Live, Learn and Share

A Diabetes Peer Support Group Guide For the Black Caribbean Community
The Live, Learn and Share Diabetes Peer Support Group Guide was developed by:

Black Creek Community Health Centre

In Partnership with:

Ontario’s Community Health Centres
Les centres de santé communautaire en Ontario

SELFHELP RESOURCE CENTRE
Humber River Regional Hospital

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Disclaimer

This guide is for reference purposes only.

Black Creek Community Health Centre has no responsibility for any claims or damages or other issues that may arise out of Peer Support Groups.

This guide does not replace medical advice from a registered health care professional. Participating in any Peer Support Group does not replace visits with your health care team, such as:

- Doctor
- Diabetes Nurse Educator
- Registered Dietitian
- Social Worker or Therapist

Peer Support Facilitators do not provide medical, pharmaceutical, legal or financial advice.

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Introduction

Live, Learn and Share - A Diabetes Peer Support Group Guide for the Black Caribbean Community is offered as a resource for people with diabetes from the Black Caribbean community to help them to start Diabetes Peer Support Groups.

Peer support among people with the same chronic health condition has been shown to be effective in helping people manage various health issues. It is a particularly powerful intervention, combining the benefits of both receiving and providing social support. Peer support encourages healthy behaviors, may help to reduce depression, and has been shown to contribute to improved diabetes management.

This Guide is the collective effort of a fantastic group of people in our community who shared a goal of improving their health and contributing to the well-being of others. Their individual commitments to the success of the project and their collective wisdom clearly demonstrates that when given the opportunity and support, community residents are the best source of talent.

We want to give special recognition to Michelle Westin, the Diabetes Education Program Community Health Worker. Michelle is our Centre’s staff lead on the project. Her collaborative and respectful approach with the community project team showed that good process and good outcomes were not just concepts but realities. Michelle’s enthusiasm was a reflection of the enthusiasm of the group. They all worked very hard. They also had a great time together. It is a credit to all of them.

It is our hope that this Guide will encourage people with diabetes to start peer support groups in their communities and improve the self management of diabetes which is based on supporting and empowering individuals to get the most out of life.

Cary Milner
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Black Creek Community Health Centre
Live, Learn and Share: Diabetes Peer Support Project

Project Background:

The “Live, Learn and Share: Diabetes Peer Support Project” was funded by the Public Health Agency of Canada, through its Canadian Diabetes Strategy – Community Based Program Fund.

The goals of the project were:

- To work with an advisory committee to develop a training guide that is ethnically and culturally appropriate for the Black Caribbean community to help start Diabetes Peer Support Groups
- To train members of the Black Caribbean community who are living with diabetes to become Diabetes Peer Support Group facilitators.

Through the months of February to May 2010, a group of dedicated community residents met every week to attend training workshops led by the Self-Help Resource Centre and Black Creek Community Health Centre’s Diabetes Education Program. In addition to being trained as Peer Support Group Facilitators, the community resident groups met to help develop this guide.

Made by the Community, for the Community...

The Community Advisory Committee spent countless hours learning about Peer Support and Diabetes Management. Men and women came together every week to share their stories, learn from one another, and to give and receive support. We would like to extend our sincerest thanks to the community:

Your honesty, bravery, and commitment have helped to put a face of dignity and strength to diabetes in our community.
Live, Learn and Share

Our Vision:

As people living with diabetes, we believe that we can learn from one another in order to help manage our diabetes better. We believe that along with diabetes education, giving and receiving emotional support helps improve our health.

To do this, our group will work together to develop a culturally and ethnically sensitive training guide for people from Caribbean communities who are living with diabetes to start Peer Support Groups.

Together, we will train and learn to be Peer Support Group Facilitators so that we can empower ourselves, and provide support for others in our communities who have diabetes.
Purpose of this Guide

The purpose of this guide is to provide you with information to help you start a Diabetes Peer Support Group in your community.

It is important to remember that this book is a **starting point** for you and the group. You can refer to this guide when forming the group and during group meetings.

Who can use this guide?

This guide was created in partnership with members of the Black Caribbean community living with diabetes, and is intended to provide information that is ethnically and culturally appropriate.

Diabetes occurs across many cultures. We encourage any group to use the information found in this guide.
Section 1
Diabetes Information
What is Diabetes?

Diabetes is a chronic disease that affects over 3 million Canadians. Diabetes happens in many communities. However, we know that people of Caribbean descent are at greater risk of developing diabetes. If you have diabetes, your body has difficulty turning food into energy. A hormone called insulin uses the glucose (another word for “sugar”) from foods to give you energy. With Type 2 diabetes, your body does not produce enough insulin or your body cannot use the insulin it makes. With time, glucose builds up in your blood instead of being used for energy.

You may be at an increased risk for developing diabetes if:

- You have a parent, brother or sister with diabetes.
- You are of African, Caribbean, Hispanic, Aboriginal, Asian or South Asian descent.
- You gave birth to a baby that weighed over 4 kg (9 lb) at birth.
- You had gestational diabetes (diabetes during pregnancy).
- You have been told that you have impaired glucose tolerance or impaired fasting glucose.
- You have high blood pressure.
- You have high cholesterol or other fats in your blood.
- You are overweight (especially if you carry most of the weight around your middle).
- You have been diagnosed with any of the following conditions:
  - Polycystic Ovary Syndrome
  - Darkened patches of skin (Acanthosis nigricans)
  - Schizophrenia

High blood glucose levels can cause health problems such as eye problems, heart disease, kidney problems, nerve damage, foot problems and erectile dysfunction. However, taking care of your diabetes can prevent or delay the onset of these complications.

