

**NOVEMBER 2016 ISSUE**

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*Diabetes Action Canada News is distributed by e-mail in November, March and June of each year. Those who wish to advertise diabetes-related events or programs in our newsletter can contact us at [info@diabetesaction.ca](mailto:info@diabetesaction.ca)*

**Message from the Co-Scientific Leads**

In Canada, November is Diabetes Awareness month and Diabetes Action Canada is emerging as a major change agent for **Preventing Complications and Transforming Lives of People with Diabetes**. Since our launch at the end of March 2016, we have been very busy establishing our projects and the governance framework to ensure those outcomes we envision will have maximum impact. To this end, the Canadian Institutes of Health Research (CIHR) has reviewed our detailed work plans and given us the go ahead to initiate our patient-engagement, knowledge translation, research and training strategies. We are focused on the urgent needs articulated very clearly by patients – to prevent blindness, amputations, heart disease and kidney failure without the threat of low blood glucose caused by treatment.

Our strategy includes effective communication both within our national Network of patients, researchers and health professionals and with all stakeholders who share *our promise of transforming the health trajectory of all Canadian men, women and children with diabetes at risk for complications*. Please visit our new website <http://diabetesaction.ca> and signup to receive this Newsletter where we will keep you up to date on our activities. We will be launching the French version in the near future and endeavour to ensure our communications are in both official languages. In this edition, we feature one of our most dedicated patient volunteers, Debbie Sissmore, who has been part of our team from the beginning. Debbie serves on our Steering Council, our highest level of governance. She shares with us her journey living with Type 1 diabetes including her loss of sight and pancreatic islet cell transplantation. We also feature Dr. Michael Brent who leads our Diabetic Retinopathy Screening project. He has pioneered screening for treatable eye disease using tele-medicine in some of the most vulnerable populations living with diabetes in the inner city of Toronto and in Indigenous communities. Many of these populations throughout Canada currently lack access to timely screening for preventable loss of vision from diabetic retinopathy. It is our goal to address this challenge.

Diabetes Action Canada was made possible not only through the CIHR SPOR Program funding for Networks in Chronic Disease, but also through the matched funding from our many generous public and private partners (<http://diabetesaction.ca/our-partners/>). Among these stakeholders are the Canadian Diabetes Association and the Juvenile Diabetes Research Foundation that are considered our “*Patient Representative Strategic Partners*”. We are profoundly grateful for their support and guidance.

Our Network is meant to be inclusive. We can be contacted through our website and invite you to find out more about how you can contribute.

Gary Lewis, Jean-Pierre Després (Co-Scientific Leads)

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**CIHR SPOR Summit 2016**

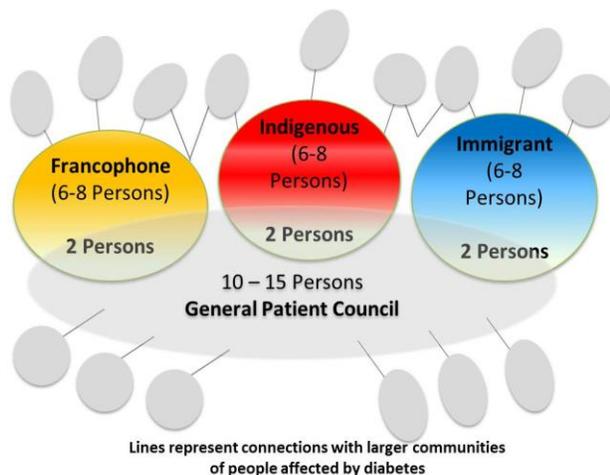
The Canadian Institutes of Health Research hosted the 2016 SPOR Summit in Ottawa on Oct 25-27. This meeting was entitled “*Health Innovation: Working Together on Shared Health Priorities*” and brought together SPOR Stakeholders, including patients, federal/provincial/territorial ministries, partners, researchers and clinicians. Diabetes Action Canada presented a poster highlighting our mission, projects and patient council plans.

