
MNCHP NETWORK 'SPECIAL' BULLETIN JULY 3 / 09 TYPE 1 DIABETES AND CHILDREN

This week's bulletin provides an overview of type 1 diabetes including news, reports and research results, current initiatives, resources, financial assistance programs, and upcoming events. This selection of information is based on a preliminary scan and is not exhaustive. ***We invite you to share other relevant information about this topic.***

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----- I. OVERVIEW OF TYPE 1 DIABETES AND CHILDREN -----

This section provides an overview of diabetes based on information from the Canadian Diabetes Association (2009). Over 2 million people in Canada have diabetes and the number is expected to reach 3 million by 2010. There are three main types of diabetes: type 1, type 2, and gestational diabetes. Approximately 90% of people living with diabetes have type 2 diabetes, which occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that is produced. Type 1 diabetes is usually diagnosed in children and adolescents and it affects about 10% of Canadians living with diabetes. This autoimmune disease occurs when the pancreas is unable to produce insulin (Canadian Diabetes Association, 2009). Gestational diabetes is temporary and occurs during pregnancy. It affects about 3.7% of all pregnancies in the non-Aboriginal population and 8-18% of all pregnancies in the Aboriginal population.

1. WHAT IS TYPE 1 DIABETES?

(also available in French)

As noted above, type 1 diabetes is a disease in which the pancreas does not produce insulin. The hormone insulin helps regulate the level of glucose (sugar) in the blood. The body requires insulin to convert glucose from food into energy and without insulin glucose builds up in the blood causing high blood sugar (Canadian Diabetes Association, 2009). There is no known cause for type 1 diabetes and it is not a disease that can be prevented. People are usually diagnosed with type 1 diabetes prior to the age of 30, mostly during childhood or early adolescence.

English: <http://www.diabetes.ca/about-diabetes/living/just-diagnosed/type1/>

French: <http://www.diabetes.ca/files/about-diabetes/Type1DiabetesFr08.pdf>

2. WARNING SIGNS FOR TYPE 1 DIABETES

The Juvenile Diabetes Association (2009) provides a list of the warning signs of type 1 diabetes:

- Extreme thirst

- Frequent urination
- Sudden vision changes
- Sugar in urine
- Fruity, sweet, or wine-like odour on breath
- Increased appetite
- Sudden weight loss
- Drowsiness, lethargy
- Heavy, laboured breathing
- Stupor, unconsciousness

3. MANAGING TYPE 1 DIABETES

(also available in French)

Many people live long and healthy lives with type 1 diabetes but living healthy involves careful monitoring of blood glucose levels and reaching blood glucose targets set by a physician. Depending on individual needs and resources available, a diabetes health care team may include a diabetes nurse, dietitian, social worker, and physician. The Canadian Diabetes Association (2009) recommends the following steps to manage type 1 diabetes and maintain overall health and wellness:

- "Make sure to take insulin (and other medications) as prescribed by a physician
- Eat a balanced meal plan
- Stay physically active
- Control cholesterol and keep it the specified target range
- Maintain a healthy weight
- Control blood pressure and try to keep it at or close to target level
- Control stress levels
- Care for feet and have them checked regularly by a foot specialist
- Do not smoke or drink alcohol excessively
- Schedule an appointment with a dentist and eye care specialist each year."

English: <http://www.diabetes.ca/about-diabetes/living/just-diagnosed/type1/>

French: <http://www.diabetes.ca/files/about-diabetes/Type1DiabetesFr08.pdf>

More on how to effectively manage diabetes:

<http://www.diabetes.ca/about-diabetes/living/management/manage-glucose>

English: <http://www.diabetes.ca/files/StayHealthy.pdf>

French: <http://www.diabetes.ca/files/about-diabetes/StayingHealthywithFR08.pdf>

4. ROLES OF PARENTS AND CAREGIVERS

(also available in French)

Parents of children with type 1 diabetes need to test their child's blood glucose level, inject insulin, make sure that the child eats regular meals and snacks, and ensure that medication, food intake, and activities are balanced for optimum diabetes management (Canadian Diabetes Association, 2009). Very young children may not be able to recognize or express how they are feeling so parents need to be alert to the signs of low blood glucose.

