

PREVENTION OF DIABETES IN EEYOU ISTCHEE: An evaluation of community priorities for Diabetes Prevention and Clinical Pre-Diabetes Services Delivery in Waskaganish.

SHORT SUMMARY

INTRODUCTION

The Setting

The first Regional Diabetes Prevention conference was held in Mistissini from Nov 28-30, 2006. The objective of this conference was to stimulate discussion among community representatives to determine priorities for their specific communities related to community-based diabetes prevention strategies. The current evaluation is a continuation of the work started at the Mistissini Conference within the Cree Nation of Waskaganish and is a collaboration between the Waskaganish community, the Cree Board of Health and Social Services of James Bay and an independent Aboriginal health researcher.

Evaluation Goal and Objectives

Goal: To determine if programs/initiatives/services currently being delivered in the community for healthy lifestyles promotion and diabetes prevention are successful with respect to performance and community satisfaction. The study also provides a set of recommendations for future program development at the community, Band and clinic levels.

Objectives:

- 1) describe what is currently being done by the various stakeholders/entities with respect to diabetes prevention;
- 2) identify if these services are accessed by the community, any problems encountered by those delivering the services and encountered by the community, as well as suggestions from both of these groups for program/activity/service improvement; and
- 3) provide a set of realistic and feasible recommendations that reflects the opinions of service providers, the community and the evaluators towards improved diabetes prevention.

PROCESS FRAMEWORK

Relationship Development

At the Mistissini Conference, Waskaganish community representatives offered their commitment to participate in the design and implementation of a diabetes prevention evaluation in their community.

After recruiting a few other key community and clinic representatives, the Planning Team members were encouraged to offer their support where they found it appropriate according to their position/role in the community. A wide range of community interests are represented by this team as it includes members working in: clinical-based health promotion and treatment; community-based health promotion; Band services; and Youth and Elder Programs Coordination.

The planning team had weekly teleconference meetings to discuss how to appropriately design and implement a strategy to promote community participation in the fieldwork activities.

The Community Contact Person was brought onto the project team to provide necessary support in terms of promoting the evaluation activities in the community, as well as assisting in all aspect of the fieldwork including the design of the implementation strategy, contacting potential participants, facilitating focus group discussions and providing translational assistance.

Fieldwork Activities

Community Evaluation: diabetes prevention and pre-diabetes services delivered to the community/individuals by stakeholders/entities in the community.

1) A review of diabetes prevention services delivered by stakeholders/entities outside of the community Healing Center: In-depth interviews were held with the community representatives to determine what support they provide to the community, the problems they encounter in delivering this support and improvements that can be.

2) A series of focus groups held with community members to assess the awareness level of diabetes prevention services provided by community stakeholders/entities: focus groups were asked to discuss their knowledge and use of diabetes prevention services/activities/programs, as well as how the services and programs might be improved to enhance access and ensure success in preventing diabetes on the individual and community levels.

Clinical Evaluation: diabetes prevention services delivered to the community in the community healing center.

1) A review of diabetes prevention services, including those for community members at VHR, delivered by staff at the community Healing Center: In-depth interviews will be held with all relevant clinic staff to discuss in what manner they are involved in diabetes prevention services, the problems they encounter, and improvements that can be made at the clinic level.

2) An audit of medical records for individuals at VHR (not presented here; analysis continues).

Data Analysis

Analyses of observations made during the focus group discussions and interviews were conducted using qualitative methods. From notes made by the researcher during focus groups and interviews, themes were identified so that general observations could be made to describe the feedback received from the community.

RESULTS

Focus Group Discussions

- The community understands diabetes is a problem, but doesn't know how to avoid it
- Knowledge of diabetes and its prevention/treatment limited to community members who have been diagnosed with the disease
- The community is not motivated to prioritize attending community events and activities for health education
- Information and motivational messages must be transmitted to the community in a manner that is easily accessible during the daily routine (radio, posters, internet site for Youth, information at the grocery store, placemats at the restaurant or "Health Food" section on the menu)

- Testimonies given by community members affected by the disease (personally, or concerning experiences with family and friends) would be effective in motivating community members
- Community must be motivated through information and understanding before they will prioritize attending meetings, cooking classes, store tours, workshops, registering for community programs and participating in community sports and physical activity
- Programs to increase physical activity in community members who don't play hockey or broomball include: introducing more youth and adult sports leagues such as floor hockey, baseball, football and Chinese dodge ball
- Diabetes awareness should be conducted as a collaboration between all community groups so that it is the community taking a stance against the disease. The coordinator for this type of project should be based outside of the clinic.