The Honourable Jane Philpott, Minister of Health addressed the symposium stating that Canada’s SPOR program “...provides a pan-Canadian platform for engaging patients, identifying research priorities, sharing best practices, integrating research findings into patient care and health policy. I applaud the work by the researchers supported through SPOR, and look forward to working together as we find innovation delivering the best possible care for Canadians”.

Gary Lewis, Cathy Whiteside, France Légaré, Joyce Dogba, Sharita Bobikuganathan and our patient representative Doug Mumford participated in the Summit on behalf of Diabetes Action Canada. We met many colleagues from the other SPOR Networks and SUPPORT Units as well as patient representatives. New opportunities for strategic collaboration among the Networks are emerging in patient engagement, Indigenous Health, health informatics and clinical trials. Improved alignment of goals and investment between the SPOR SUPPORT Units and Networks was a recurring theme.

The message from Ann Lyddiatt, a patient representative on the SPOR National Steering Committee, was “we have much to look forward to as SPOR moves ahead”.





### Patient Council Structure

The Patient Councils bring together diverse groups of people with a variety of backgrounds, expertise, ideas and personalities. Although the Francophone, Indigenous and Immigrant Patient Councils will meet separately, two (2) members from each will serve as liaisons between the General Patient Council and these specific Councils. They will help facilitate smooth communication between Councils and to help ensure that the General Patient Council appropriately incorporates the voices of members of specific populations.

### Patient Councils:

The Patient Councils will meet several times a year to discuss strategic goals identified by the network and to provide a patient perspective on issues related to improving the quality of research on diabetes and its related complications.

One of the goals of the Patient Councils is to ensure that Patient partners are involved at every level (governance, tactical and operational) of network activities and in all phases of the research process (planning of studies, conducting the studies, disseminating the studies' results, and implementing results of studies).

### National Diabetes Awareness Month (NDAM)

Observed every November, Diabetes month is an important element in Diabetes Action Canada in terms of focusing on Diabetes research and the people affected by this disease. **November 14** was World Diabetes Day, an official United Nations day.

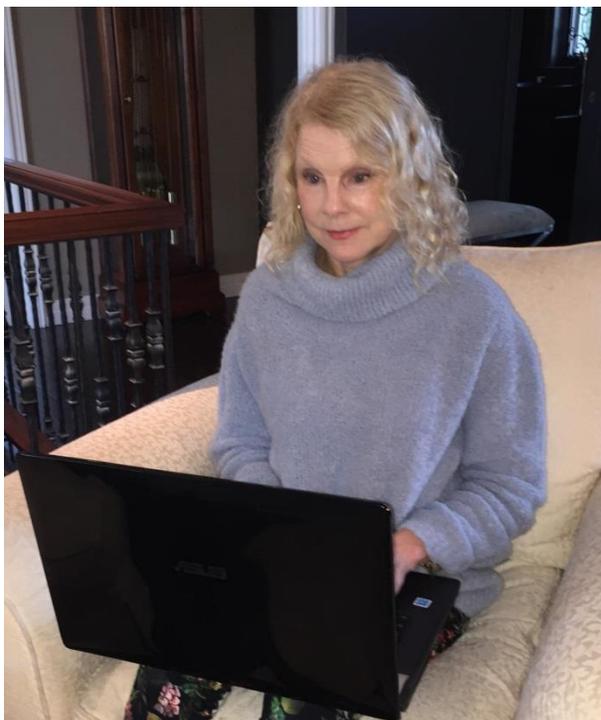
### *Interested in Diabetes Awareness Month?*

Check out these websites:

- **JDRF**  
<http://www.jdrf.ca/>
- **International Diabetes Federation**  
<http://www.idf.org/>
- **Canadian Diabetes Association (CDA)**  
<http://www.diabetes.ca/>
- **Diabetes College**  
<https://www.diabetescollege.ca/en/Pages/default.aspx>



