



Giving diabetes a voice (from the street)

Images & Stories from a Community- Based Photovoice Project

Assignment #1

Take a photograph that demonstrates some of the challenges of eating well with diabetes while experiencing homelessness.



Breakfast

Where do I begin to tell my story about living with diabetes? Not only am I homeless, I am being fed foods that are high in sugar and definitely not diabetes-friendly. On top of that there is no place for us to prepare our own food.

Asking for more diabetes-friendly foods is like asking for them to prepare a gourmet meal. Really? I'm not asking for a steak & filet mignon! I'm asking for some veggies, fruit, water – something that can effectively help me control my sugar level.

Surely there is something we can do to offer the homeless a wider variety of foods. Can't say I'm not grateful for what I am fed, but that doesn't mean I'm happy with what I'm offered... It's bad enough we are homeless, why must we be hungry, too?



Community Lunch

I just found out that I am borderline diabetic and I also have finally got my place to live. I could finally do my own cooking. I like healthy food but I also eat junk food. The prices for good food – broccoli for example – have gone up. I attend diabetes groups to learn how to cook healthier food and manage my diabetes by managing my diet.

I attend lunch at community program and took some pictures of the food. I just found out they have a diabetes cooking group for diabetics.



To eat or not to eat, that is the question...

As a homeless male, I can only eat what I can afford. For years all I ate was Pizza Pockets – which are not healthy and because I could only eat what I could afford, it caused me to become a type 2 diabetic. Another challenge in my life to deal with. Yay...



The Diabetic Wish...

When you look at this you see a kitchen, to a diabetic, you see a life saver. Being in a shelter, yes... you do have the choice of eating a doughnut or a banana, however let's get real... do you care what you are fed in a shelter?! The important thing is whether I'm being fed or if I'm going to bed hungry.

Being able to cook your own meals may not be important to many, but to me it's a privilege. Not having to worry if the food is high in sugars or carbs, but the choice of eating a measured portion of rice instead of pasta, and all the vegetables in the world. Being able to prepare my meals is such a blessing, one that I won't take for granted, because I know how quickly I can lose everything AGAIN!!!



What I can afford

I have had diabetes for many years and have also been homeless. In this photo, I'm eating at a restaurant that was close to my friend's place. I ate a bagel with processed cheese, mayonnaise, and butter, as well as a fried hashbrown. It's no good to eat this because it has all the bad processed fatty foods, but it's the only thing I could afford. You have to eat what you can when you're living in poverty already. When you're homeless it's hard to take care of yourself because you don't have a home or supports.



Experience and Education

Before I was diagnosed with Type 2 diabetes, I used to love cereals with big bran flakes and raisins. It seems healthy. And, this *is* a breakfast cereal served in homeless shelters. In the shelter, I would have two helpings of this cereal. But, this cereal has one of the highest calorie counts of all dry cereals. And, the raisins, covered in extra oil and coated with extra sugar are mini sugar bombs. I am certain partaking in this breakfast led to one of the highest blood sugar ratings I have ever had in my life and a diagnosis of Type 2 diabetes.

I decided to do some independent reading about what would bring down my blood sugar rating. A healthy diet including vegetables and fruits, in appropriate portions, can slow and even reverse the progress of Type 2 diabetes. So, for breakfast, I began to choose plain Greek yogurt with red fruits or berries followed by a bran muffin at coffee break. The bran muffin combines with the yogurt to slowly release sugar into the blood stream, lowering the blood sugar level.

I did my own independent reading and research to arrive at knowledge about healthy food choices to manage diabetes. These are not lessons given in homeless shelters yet. And, I had to buy these foods with my own money because they are not served in the homeless shelters yet. But, my blood sugar level and my diabetes diagnosis have reversed back to the non-diabetes range.



Always Darkest

A solitary figure sits in the corner of a local McDonalds, strumming their guitar inaudibly so as to not draw the ire of restaurant staff and be kicked out into the frigid mid-March pre-dawn.