Developed by Black Creek Community Health Centre with information adapted from the Canadian Diabetes Association’s “Are You at Risk (2009) and “Type 2 Diabetes: The Basics” (2009)
Stigma: Your story is Powerful

When you start your Peer Support Group, you will need to find other people living with diabetes in your community. This may be harder than you think, because of “stigma”.

Stigma is defined as “a mark of shame, or discredit”. Sometimes people may feel ashamed or even embarrassed to tell others that they are living with diabetes because they are afraid they will be treated differently. Negative thoughts and comments can create stigma against people with diabetes.

Thoughts can include:

“How did this happen to me?”

“It is my fault I got diabetes because I am overweight”

“I am different from other people now”

Comments from others can include:

“You have diabetes. You shouldn’t eat that!”

“It is your fault you got diabetes”

“You got diabetes because you do not eat healthy”

These negative thoughts and comments can make you feel alone, and afraid to talk about your diabetes. But once you meet others who are also living with diabetes, you may find you are more comfortable sharing your experiences about your condition. By telling someone your story, you will help yourself and someone else.
Diabetes and Mental Wellness

When you find out that you have diabetes, you may feel scared, shocked, angry or overwhelmed. These are all normal emotions. Learning as much as you can about diabetes may help to reduce your fears. While understanding that feelings of anger, denial, sadness and stress are normal reactions to a life-changing diagnosis, it is helpful to speak to your health care provider and learn more about the impact of these emotions. Sometimes these feelings may affect us in a more serious way, requiring the help of a medical professional.

Feeling angry, depressed, anxious, or even in denial about your diabetes is normal, and happens to many people. These feelings can happen whether you have just found out you have diabetes, or have had it for years.

Not everyone is comfortable talking about mental health. This may be because they do not understand it, or may believe that having these feelings makes a person weak, or even dangerous.

Remember:

- You are not the only person to have these feelings. You are not alone.
- Know when to ask for help. It is alright to get support from others to help you through a difficult time.

Anger:

Anger is a powerful emotion. You may feel angry that you have diabetes.

Anger may make you think and feel:

- You have no control over your life. “I did everything right, and I still got sick”.
- That diabetes stops you from living the life you want to. “I cannot eat the things I used to enjoy”.
- You are not willing to make lifestyle changes. “This is too much work for me.”
- That diabetes is seen as a weakness or a flaw. “People will treat me like I am sick”.


Anger may cause you to:

- Snap at or lose patience with loved ones,
- Not follow through with your diabetes self-care, or
- Avoid social situations where your health may be discussed.

What you can do:

It is normal to feel angry sometimes. Try to find out why you are angry and what you can do to help change what is making you angry. You can focus your energy on the positive things that are in your life.

When should you ask for help?

Feeling threatened, afraid and frustrated are normal responses to anger. You should ask for help if:

- You are thinking negative thoughts and feeling angry all of the time.
- Your anger is affecting your relationships.
- Your anger leads to ignoring your medical needs.

Denial:

Most of us experience denial as a first response to bad news. This is a normal reaction when coping with a diagnosis. Denial helps us to slowly accept some difficult truths that could cause us to become overwhelmed and emotional.

Denial may make you think and feel:

- “I feel fine. I don’t think I have diabetes”.
- “I don’t believe it.”
- “Are you sure there is no mistake?”
- “I only have mild/borderline diabetes.”
• “I just have a touch of sugar.”
• “This sore will heal by itself.”
• “I’ll go to the doctor later.”
• “My diabetes isn’t serious. I only have to take a pill, not shots.”

Denial may cause you to:

• Think that you do not need to make changes in your life.
• Not take proper care of yourself, such as checking your blood sugar levels, following a meal plan, or even skipping medical appointments.

What can you do?

If you think you might be in denial, or if you have been told you are in denial, you should speak to a health care provider to help you understand and accept your diabetes.

When should you seek help?

• Your denial stops you from getting proper health-care.
• Your denial prevents you from learning more about your diabetes and things you can do to take care of your health.

Anxiety:

It is alright to feel worried at times. It is also normal to have some anxiety in dealing with diabetes and the changes that you need to make in your life. However, if you often feel anxious without reason and if your anxiety affects your daily activities, you may have an anxiety disorder.
Anxiety may make you feel:

- Jumpiness, edginess or restlessness
- Fatigue
- Irritability and impatience
- Being easily distracted and having difficulty concentrating
- Muscle tension, aches or soreness
- Trouble falling or staying asleep
- Excessive sweating and shortness of breath
- Inability to relax or control anxious thoughts
- Stomach problems such as nausea and diarrhea

When should you ask for help?

- If you find yourself always worried and stressed, without any reason
- If these worries interfere with your daily life
- You find it hard to control these feelings

Depression:

Depression means that you are feeling very sad, helpless and hopeless. It can last for weeks at a time, and affect all parts of your life.

Some studies show that people with diabetes have a greater risk of having depression than people without diabetes.

The stress of daily diabetes management can cause one to feel overwhelmed, different and alone. This stress and isolation can increase the risk of depression.

Poor diabetes control may cause symptoms that look like depression, such as feeling tired constantly or sleeping poorly. Diabetes can lead to health problems that may make your depression symptoms worse.

Depression and low energy can lead to unhealthy choices, such as not taking care of yourself, eating unhealthy foods, getting less exercise, smoking, and cause you to gain weight.
Depression can make you think and feel:

- Sad and upset more than usual,
- “Useless” or “worthless”,
- A loss of hope, and that there is nothing to look forward to. “I am going to lose my leg, just like my grandfather did.”
- Anxious and nervous,
- You can “never do anything right” and worry that you are a burden to others,
- Worse in the morning than you feel the rest of the day.