## Feature Articles:



*"I have been living with type 1 diabetes for 50 years and lost my sight 25 years ago due to Diabetic Retinopathy. As a Patient Partner, I will be able to use my personal experiences, from living with this disease, to provide insight to the Council. I bring to the table, the experience of the diagnosis, treatment, and ultimately the devastating consequences of diabetic retinopathy."*

*– Debbie Sissmore*

### Debbie Sissmore

On January 25, 2017, Debbie Sissmore marks 50 years living with Type 1 diabetes. Like many individuals with insulin-dependent diabetes, she found it difficult to control her blood glucose levels especially trying to deal with hypoglycemia unawareness. One of her biggest challenges was losing her sight due to diabetic retinopathy several years ago. But Debbie decided she would live life to the fullest. Exercise has been a big part of her daily routine. In her younger days she was a marathon runner, despite her loss of sight. Now, she is the recipient of a successful pancreatic islet cell transplant with the benefit of improved glucose control. Her husband, Malcolm, is a great support and accompanies Debbie to her many speaking engagements on behalf of the JDRF and CDA.

While preparing for a speaking engagement at the Toronto General and Western Hospital Foundation, Debbie met Dr. Gary Lewis who told her about the SPOR Network in Diabetes and its Related Complications (Diabetes Action Canada) grant application. Debbie was intrigued about the focus on patients providing advice and guidance for the research to be conducted by this Network and volunteered to help. Now Debbie serves on the Steering Council and the Patient Advisory Council for Diabetes Action Canada. She says, "We're going to save eyes, limbs, kidneys and lives! People living with diabetes now have the opportunity to collaborate directly with researchers so that we can truly impact the focus and goals of the research that will ultimately have a positive effect on those living with diabetes".

Thank you, Debbie. We are truly inspired by you and your commitment.

## Feature Articles:



**Dr. Michael Brent** is the National Lead and Co-Principal Investigator for the Diabetic Retinopathy Network in Diabetes Action Canada. He is a Retina specialist and Director of the Ophthalmology Clinical Trials Program at the Donald K. Johnson Eye Institute at the University Health Network, and is an Associate Professor in the Department of Ophthalmology and Vision Sciences at the University of Toronto. He also holds the Milton Harris Chair in Adult Macular Degeneration Research.

Diabetic Retinopathy has been an important component of Dr. Brent's clinical practice and research portfolio. His research endeavors began in 1987 as an Ophthalmology Investigator in the Diabetes Control and Complications Trial (DCCT). This continued in 1998 as an Ophthalmology Investigator in the Epidemiology of Diabetes Interventions and Complications (EDIC) study. He has participated as a Principal Investigator in several clinical trials related to the management of Diabetic Retinopathy. In 2012, Dr. Brent was invited to be the first Canadian Investigator to join the Diabetic Retinopathy Clinical Research Network (DRCRnet). This prestigious USA, NIH funded organization, is dedicated to developing and overseeing multicenter clinical research to address diabetic retinopathy and its complications.

In collaboration with Retina specialists across Canada and people living with Diabetes, the Diabetes Action Canada Retinopathy Network will develop its own approach to Diabetic Retinopathy and its complications. This will be accomplished by connecting current Provincial and Territorial screening programs, as well as establishing new programs in regions of Canada where no programs currently exist. Concurrently, a common national database will be developed, and our own Canadian Diabetic Retinopathy Research Network will be established.

Diabetic Retinopathy is the leading cause of severe vision loss in working age Canadians. It affects nearly one million people in Canada, and with early detection, vision loss can be prevented or limited. Currently greater than 1/3 of Canadians living with diabetes are not receiving necessary eye exams to screen for diabetic retinopathy. In Ontario alone, it has been identified that from 2011- 2013, more than 400,000 individuals with diabetes had not had a screening eye exam. Identifying and providing access to care for this group is our biggest challenge. This will be approached by gathering input from patient engagement groups to determine best ways to attract individuals for retinopathy screening, as well as by expanding the number of retinopathy screening sites and mobile units to provide access to care.