I see myself in this picture, except instead of a guitar I'm hunched over a cell phone, utilizing the restaurant's wifi. A large chocolate milkshake and two McDoubles provide the highlight of my day while also allowing me to kill myself slowly due to my type 2 diabetes.

McDonald's is everywhere, open 24/7, cheap, and (perhaps most importantly) familiar. Everything always tastes the same as I remember it. This dependability literally sugared the pill of chaos I was forced to swallow everyday while homeless. The fear of future diabetic complications didn't even register when each moment was a nightmare.



Contradiction

I moved into a homeless shelter in Toronto one year ago. The shelter recently posted the flyer you see in the picture – which means that the shelter is aware of the problem of diabetes. However, in the background you'll see two vending machines. The left one selling high-sugar pop cans, and the right one selling sweet junk chocolates and sweets. Both of these vending machines do brisk business – as they need to be refilled every Sunday. Since everyone in the shelter is at risk of diabetes, take the machines out and if people want to get sweets, they have to go out to find them. Or surprise us one week and fill it with water or apples or sandwiches.



WTF – It's what's for dinner

Rice and stew again. The meat is mostly gristle. Oh, some potatoes in there to go with the rice? Sure, I'm already like 100 pounds overweight and diabetic, why not carbo-load?

A sign hanging in the shelter cafeteria reads:

Having someplace to go is HOME
Having someone to love is FAMILY
Having both... A BLESSING!

I can't imagine anyone considering this place home. To stay here is to choose the lesser of multiple evils, such as the street, psych wards, even worse shelters, or prison. I'm purposefully leaving 'death' off that

list, although the food seems to be trying to achieve that end.

Forcing myself to swallow the mush, I am incapable of gratitude. Again, I consider the sign. I don't know anyone in a shelter that has 'loved ones,' including myself. The people that still deign to keep in contact with me sure as hell aren't offering to put me up.

I wonder if the food and the sign are in some way conscious steps taken to reduce morale. Depressed residents made even more sluggish by spiking blood sugar cause little trouble.

Matt

Assignment #2

Take a photograph that depicts something relating to homelessness that has been a major help or barrier to your management of diabetes.

- * Store in a cool, dry place away from direct sunlight.
- * Keep out of reach of children. Packaging is not child resistant.
- * Take the contents of one blister at the correct time as directed.



Helping you feel better all over™

Rx Info		Drug Info / Direction		Bkf	Lch	Sup	Bed
Start Date: Apr 09, 2019	Pharmacy: Duke Pharmacy (2557789 ONTARIO INC) 2798 DUNDAS ST W, TORONTO, M6P-1Y6 Ph: (416) 767-8800 Fax: (416) 767-8802			1			
Patient: Di Giandomenico, Anna Rita	2808 DUNDAS ST WEST, TORONTO, ON						
Family Doctor							
Rx: 13145	Apo-Hydro / Hydrochlorothiazide	DIN 00326844, Form: TAB, Mfr: APX (25MG)	Take 1 Tablet By Mouth Once Daily				
Q: 28 R: 32				1			
Rx: 10834	Jardiance / Empagliflozin	DIN 02443937, Form: TAB, Mfr: BOE (10MG)	Take 1 Tablet By Mouth Once Daily				
Q: 28 R: 4				1			
Rx: 10898	Synthroid / Levothyroxine Sodium	DIN 02172135, Form: TAB, Mfr: ABB (0.175MG)	Take 1 Tablet By Mouth Once Daily				
Q: 28 R: 4				2		2	
Rx: 10589	Apo-Metformin / Metformin HCl	DIN 02167786, Form: TAB, Mfr: APX (500MG)	Take 2 Tablets By Mouth Twice Daily				
Q: 112 R: 136				1			
Rx: 10900	Sdz-Olimesartan / Olimesartan Medoxomil	DIN 02443422, Form: TAB, Mfr: SOZ (40MG)	Take 1 Tablet By Mouth Once Daily				
Q: 28 R: 4							1
Rx: 10901	Apo-Rosuvastatin / Rosuvastatin Calcium	DIN 02337983, Form: TAB, Mfr: APX (10MG)	Take 1 Tablet By Mouth Once Daily				
Q: 28 R: 4							

Patient Pays....