Any caregivers should know the child's eating and drinking requirements; what treatments and blood glucose tests the child needs and when; what symptoms suggest high blood glucose (hyperglycemia) and low blood glucose (hypoglycemia); and what to do if the child has low blood glucose levels (Canadian Diabetes Association, 2009). Caregivers should also be aware of situations when the parents or primary caregivers must be contacted and how to reach them. In some situations, caregivers may need to be competent with either testing blood glucose and giving insulin or in supervising these routines (Canadian Diabetes Association, 2009).

English: <http://www.diabetes.ca/about-diabetes/youth/type1/>

French: http://www.frdj.ca/index.cfm?fuseaction=home.viewPage&page_id=08F205DA-C47B-0F7C-240681D0C199EDBB

5. BLOOD GLUCOSE TARGETS

The following table was taken from the *2008 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada* (Canadian Diabetes Association, 2009, p.151) and it is only a guide.

Table 1. Recommended glycemc targets for children and adolescents with type 1 diabetes

Age (years)	A1C (%)	Fasting/preprandial PG (mmol/L)	2-hour postprandial PG (mmol/L)	Considerations
<6	<8.5	6.0–12.0	—	Extra caution is required to minimize hypoglycemia because of the potential association between severe hypoglycemia and later cognitive impairment
6–12	< 8.0	4.0–10.0	—	Targets should be graduated to the child's age
13–18	≤ 7.0	4.0–7.0	5.0–10.0	Appropriate for most adolescents

<http://www.diabetes.ca/files/cpg2008/cpg-2008.pdf>

6. HIGH AND LOW BLOOD GLUCOSE LEVELS

This section of the Canadian Diabetes Association website (2009) provides information about high and low blood glucose including the causes, the signs, and the treatments.

<http://www.diabetes.ca/about-diabetes/living/guidelines/lows-highs>

7. DIABETES AND COMPLICATIONS

The Canadian Diabetes Association (2009) provides information about medical complications associated with diabetes, when blood glucose levels are not properly controlled. Some examples of complications include:

- Heart disease/stroke
- Vision loss
- Kidney disease
- Foot problems/neuropathy
- Impotence
- Digestive problems
- Skin problems
- Thyroid disease
- Celiac disease
- Depression

<http://www.diabetes.ca/about-diabetes/living/complications>

----- II. TYPE 1 DIABETES IN THE NEWS -----

8. HEALTH TIP: EATING OUT WITH A DIABETIC CHILD

This article (HealthDay News, 2009, May 29) provides healthy eating tips for parents/caregivers eating in a restaurant with children with diabetes. Tips include: (1) asking questions about menu items and how they are cooked; (2) asking for healthier substitutions; (3) looking for dishes that are grilled, steamed, broiled, or baked instead of fried; (4) avoiding high-fat salad dressing, sauces, and gravies; (5) splitting large dishes to limit portion sizes or taking half of the meal home; and (6) teaching the children how to make healthy decisions by involving them in the ordering process.

<http://www.medicinenet.com/script/main/art.asp?articlekey=100793>

9. TRANSPLANT OFFERS DIABETIC NEW LIFE

This article (Lacombe Globe, 2009, May 6) reports a personal story of a man named Lorn Reaney who lived with type 1 diabetes for 31 years. Lorn heard about islet transplants, a protocol developed by researchers at the University of Alberta, which harvests islets from the pancreas of a deceased organ donor. The islets are purified, processed, and transferred into another person where they can begin to make and release insulin. The goal of the process is to help people with type 1 diabetes live without daily injections of insulin. Lorn was a suitable candidate and agreed to undergo the procedure, which resulted in him being able to take a smaller amount of insulin. Lorn underwent a second transplant and explains the outcome: "Two days after being home from the second transplant, I didn't take any insulin, I didn't need it...and only a few months ago, I received the news that affirmed I'd been given a new lease on life, despite all odds and all risks associated with the transplants" (Lacombe, 2009).