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## **Our Presentation at the CDA/CSEM Professional Conference and Annual Meetings**

*October 26-29, 2016 at the Shaw Convention Centre, Ottawa, Ontario*

Please click on the following link to access the PowerPoint presentation:

<http://diabetesaction.ca/research/presentation-cda/>

### **Awards:**

#### **Jean-Pierre Després, Co-Scientific Lead of Diabetes Action Canada receives prestigious research award**

During the last Canadian Cardiovascular Congress held in Montreal, last October, Dr. Jean-Pierre Després was awarded the 2016 Research Achievement Award. This award, created in 1982 in recognition of research excellence, is offered to an established investigator working on an aspect of cardiovascular research in Canada.

Dr. Després' work has shown the link between a specific form of obesity—visceral obesity—and the risk of chronic diseases such as diabetes and cardiovascular disease. Over the course of his career of more than 30 years, Dr. Després and his colleagues have also established the link between certain elements of our lifestyle and visceral obesity and cardiovascular disease. Thanks to the research work accomplished by Dr. Després and his team, the Québec Heart and Lung Institute has become an international reference in this field.

"I am accepting this prestigious award on behalf of a remarkable team of students and basic and clinical scientists collectively committed to making society a better and healthier world. It is a healthy planet with healthy people that we want to leave as a legacy to our children and grandchildren, and I am very proud of the regional collective mobilization that is taking place at home through [Alliance Santé Québec](#). We hope to be an asset for Diabetes Action Canada in building a healthier Canada".

#### **Manitoulin Central Family Health Team TOP Program wins AFHTO Bright Lights Award**

The Tele-ophthalmology Program at the Manitoulin Central Family Health Team is the recipient of an AFHTO Bright Lights Award. The program organizes retinal screening conducted by nurses that travel to 11 locations on Manitoulin Island, including seven First Nations Reserves. Organized log books are used as tools to contact patients annually for their exams, and the good rapport that nurses maintain with patients help keep return rates high.

The Association of Family Health Teams of Ontario (AFHTO) recognizes individuals and organizations for their leadership in implementing and sustaining innovative programs that have a meaningful impact on patient experience and health system outcomes. AFHTO has named eight innovators as winners of the organization's annual Bright Lights Awards for their work in making meaningful improvements in patient health, how patients experience their care, and how efficiently healthcare resources are used. The awards recognize individuals for their leadership and for the work being conducted to improve the value of services delivered by primary care teams in Ontario.

## South Riverdale CHC TOP Program wins “Poster Award of Distinction” at Health Quality Transformation

Health Quality Ontario is the Province’s advisor for healthcare quality and their annual conference was held in Toronto last month. Dr. Brent and the team at the South Riverdale Community Health Centre were in attendance to present their poster: "Improving Screening Rates in At Risk Communities: Tele-ophthalmology Program at South Riverdale Community Health Centre." Ten out of 140 posters were selected to receive an Award of Distinction and Dr. Brent and the SR CHC team were one of the recipients. Posters that won the award of distinction were selected for their innovation, health system impact, focus on quality and patient experience. The South Riverdale CHC Tele-ophthalmology program offers annual retinal screening at no cost to people with diabetes in five locations within the Toronto Central LHIN. Individuals who may require full eye care from the retinopathy screening will be referred to ophthalmologists or optometrists.



### Announcements:

#### A 6th International Congress to be held May 15-17, 2017

Building on the success of previous years, the International Congress on Chronic Societal Cardiometabolic Diseases, organized by the International Chair on Cardiometabolic Risk (ICCR), is back for a sixth edition, which will be held in Québec City from 15 to 17 May 2017. The Congress is co-chaired by Dr. Jean-Pierre Després, co-scientific lead of Diabetes Action Canada.

Again this year, an exceptional list of international experts will cover topics of great relevance to primary care physicians and specialists, to all health professionals as well as to graduate students and residents interested in the management and prevention of chronic societal diseases. Speakers will discuss solutions and concrete approaches to improve the cardiovascular health of the population.

**It's time to submit your abstract!** You have until February 15, 2017, to submit your abstract. For more information, please visit the [Congress website](#).