



English	Cree
The vision of the Canadian Diabetes Association for the Diabetes Charter for Canada is a country where people with diabetes live to their full potential. The guiding principles of the Canadian Diabetes Association in developing this Charter are to:	Ayiw isi kinawapatam awa Canadian Diabetes Association ka itit anté oci Diabetes Charter for Canada ká itakik óma óta kitaskínak tawinamawáw piko ana awina ká iskwátisit ké isko kaskitat kékwna ta isi pimácihot. Ékwanik óki ké pimitisayikáteki óma káwí wanastániwak Canadian Diabetes Association Charter ká itakik:
<ul style="list-style-type: none"> • Ensure that people who live with diabetes are treated with dignity and respect. 	Ta kécinahocik ókik ká sókawáspinécik ininiwak kawisk ta kinawénimicik éko kita kisténimicik anima ká isi ayácik
<ul style="list-style-type: none"> • Advocate for equitable access to high quality diabetes care and supports. 	Ta ayamihistamákét kakinaw awiyak tátápiskóc ta isi paminit éko ta nátamát oma ká sokawáspinét
<ul style="list-style-type: none"> • Enhance the health and quality of life for people who live with diabetes and their caregivers. 	Ta itéstamácik mino paminikewina éko ké isi pimácihocik ókik ká sókawáspinécik éko anihí ká kinawénimikocik
Canadians Living with Diabetes* Have the Right to:	Ókik Canadians ká sokawáspinécik * óma itapiwak ta isi pakosénimocik ta isi pamihicik:
<ul style="list-style-type: none"> • Be treated with respect, dignity, and be free from stigma and discrimination. 	Ta kisténimihi pamihicik ta kisténitakosicik éko éká ta macápamit wéka ta nisitawénimít nántaw isi.
<ul style="list-style-type: none"> • Affordable and timely access to prescribed medications, devices, supplies and high quality care, as well as affordable and adequate access to healthy foods and recreation, regardless of their income or where they live. 	Ta kaskitipayaman éko ta miskaman anihí maskikiya ispík natawénitamani mína kotaka ápacitáwina óma ta natawihoyan éko éwétakiték mícím ká minoskákoyan ta miskaman ta atáwéyan éko ité kékí itotéyan ta natawi sésawíyan móna nántaw piko ita ité ké wíkiyan wéká inikok kékí kaskicikéyan.
<ul style="list-style-type: none"> • Timely diagnosis followed by education and advice from an interprofessional team which could include the primary care provider, diabetes educator, nurse, pharmacist, dietitian and other specialists. 	Ta tápitawi nákacihit táti kiskinawámat éko ta witamákot anihí ká paminikot anihí ká nákacihikot ká wícéyámát, éko kotakak otatoskéwak éko maskikiy ininiwak ká paminácik awiniwa óma ká sakawáspinénit.
<ul style="list-style-type: none"> • Emotional and mental health support, as well as support for their caregivers if 	Omósítáwin éko omámitonénicikéwin ta mino ayát ta isi wícihit, apók anihí ká kinawénimikot

