

Indigenous Disability Awareness Month (IDAM)



Indigenous Disability Awareness Month (IDAM) brings awareness of these barriers and the issues that Indigenous peoples living with disabilities and their families face every day. More importantly though, in spite of these barriers, IDAM celebrates the achievements of Indigenous peoples living with disabilities and recognize the significant and valuable contributions they make to our communities socially, economically, and culturally every day.

Indigenous Disability Awareness Month (IDAM) was created by BCANDS in 2015. Since then, IDAM is now annually declared and recognized by the Provinces of British Columbia, Saskatchewan, and Manitoba, the Assembly of First Nations, BC First Nations Summit, Métis Nation of BC, Council of Yukon First Nations, the Town of Inuvik, and hundreds of other organizations and communities across Canada. IDAM is the only Indigenous disability specific awareness initiative of its kind in the world. In 2017 the United Nations International Committee on the Rights of Persons with Disabilities recommended to Canada to officially declare November as IDAM annually.

National Indigenous Disability and Wellness Gathering November 15, 16 and 17, 2022 Victoria Conference Center Victoria, BC. This event will be taking place during the 8th Anniversary of Indigenous Disability Awareness Month (IDAM) being declared across Canada and internationally.

Indigenous peoples of Canada experience a disability rate significantly higher than that of the general population. In 2017, 32% of First Nations people living off reserve, 30% of Métis and 19% of Inuit had one or more disabilities that limited them in their daily activities.

Rates of disability among First Nations people living off reserve and Métis were higher than for non-Indigenous people. This remained true after accounting for differences in age, geography and population centre size between the population groups. Rates of disability among Inuit were lower, largely because Inuit are younger.

Among First Nations people living off reserve, Métis and Inuit, disability rates were higher for women than for men. Disability rates increased with age for both men and women.

Of all severity levels, mild disabilities were most common among all three Indigenous groups and for both men and women. Among all Indigenous groups, pain-related disabilities were most prevalent.

Differences in disability rates were observed by province and territory as well as by Inuit region in Inuit Nunangat. Among First Nations people living off reserve and Métis, disability prevalence was higher in Nova Scotia, New Brunswick, Ontario, British Columbia and Alberta while among Inuit it was higher in Nunatsiavut.

<https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2019005-eng.htm>

Officially proclaim IDAM

By working together in compassion and respect, we can work towards a Canada that is inclusive, equitable, and accessible for everyone. Show your organization's, or your community's support by recognizing and proclaiming IDAM annually!

Join countless supporters across Canada by filling out your own proclamation statement and send back to bcands@bcands.bc.ca, and share widely!





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Can I claim diabetes as a disability Canada?

All Canadians with type 1 diabetes will qualify for the Federal Disability Tax Credit. Approximately 300,000 Canadians living with type 1 diabetes (T1D) can now automatically qualify for the federal disability tax credit. <https://www.jdrf.ca/news/all-canadians-with-type-1-diabetes-will-qualify-for-the-federal-disability-tax-credit/>

How to apply for the Disability Tax Credit (DTC)

The Disability Tax Credit (DTC) is a non-refundable tax credit that helps persons with disabilities or their supporting persons reduce their income taxes. The DTC provides greater tax equity by allowing for some relief for disability costs.

The DTC is available to individuals with diabetes using insulin whose doctor certifies that they spend at least 14 hours per week on specific activities related to determining and administering insulin.

Who qualifies?

A person who requires "Life Sustaining Therapy" may be eligible under the 2 following conditions:

- Therapy is required to support a vital organ
- Therapy is needed at least 3 times a week for an average of at least 14 hours per week.

The Canada Revenue Agency (CRA) must receive confirmation that the applicant spends at least 14 hours per week on the activities specified by the CRA that are related to administering insulin. These activities include:

- Monitoring blood sugar
- Preparing and administering insulin (loading, injecting and assessing the amount of insulin to deliver)
- Calibrating/preparing necessary equipment, including changing infusion sites for the insulin pump
- Adjustment of insulin dosage-blood glucose results recording and other activities to help adjust the dosage of insulin
- Treating (administering glucose or insulin for) hypoglycemia or hyperglycemia

There are certain activities that the CRA does not recognize, it is very important to exclude the following when applying for the DTC:

- Counting carbohydrates
- Exercising
- Recovering from hypoglycemia or hyperglycemia
- Meal preparation
- The time the insulin pump takes to deliver insulin
- Attending medical appointments
- Shopping for medication

You may wish to review the following guidelines to help move your application along without delay:

1) Ask your doctor if he/or she is familiar with the DTC for people living with Type 1.