<http://www.lacombeglobe.com/ArticleDisplay.aspx?e=1554495>

10. OUR GIRL WILL HAVE DIABETES ALL HER LIFE

This article (Belfast Telegraph, 2009, May 6) reports the story of an 8-year-old girl named Maud who's mother struggled to figure out what was wrong with her. Maud often felt tired, extremely thirsty, moody, and breathless; she lost weight; and went to the bathroom frequently. At a medical appointment for a sore throat, further assessments revealed that she had type 1 diabetes.

<http://www.belfasttelegraph.co.uk/lifestyle/health/features/lsquoour-girl-will-have-diabetes-all-of-her-lifersquo-14292170.html>

11. TODDLERS AREN'T GETTING ENOUGH VITAMIN D

One-third of Canadian toddlers are vitamin D deficient and this puts them at risk of developing a number of diseases as adults (Spears, 2009, May 4). Jonathon Maguire of the Hospital for Sick Children explains: "These are levels not seen in (American) toddlers outside of Alaska...that's a surprise because vitamin D comes largely from sunshine, and southern Ontario has stronger sunshine than the Arctic" (Montreal Gazette, 2009). Vitamin D deficiency can lead to multiple sclerosis, type 1 diabetes, rickets, and cancer.

<http://www.montrealgazette.com/entertainment/Toddlers+aren+getting+enough+vitamin+report/1560147/story.html>

12. WHAT IS THE PANCREAS? WHAT DOES THE PANCREAS DO?

This article (Medical News Today, 2009, March 25) examines the pancreas in detail looking at how it works, what it looks like, health issues associated with it, and ways to maintain a healthy pancreas. It highlights that the islets of Langerhans are responsible for regulating blood glucose and if these cells do not produce enough insulin, there is an increase in diabetes risk as blood glucose levels rise.

<http://www.medicalnewstoday.com/articles/10011.php>

----- III. RECENT REPORTS AND RESEARCH RESULTS -----

CANADA

13. REPORT FROM THE NATIONAL DIABETES SURVEILLANCE SYSTEM: DIABETES IN CANADA, 2008 (also available in French)

The National Diabetes Surveillance System (NDSS) is a network of provincial and territorial diabetes surveillance systems that aim to improve the breadth of information about the burden of diabetes in Canada. The report indicates that in 2005-2006 about 1.9 million Canadians (1 in 17 or 5.9% overall) have been diagnosed with diabetes. The prevalence for Ontario was higher than the national average. By 2011, the number of Canadian with diagnosed diabetes is expected to be about 2.6 million, which is an increase of about 33% from 2006.

English: <http://www.phac-aspc.gc.ca/publicat/2008/ndssdic-snsddac-08/index-eng.php>

French: <http://www.phac-aspc.gc.ca/publicat/2008/ndssdic-snsddac-08/index-fra.php>

INTERNATIONAL

14. TYPE 1 DIABETES RATES RISING AMONG EUROPEAN CHILDREN: TWICE AS MANY KIDS UNDER AGE 5 COULD BE AFFECTED BY 2020, RESEARCHERS WARN

This study (Patterson, Dahlquist, Gyurus, Green, & Soltesz, 2009) aimed to establish 15-year incidence trends for childhood type 1 diabetes in European centres in order to predict the future burden of childhood diabetes in Europe. The researchers looked at diabetes data from 20 centers in 17 European countries, which included 29,311 cases of type 1 diabetes between 1989 and 2003. The findings indicate that if current trends continue, the prevalence of type 1 diabetes for European children under the age of 15 could rise from 94,000 in 2005 to 160,000 in 2020. According to the researchers: "Genetics alone does not explain the rapid rise in cases, which means that lifestyle factors such as increased weight and height development and increased caesarean deliveries are possible contributing factors" (HealthDay News, 2009).

Abstract: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60568-7/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60568-7/abstract)

News Article: <http://www.healthday.com/Article.asp?AID=627437>

15. EARLY ANTIBIOTIC USE UNRELATED TO TYPE 1 DIABETES

This study (Hviid & Svanstrom, 2009) evaluated the association between antibiotic use in childhood and subsequent development of type 1 diabetes. A nationwide study of Danish children who were born in Denmark from 1995 to 2003 was conducted. No association was found between antibiotic use and type 1 diabetes: "No specific class of antibiotics was associated with type 1 diabetes, no specific age of use was associated with type 1 diabetes, and no specific age at onset of type 1 diabetes was associated with antibiotics" (Hviid & Svanstrom, 2009).