needed.	natawénitakwáki wístawáw ékosi ta isi nátamácik
<ul style="list-style-type: none"> • Be an active partner in decision making with their health care providers. 	Tápitawi wícihiwé óma ká wanasoawatákik óma ké isi pamihiskik anihí ká wáwícihiskít óma ká akosiyán.
<ul style="list-style-type: none"> • Have access to their medical records and other health information when requested, and have it easily understood. 	Piko ispík takí kinawápatakik anihí itaspinéwi masinahikana éko ési paminit maskikíya awa ká sokawáspinét éko ta nisitocikátékí ispík natawénitakoki oki itowa masinahikana
<ul style="list-style-type: none"> • Diabetes information, education and care that take into account a person's age, culture, religion, personal wishes, language and schooling. 	Anima sokawáspinéwina ayáwa kinawápacikátéwa, kiskénitamowina éko ké isi paminit awa ké itatwáskínét ité wécit ési tápwétek éko ká isi nisitotak kékawána opíkiskwéwinik isi
<ul style="list-style-type: none"> • Have their eyes, feet, kidneys, blood glucose control, cardiovascular risk factors and mental health checked as often as recommended by current clinical practice guidelines. 	Aniki oskisikowáw, ositiwáw, omicicikotisiwaya, omiko, ká isi sésawít éko omamitonénicikan ta nákacitániwaninik anima ká itastékí masinahikana ta pimitisayikátékí óma ká natawitániwak sokawáspinéwin.
<ul style="list-style-type: none"> • Affordable access to insurance coverage. 	Ta miskaman ta tépi tipayaman anima nánátohk isi tipahikéwin ká ákosit awiyak
<ul style="list-style-type: none"> • Fully participate in daycare, pre-school, school and extracurricular activities, receiving reasonable accommodation and assistance if needed. 	Wícihiwé óma ité ékisikánik ká tasi kinawénimicik ininiwak, mwés máci kiskinawámat awásis ta itotét éko nánátohk kékawána ká nócítácik ókik ká kiskinawámacik éko ta minowásininik ité ké ayácik éko ta wáwícihicik ká isi natawénitakik.
<ul style="list-style-type: none"> • Supportive workplaces that do not discriminate and make reasonable accommodation as needed. 	Ká nátamákawiyán ité ká atoskániwak éká ta nisitawénicikasot awiyak éko mitoni ésko kaskitániwak ta nátamákawiyán ká isko natawénitaman
<ul style="list-style-type: none"> • Appropriate and seamless transitional care that recognizes the progression of the disease. 	Kawisk paminikéwin éko míno nákacikéwin ispík ékí nisitawinikáték óma itowa akosiwi manáspinéwin.
* and their informal caregivers where relevant	*Éko anihí ká kinawénimikok ité ká natawénitakok
Canadians Living with Diabetes Have the Responsibility to:	Ókik Canadians ká sókawáspinécik wínawáw ta nípawistakik óma ta:
<ul style="list-style-type: none"> • Self-manage to the best of their abilities and personal circumstances, including a healthy diet, exercise, following care plans and attending appointments. 	Nákacihisot ká isko kaskitát éko ká isko kaskihot, mína kawisk ta asamisot, ta sésawít tápitaw éko ta natawápamát anihí ká nákacihikot óma ká sokawáspinét.
<ul style="list-style-type: none"> • Be honest and open with health providers about their current state of health so that the most suitable care plans can be 	Kawéskéyatisi óma kitakosiwin oci ta kiskénitakik ókik maskikíwininiwak tánisi éko kékawána ká minwásiki ta wanastácik ta wícihikoyan óma oci ká sokawáspinéyan.

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<ul style="list-style-type: none"> Actively seek out education, information and support to live well with diabetes Respect the rights of other people with diabetes and health care providers. 	Natona kiskénitamowina, isi kiskinawámákéwina éko ta isi mino natamákawiyán óma oci ká sakawáspinéyan. Kisténitamonik ókik otisi pimácihoniwáw ókik ká sokawáspinécik éko anihí ká wícéyámikocik ká nácacihikocik
Governments Have the Responsibility to:	Kici Wanasonuwéwikimawak wínawáw ta nípawistakik ta:
<ul style="list-style-type: none"> Form comprehensive policies and plans for the prevention, diagnosis, and treatment of diabetes and its complications. Collect data on diabetes burden, such as costs and complications, and to regularly evaluate whether progress is being made. 	Wanasowéwina óma ta oci paspimakak, éká ta ayáyan, éko ké isi natawitániwak kisáspin tápwé ki sokawáspinan éko ké ati isi animaki kotaka kékwána Máwasakona kiskénitamowina óma inikok ká itáspinacikémakak anima sokawáspinéwin tanikok étakiték ta nánákacihit awiyak ékwéniw oci, éko máti anima ká isi pamihit atosképaninik tátí mino ayát.
<ul style="list-style-type: none"> Guarantee fair access to diabetes care, education, prescribed medications, devices, and supplies to all Canadians, no matter what their income or where they live. Address the unique needs and disparities in care and outcomes of vulnerable populations who experience higher rates of diabetes and complications and significant barriers to diabetes care and support. 	Ta kécinahónániwak ókik ká sokawáspinécik kawisk ta kinawénimicik, ta kiskinawámácik, éko maskikíya ta mínicik apók kotaka ápacitáwina kakinaw ókik Canadians ta ayácik móna nántaw ité ké wíkécik wéká inikok kék kaskicikécik Ta kinawápaciakátéki éko nántaw ta itócikániwak kékwána natawénitakoki éko kékwána óki átit ininiwak wéci sokawáspinécik éko tánisi kékí itócikáték óma ta paskinákáték wéka kawisk ta natawitániwak akosiwin
<ul style="list-style-type: none"> Implement policies and regulations to support schools and workplaces in providing reasonable accommodation to people with diabetes in their self-management. 	Ta wanastácik wanasonuwéwina éko pimitisyikéwina ta wícicikémakaki kiskinawámákéwíkamikok éko ité ká atoskániwak tátí kaskitácik kawisk tátí pamihisocik ókik ká sokawáspinécik
Health Care Providers Have the Right to:	Anikik ká nákacyáci k otákosíwi takí pakosénimowak ta:
<ul style="list-style-type: none"> Ongoing training, funding and tools needed to provide high quality diabetes care. Work in well-coordinated teams, either at the same location or virtually where support from specialists who provide diabetes care can be obtained within a reasonable time. 	Tá tápitawi kiskinawámácik kékwána, sóniyaw éko ápacitáwina ta takóki inikok ta tépi tipahikátéki kawisk ta kinawénimit awa ká sokawáspinét. Mino wítatoskémitonániwak, péyakwanok ité ká tasi atoskániwak wéká nántaw ké isi kaskitániwak kawisk sémák ta wícihit awa ká sokawáspinét

