

SUMMARY OF STANDARDS AND REQUIREMENTS CERTIFIED INDIGENOUS DIABETES PROGRAM COORDINATOR (CIDPC)

This certification is for unregulated workers employed in diabetes programs and services at community or regional/provincial level. Program coordinators may have a range of functions within these programs and services, but this professional certification requires a broad array of knowledge and skills, focused on serving the various needs of Indigenous individuals, families and communities affected by diabetes.

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	Three years minimum of work experience or practice, in a remunerated position that includes diabetes services to individuals, families, community and, at times, including schools and organizations	3 years
Education - Training Minimum 500 hours	Core Knowledge and Skills in Diabetes	150 hours
	• Epidemiology and prevalence of diabetes in Indigenous Communities	10
	• Types of diabetes	25
	• Signs and symptoms of diabetes	10
	• Diabetes - Causes and risk factors (Indigenous focus)	10
	• Complications of diabetes	15
	• Psychosocial impact of diabetes on individuals, families and communities	15
	• Concepts of Health promotion, diabetes prevention, education and care	25
	• Introduction to Traditional foods and Medicines	20
	• Introduction to foot care	20
	General knowledge/skills in support of professional practice	30 hours
	Knowledge in the 8 core functions of a CIDPC	60 hours
	Cultural knowledge and skills	60 hours
	Related knowledge and skills (list on page 2)	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 CIDPC • Cultural competency • Professional attitude • Professional competencies 	70%
Practicum	Practicum hours can be counted as hours of work experience (practicum report must be submitted)	
KNOWLEDGE AND SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE		40 hours
• Communications		25
• Interviewing Skills		10
• Conflict management		5
8 CORE FUNCTIONS OF A CIDPC (can be acquired through training or/and on the job practice)		60 hours
1. Health promotion		10
2. Community outreach		8
3. Knowledge building/Education		10
4. Referrals		6
5. Advocacy		7
6. Care delivery		7
7. Teamwork		6
8. Administration		6

CULTURAL KNOWLEDGE AND SKILLS		60 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 community support/awareness work		
RELATED KNOWLEDGE AND SKILLS		40 hours
The following topics are accepted as part of the training requirements for CIDPC 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
CULTURAL AND PROFESSIONAL COMPETENCIES		
These competencies requirements are part of the Supervisor's Evaluation		
<ul style="list-style-type: none"> Cultural Competencies Professional Attitude Professional Ethics 		
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.		
DETAILS – CORE KNOWLEDGE IN DIABETES		
<ul style="list-style-type: none"> Epidemiology and prevalence of diabetes among Indigenous communities in Canada <ul style="list-style-type: none"> Overview of diabetes in Indigenous communities Prevalence rates Diabetes issues over the lifespan Root causes of diabetes in Indigenous Communities Link to the social determinants of health 		
<ul style="list-style-type: none"> Types of Diabetes Three Main Types of diabetes <ul style="list-style-type: none"> Type 1 Type II Gestational Diabetes Other Types <ul style="list-style-type: none"> Maturity onset diabetes of the young (MODY) Neonatal diabetes Wolfram Syndrome Alström Syndrome Latent Autoimmune diabetes in Adults (LADA) Type 3c diabetes Steroid-induced diabetes Cystic fibrosis diabetes 		

<ul style="list-style-type: none"> • Signs and Symptoms of Diabetes <ul style="list-style-type: none"> - The three most common symptoms of undiagnosed diabetes - Other signs and Symptoms of undiagnosed diabetes - Signs and symptoms of diabetic hypoglycemia - Reactive Hypoglycemia - Signs and Symptoms of hyperglycemia
<ul style="list-style-type: none"> • Diabetes - Causes and risk factors (Indigenous focus) <ul style="list-style-type: none"> - Myths & misinformation regarding the causes of Diabetes - Causes of diabetes I, II and gestational diabetes - Risk factors for diabetes (Indigenous focus) - Diagnosing Diabetes - Prediabetes
<ul style="list-style-type: none"> • Complications of Diabetes <ul style="list-style-type: none"> - Primary cause of complications - Impact of diabetes on the body systems (skeletal, muscular, respiratory, digestive, nervous, endocrine, cardiovascular, urinary, reproductive systems and eye disease) - Blood glucose management
<ul style="list-style-type: none"> • Psychosocial impact of diabetes on the individual, the family and community <ul style="list-style-type: none"> - Mental impact (ex. mood change, cloudy thoughts, confusion, memory loss) - Emotional impact (ex. grief and shame, anxiety, depression, denial, care resistance, diabetes distress) - Long term impact (ex. impact of physical disabilities, surgeries, financial costs) - Impact on the community (ex. financial and human resources burden)
<ul style="list-style-type: none"> • Concepts of health promotion & diabetes prevention <ul style="list-style-type: none"> - Indigenous perspectives on health - Past and present health outcomes - Redefining Indigenous Perceptions of Well-Being - Healthy lifestyle promotion (Indigenous focus) <ul style="list-style-type: none"> ○ Healthy diet ○ Physical activity ○ Psychological approaches to wellness - Traditional approaches to diabetes prevention and care
<ul style="list-style-type: none"> • Introduction to traditional foods and medicines <ul style="list-style-type: none"> - What is Medicine to Indigenous People? - How can Traditional Medicines be Used? - How do plant medicines work? - Medicine for Diabetes - What did Indigenous traditional foods look like - Steps to take to incorporate healthy foods
<ul style="list-style-type: none"> • Introduction to foot care <ul style="list-style-type: none"> - Anatomy of the foot - The "at risk" foot - Common foot disorders - Factors Contributing to Foot Ulceration - Cornerstones of prevention – Step by step - Basic client education in foot care self-management and care <ul style="list-style-type: none"> ○ Risks of injuries ○ Foot hygiene ○ Nail care ○ Corn/callus care ○ Skin care ○ Foot inspection ○ Footwear

Core Functions Description

Diabetes Program 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/education:** Activities that are focused on presenting and disseminating basic, accurate knowledge pertaining to diabetes, diabetes prevention, nutrition, and foot care. To organize community meetings where the community can obtain information on diabetes from and interact with a diabetes professional.
Gathering information pertaining to the prevention and management of diabetes in the Indigenous population; Attending conferences and training,
- 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 foot care and advice on diabetes self-management to individuals affected with diabetes and their family.
- 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. consulting elders and other traditional knowledge keepers, participating in traditional activities and ceremony.
- 8. Document Administration:** Preparing budgets, reports and work plans as requested; ordering supplies, maintaining client files and documenting relevant information as required.