

**SUMMARY OF STANDARDS AND REQUIREMENTS
CERTIFIED INDIGENOUS COMMUNITY–BASED DIABETES SUPPORT COORDINATOR (CICB-DSC)**

This certification is also available as a specialization for Community Health Representative, Community or family Support workers or workers engaged in occupations related to community health and wellness services. Please contact ICBOC for more details regarding the range of occupations covered by this certification.

Education	Completion of diploma in a community diabetes support worker program or a certificate related to community support plus additional training/education on Diabetes, to reflect the requirements of this certification	
Experience	One year of work experience or practice, in a remunerated position that includes direct client diabetes support.	1 year
Education - Training Minimum 280 hours	Core Knowledge and Skills in Diabetes	140 hours
	<ul style="list-style-type: none"> • Anatomy and physiological systems linked to diabetes • Pathophysiology • Epidemiology of diabetes among Indigenous communities in Canada • Health promotion & diabetes prevention • Psychosocial impact of diabetes on individuals, families and communities • Client education in diabetes self-management and care • Introduction to foot care 	20 25 15 30 15 15 20
	Related knowledge and skills (list on page 2)	20 hours
	General knowledge/skills in support of professional practice	30 hours
	Knowledge in the 8 core functions of a CICB-DSC	60 hours
	Cultural knowledge and skills	40 hours
	Supervisor's Evaluation minimum score	<ul style="list-style-type: none"> • Core knowledge in diabetes • General Knowledge • Knowledge and skills in the 6 Core Functions of a CICB-DSC • Cultural competency • Professional competencies
Practicum	Practicum hours can be counted as hours of work experience (practicum report must be submitted)	
KNOWLEDGE AND SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE		30 hours
• Communications		20
• Conflict management		5
• Professional Ethics		5
SIX CORE FUNCTIONS OF A CICB-DSC (can be acquired through training or/and on the job practice)		60 hours
1. Health promotion		8
2. Community outreach		6
3. Knowledge sharing		8
4. Referrals		7
5. Advocacy		6
6. Care delivery		6
7. Teamwork		7
8. Document administration		6
9. Knowledge building		6
CULTURAL KNOWLEDGE AND SKILLS		40 hours
Cultural/traditional knowledge on topics specific to Aboriginal culture, traditions and/or history, acquired through formal or informal training or through activities pursued in the context of working with/treating a client,		
CULTURAL AND PROFESSIONAL COMPETENCIES		
<ul style="list-style-type: none"> - Cultural competency - Indigenous language skills - Professional attitude 		

NOTE: EDUCATION/TRAINING

The required addictions-specific and addictions related hours may be acquired through formal education programs at university or college level or through more informal training in a variety of formats, offered by independent trainers, training organisations or through alternative means recognized by ICBOC.

RELATED KNOWLEDGE AND SKILLS

The following topics are accepted as part of the training requirements for CICB-DSC certification. This list not exhaustive. You can complete training on one or several topics as long as the total hours come to a minimum of 20 hours

<ul style="list-style-type: none"> • Grief and loss • FASD • Stress & PTSD • HIV/AIDS and STDs • Trauma • Suicide • Safety (WHMIS, First aid etc...) 	<ul style="list-style-type: none"> • Healthy parenting • Healthy diet • Self-care • Cultural practices • Resilience • Decolonization • Medicine wheel 	<ul style="list-style-type: none"> • Diabetes and substance abuse • Diabetes and mental health issues • Healthy lifestyle/life coaching topics • Diabetes and pregnancy • New advances in diabetes • Impacts of colonization • Residential School & Intergenerational Trauma
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DETAILS – CORE KNOWLEDGE IN DIABETES

- **Basic anatomy and physiological processes linked to diabetes**

Impact of diabetes on the body systems (skeletal, muscular, respiratory, digestive, nervous, endocrine, cardiovascular, urinary, reproductive systems and eye disease)

- **Basic pathophysiology**

- Types and Causes of diabetes
- Symptoms of diabetes Type 1 and 2
- Complications of Diabetes

- **Epidemiology of diabetes among Indigenous communities in Canada**

- Risk factors for the development of diabetes over the lifespan
 - Risk factors for Diabetes 1
 - Risk factors for Diabetes 2

- **Concepts of health promotion & diabetes prevention**

- Healthy Lifestyle (Indigenous lens)
 - Healthy diet
 - Physical activity
 - Psychological approaches to wellness
 - Traditional approaches to Diabetes prevention and care

- **Psychosocial impact of diabetes on the individual, the family and community**

- Emotional impact (ex. grief and shame, anxiety, depression, denial, care resistance)
- Long term impact (ex. impact of physical disabilities, surgeries, financial costs)

- **Basic client education in diabetes self-management and care**

- Common myths related to diabetes and diabetes care
- Diabetes medication
- Blood glucose levels and impacts - hyper and hypo glycemia
- Footcare
- Smoking and Alcohol
- Community resources referral for diabetes care and healthy living support
- Risk reduction
- Diabetes care/wellness plans

- **Introduction to foot care**

- Risks of injuries
- Foot hygiene
- Nail care
- Corn/callus care
- Skin care
- Foot inspection
- Footwear

Core Functions Description

Community-Based Diabetes Support Coordinators

- 1. Health promotion:** Activities focused on prevention, that a worker undertakes to positively influence the health behavior of individuals, families and communities as well as the living and working conditions that influence their health.
- 2. Community outreach:** Activities undertaken by a worker to meet individuals and families where they are (home visits) to nurture a trust-building relationship and to offer information and support in a respectful manner, sometimes at non-traditional times.
- 3. Knowledge sharing:** Activities that are focused on presenting and disseminating basic, accurate knowledge pertaining to diabetes, diabetes prevention, nutrition, and foot care diabetes. To organize community meetings where the community can obtain information on diabetes from and interact with a diabetes professional.
- 4. Referrals:** Directing individuals or/and families requesting information beyond a worker's knowledge and skill, to professional Diabetes resources within or outside the community.
- 5. Advocacy:** The actions a community diabetes support worker takes to promote, support or protect the rights of individuals and/or families affected with diabetes to obtain the services they need, to speak on their behalf.
- 6. Care delivery:** Providing limited food care to individuals affected with diabetes.
- 7. Teamwork:** Collaborating with diabetes program staff, community partners and other relevant stakeholders to improve diabetes community support services and the capacity of the community support workforce.
- 8. Document Administration:** Preparing reports and work plans as requested; maintaining client files and documenting relevant information as required.
- 9. Knowledge building:** Gathering information pertaining to the prevention and management of diabetes in the Indigenous population; attending conferences and training, consulting elders and other traditional knowledge keepers, participating in traditional activities and ceremony.