

## Special points of interest:

- Follow me on twitter @SarahChristilaw
- Patient Survey and Focus Groups - Key Themes
- Cultural Sensitive Diabetes Education –Chinese Background
- More information on upcoming events at [www.waterloowellingtondiabetes.ca](http://www.waterloowellingtondiabetes.ca)
- New initiatives coming soon!

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## Social Media for Social Good?

Do you ever feel like you can't keep up with the ever changing world of social media? Do you find yourself questioning the sanity of those who tweet, pin and facebook?

I was once this sceptical person, but I have since learned that it is my fear that is holding me back. The past couple months we have been researching using social media to help promote best practices and improve knowledge transfer.

As we build our social media campaign we are looking for the Waterloo Wellington diabetes community to help us drive the content.



Let's not be left behind. Start a twitter account and follow me @SarahChristilaw. Once we all learn how to use this media sign up and be a part of our campaign to inform your colleagues, partners and clients on the latest trending information #diabetes

Sarah Christilaw  
Coordinator –Diabetes Systems Improvements & Best Practices, Regional Coordination Centre

## Spotlight on Research - At-risk Populations

### Primary Health Needs of High-risk Marginalized Male Transport Truck Drivers: Health Equity Dimensions from a Health and Wellness Workplace Survey - Beatrice McDonough et al.

Self administered surveys were given to 13 trucking companies (15-200 drivers per company). 406 surveys were returned.

- 96% were male
- approximately half were 50 years or older.
- Majority had worked as truckers 10 or more years.
- 1/3 reported that they slept 5 or less hours a night.
- 1/3 were current smokers
- 1/2 reported low to moderate daily physical activity
- Majority indicated that diet was poor or needed improvement
- Nearly all reported having a family doctor



- A closer look at consistent documentation
- Focus on foot care – working group
- Developing partnerships with mental health
- Understanding the change role of the pharmacist in diabetes care
- Improving care in hospitals and LTC
- Central intake – expansion to region
- A consistent approach to diabetes in pregnancy
- CCAC education

**Stand up**  
to Diabetes



## Consumer Consultations - Patient Survey

During the first two years of operation one of the objectives of the RCC was to perform an environmental scan of diabetes care in the region to determine where the gaps in care exist. To hear directly from patients with diabetes two methods were chosen - patient surveys and patient focus groups.

As of January, 2012, approximately 980 surveys were distributed. 154 surveys were completed and returned. Of the respondents, 49.0% (n=72) were male and 51.0% (n=75) female; 100% English-speaking; and 96.6% Caucasian. The majority of respondents were over 55 years old (73.5%). Over 55% of respondents have been diagnosed with diabetes within the last 5 years and 44.7% of respondents were diagnosed 6 years and over (Table 1). Most of respondent's educational level was college/university (41.6%) and high school graduates (36.1%).



### Central Intake Update

1300 referrals received

~

115 referring primary care providers

### Preliminary Findings from the Patient Survey Responses

- 66.4% of respondents believe that they can support themselves in dealing with diabetes
- 73% of respondents agreed that they can motivate themselves to care for diabetes, yet results show that most of individuals are poorly following the recommendations
- 39% of respondents believed the emotional impact of diabetes affected their life
- Majority of respondents identified family physicians and diabetes educators as main source for information or advice
- 89.3% of respondent attended diabetes education programs but 61.5% have not attended in past year
- The most common reason provided by respondents for not attending a diabetes education program was: doctor did not refer to diabetes program (36.4%) which conflicts with the physician survey response where 73% of respondents "indicated patients unwilling to attend" as highest reason for not referring
- Common reasons for not attending diabetes education: not aware of any programs (27.3%), and times were not suitable for respondent to attend (22.7%)
- Majority (91.1%) of respondents rated their experience with diabetes education program as satisfied to very satisfied
- Only 61.5% reported having a foot inspection done in the past year
- 77% of respondents indicate they have high blood pressure and 72.2% indicate high cholesterol
- Only 56% of respondents were aware that GDM is a risk factor for Type 2

## Consumer Consultations - Patient Focus Groups

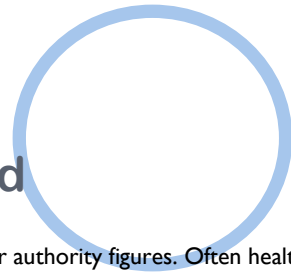
To understand the strengths and limitations in the delivery of diabetes services across the region six patient focus groups (n=54) were conducted in four sites across the LHIN from November 2011 through January 2012.

Participants were asked questions regarding the impact of diabetes on their lives; access to services; effectiveness of diabetes education programs; and diabetes care/self-management.

The following are some key themes that emerged:

- Almost all of the participants are looking for a support group where they can access information (share stories) from others affected by diabetes. It was felt that a facilitated support group would be beneficial. They also mentioned the idea of a buddy system so that they had someone else to call other than the healthcare team.
- The structure of diabetes education in the urban centres was felt both effective and not effective. The majority of the participants from the urban centres attended 3 days of education. Some felt that it was too long, all over the place with no focus, overwhelming with large class sizes and occasionally too basic. Whereas other indicated that they learned a lot and enjoyed the class size.
- Over 64% of participants attended or are currently attending a diabetes program. Participants from urban centres felt unattached from the diabetes services after the initial education sessions and did not know who to turn to when they needed additional help, whereas the rural participants were being monitored on an ongoing basis by either the hospital program or family health team and were transferred between the programs depending on diabetes control.
- Participants felt that understanding blood glucose targets was essential but there was some confusion about the different targets pre and post meal and what to do about numbers outside of the recommended range. This was highlighted and agreed by all participants.
- Participants did not have a full understanding of the importance of tests and results (i.e. foot care, A1C, LDL, and eye-exams)

# Culturally Sensitive Diabetes Education – People with Diabetes of Chinese Background



The increase in immigration to Canada has created a very ethnically diverse population. Immigrants represent over 20% of the Waterloo Wellington population. Historically the majority of immigrants were of European decent, over the past couple of decades there has been a change, and today more than 50% of the new immigrants to the region are immigrating from Asia and the Middle East.

