerful if the collective voice is targeted to effect change. This will require the marshalling of the energies of the partners in the Coalition, and the recruitment of new partners to the process. Each of us here today has the responsibility to assist in that process. Each of you can take the messages from this summit back to your own home organizations and community. You can choose to make some of these ideas a reality within the ambit of your influence. Some of you may wish to join the Coalition. For our part, many of the ideas and recommendations will assist ALCOA in its own strategic direction for improving the well being and active living of Older Adults.

Thank you for your participation. Together we can and will make a difference."

Strategy for Future Action on Primary Prevention of Type II Diabetes: ALCOA

Draft Logic Model (June 1, 2008) - Starting Point for Planning

Components	Organizational Capacity Development (ALCOA)	Dissemination and Follow-up of Project Results	Partnership Development	Advocacy for Improved Policies and Programs
Activities	• Create business plan • Obtain more sponsorships • Build grants with other organizations • Advocate for long term funding • Demonstrate value	• Develop communication strategies to disseminate results to influence policy and programs • Approach funder (PHAC) for their next steps • Involve project participants	• Develop partnerships to increase program integration • Share resources to create social marketing campaigns • Collaborate and cooperate with partners to develop & deliver programs	• Involve partners to advocate for improved policies and programs • Promote sustainability, measurement, training, program integration & determinants of health
Target Groups	• Governments, media, public, NGOs • PHAC • ALCOA meeting delegates • Survey participants	• Governments, media, public, NGOs • PHAC • ALCOA meeting delegates • Survey participants	• Governments • Organizations: Canadian Diabetic Association, Canadian Institutes of Health Research Heart & Stroke Foundation of Canada College of Family Physicians of Canada Canadian Society of Exercise Physiology • Professionals: nurses, dieticians, doctors • Media and public	• Governments, media, public, NGOs • PHAC • ALCOA meeting delegates • Survey participants
Outputs	**To be completed in future planning session**			
Short Term Outcomes				
Long Term Outcomes				

REFERENCES/RESOURCES

Merck Frosst Survey Fact Sheet: **Insight into Canadians Living with Type 2 Diabetes – A Survey of People Living with Type 2 Diabetes and Physicians**

The social determinants of the incidence and management of type 2 diabetes mellitus; are we prepared to rethink our questions and redirect our research activities? Dennis Raphael, York University

The Health of Canadians – CCSD's Stats & Facts (Canadian Council on Social Development)

A Review of Relationships between Active Living and Determinants of Health, Jim Frankish, UBC

Educational Disparities in Health Behaviors Among Patients with Diabetes: the Translating Research into Action for Diabetes (TRIAD) Study. Andrew Karter *www.biomedcentral.com/1471-2458/7/308/prepub*

2004/2005 Office of the Auditor General of British Columbia **Preventing and Managing Diabetes in British Columbia** *www.bcauditor.com* (89 page report)

BC Healthy Living Alliance, **Physical Activity Strategy,** March 2007 www.bchealthyliving.ca (35 page report)

Saskatchewan Health: The Provincial Diabetes Plan — **Supporting Saskatchewan People to Achieve Their Best Possible Well-Being.** *www.publications.gov.sk.ca/details.cfm?p=12043*

National Diabetes Advisory Committee

Name	Title, Organization	Province
Martine Drolet	Public Affairs Mgr, Merck Frost	QC
Dr. Anne Vogel, MD	Medical Health Officer	BC
Dr. Rob Petrella, MD, PhD	Research Chair, Asst. Dir. Lawson Health Research Institute, Prof. Depts. Of Family Medicine, PM&R, Cardiology & Kinesiology, Univ. of Western Ontario	ON
Dr. Patrick McGowan Ph.D.	Associate Professor, Social Sciences and Centre on Aging, Director of Self-Management Programs, University of Victoria – Centre on Aging	BC
Dr. Jim Frankish, Ph.D.	Professor & Director, Centre for Population Health Promotion Research Human Early Learning Partnership, University of British Columbia College for Interdisciplinary Studies, and Dept. of Healthcare & Epidemiology (Medicine) Senior Scholar	BC
Ialeen Jones, RN	Director, Health & Social Secretariat Dene Nation/AFN NWT Regional Office	NT
Jan Kroll	Director of Quality for DES National, FNIH Home and Community Care Program, Executive Committee, CDA's Diabetes Educator Section,	SK
Roseanne Sark	Health Policy Analyst, Mi'kmaq Confederacy of PEI	PE
Paul Jenkins	Pharmacist, Friendly Pharmacy	PE