**You should ask for help if you:**

- No longer take interest in doing things you used to enjoy because of unhappy thoughts or feelings.
- Are having trouble sleeping.
- Have low energy, low motivation and feel tired all the time.
- Eating more or less than you normally do.
- Are thinking about wanting to die or about ways to hurt yourself.

**IMPORTANT:**

Contact your health care provider, your local mobile crisis service or the closest emergency department if you are having constant thoughts about wanting to die. Please dial 911 if you have been thinking of ways to end your life. There are resources available to help you.

**What you can do:**

Depression can be treated. Medications and changing how you care for your health will help. Making healthy choices such as following your doctor’s advice, eating healthy, and regular activity can improve both diabetes and depression.

Knowing what depression is and how it can affect you is the first step to getting some help. If you have any of these symptoms and feel that you may have depression, **talk to your doctor or health care provider right away.**
Stress Management

All of us have our own way to deal with stress. Find out what works for you when you are feeling stressed.

Tips to help you deal with your stress:

- Focus on what you CAN control rather than what you CANNOT control. (For example, you cannot control the fact that you have diabetes, but you can control your actions, by taking care of yourself)

- Focus on positive things. Think about what you have achieved, rather than on things that went wrong.

- Find support from your community. Connect with your local community or cultural groups, church or religious groups, or other support groups to find the strength and understanding to cope.

- Reach out to family and friends. Sometimes a good chat may help you feel better.

- Contact your local community centre/hospital/religious institution to find available yoga, meditation, tai chi workshops or any other relaxation techniques.

- Check with your local book store or library for books, CDs or videos on relaxation.

- Get a good night’s sleep.

- Try to make healthy food choices regularly. Speak with a Registered Dietitian if you have questions about nutrition.

- Include physical activity in your daily routine.

- Do something you enjoy: have a warm bath, go for a walk, listen to music, dance or watch your favourite TV show.

- Keep a sense of humor. Sometimes when all else fails, a silly joke can make us feel better.
Peer Support Groups and Mental Wellness:

What are the Limits?

A Diabetes Peer Support Group is a good source of emotional support, diabetes information and even friendship. However, there are limits to what a group can offer.

If you are struggling with anxiety, depression, anger and other strong emotions, a Diabetes Peer Support Group may not be able to offer all of the help that you need. This can be because:

- Peer Group Facilitators cannot offer medical advice
- Groups might only meet on a monthly basis, depending on your community.

Speak with your health care provider if you find that you are relying on the Diabetes Peer Support Group to meet all of your emotional and mental needs.
Section 2
Peer Support Groups
Give and Take: What is a Peer Support Group?

The purpose of a Diabetes Peer Support Group is to provide emotional support, practical support and information exchange for people living with diabetes.

A Peer Support Group is a group of people who support each other. In this guide “peer support” refers to people living with diabetes who are supporting others also living with diabetes.

Diabetes Peer Support Groups will be different, depending on the needs of the group members. But all groups will have these things in common:

- Peer Support Groups are voluntary.
- New members are welcome to join at any time.
- All group members can participate.
- Groups meet on an on-going basis (For example, once a month)
- There is no cost to join, unless donations are needed for snacks or space rental.


How can a Diabetes Peer Support Group help me?

Living with diabetes can be a challenge.

Whether you have just learned that you have diabetes, or you have been living with it for years, a Peer Support Group can be a place where:

- You meet other people who share similar experiences;
- You can give and receive emotional support;
- You do not feel alone;
- You can share information with others about managing diabetes.
**Before you start...**

**Work as a Team!**

Find other people that you know, who share the same interest in starting a Diabetes Peer Support Group. This can be a Planning Group.

**Plan. Plan. Plan.**

Planning is very important. Take your time for this step to increase the chances of organizing a successful, long-lasting Diabetes Peer Support Group.

Refer to “Steps to Plan a Peer Support Group” for ideas about how to start a group.

**Do your research.**

Find out if there are other Diabetes Peer Support Groups that you can contact, or even visit. You may be able to learn some good ideas that can help you plan and start a group. Check with Diabetes Education Centres in your city or town, or search the internet. Ask people that you know who also have diabetes what they would like to see in a Peer Support Group.

**Think about your community.**

All communities are different. Therefore, all Peer Support Groups will be different. What works in other communities may be different in yours. Get to know the people in your area. Where do they like to meet? How do they learn about events, such as meetings? Where do people living with diabetes turn to for information and support?

**Relax and Breathe.....**

Remember that starting a Peer Support Group takes time and patience. You do not have to do all of the work yourself.
Steps to plan a Peer Support Group

Find other people in your community who want to start a Diabetes Peer Support Group. Sit down together and plan the group. Use the following steps to help guide your decisions.

1. **Why are we coming together?**

   **Things to consider:**
   - Why do we want a Diabetes Peer Support Group?
   - What are some skills and knowledge that we, in the Black Caribbean community have that will make this group successful?
   - How will this group be different or similar to other groups that we know about?

   **Suggestions:**
   - Be clear and open with each other about why you are forming a Diabetes Peer Support Group.

   **Notes:**

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2. **What will people in our group have in common?**

   **Things to consider:**
   - What do we all have in common? For example, “We are a group of Black Caribbean adults living with diabetes from the Jane-Finch community in Toronto”.

   **Suggestions:**
   - Be as specific as possible. This will help make sure your planning group, and your future group members know who this group is for.
3. **Who can join our group?**

**Things to consider:**

- Can family or friends of group members attend meetings?
- If there are enough friends and family, how can we help them start their own group?

