

Rethinking Diabetes Prevention: An Innovation Community-Based Diabetes Prevention Strategy in Two High-Risk Areas of Toronto

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Diabetes Prevention Strategy

- In 2009-2010, Toronto Public Health embarked on a Diabetes Prevention Strategy (DPS) in two high-risk communities.
- The purpose of the project was to plan, implement and evaluate a DPS in two high-risk communities in the City of Toronto
- Target audience: people living in high risk communities that have <u>not</u> already been diagnosed with the disease.

Project Goal

 To reduce individual risk for developing type 2 diabetes by planning and implementing culturally appropriate, accessible programs that increase awareness of the risk factors for diabetes and provide opportunities to reduce these risk factors.



Environmental Support

- Community Health Centre Partnerships
- Neighbourhood Advisory Committees
- Community Outreach Workers
- Food Security/Physical Activity Strategies

Education and Skill Building

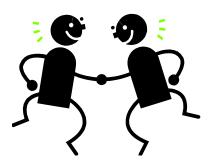
- Type 2 Diabetes Risk Assessment Workshops
- Food Skills Programs
- Physical Activity Programs

Social Marketing

Local Media Campaigns

Community Partnerships

- Formal partnerships with Community Health Centres
- Informal Partnerships
 - Parks, Forestry and Recreation
 - Community-Based Agencies
 - Community members
 - Other diabetes prevention projects



Community Partnerships

Successes

- Legal contracts with formal partners
- Referral system to primary health care
- Access to community members/groups
- Building of sustainable programs (e.g. Parks, Forestry and Recreation)
- Better understanding of people who live in the community

- Different organizational visions
- Communication challenges
- Diabetes prevention versus diabetes management



Ethno-Culturally Specific Programs/Services

- Community Selection
- Outreach Workers

- Literacy process
- Translation

Focus Groups





Ethno-Culturally Specific Programs/Services

Successes

- Outreach workers enabled us to have access to community members that we would otherwise have not
- Focus groups allowed us to create programs/services/social marketing materials that resonated with community members
- Community members are appreciative of our programs

- Difficult to outreach to a very culturally diverse community
- Translations/Back Translations/Intrepreters
- Lack of culturally appropriate/validated tools to measure changes in eating behaviours and physical activity
- You can't AND will not please everyone!

Education & Skill Building

- Type 2 diabetes risk assessment workshops
- Physical Activity Program
- Foods Skills Program
- Creating supportive environments (e.g. food security and physical activity)







Education & Skill Building

Successes

- Lesson plans and resources developed for each program (culturally appropriate)
- Outreach workers providing education-over 1200 diabetes risk assessment tools completed!
- Relationships between PHNs/RDs and community members
- Pilot project has allowed us to build a brand and increase visibility of the diabetes prevention strategy

- Expensive to run education programs
- Quality assurance of type 2 diabetes risk assessment workshops
- Challenges in reaching ALL ethno-cultural groups
- Lack of culturally appropriate/validated tools to measure changes in eating behaviours and physical activity

- Process and outcome evaluation
- Type 2 Diabetes Risk Assessment Tool (Canadian Diabetes Risk Assessment Tool)
- International Physical Activity Questionnaire
- Food Skills Program Pre/Post Questionnaire
- Obtained comments from people attending workshops regarding what they learned

Successes

- Evaluator assigned to project
- Increased awareness and understanding of risk factors for type 2 diabetes
- Increased physical activity
- Improved healthy eating behaviours and attitudes

- Evaluation sometimes was a hindrance to the programs and services
- Negative reactions from staff regarding evaluation tools and processes
- Lack of culturally appropriate/validated tools to measure changes in eating behaviours and physical activity

Implications for Community Health Nurses

- Difficult to deliver a diabetes prevention strategy in a multicultural setting
- Each cultural group has different needs and expectations
- Eating patterns and attitudes to physical activity also differ
- Validated dietary and physical activity questionnaires are western biased and extremely difficult for target audience to complete

Conclusion

• Community=





How can your community participate in the DPS?





Questions



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