ALCOA Regional Diabetes Committees

Name	Title, Organization	Province
Western Region		
Dorothy Laing	Consumer	BC
Jim Frankish	Professor & Director, UBC School of Health Promotion	BC
Dr. Anne Vogel, MD	Medical Health Officer	BC
Margaret Antolovich	Manager, Public Health and Prevention Programs Vancouver Coastal Health (Coastal), Powell River	BC
Maylene Fong	Clinical Practice Leader, Vancouver Coastal Health	BC
Joanna Russell	Regional Health Promotion Coordinator Yellowknife Health and Social Services Authority	NT
Jill Christensen	Manager, Integrated Services , Yellowknife Health/ Social Services Authority Executive	NT
Elsie De Roose	Team Leader, Health Promotion, Dept. of Health & Social Services, GNWT	NT
Melanie Wiebe	Community Registered Dietitian	NT
Lori Chaki-Farrington	Exercise Specialist Technician, Chinook Health	BC
Marlene Chapellaz	Provincial Diabetes Coordinator, Saskatchewan Health	SK
Amanda Steer	In motion Consultant, Saskatoon Health Region	SK
Paula Pasquali	Director Community, Yukon	NT
Bill Simpson	Vice-President, ElderActive Recreation Association of the Yukon	NT
Anne Morgan	Executive Director, Recreation and Parks Association of the Yukon (RPAY)	NT
Sue Meikle	Community Recreation /Active Living Consultant, Government of Yukon, Department of Community Services	NT
Central Region		
Abhaya Tissera	Policy Analyst, Government of Manitoba Chronic Disease Branch, Primary Care & Healthy Living	MB
Anne Skuba	Chair, ALCOA Manitoba	MB

Kelly Seward	Manager, Cardiac Disease Prevention and Rehabilitation, Reh-Fit Centre	MB
Sue Boreskie	Executive Director, Reh-Fit Centre	MB
Clara Fitzgerald	Program Director Canadian Centre for Activity and Aging, Univ. of Western Ontario	ON
Diane Hue Wuong	Community Dietician, Centre Francophone de Toronto	ON
Heather Hiscock	Manager of Programs & Services, Get Active Now	ON
Shannon Belfry	Applied Research Coordinator Canadian Centre for Activity and Aging, Univ. of Western Ontario	ON
Philippe Markon	Ancien président CVAA	QC
Laura Daxon	APADOR	QC

Atlantic Region

Jim Casey	Executive Director, Diabetes Association Nova Scotia	NS
Barbara Lannon	Diabetes Coordinator, Federation of Newfoundland Indians Diabetes Program	NL
Art Richard	Agent de développement, L'Association acadienne et francophone des aînées et aînés du Nouveau-Brunswick	NB
Don Shaw	President, Seniors Resource Centre	NB
Rick Gilbert	Director, Active Healthy Living, Physical Activity, Sport and Recreation NS Department of Health Promotion and Protection	NS
Sherry Kennedy	Regional Health Educator, Eastern Health	NL
Ron Kelly	Executive Director, Seniors United Network	PE
Rosemary White	Program Manager, Health and Community Studies, Holland College	PE
Sandra Murphy	Executive Director, Community Links Nova Scotia	NS
Jill Barron	Healthy Aging Co-ordinator, Seniors Resource Centre of Newfoundland & Labrador	NL

ALCOA National Diabetes Meeting - Delegates List

Name	Member	Organization	Province
Margaret Barbour	Executive	Manitoba Cardiac Institute	MB
Patsy Beattie-Huggan	Consultant	The Quaich Inc.	PE
Jack Brownell	Executive	Cdn Senior Games	NB
Shelley Callaghan	RTM	Cdn Assoc. for Advancement of Women in Sport	ON
Patricia Clark	Executive Director	ALCOA	ON
Debbie Dedam-Montor	RTM	Nat'l Indian & Inuit Comm. Health Rep. Org	QC
Heather Deegan	Reg. West	University of Alberta	AB
Roger Doiron	Reg. East	L'Association acadienne et francophone des aînées et aînés du Nouveau-Brunswick	NB
Martine Drolet	NAC	Merck Frosst	QC
Clara Fitzgerald	Guardian	Cdn Centre for Activity and Aging	ON
Don Fletcher	Executive	Cdn. Assoc. of Cardiac Rehab	MB
Jim Frankish	NAC	Univ. of British Columbia	BC
Rick Gilbert	Reg. East	Dept. of Health Promotion	NS
Rudy Gittens	RTM	Canadian Academy of Sport Medicine	ON
Bill Hearst	Admin.	On-site Coordinator	ON
Paul Jenkins	NAC	Friendly Pharmacy	PE
Bill Krever	Guardian	Don Mills Foundation for Seniors	ON
Jan Kroll	NAC	FNIH Home and Community Care Program	SK
Jane Larlee-Addison	Consultant		BC
Patrick McGowan	NAC	Univ. of Victoria	BC
Denise Mercier	RTM	Cdn Society for Exercise Physiology	ON
Carol Miller	RTM	Cdn Physiotherapy Assoc.	ON
Anne Morgan	Reg. West	Recreation and Parks Assoc. of the Yukon	NT
Annette Penney-Maurer	Consultant	The Quaich Inc.	ON

Rob Petrella	NAC	Lawson Health Research Institute	ON
Heather Powell	Reg. East	Eastern Health	NL
Roseanne Sark	NAC	Mi'kmaq Confederacy of PEI	PE
Sheila Schuehlein	Guardian	VON Canada	ON
Mike Sharratt	Executive	Waterloo Research Institute for Aging	ON
Clermont Simard	RTM	Active Living Aliance for Cdns with Disability	QC
Tammy Simpson	PHAC	Public Health Agency of Canada	ON
Anne Skuba	Guardian	ALCOA older adult rep	MB
Nishka Smith	Consultant	Atlantic Evaluation Group	PE
Anne Vogel	NAC	Medical Officer of Health BC	BC

Executive = ALCOA Executive Member

Guardian = ALCOA Guardian Member

NAC = National Diabetes Committee Member

PHA = Public Health Agency of Canada

Reg. East/West = Regional Committee Member

RTM = ALCOA Round Table Member