\$97.14. Are you kidding me?! That is for one week of meds. I guess this week this girl will need to make-do with the food that is in her cupboard... So beans it is again. Tell me, where is the justification? Why must homeless individuals with diabetes have to decide if this week they eat properly or if they get their meds to control their diabetes?

Then of course there is the fear of your meds being stolen from you. So now not only are you without food but without meds too.

What's it going to take for someone to take action against the injustice? As a homeless diabetic, I have to decide if I eat this week, or if I refill my prescriptions. I know this fight is going to be hard, but this is one woman who is not giving up... So bring on the challenge, I'm ready for the fight.



MEDICAL CENTRE

**FAMILY PHYSICIAN • WALK-IN
SPECIALIST • TRAVEL CLINIC • LAB
EKG • CARDIAC SERVICES**

PHARMACY



**Physiotherapy / Orthotics
Massage Therapy / Shoes
Chiropractic / Acupuncture**

Support is crucial

Eight months ago, living on the streets, I didn't know where or if I would ever find a place to call home. Not only was I facing the challenges of being homeless, but also fighting type 2 diabetes.

I knew I had to get the proper help. Fast forward 7 months and here I am. If it was not for my medical team and pharmacy working with me on a daily basis, then I would surely be dead. I am so grateful for these supports: family doctor, pharmacist, specialists, cardiac services, physiotherapy... all under one roof.

Not only have they helped me with diabetes, but I have also become housed. New challenges await, but now I am in control, with my team by my side.

Support is crucial.

Dwayne



Life with a blister pack

When I was sitting on a road drinking alcohol, I didn't give a care in the world about my diabetes, because I had no home at the time. I felt mad, I just wished I didn't have diabetes.

Now I have a home where I can keep my medications and I know where they are. I don't have to keep them in a backpack or a garbage bag that I carried around with me. I keep my blisterpacked medications on my table, where I can remember to take them. And I don't have to worry about people stealing my medications anymore.

My diabetes is bad, but it would have been a lot worse if I didn't get a home.



The Guesthouse

When diagnosed with Type 2 diabetes, there seemed to be a daunting amount of information and minutia that had to be learned to cope with the diabetes. I wanted a one month segue out of the homeless shelter I was in, to a shelter, or better a retreat, devoted to all of the lessons about Type 2 diabetes that needed to be learned: nutrition, exercise, education and medicine. After a diagnosis one is referred to assorted specialists, at widely scattered locations all over town, with long time lags between appointments. An integrated, immersive education, located at one site, would greatly speed up the learning curve.

Hmmm.... Where could I find such a site? In the United States, as part of the "lifelong learning movement," senior's retirement communities have been established on some campuses. Have you been a music lover your entire life? Retire to a campus with a world-class music school.

It occurred to me that a similar community could be established at the micro level. A guesthouse, premised on feminist principles, for women at midlife with

diabetes, could be set up in a university neighbourhood next to a university. Staff at the house would provide the diabetes appropriate meals and nutrition education. The university campus would provide the diverse opportunities for exercise, with their gymnasiums, swimming pools and tennis courts and so on. The university could also provide the wide array of courses one might want to take in such a situation. Medical school? What a wonderful time to have full access to an up-to-the-minute medical library. And, it would be easy to arrange for a medical student to visit discuss current medications. Or, you could take a relevant course in medical school yourself.

Abigail Jones. "Some Retirees Opting for Campus Life." New York Times. December 3, 2010.

Constance Gustke "Going back to school without the pressure." New York Times. April 4, 2014.

Shannon Butler-Mokoro and Laura Grant, editors. Feminist Perspectives on Social Work Practice; The Intersection Lives of Women in the 21st Century. "Getting Older and Wiser." Oxford Press: New York: N.Y., 2018, p. 252



What happened to human rights?