**Suggestions:**

- Peer Support Groups are open groups. New group members can, and should be able to join the group at any time.

**Notes:**

4. **What is our group’s name?**

**Things to consider:**

- Does the name describe who the group is for? For example, “Type 2 Diabetes Peer Support Group”?
- Do we want to have a creative group name? For example, “The Live, Learn and Share Group”? 
Suggestions:

- The name and a description of the group will help people understand what the group does, and who it is for.

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5. Where will we meet?

Things to consider:

- Is there a cost to use the space?
- Is the space easy to get to for people in the community? Is there safe, well-lit parking? Is it near public transit?
- Does the space feel welcoming and safe?
- What is available in the space? For example, are there chairs, tables, kitchen and washrooms?
- Is the space easy to find and to use for people of all abilities? For example, is there a ramp, an elevator, wide doorways, an easy-to see address sign?
- Are there rules about what types of activities are allowed in this space? For example, some public or private spaces will ask for a permit, or insurance liability certificate.

Suggestions:

- Possible locations can include:
  - Community centres
  - Places of worship
  - Hospitals
Community Health Centres
Schools
Apartment building recreation rooms

- Your meeting place can also be a place to promote your Peer Support Group. For example, promote in the church.

- Avoid using a home as a meeting place. This can put a lot of pressure, and work, on the person living there. Also, if people prefer to keep personal information confidential, then using a home as a meeting place might not work.

Notes:

6. When will we meet and how often?

Things to consider:

- Will we take a break from having a meeting during holiday seasons, or during certain months of the year?

- What is the time, and day of the week that would work best for people in our community?

Suggestions:

- Peer Support Groups meet on a regular basis. For example, once a month.

- Pick a time that works for the largest number of people. Finding a time that works for everyone is not possible.
7. **How many members will be in our group?**

**Things to consider:**

- Will group members feel that they have enough time and space to speak and interact with one another at meetings?
- You want a group size that people can participate, see and hear everyone.

**Suggestions:**

- We may decide that if our group grows to a certain size, we will try to start another Peer Support Group in our community.
- An ideal group size is 10-12 people.

**Notes:**
8. What should we do at our meetings?

Things to consider:

- How long will our meetings last?
- Do we want to do the same thing at each meeting?
- Depending on the length and time of day of our meeting, will we need to provide snacks and refreshments?
- What types of activities will we want to do?
  - Have guest speakers
  - Play a game
  - Do a physical activity
  - Share new information
- Will we have time to mix and mingle with each other?

Suggestions:

- Meetings that last between 1 to 2 hours give time for different activities, as well as enough time for people to meet one another and chat.
- Make sure that meetings always start and end on time, so that people know when to arrive and when the meeting will be done. This is important if you are using a space where your meeting time may be limited.

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9. **What topics will we explore?**

**Things to consider:**

- Can we ask our group members at meetings what topics they want to talk about?
- Where can we find more information about a certain topic? Who can we ask?

**Suggestions:**

- Topics can include:
  - Food choices
  - Physical activity
  - Stress management
- Some places that you find information:
  - Films
  - Magazine articles,
  - Newspaper
  - Books
  - Internet, and
  - Diabetes events in your community.

**Notes:**

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10. **Will we have guest speakers?**

**Things to consider:**

- Why do we want a speaker to attend a meeting?
- Are there questions or information that we need to know more about?
- Is there a fee for the speaker?
- Where will we find a speaker?

**Suggestions:**

- Depending on the topic, guest speakers can be found by talking with your local Diabetes Education Centre, a branch of the Canadian Diabetes Association, or through word of mouth. Check with organizations and people in your community.
- Sometimes, speakers may request a fee, or donation. A small gift, or light meal is also a nice way to say thank-you.
- Remember, speakers provide information in one area of expertise, and should be taken as information only. Group members still need to consult with their own health care team regularly.

**Notes:**

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11. **Do we need money?**

**Things to consider:**

- What things do we need money for?
- Can we ask members to give a small donation at each meeting, or every few months?
• Can group members take turns bringing healthy snacks and drinks to each meeting?

Suggestions:

• Peer support groups are Free for members to join. Snacks, photocopy of flyers, and other supplies may need added funds.

• Can we ask for a donation from the location where our group will meet?

• Can we write a letter to local stores asking for a donation of snacks, or meeting supplies?

• Can we hold a fundraiser in your community, such as a garage sale, or raffle? This is a great way to promote your Peer Support Group, as well as raise money.

Notes:

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12. Who will do the work?

Things to consider:

• What skills or talents do our group members have?

• Who will be the facilitators for the group?

Suggestions:

• Everyone has a gift. Talking about what your gift or talent is can help identify volunteer roles in your Peer Support Group.

• The facilitator of the group does not have to be the person who started the group. However, Planning Group members may choose to be facilitators. Refer to “Facilitation: helping to make a path” in this guide for more information.

• Write out different “job roles”, so that group members are clear about what their duties will be.
• Examples of jobs can include:
  ➢ **Greeter:** This volunteer welcomes people at the door of the meeting place, explains what happens at the meeting, and introduces new members to others.
  ➢ **Snacks and refreshments:** This volunteer sets up the snacks and refreshments at meetings.
  ➢ **Phone contact:** This volunteer’s phone number is listed on information flyers about the group, and is available to answer questions from people who call.

• Sometimes, it is helpful to rotate jobs so that everyone has a turn. This helps people know that the group is everyone’s responsibility.

**Notes:**

13. **What are our Guidelines? How will we show respect for each other in the group?**

**Things to consider:**

• Will our guidelines help group members feel safe, comfortable and supported at meetings?