Abstract: <http://aje.oxfordjournals.org/cgi/content/abstract/169/9/1079>

News:

<http://www.diabetes.org/diabetesnewsarticle.jsp?storyId=20032116&filename=20090501/reuters20090501health00000007reutershealthewEDIT.xml>

16. STUDY OF HUMAN PANCREASES LINKS VIRUS TO CAUSE OF TYPE 1 DIABETES

The researchers (Richardson, Willcox, Bone, Foulis, & Morgan, 2009) looked at pancreases from 72 young people who passed away less than a year after being diagnosed with type 1 diabetes. The researchers found "that more than 60% of the organs contained evidence of enteroviral infection of the beta cells...by contrast, infected beta cells were hardly ever seen in tissue samples from 50 children without the condition" (Science Daily, 2009, March 6). The authors noted that it was also observed in some islets of type 2 diabetes patients, suggesting that the phenomenon is not restricted to type 1 diabetes patients. Professor Noel Morgan from the Peninsula Medical School explains the next stages of research: "... to identify which enteroviruses are involved, how the beta-cells are changed by infection and the ultimate goal to develop an effective vaccine – will lead to findings which we hope will drastically reduce the number of people around the world who develop type 1 diabetes, and potentially type 2 diabetes as well" (ScienceDaily, 2009, March 6).

<http://www.sciencedaily.com/releases/2009/03/090305141639.htm>

----- IV. CURRENT INITIATIVES -----

17. THE ONTARIO DIABETES STRATEGY

(also available in French)

Over a 4-year period, the Ontario Government is investing \$741 million in funding a diabetes strategy focusing on preventing, managing, and treating diabetes. The Ministry of Health Promotion and the Ministry of Health and Long-Term Care are funding the strategy. Some of the key components of the strategy include expanding access to insulin pumps/supplies, improving dialysis services, increasing access to bariatric surgery, and diabetes education/raising awareness.

English: http://www.mhp.gov.on.ca/english/chronic_disease/diabetes/default.asp

French: http://www.mhp.gov.on.ca/french/chronic_disease/diabetes/default.asp

18. JUVENILE DIABETES RESEARCH FOUNDATION RIDE FOR DIABETES RESEARCH

The Juvenile Diabetes Research Foundation's Ride for Diabetes Research is a fast paced and inspirational event that brings corporate Canada together in a friendly competition to see who can clock the most kilometres, show the most spirit, and raise the most money. It will take place September 25, 2009 in Toronto, ON.

http://www.jdrf.ca/index.cfm?fuseaction=home.viewpage&page_id=A97C6A18-C88E-D696-D50997E4F0D31041

19. NATIONAL DIABETES AWARENESS MONTH: NOVEMBER

Diabetes Awareness Month is in November and was created to raise awareness of diabetes. Information about 2009 is to come.

http://www.jdrf.ca/index.cfm?fuseaction=home.viewPage&page_id=4501C8B2-06F7-5E8B-A83D9129A942BF52

20. WORLD DIABETES DAY: NOVEMBER 14

World Diabetes Day is designed to raise awareness of the diabetes epidemic worldwide.

<http://www.worlddiabetes.ca>

----- V. RESOURCES FOR SERVICE PROVIDERS -----

21. BEST AND PROMISING PRACTICES IN DIABETES EDUCATION

The Canadian Diabetes Association (2008) developed a catalogue of best and promising practices in diabetes education. It profiles 45 leading initiatives from Canada and international practices in order to assist diabetes educators, program planners, funders, and policy makers with examples of leading practices, which meet the Association's standard of excellence.

<http://www.diabetes.ca/files/Best-or-Promising-Practices-Catalogue.pdf>

22. 2008 CLINICAL PRACTICE GUIDELINES

The *Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada* (Canadian Diabetes Association, 2009) is published every five years and it provides the most up to date evidence-based clinical data for health professionals. They can be downloaded and viewed online or purchased through the Canadian Diabetes Association's online order desk.