This political rhetoric constantly sums up to be about how much of ourselves we will lose, because someone new in power has taken that right from us, even though it's part of our constitutional rights. It does not have to be an individual; it could also be an institution.

Be careful when you make decisions about others. You need to practice the Hippocratic oath and do no harm. Individuals are struggling to make ends meet.

Right now, they're just cutting so much that they're taking the basic necessities - housing, healthcare, education, finances - which are crucial to individuals living far below the poverty line.



Change please?

On the subway. Just took a pic of a homeless guy wearing only socks, no shoes.

Guy held out his hands; had a few dimes there. I just shook my head. Got out at Yonge and Bloor. At the top of the escalator I saw the shoeless man again, this time on his knees with his hands clutched together, mouth agape in abject despair. I hurried by him.

I didn't want to know his story; why he was begging for change, why he wasn't wearing shoes. I had myself to worry about.

I doubt if he knew or cared whether or not he had diabetes. The thought of him diligently taking medication and blood glucose readings is almost laughable. If he is in fact diabetic, the expected concern for foot care is clearly lacking.



Shelter Foot Nurses Needed

Diabetics often times end up with little or no feeling in their toes and toe nails. Thus, they end up neglecting foot care and toe nail care. And, their toe nails therefore end up with fungus. The foot nurses at the shelter where I live quit their jobs as of a few weeks ago. The shelter no longer has any foot nurses.

Because I had fungus making my toe nails thick, I could not cut my toe nails myself. Since there were no foot nurses available I ended up ripping out my toenail altogether (as shown in picture, my own ripped off left toe-nail). After I ripped out my toe-nail using my scissors, thus spilling blood all over, I had no way or means to disinfect it or bandage it.

Almost everybody in my homeless shelter dormitory has ongoing scabies and/or athlete's foot and/or body lice. With my history of Diabetes2, I am seriously worried about my toe-nail(s) getting infected and getting more fungus.

Meet the Artists

(Community
Researchers)



Anna

My name is Anna, and for the last 10 years I have been battling diabetes – a struggle that is difficult to deal with. Then 5 years ago, I became homeless which is hard enough to deal with... But being diabetic makes the struggle much harder.

Having to hide your medications so that they are not stolen, or wondering what we are going to be fed... will there be veggies and fresh fruit? Will it be diabetic friendly? It's a catch 22.

To some, my story may be sad, but to me it's a sign of strength and determination on survival. Giving up is not an option... fight to the end.



Cat

Cat was born and raised in Toronto. She loves to go for walks and enjoy fresh air, and read. She struggled with addiction in the past and has great compassion for people on the street, as she spent years on the street herself. She was diagnosed with diabetes early in 2019. She recently got her own apartment and is feeling better. She loves having her own place to go home to.



Dwayne E. Hunte

8 months ago, I was a 39 year old male living in a shelter – I became homeless as a result of a \$1000 a day drug addiction.

After being diagnosed with diabetes while being homeless, it was difficult for me to control, as I was trying to get my addictions taken care of first as a priority.

I got help and support, and today my diabetes is manageable and I am housed. Having my own home puts me in control of what I eat and what I spend my money on. My diabetes is now under control and my life gets better and better each day.



Georgina

I've had diabetes since 1995, and became homeless in 1996. Living on the streets, it was a struggle to try to get my diabetes under control. I ended up having a stroke.

I jumped from shelter to shelter but I finally got housed, which was good because I was able to sort of get my diabetes under control.



Matt

From 2006 to September 11, 2018 I was a daily binge cannabis user. During this time I developed type 2 diabetes, high blood pressure, and high cholesterol. I was diagnosed with clinical depression in 2008. In 2014 I had a nervous breakdown and was hospitalized for suicidal ideation. Later on in the year I had my first episode of mania and was diagnosed with bipolar disorder. Vacillating between the highs of mania and the immobility of depression, I have not held a job since.