• Guidelines can refer to any issues that the group feels is important in the running of the group, such as:
  ➢ Confidentiality
  ➢ Group decision-making
  ➢ Giving feedback in the group
  ➢ Time allowed for group members to speak at meetings
  ➢ Expressing your feelings during the group meetings
• How will new group members know what the guidelines are?
• What happens if group members do not follow the guidelines?
• How will we know these guidelines are working?

Suggestions:

• Guidelines help people feel safe, comfortable and supported at meetings.
• You can give copies of the guidelines to new members, post them in your meeting space, or review them at the beginning of each meeting.
• Refer to the References and Resources section of this guide for a sample of the “Live, Learn and Share” group’s guidelines.

Notes:


14. What is Confidentiality?

Things to consider:

• What does confidentiality mean to our Peer Support Group?
• How will we make sure “What is talked about in the group, stays in the group”?
• What happens to group members who do not respect confidentiality?
• What would happen if you met another group member in public, outside of a group meeting?
• What would you do if a group member asked you for your phone number?
Suggestions:

- Confidentiality will mean different things to different people in the group. Make sure the group talks about what level of confidentiality the group is comfortable with, and can agree on.

- To make sure everyone understands what confidentiality is, talk about examples of times when you need to be confidential.

- Examples of when you need to keep confidentiality can include:
  - Do not tell people who are not in the group the name of a group member
  - Do not talk about a group member when that person is not around
  - Do not tell something private about a group member to someone else

---

**IMPORTANT**

There are 2 exceptions when it is necessary to break someone’s confidence:

1) Where a child may be hurt, or

2) If a person plans to harm themselves or someone else.

If you think either of these things are happening or could happen, you must report it to the proper authorities in your community, such as the police, or your local children’s aid society.

****Talk about this with your group and make sure that everyone understands when and why you may need to break confidentiality. ***

Notes:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
15. Where can we look for help?

Things to consider:

- What do we do if there is an emergency or crisis at one of our meetings?
- What do we do if a group member has a question and we do not know the answer?

Suggestions:

- Having a 3-ring binder can help your group keep all of your information organized and safe in one location.
- One person, for instance, the facilitator, can be in charge of bringing the binder to each meeting.
- Some of the things you should keep in the binder:
  - Copies of your group guidelines to give to new members
  - Confidentiality statement
  - Diabetes Information (for example, Canadian Diabetes Association information sheets, newspaper, or magazine articles)
  - Sample of a meeting agenda
  - Crisis Plan Checklist (See References and Resources Section for a sample)
  - List of local Diabetes Education Centres, office of the Canadian Diabetes Association, and other community agencies, and
  - Emergency phone numbers (for example, the local Crisis Mobile Unit, Police station, Fire Department, Ambulance).

Notes:

Adapted from “Mutual Aid 101: How to start a peer support/mutual aid group “, by The Self-Help Resource Centre.
Facilitation - Helping to make a path

A facilitator, or a group leader, is someone who helps to create a space for discussion, reflection, creativity, productivity and ownership.

The group will need a facilitator. This person does not have to be the person who started the group. Anyone in the group can be a facilitator, with practice.

If you think that you are a good public speaker, it does not always mean that you will be a good facilitator. A facilitator understands the importance of listening – to yourself and to others in the group.

Tips on how to be a good facilitator:

- Be aware of your own feelings, words and body language. These may show and be felt by others.
- Do not be scared of silence in a meeting. Silence lets people think and reflect, and gives space for talking. You may even want to acknowledge the silence by saying, “It is quiet right now. I am alright with that.”
- Turn questions and issues back to the group. Being a facilitator does not mean you have to know all the answers. Ask “What does the group think about this?” or “What does the group want to do about this?”
- Learning to be a facilitator takes time and patience. If you would like other people in the group to give you feedback, invite them to do so.
- Explore training. Check with local community groups, adult learning centres, and Self-Help organizations. Look for workshops, websites, written materials or chances to watch other people facilitate.

Shared Leadership and Co-facilitators:

Depending on your group, you may choose to have 2 leaders, or Co-facilitators. There are many good reasons to have “Shared Leadership”, including the following:

- Co-facilitators can share the job of facilitating meetings, so that all responsibility is not placed on one person.
- Co-facilitators can give each other support and feedback before and after meetings.
- Co-facilitators can act as a back-up for each other. For instance, if one facilitator is not able to attend a meeting, there will still be someone there to lead the meeting.

- Co-facilitators are an extra set of “eyes and ears”, which can give another viewpoint at meetings.

**Plan and work together:**

**Before a meeting:**

- Discuss and plan who will be doing what at the meeting. For instance, will one of you take the lead role in facilitating, while the other observes the group?

- Make sure you have a plan, in case one facilitator needs help during the meeting. Will you give a signal to your co-facilitator? What will that signal be?

- Discuss how you would like to give and receive feedback from each other.

**After the meeting:**

- Get together and discuss how the meeting went from your point of view.

- If this is the time that you agreed to give each other feedback or suggestions, do so.


Giving Advice in Peer Support Groups

Peer Support Groups can be one source of information to help you learn about diabetes. It is also a place where group members may give advice that is incorrect, or even dangerous for your health.

Everyone is different. What works for you and your diabetes, may not work for the person sitting next to you.

Peer Support Group Facilitators and group members should not give each other medical, pharmaceutical (in other words, to do with medications or natural remedies), financial, or legal advice.

Suggestions:

• Consider adding a statement about giving advice to your group’s guidelines. Make sure everyone understands what this means.

• Remind group members the importance of speaking with their health care provider before making any changes to their diabetes treatment, such as changing their insulin or medication dose.