<http://www.diabetes.ca/for-professionals/resources/2008-cpg/>

----- VI. RESOURCES FOR CHILDREN, PARENTS, AND CAREGIVERS -----

23. DIABETES EDUCATION PROGRAMS

Diabetes education programs can be accessed for free for persons with diabetes or pre-diabetes. Parents and children can learn about type 1 diabetes at a pediatric diabetes education centre. Some of the topics covered are insulin action/administration, ketone testing, sick-day management, nutrition therapy, exercise, prevention/detection/treatment of hypoglycaemia, counselling, financial programs, and community resources (Canadian Diabetes Association, 2009). This website allows users to locate a pediatric program in their area.

http://www.diabetesontario.org/pub_regions.asp?pt=p

24. THE CONTACT CENTRE AT THE CANADIAN DIABETES ASSOCIATION

The Canadian Diabetes Association provides a general information line about diabetes and its management but cannot provide medical service or advice. A type 1 diabetes information kit can be ordered for learning more about type 1 diabetes and how to effectively manage it.

<http://www.diabetes.ca/about-us/where/national/>

Phone: 1-800 BANTING (226-8464)

Email info@diabetes.ca

25. THE CANADIAN DIABETES ASSOCIATION E-NEWSLETTERS

Diabetes Current offers the most up-to-date information about diabetes, the Canadian Diabetes Association, research, and local events. The *Pacesetter* offers updates on running events, team successes, training tips, and fundraising (Canadian Diabetes Association, 2009).

<http://www.diabetes.ca/get-involved/newsletters/>

26. THE DIABETES DIALOGUE MAGAZINE

The *Diabetes Dialogue Magazine* is published quarterly by the Canadian Diabetes Association. The magazine offers information on how to stay healthy and live life to the fullest while living with diabetes. It also provides the latest information on medical updates, research, nutrition, exercise, lifestyle management, and advocacy. There are also “special issues” of *Diabetes Dialogue* and past topics include Aboriginal issues, obesity, and women/children’s health.

<http://www.diabetes.ca/about-diabetes/literature/diabetes-dialogue/>

To subscribe to the magazine, click on the following link and fill out the subscription order form.

http://www.diabetes.ca/files/diabetes_dialogue_subscription_form.pdf

27. DEALING WITH YOUR CHILD’S DIAGNOSIS OF DIABETES

This resource (Canadian Diabetes Association, 2009) provides information to parents or caregivers who discover that their child has been diagnosed with type 1 or type 2 diabetes. It offers helpful suggestions to help parents, families, and caregivers adjust to a diagnosis of diabetes.

<http://www.diabetes.ca/about-diabetes/youth/diagnosis>

28. INSULIN: THINGS YOU SHOULD KNOW

This resource provides information about what insulin is, insulin and type 1 diabetes, types of insulin, and how insulin is administered.

<http://www.diabetes.ca/files/insulin-things-you-should-know.pdf>

29. TRAVEL TIPS

(also available in French)

This resource provides useful travel tips for persons living with type 1 diabetes.

http://www.jdrf.ca/index.cfm?fuseaction=home.viewPage&page_id=12CD7DFE-0FF2-B90E-3D512E5BBC46A293

French: http://www.jdrf.ca/index.cfm?fuseaction=home.viewPage&page_id=12CD7DFE-0FF2-B90E-3D512E5BBC46A293&toggleF=1

30. HEALTHY EATING FOR SCHOOL-AGE CHILDREN

(also available in French)

Healthy Eating for School-Age Children (Canadian Diabetes Association, 2009) provides information about the benefits of eating well, how to help children make healthy choices, and healthy eating tips.

English: <http://www.diabetes.ca/about-diabetes/youth/healthy-eating/>

French: <http://www.diabetes.ca/files/alimentation-saine.pdf>

More information on nutrition and healthy eating:

<http://www.diabetes.ca/about-diabetes/nutrition>

31. CHILDREN, DIABETES, AND SPECIAL OCCASIONS

This resource provides helpful planning tips for parents and children during special occasions. The focus of the article is to allow and encourage the participation of the child in special occasions by making small modifications.

<http://www.diabetes.ca/about-diabetes/youth/special-occasions>

32. RECIPES

This website (Canadian Diabetes Association, 2009) features healthy recipes.