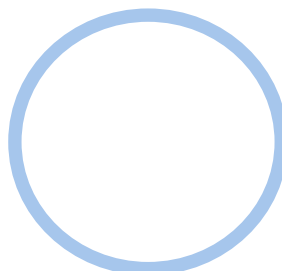
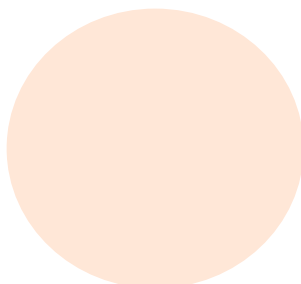
“Traditional diabetes care systems designed for mainstream populations are often of limited relevance to culturally diverse populations.” Many educators in the region have expressed concern over meeting the needs of these growing populations.

A recent article in the *Diabetes Educator* took a closer look at people with diabetes of Chinese decent and how to adapt to cultural differences when providing education and self-management support. The following are some interesting findings from this article:

- Chinese cultural norm and belief is to have respect for authority figures. Often health care providers are seen as authority figures and therefore the trend towards patient participation and shared decision making may not be appropriate for all because they may not speak or openly disagree with provider.
- Although many materials are now translated it was found in the review that materials were easy to understand but they were not detailed enough to be helpful
- Lack of understanding of the genetic causes leads to feelings of guilt and shame.
- Few view diabetes as a chronic disease and have a belief that they will be cured
- Culturally the enjoyment of food is important in the family and may cause the person with diabetes to avoid functions and accommodate family members as they do not want to cause family disharmony
- Family will encourage particular foods to strengthen their constitution which may be against what was communicated by the educator
- Blood glucose monitoring has very low adherence rates
- In traditional Chinese medicine, diabetes is classified as “depletion-thirst disease” and many use the notion of balance – especially the polarities of hot and cold
- Some western medicine is thought to be too hot and seen to treat symptoms whereas Chinese medicine used to treat underlying cause
- Recommendation for teaching self-efficacy is to reference Chinese concept of balance – promoting balance helps the understanding of what actions bring them back into equilibrium
- To maintain relationship harmony spouses will use indirect forms of communication to assist with diabetes control (i.e. modelling, communicating through others)



Reference: Ho et al. Health Communication With Chinese Americans About Type 2 Diabetes. *Diabetes Educator*. 2012;38:67-76



# Stand up to Diabetes

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RCC site hosted by:



Register for this event by calling Kim at  
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“The percentage of patients referred for diabetes education who are newly diagnosed has been declining since 2005, a finding that may be of concern in light of the rising prevalence of diabetes. It is possible this reflects physician unawareness of the benefits of diabetes self-management education. Therefore advocacy is recommended to encourage referrals to diabetes education for newly diagnosed patients. .” \*

The MOHLTC has requested that the Programs for Assessment of Technology and Health (PATH) perform a field evaluation on the cost-effectiveness of managing diabetes patients through education programs. The primary objective of this research is to examine the impact of programs on diabetes self-management and associated clinical measures, quality of life, and health care resource utilization in patients with type 2 diabetes in Ontario at 6 months and 12 months following enrolment. Collaborating sites in our region include: Two Rivers FHT and Langs Community Diabetes program.

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DIABETES

Presents:

### Getting to the Business Side of Your Diabetes Program

Time	Topic	Presenter
8:30-9:00	Welcome and Overview	Debbie Hollahan Regional Director
9:00-10:00	Positioning Your Program and Finding Your Niche	Martin Fisher C.E.O. Bescot Healthcare Canada, Inc.
10:00-10:30	<b>BREAK</b>	
10:30-11:00	Analyzing Your Data to Develop Programs and Increase Traffic	Debbie Hollahan Regional Director
11:00-11:30	Breakout Session – Developing a Program Plan from Intake Data	All
11:30-12:00	Lesson Learned – How We Increased Our Numbers	Sam Marzouk Program Manager Diabetes Care Guelph
12:00-12:45	<b>LUNCH</b>	
12:45-1:30	Quality Improvement in Your Program	Mary Sylver Quality Improvement Coach Health Quality Ontario
1:30-2:00	Breakout Session – Building PDSA Cycles to Improve Processes in Your Program	All
2:00-2:15	<b>BREAK</b>	
2:15-3:15	The Importance of Teamwork	Dr. Teal McAteer DeGroot School of Business McMaster University
3:15-3:30	Evaluation and Close	

## Upcoming Events:

Supporting Self Management with Michael Vallis, Ph.D.

Thursday, March 22nd and Friday, March 23rd  
Location: Cambridge Mill

JDRF 2012 South Western Ontario Health Fair and Diabetes Research Symposium

Wednesday, March 28th, 2012  
6:00PM-9:00PM  
Location: Bingemans

Getting to the Business Side of Your Diabetes Program

Wednesday, April 18th, 2012  
8:30AM—3:30PM  
Location: Bingemans

Canadian Diabetes Association—Annual General Meeting  
Keynote Speaker: Peter Hall, Ph.D., C. Psych “Psychological Aspects of Diabetes”

Wednesday, April 25th, 2012  
6:30PM-9:00PM  
Location: Luther Village on the Park, The Great Hall, 139