• If there are specific questions that cannot or should not be addressed by group members, this is an opportunity to ask the group if it would like to invite a speaker to the meeting. For instance, a pharmacist, or a Diabetes Nurse Educator may be invited to discuss medications and treatments. Refer to the “Guest Speakers” section in this guide for more information.

• Avoid “should” comments. For instance, “You should try (Medication Name). It will improve your blood sugars.” Try saying, “I use (Medication Name). It worked well for me.”

Here are some examples of advice group members should not be giving:

- “If you take (Medication Name), you will never have to use insulin”. (Pharmaceutical)
- “Eating cinnamon will lower your blood sugars”. (Natural remedy advice)
- “Drink cerasee tea to help lower your blood sugars”. (Natural remedy advice)
- “You only need to take insulin if you are feeling really sick”. (Medical advice)
- “You should join my susu”. (Financial advice)
Meetings

Group meetings should last between one and a half, to two hours. This will allow enough time for activities such as socializing, guest speakers, and check-ins.

Here is a sample of a meeting agenda, or schedule:

1. **Welcome and introductions**: This can be done by the Co-Facilitators

2. **Go around (“Check-in”)**: Group members take turns speaking, without interruption. This may be an update about the group member’s life, or how the person is feeling today.

   **NOTE**: Anyone is allowed the “Right to Pass”, or decline to say anything during a check-in.

3. **Housekeeping and announcement items**:

   Information may include:

   - Location of washrooms
   - The resource binder, if the group has one – What it contains, where to find it
   - Break-time
   - New announcements

4. **Group activity**: The group may choose to do a short relaxation exercise, play a game, or listen to a song.

5. **Today’s activity**: This would include a presentation by a speaker, a movie, a group discussion, and so on.

6. **Planning for future meetings**: A discussion with the group about volunteer roles and agreement about responsibilities at future meetings. For instance, passing the role of Group Facilitators to other group members, or arranging for snacks and refreshments. This is also a good time to thank and show appreciation to group members who have been doing the jobs up to now.

7. **Ending the meeting**: End the meeting on a positive note. Group members can perform a “check-out”, and briefly talk about their feelings about that day’s meeting. Again, group members can “pass” on this, if they choose to.

8. **Confidentiality**: A reminder to the group, before members leave about keeping what has been heard and said in the meeting within the meeting.
Guest Speakers

Your group may want to invite a guest speaker to a meeting. Having a speaker can be a good resource for questions that the group cannot answer.

Talk with the group about the following:

1. **Do we want to invite a guest speaker?**
   
   Decide with the group if they are interested in having a guest speaker. A speaker will be seen as an “outside expert”, so it is important that group members decide together that a speaker is right for them.

2. **What topic will the speaker talk about?**
   
   The speaker’s topic should be related to a recent group discussion, or related to questions from group members.

3. **Do we pay the speaker?**
   
   Some speakers may charge a fee, while others may be happy to accept a small gift.

4. **Has the speaker presented before?**
   
   If so, does he or she have references that we can check?

   **IMPORTANT:** Make sure the speaker understands what your group is about. However, some speakers may be salespeople. Be careful that the presentation is not a sales talk for products or services.
How to Manage a Crisis or Emergency when it happens:

A crisis or emergency is a serious and unexpected event that can happen. It requires you to take action to get help.

Examples of an emergency can include:

- A person becoming upset and starting to cry
- A person getting very angry and walking out of the room
- A person having low blood sugar, starting to feel dizzy and fainting
- A fire happens

What to do in an emergency:

The steps listed here can be handled by two people. This is helpful if there are two co-facilitators.

1. Assess the situation. What is happening? How serious is it?
2. Understand your own response to anger or crisis.

Remember: Anger is sometimes a response to a need that has not been met.

3. Try to understand the reason for the behaviour.
4. If the situation is life threatening, one facilitator tells the second facilitator to phone or go get help.

Remember: an angry person will often calm down more quickly if emotions are allowed expression.

5. An angry or very emotional person has limited ability to think or respond to directions.
6. Show non-verbally that you are listening, e.g. nod your head.
7. Give the person your attention but also think about how you can leave if you have to.
8. Quietly let others in the room know if they should move or someone should go get help.
9. Quietly stand without moving into the person’s space.
10. Listen and acknowledge the person’s feelings first and then tell them that you recognize this is important for them and you would like to understand.
11. When the person slows down or when it feels right, let the person know you want to hear their point of view.

12. Respond with the same level of intensity without shouting back or losing your own control.

13. When you accept a person’s right to be angry, you accept their value as a human being: you do not have to agree with the reasons, only accept their feelings are valid to them.

14. A facilitator stays and does a check-in with the group.

REMEMBER: Planning for a crisis is important, but do not be afraid to ask for help in a crisis.

Refer to the “Crisis Plan Checklist” in the References and Resources section of this guide for more information about emergencies.

Evaluation: How are we doing?

How, when, and how often will depend upon what kind of information you would like to find out.

WHY Evaluate?

- To make sure we are on track with our group’s goals,
- To show appreciation of our facilitators and all of their hard work,
- To review our guidelines and change them, if needed,
- To hear from everyone, if we need to change how we do things,
- To give members the chance to share their feelings about the group,
- To celebrate and recognize the strengths within our group, and
- When a group decides to end.

WHEN to Evaluate?

- Whenever group members say they want to know how the group is doing,
- If attendance has dropped and people are worried about the future of the group,
- After the group has taken a break, or a holiday,
- On a regular basis, or
- When a group decides to end.

WHAT to Evaluate?

- The location, timing, facility, and accessibility,
- Group member’s learning and experiences at meetings, and
- How welcoming we are.