After separating from my wife in 2017, I was penniless and unable to support myself. Over the summer I moved in with my mom and her common-law husband. During a medication change I experienced a flare up of aggressive mania and came very close to assaulting my father-in-law. After the incident, my mom had the police remove me from her home. Thus began months of bouncing around between different homeless shelters.

In hopes of better living accommodations, I entered a detox facility on September 11, 2018. After a week of detox I moved into a pre-treatment organization, and a week after that I was accepted into a concurrent disorders treatment program in downtown Toronto where I would spend the next three months. Detoxing from over a decade of binge cannabis use at a rehab centre next to Moss Park was a unique experience. I saw daily examples of homelessness, drug addiction, and mental illness both inside and outside the walls of the facility. Crushed by depression and post-acute withdrawal, the only way I was able to complete the daily 8:30am-7:00pm class schedule was my absolute dread of having to return to another homeless shelter if I was discharged from the program.

After completing my rehab program, I moved into transitional housing on January 2, 2019. Despite my shabby surroundings and being made to share a room with 3 other addicts in early recovery, I was able to make a few friends and received excellent support and counselling from the staff. Finally, my black mood started to brighten. My energy and motivation began to return as with my speed and clarity of thought. In the preceding months all aspects of my mental state have continued to improve. My addiction specialist attributes this change to my body finally ridding itself of the psychoactive chemicals in cannabis. He also mentioned it is likely that the lability of my moods and manic/depressive states were a result of chronic cannabis usage rather than a naturally occurring imbalance in my brain chemistry.

While in shelters my diabetes management was limited to taking medication; diet, exercise, and keeping in contact with a bevy of health care professionals barely registered as a concern.

Since entering the relatively stable and structured environment of a sober living house in February, I find I am able to focus on many more aspects of my diabetes management as well as other areas of my self-care.



Marleane

Without housing I felt like this tree, naked without leaves, and at times I even faced death.

At nights I would walk the dark streets looking for some place safe and warm to sleep. I knew nothing of shelters, only stairwells. Home was a place of extreme violence and abuse. I was 10 and new to this cold country without a winter jacket. I came from Jamaica. I knew no one but the person who took me from my father's yard, changed my name, date of birth and robbed me of my identity threw me out into the elements. I grew up in Children's Aid Society, an institution that was supposed to keep me safe. Fifteen group homes later and two institutions later... I have severe PTSD, chronic asthma, severe sleep apnea, and became a diabetic when I worked for a shelter that was run by the city but I am still going strong. I can't give up. I am a crab and a Leo born on the cusp. I make lemonade out of lemons and it's the best in the world. With a carpet of lights the tree has a new life, and so did I find motivation and strength by moving forward and going to school. This was my way out!



Ozzy

I am a single white male currently 74 years old, and “hooked” on alcohol and crack cocaine. I came to Toronto (from Argentina) at 13 years of age. When I was around 60 I became too lazy to work. Then thus penniless, I became homeless. And a few years later, I ended up with Diabetes “2”. But my being homeless led me to not want to chase after some family doctor. I didn’t find out about my diabetes until the nursing station at the homeless shelter where I’m staying diagnosed me. I didn’t bother to actively chase after treatment for my diabetes. Instead the shelter’s nursing station and doctors dished out treatment to me “on a silver spoon”, so-to-speak. Thanks to my homeless shelter and their medical professionals. They come to me so I don’t need to chase after them.

Jasmine

Jasmine is a Caucasian woman at midlife. She completed a third university degree in 2010. After visiting Vancouver in 2016, she returned to Toronto and stayed in a shelter for homeless women. While eating primarily sugar-laden, deep fried, shelter food, she received a diagnosis of "Type 2 diabetes." Type 2 diabetes can be managed through diet and exercise. But, there is no provision for adequate exercise in most shelters. And, the monthly diet rarely includes fresh vegetables and fruit, and nuts necessary to manage diabetes. She is still in the shelter system.