Your doctor will be signing the form therefore it is important that they have good knowledge regarding the process. Many doctors are unaware that the DTC covers individuals living with diabetes. Following a legislation change in 2004, the DTC includes individuals who require therapy to support a vital organ, the pancreas. Note that it is best if you have known your doctor for at least 2 years, otherwise your application could be denied.

2) Explain how you meet the "greater than 14 hours" criteria.

Remember that certain terms must be omitted when filling out the application form. Any medical files and logs should not be sent to the CRA. These are private and confidential and are not required by the CRA.

November is National Diabetes Month, a time when communities across the country team up to bring attention to diabetes. This year's focus is on prediabetes and preventing diabetes.



Take action to End Diabetes

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3) The CRA cannot perform any medical assessments.

It is up to the doctor to complete the section on life sustaining therapy and duration. The doctor must definitively state that you exceed the 14 hours period. Your doctor must also sign, date and stamp the application with their ID number.

4) The patient needs to complete the 1st page of the DTC and sign at the bottom, allowing the CRA to contact the doctor (this is to send a letter indicating the patient spends 14 hours or more on therapy to sustain a vital organ).

5) It is up to the patient to mail the original form to the taxation centre. It is recommended that you retain a copy as well.

6) The CRA will confirm receipt of the application within 6 weeks of receiving it.

It is important that you contact your doctor and advise them they will be receiving a letter from the CRA hereafter. Within 30 days of receipt of the CRA letter, the doctor must respond (on their letterhead) confirming that you exceed the 14 hours. If the doctor does not pursue the CRA's request, your application will be denied.

7) The CRA is required to provide a response regarding the approval of the DTC within 180 days of the application receipt date.

8) If for whatever reason you are denied, you are eligible to apply again one year after the original application.

Once you are approved for the DTC, you can apply for other federal, provincial, or territorial programs such as the registered disability savings plan, the working income tax benefit, and the child disability benefit. We previously hosted a webinar called Achieving Financial Stability, which discusses the DTC and how to maximize your medical expense tax credits and deductions.

To watch the recorded webinar, please see the link:

<https://www.youtube.com/watch?v=5mNTQ7GXrZY>

For more information on Tax Credits and Your Rights, please see the following link:

<https://www.diabetes.ca/learn-about-diabetes/your-rights/tax-credits>

<https://www.diabetes.ca/DiabetesCanadaWebsite/media/Learn-About-Diabetes/How-to-apply-for-the-Disability-Tax-Credit-June-2020-updates.pdf>

Chronic obstructive pulmonary disease (COPD)

Chronic obstructive pulmonary disease (COPD) is one of the most common lung conditions, affecting more than 65 million people worldwide. Smoking tobacco, air pollution, and genetic predisposition are the primary risk factors for COPD. The condition can significantly shorten a person's life but, unfortunately, may be asymptomatic in the early stages. In some cases, symptoms of COPD do not show up until the lungs are already damaged.

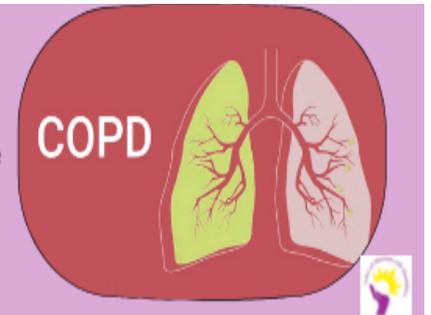
1. Chronic Cough

People with COPD usually develop a persistent cough that does not subside for weeks, months, or years. The cough is similar to a smoker's cough, and many long-term smokers assume the symptom is simply a by-product of their habit, which can lead to a delayed diagnosis.

2. Mucus

Another distinctive symptom of COPD is excessive mucus production. The sputum may be transparent, white, pale green, or yellowish, although yellow or green sputum can also be a sign of an infection in the lungs or airways. People with COPD are at a higher

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing.