HOW do we Evaluate Ourselves?

- A quick go-around at the end of the meeting. For instance, “What I liked…”, “What I would like to see improved….”
- A box, where group members can leave suggestions. This can be done anonymously by the group and read out loud in the group.
- Pair up with another member to discuss, then report back to the rest of the group.
- Write feedback (suggestions and improvements) on a flip chart.
- Ask, or hand out feedback questions at meetings. The results can be shared at future meetings. Refer to the sample “Feedback Questions” in the References and Resources Section of this guide.

Adapted from “Evaluations”, by The Self-Help Resource Centre, 2010
Getting the Word Out: Promote your Diabetes Peer Support Group

For the group to grow, you will need to find new members. Let people in the community know about your group, and how they can join.

Ideas to find new members:

- Make a flyer or poster. Refer to the References and Resources section of this guide for a sample Ask the following places for permission to post your meeting information:
  - Community Recreation Centres
  - Social Service organizations
  - Churches and places of worship
  - Libraries
  - Apartment buildings
  - Community bulletin boards
  - Barber shops and hairdressers
  - West Indian and Caribbean restaurants
  - Food stores
  - Child care centres
  - Senior citizens centres
  - Malls
  - Pharmacies, doctors’ offices, and other health care providers

- Meet with your local Diabetes Education Centre. Inform them about your meetings so they can refer clients to the group.

- Contact your local Canadian Diabetes Association office. Are there local events where you can promote your group at? Can the group be listed on the Canadian Diabetes Association website?

- Advertise your meetings schedule in the local community newspapers. Are there free listings in the Community Events or Community Calendar sections?

- Contact local newspapers, cable television and radio stations to arrange for air-time, or an article to promote the group.

- Organize a Speaker’s Bureau for the group. These are group members who can do presentations about the Peer Support Group in the community.

- Contact your local Self-Help Resource Centre. Can the group be listed on its website, or in their directory, so that they can refer people?
• List your group in local community directories.

• Word of mouth: Encourage group members to tell others about the group, and how it has helped. This is one of the best ways to spread the news about the group and educate others about diabetes in your community.
Section 3
References and Resources
Caribbean Diabetes Peer Support Group

Join us as we share our stories, learn about diabetes and help each other.
Date: First Thursday of every month (January 7, February 4, March 4, April 1, May 6.....)
Time: 2:00 pm – 4:00 pm
Place: Black Creek Community Health Centre 2202 Jane St, Unit 5, Toronto, ON
For more information, call 416-555-5555

New members welcome!
Guidelines - Sample

1. Show Respect for others:
   - Be on time.
   - Listen carefully when others are talking. Wait until the person is finished speaking before adding addition comments.

2. Remember Confidentiality:
   - The experiences people share with us are confidential and should not leave this room. People should feel comfortable sharing.

3. Join in the best you can:
   - Please share your experiences and stories with the group if you are comfortable doing so.
   - Everyone’s opinion matters equally.

4. Decision-Making Together:
   - When making decisions as a group, we will vote. Every person’s vote counts equally. Majority will rule.

Adapted from The Live, Learn and Share Group Guidelines, 2010
# Crisis Plan Checklist

Planning for a Crisis or Emergency should take place BEFORE the Peer Support Group begins to meet on a regular basis.

1. Discuss this checklist with the planning group before you have the first meeting.
2. Review this checklist regularly to make sure it is up to date, and understood by group members.
3. **Remember:** Planning for a crisis is important, but do not be afraid to ask for help if a crisis happens. You do not have to do everything yourself!

<table>
<thead>
<tr>
<th>Safety Steps</th>
<th>Plan and Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Safe Plan</td>
<td>□ What is the chance that a crisis will happen?</td>
</tr>
<tr>
<td></td>
<td>□ How serious will this crisis be?</td>
</tr>
<tr>
<td></td>
<td>□ Who is most at risk?</td>
</tr>
<tr>
<td></td>
<td>□ What is the first step?</td>
</tr>
<tr>
<td></td>
<td>□ Do I need help and from whom?</td>
</tr>
<tr>
<td>#2 Safe Environment</td>
<td>□ Is this a safe and welcoming place?</td>
</tr>
<tr>
<td></td>
<td>□ What emergency numbers do we need to have in our list?</td>
</tr>
<tr>
<td></td>
<td>□ Where is the nearest phone?</td>
</tr>
<tr>
<td></td>
<td>□ Where is the closest emergency exit?</td>
</tr>
<tr>
<td>#3 Safe Guidelines</td>
<td>□ Do we have clear group boundaries or limitations about acceptable and unacceptable behavior?</td>
</tr>
<tr>
<td></td>
<td>□ Are we considerate of cultural &amp; physical differences &amp; limitations?</td>
</tr>
<tr>
<td></td>
<td>□ Do all members agree about these?</td>
</tr>
<tr>
<td></td>
<td>□ Is this difficult for some? Why?</td>
</tr>
<tr>
<td></td>
<td>□ Are these reviewed regularly?</td>
</tr>
<tr>
<td>Safety Steps</td>
<td>Plan and Update</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>□ #4 Safe back-up</td>
<td>□ Who in the group can help?</td>
</tr>
<tr>
<td></td>
<td>□ Who knows First Aid or CPR?</td>
</tr>
<tr>
<td></td>
<td>□ Do we know how to treat low blood sugar (hypoglycemia) – Refer to “Hypoglycemia Information Sheet “ in References and Resources section</td>
</tr>
<tr>
<td></td>
<td>□ Who is nearby who could help – minister, advisor, health care professional?</td>
</tr>
<tr>
<td></td>
<td>□ How will we contact this person if a crisis happens?</td>
</tr>
<tr>
<td>□ #5 Safe Structure</td>
<td>□ Do we have a plan to handle priorities and pressing personal issues?</td>
</tr>
<tr>
<td></td>
<td>□ Do we use the same or similar meeting structure to ensure familiarity of events?</td>
</tr>
<tr>
<td>□ #6 Safe Process</td>
<td>□ Do we do activities that help build trust with our group members?</td>
</tr>
<tr>
<td></td>
<td>□ Do we give group members enough time to have feelings and concerns said and heard?</td>
</tr>
<tr>
<td></td>
<td>□ Do we have a clear understanding of the effect of unwanted advice or problem-solving without listening?</td>
</tr>
<tr>
<td></td>
<td>□ Do we practice coping strategies to manage emotions?</td>
</tr>
</tbody>
</table>