Interviews – Representatives from Community Groups

- No community groups/stakeholders addressing diabetes and diabetes prevention specifically
- Daycares and both school have teaching for healthy eating, including the Canadian Food Guide, and the importance of getting foods from all food groups, decreasing portion sizes, and cutting out junk foods and pop. Little success with attempts to involve parents (daycare) and students (school) in activities related to healthy eating and physical activity (e.g., cooking classes, information sessions, play-days).
- Band/Wellness addresses diabetes during their substance abuse retreat held each year
- Limited collaboration amongst community groups/stakeholders. Some examples where this does happen include yearly collaborations between the CHR/Nutritionist and the Daycare, and the CHR/Nutritionist and the Elementary School.
- Low community attendance and participation in community events, including those held to promote health issues, Band interests, and others.
- Community needs to hear the effects of diabetes in the community, and see the importance of healthy lifestyles so they will be motivated to seek out information and make changes in their behaviour.
- Much expressed need and interest in being active members of a community initiative to prevent diabetes, but do not understand it much themselves and would need to be trained, which could happen during the first few meetings of a committee.
- Representatives identified activities and programs that may be successful including: a community newsletter; a community calendar for activities for better community awareness and planning, a diabetes radio show; and church services dealing specifically with biblical references to the importance of healthy lifestyles.
- Would need someone to build the relationships between community groups/stakeholders and coordinate the community initiative as there is a history of well-intentioned strategies falling apart

Interviews – Clinic Staff

Diabetes Services and Programs

- Diabetes services are delivered at the community healing center with a multi-disciplinary approach

- Promoting diabetes prevention at the clinic level includes: doctors and nurses, Community Health Representatives, a nutritionist, home care staff, a physiotherapist and psychologists.
- Through a patient-oriented approach, the staff and the patient together determine the best course of action for education, motivation and follow-up: What do you already know/do? What would you like to do more of? What would you like to start doing? Why don't we try this and see how it goes, we can try some other things after your next appointment, emphasizing small changes.
- It is felt that the services delivered at the clinic are conducted in a very appropriate manner, and the community is well aware they can access these services.
- Attendance rate for appointments is very low and follow-up beyond 3 appointments is very rare
- Participation rate for community activities and educational events is low
- Successful activities include challenges such as the Weight Loss Challenge targeting the general community, and Drop-the-Pop in the Secondary School.
- Not much time due to clinic duties and commitments, trainings and other program activities to engage in community health activities for diabetes, even when having a community health mandate.
- CHR – so many programs there is no time to focus on just 1 of them to make a big difference, no time to work on developing their own community programs and activities
- The community as a whole needs to come around the issue and take a stance to motivate community members to care about diabetes and learn about its prevention.
- Suggestions for diabetes prevention service/activity/program improvement included involving community groups/stakeholders such as Recreation, Gathering Place, Community Wellness, the restaurants, grocery stores, as well as the day care and schools.

CONCLUSIONS AND RECOMMENDATION

- 1) Low level of knowledge/understanding of diabetes and diabetes prevention in the community
 - 2) Low level of motivation to participate in activities and education events in the community
 - 3) Need to spend time providing information/education and motivation before community will prioritize services/activities/programs to address the diabetes issue (e.g., community meetings, workshops, physical activity events, cooking classes, grocery tours)
- The Clinic cannot be the only community groups/stakeholder working in diabetes prevention, needs to be a community approach
 - Relationships need to be built in the community so that all groups/stakeholders can help in accessing the greatest number of community members with the dissemination of information/education and motivation
 - Capacity needs to be built in the community to come around an issue and work together for its resolution, including how to work and sustain themselves in a committee of interested representatives
 - A trained community representative is required to coordinate the initiative with respect to community relationship development, strategy/program design, as well as strategy/program implementation.

“1) EDUCATION! 2) MOTIVATION! 3) ACTIVATION!”

- Interview Participant