<http://www.diabetes.ca/about-diabetes/nutrition/recipes>

33. ACTIVE LIVING FOR SCHOOL-AGE CHILDREN

(also available in French)

This resource provides tips for parents/caregivers so they can help encourage their child or children to become more physically active. It also explains the social, emotional, educational, and overall health benefits of staying physically active.

English: <http://www.diabetes.ca/files/active-living-children.pdf>

French: <http://www.diabetes.ca/files/about-diabetes/Active-Living-FR08.pdf>

34. KIDS ONLINE

This website (Juvenile Diabetes Research Foundation, 2009) is a great tool for children with diabetes and their friends and family. It provides important information for children who have been newly diagnosed with type 1 diabetes.

<http://kids.jdrf.org>

----- VII. FINANCIAL ASSISTANCE PROGRAMS -----

35. ONTARIO MONITORING FOR HEALTH PROGRAM

This program assists people of all ages with the costs associated with diabetes testing supplies. Annually, around 3,000 people in Ontario use this program and 1,000 new claimants each year obtain assistance for their diabetes testing supplies (Canadian Diabetes Association, 2009).

Applicant Eligibility Criteria:

- Ontario resident with a valid health card
- Insulin-dependant or have gestational diabetes
- Must not be receiving other financial help for the particular items being claimed

What is covered and how much will be reimbursed?

- Blood Testing Strips and Lancets: 75% reimbursement, maximum \$820 per year
- Blood Glucose Meters: 75% reimbursement, maximum \$75 once every 5 years
- Talking Glucose Meters: 75% reimbursement, maximum \$300 once every 5 years

How to Apply?

A claim form must be filled out. Please call **1-800-361-0796** to obtain a form.

<http://www.diabetes.ca/get-involved/programs-entry/ontario-monitoring-for-health-program/>

36. INSULIN PUMP THERAPY

(also available in French)

The Government of Ontario launched a program in December 2006, which provided funding for insulin pump therapy/supplies to children and youth under the age of 18, who met the clinical criteria. The funding was extended to individuals in the program who were turning 19. In September 2008, the funding for insulin pump therapy/supplies was even further extended to all adults with type 1 diabetes who meet the clinical criteria. It is provided under the Assistive Devices Program (ADP).

English: <http://www.health.gov.on.ca/english/public/pub/adp/insulin.html>

French: <http://www.health.gov.on.ca/french/publicf/pubf/adpf/insulinf.html>

FAQ: http://www.health.gov.on.ca/english/public/program/adp/insulin_pump_faq.html

----- VIII. CALENDAR OF EVENTS -----

ONTARIO

37. CANADIAN DIABETES ASSOCIATION CALENDAR OF EVENTS

This website lists diabetes events and activities in Ontario.

<http://www.diabetes.ca/get-involved/events/category/ontario/>

38. CAMP HURONDA

July and August, 2009: near Huntsville, ON

Hosted by: Canadian Diabetes Association

<http://www.diabetes.ca/get-involved/helping-you/camps/ontario/huronda/>

39. CAMP BANTING

August 10-22, 2009: Dunrobin, ON

Hosted by: Canadian Diabetes Association

<http://www.diabetes.ca/get-involved/helping-you/camps/ontario/banting/>

40. CAMP DISCOVERY

August 23-28, 2009: Dorchester, ON

Hosted by: Canadian Diabetes Association

<http://www.diabetes.ca/get-involved/helping-you/camps/ontario/discovery/>

41. THE NETWORK OF ONTARIO PEDIATRIC DIABETES PROGRAMS PROFESSIONAL DEVELOPMENT DAY

November 21, 2009: Toronto, ON

Hosted by: Diabetes Ontario

<http://www.ndhn.com/conferences-comingEvents.html>

CANADA

42. 2010 CANADIAN DIABETES ASSOCIATION (CDA) AND CANADIAN SOCIETY OF ENDOCRINOLOGY AND METABOLISM (CSEM) PROFESSIONAL CONFERENCE AND ANNUAL MEETINGS

October 20-23, 2010: Edmonton, AB

Hosted by CDA and CSEM

<http://www.diabetes.ca/for-professionals/conference/program-updates/>