*Adapted from The Self-Help Resource Association of British Columbia, 2000*
Feedback Questions - Sample

Read or print and hand out these questions to see how the group is doing.

1. What do you like about our group meetings?

2. What would you like to change about this group?

3. How does this group help you?
Hypoglycemia information sheet

Hypoglycemia = Low Blood Sugar

How you may feel:

- Sweating
- Fast heartbeat
- Shaking
- Dizziness
- Anxious
- Hungry
- Headache
- Feeling Tired
- Impaired Vision
- Irritable

Blood sugar level below **4.0 mmol / L** is LOW.

You need to treat it quickly!
Low blood sugar is serious and must be treated quickly.

If you think your sugar is low:

1. **Stop** what you are doing and test your blood sugar. If it is **less than 4.0 mmol/L**, you must **treat it**. If you can’t test, treat anyway.

2. Treat with one of the following fast acting sugars. See choices below:

<table>
<thead>
<tr>
<th>Low blood sugar (under 4 mmol/L)</th>
<th>Very low blood sugar (under 2.8 mmol/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 3 glucose tablets (5 grams each)</td>
<td>• 4 glucose tablets (5 grams each)</td>
</tr>
<tr>
<td>• ¾ cup juice or regular pop (175 ml)</td>
<td>• 1 cup juice or pop (175 ml)</td>
</tr>
<tr>
<td>• 3 tsp sugar in water</td>
<td>• 4 tsp sugar in water</td>
</tr>
<tr>
<td>• 6 Lifesavers®</td>
<td>• 8 Lifesavers®</td>
</tr>
<tr>
<td>• 3 tsp honey or 1 cup milk (if on GlucoBay)</td>
<td>• 4 tsp honey or 1 ½ cup milk (if on GlucoBay)</td>
</tr>
</tbody>
</table>

3. **Wait 15 minutes. Retest** your blood sugar. If it is still under 4.0 mmol/L, repeat step 2.

4. Once your blood sugar is over 4.0 mmol/L, and if your meal is more than 1 hour away, you should eat a snack. Snack ideas are:
   - 1 fruit with 1-2 Tbsp nuts
   - 7 crackers with 1oz cheese or 2 Tbsp peanut butter
   - ½ sandwich

*Developed by Black Creek Community Health Centre with information adapted from the Canadian Diabetes Association’s “Patient Education Resource Kit (PERK) – Hypoglycemia=Low blood sugar” (2009)*
Websites and Organizations

Association of Ontario Health Centres
Website: www.aohc.org
Telephone: 416-236-2539
• Listing of Ontario Community Health Centres

Canadian Association for Mental Health
Website: www.camh.net
Telephone: 1-800-463-6273
• Information and resources about mental wellness

Canadian Diabetes Association
Website: www.diabetes.ca
Telephone: 1-800-BANTING (226-8464)
• Information and resources about diabetes and local diabetes events

Canadian Mental Health Association
Website: www.cmha.ca
Telephone: 1-800-875-6213
• Information and resources about mental wellness

Health Canada
Website: www.hc-sc.gc.ca
• Health information, medication recalls

Ministry of Health and Long-Term Care – Ontario
Website: http://www.health.gov.on.ca
Telephone: 1-866-532-3161
• Health information and health services in Ontario
Public Health Agency of Canada (PHAC)
Website: www.phac-aspc.gc.ca
Telephone: 416-973-0003 (in Ontario)
Call or visit website for other provincial offices
  • Information about chronic and infectious diseases, and the Canadian Diabetes Strategy

The Self-Help Resource Centre (in Ontario)
Website: www.selfhelp.on.ca
Telephone: 416-487-0344
  • Information and resources for peer support groups, list of peer support groups
Live, Learn and Share contact information

For more information about the Live, Learn and Share: Diabetes Peer Support Project, or to provide feedback about how you used this guide in your community, please contact:

Black Creek Community Health Centre
Diabetes Education Program
2202 Jane St, Unit 5
Toronto, ON
M3M 1A4
Tel: 416-249-8000
Fax: 416-249-4594

Black Creek Community Health Centre
Diabetes Education Program
1 Yorkgate Blvd, Suite 202
Toronto, ON
M3N 3A1
Tel: 416-246-2388
Fax: 416-650-0971

www.bcchc.com
More than 3 million Canadians have diabetes, many of whom are from the Black Caribbean community.

The Live, Learn and Share: Diabetes Peer Support Project was a dynamic collaboration between community members and service providers. This guide brings together lived experience, shared knowledge, and an understanding about the importance of diabetes self-management and peer support.

Living with a diabetes can be a challenge. You do not have to do it alone. This guide provides information to help you start a Diabetes Peer Support Group in your community. Giving and getting support from others who are going through a similar experience is empowering.

Live, Learn and Share.