Health Care Providers Have the Responsibility to:	Anikik ká nákaciyacik otákosiwa ta nípawistakik anima: <ul style="list-style-type: none"> Treat people with diabetes as full partners in their own care. Learn and apply up-to-date evidenced-based clinical practice guidelines when caring for people with diabetes. Diagnose people living with diabetes as early as possible. Help people with diabetes and their caregivers navigate the health care system.
Schools, Pre-schools, and Daycares Have the Responsibility to:	Ta mino pamichicik ókik ká osokámicik tápisikók kína ká isi natawénitaman tá isi paminikawiyán Ta kiskénitaman éko ta ápacitáyan anihí oski nanátawiwéwina óma ká pamiat ana ká sokawáspinét Miskam ana ininiw wípac nawac kisáspin tápwe sókawáspinéw Wícihik anihí ininiwak ká sokawáspinét éko anihí ká kinawénimikocik ta kaskitácik tánisi ta isi miskakik wéká ta miskawácik awiyaka ta wícihikocik anima oci ká sokawáspinániwak
Workplaces Have the Responsibility to:	Kiskinawámátowikamikok éko ité ká kinawénimicik ékísikánik awásisak nípawistamwak wínawáw ta: Kécináhocik otatoskéwak éko ana awásis wícéwákana ta kiskénitakik kékwán anima sókawáspinéwina, éko tánisi kékí itotakik ta wícihacik anihí ká akosinit éka pakwanta ta nisitawénimit oma ká sokawáspinét
The Canadian Diabetes Association Has the Responsibility to:	Ité ká atoskániwak wínawáw mámawi nípawistamwak ta: Isicikániwak ta mino atoskátagik kékwána esko kaskitácik éko ta nanátamácik éka ta nisitawénimit anima oci ká sokawáspinét
• Strongly advocate for the rights of people living with diabetes on behalf of Canada's diabetes community.	Ana Canadian Diabetes Association ká itit wínawáw ta nípawiskakik anima ta: Ayamihistamawácik anihí kawisk ta pamihimit ká isi asotamácik ókik ká sokawáspinécik óta Canada kititáwininánik
• Raise public awareness about diabetes.	Acimonániwak kékwán óma anima sokawáspinéwin
• Work to ensure the accuracy of information about diabetes in the public domain.	Tápitawi atoskoták kawisk ta itáclimonániwak tánisi étisímaka anima sokawáspinéwin ká itakik
• Partner with researchers to improve the planning, provision and quality of diabetes	Wícéwákanimácik ká natonakik nánátok itowa itaspinéwina táti kakwé nawac kawisk paminakik éko isi kinawápámicik okik ká

care by promoting and applying research.	sokawáspinécik éko awasimé kiyápíc ta natonikátéki ké isi paskinátakik anima isi ákosiwin
<ul style="list-style-type: none"> • Advocate for equitable access to diabetes care, education, medications, devices, and supplies. 	Ayamihistamawát tátápiskóc ta isi pamihicik, kiskinawámácik, éko maskikíya éko kotaka ápacitáwina ta ayácik anima oci ká sokawáspinécik