The third Wednesday in November of each year is proclaimed as COPD Awareness Day.

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risk of developing lung infections. In some cases, this sign does not develop until the condition is more advanced. The mucus causes congestion and can result in breathing difficulties, primarily upon waking. Mucus production tends to get worse as the disease advances.

3. Shortness of Breath

Shortness of breath is often one of the most problematic symptoms of COPD. Most people experience the worst of this respiratory difficulty after physical exertion. Often, the symptom indicates significant inflammation and blockage of the pulmonary pathways and calls for immediate medical attention.

4. Tightness in Chest

Another common symptom associated with COPD is tightness in the chest, especially when inhaling, making breathing labored. Chest tightness differs from chest pain, which is not a common symptom of COPD. Individuals experiencing chest pain and tightness should see a doctor, who can test for heart and other lung or respiratory conditions.

5. Wheezing

In people with COPD, wheezing or whistling sounds while breathing is a consequence of blocked or narrowed air passageways. The wheezing usually occurs in the more advanced stages of the condition and often in the aftermath of coughing spells or physical exertion. Excessive wheezing can begin to impact speech as well as breathing.

6. Recurring Chest Infections

People with COPD are at an increased risk of chest infection, including bronchitis and pneumonia. Even relatively innocuous issues such as the common cold can escalate to a more serious respiratory infection in people with COPD. Recurring chest infections can also be a sign of COPD in undiagnosed individuals.

7. Blue Lips and Nails

Cyanosis is a serious sign of advanced COPD. The term describes a persistent coughbluish tinge to the lips and nails that indicates low levels of oxygen in the blood. This emergency event requires immediate medical attention. It is most common in advanced cases of COPD.

8. Mental Confusion

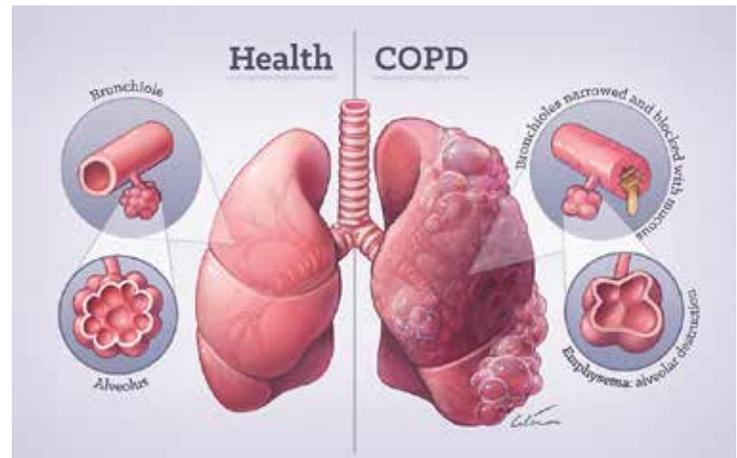
Impaired cognitive function can begin to affect individuals who have not responded positively to treatments for advanced COPD. The symptom develops because restricted airways prevent oxygen-rich blood, essential for healthy cognition, from reaching the brain. Affected people may experience persistent coughmental confusion, lack of concentration, and poor memory.

9. Rapid Heartbeat

Restriction of the pulmonary airways means a reduction of oxygen-rich blood delivery to tissues, placing increased demand on the heart, which is responsible for pumping oxygenated blood to the rest of the body. As such, the heart begins pumping faster to meet the body's demand for blood. A rapid heartbeat is a common sign of advanced or severe COPD.

10. Weight Loss

Weight loss is also common in advanced cases of COPD. Restricted breathing means the body requires more fuel to facilitate the process. Unless people with COPD increase caloric consumption, they burn more calories than they consume, leading to weight loss.



https://factly.com/conditions/copd/10-symptoms-of-copd/?style=quick&utm_source=adwords-ca&adid=490403196472&ad_group_id=89271653925&utm_medium=c-search&utm_term=copd&utm_campaign=FH-CA-Search-COPD-Symptoms-Desktop&gclid=CjwKCAjw7p6aBhBiEiwA83fGuvFOZFnlJmliBVop5Ssq7BnOyc0olzS3oo8FZCge-bYs1kck2zG-XXBoCKBsQAvD_BwE



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