DIABETES, OBESITY & NUTRITION

Senior Provincial Director
Balraj Mann, RN, MS/MBA (from 04/2022)

Lene Jorgensen (Interim), B. Kin (from 12/2021 to 04/2022)

Petra O'Connell, BSc, MHA (to 11/2021)

Senior Medical Director
Dr. Peter Sargious, MD, MPH, University of Calgary

Scientific Director
(Vacant) (10/2021 to present)

Dr. Sonia Butalia, MD, FRCPC, MSc, Cumming School of Medicine, University of Calgary (to 09/2021)

Assistant Scientific Director
Dr. Rosmin Esmail, PhD, Adjunct Lecturer, Cumming School of Medicine, University of Calgary (since 03/2022)

Dr. Naomi Popeski, PhD, Adjunct Professor, Community Health Sciences, University of Calgary (to 11/2021)

Executive Director
Lene Jorgensen, B.Kin

SCN Manager
Catherine Joseph, MSc

Key Partners

Alberta Blue Cross

Primary Care

AHS, Nutrition and Food Services

University of Alberta

University of Calgary

Medicine SCN, Kidney Section

10 Diabetes Clinics

Alberta Health Living Program

Major initiatives and achievements, 2021-2022

The Diabetes, Obesity & Nutrition (DON) SCN continues to advance projects that improve access to provincial diabetes data, diabetes prevention, and interventions in the community for people living with, or at risk of, diabetes, obesity and malnutrition.

Creating Harmony in Care

Co-created with Indigenous communities (Piikani Nation and Blood Tribe / Kainai Nation), this work focuses on addressing the person, the community, the care and system factors that are important in helping people with (or at risk of developing) diabetes live a healthy life. The project received a $15,000 grant from the Indigenous Primary Health Care Policy Research Network (IPHCPRN) to help inform policy changes in Primary Care. Over the past year, its scope expanded to include the Kidney Health Check project, a screening protocol for kidney disease. Learn more

Bringing this work under one umbrella enables the DON SCN to take a more holistic approach to the prevention and management of chronic disease (kidney, diabetes, obesity and hypertension) and sets the stage for a comprehensive chronic disease screening approach that can be customized and co-created with First Nations communities across the province.

The screening approach leverages community resources and is expected to improve quality of care, outcomes and patient experience by creating harmony in care with Indigenous communities. It focuses on ensuring that individuals screened for chronic diseases are appropriately referred to specialty and primary care and have access to healthy lifestyle programs and resources. By aligning with AHS Indigenous Health Commitments and working closely with community healthcare teams, Elders, Knowledge Keepers, patients and families, and other key partners, we can ensure the care provided:

- is culturally appropriate and relevant
- is founded in traditional and western evidence
- incorporates the wisdom and resources in the community
- addresses social determinants of health and the unique needs of the whole individual

In the spirit of incorporating practices that resonate directly with community, this project uses graphic recordings to capture feedback, wishes, stories and important insights from community members. This builds on traditional Indigenous oral and story-telling practices.

Virtual Diabetes Prevention Program

In Alberta, approximately 667,000 people live with prediabetes. Prevention efforts are critical to reduce the health and economic burden of this chronic disease on Albertans and the health system. Most Type 2 diabetes cases and associated complications can be prevented through targeted lifestyle changes such as dietary modifications, physical activity, and weight loss.

The DON SCN launched a pilot study in 2021 aimed at preventing Type 2 diabetes in adults who currently have prediabetes and patient recruitment began in 2022. The Virtual Diabetes Prevention Program (vDPP) is a collaboration between the DON SCN, Alberta Blue Cross, and Primary Care. Its goal is to empower Albertans to live healthy lives by embedding diabetes prevention into our healthcare system and supporting individuals' food and fitness choices.

"When I was offered the chance to join this, I thought - who in their right mind would ever turn THIS down! Love the support."

vDPP participant

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Strategic Clinical Networks™

Excerpted from 2021-2022 SCN Annual Impact Report

The vDPP is recognized by the Centers for Disease Control and Prevention (CDC) and uses the extensively researched CDC Diabetes Prevention Program (DPP) curriculum to promote lifestyle changes such as weight loss, healthy eating and physical activity. Patients who enroll in the year-long program receive in-the-moment fitness, nutrition, and well-being coaching and support from expert health coaches via a smartphone app. The program is free to patients and is offered as an adjunct to usual care through patients' primary care provider.

A key strength of this initiative is the partnerships that have been established, and those that continue to be built. In 2021-2022, the project team raised awareness of the program, delivering presentations to 12 primary care networks (PCNs) across Alberta and leading ongoing engagement efforts. Programs such as vDPP are an important prevention strategy to help reduce the burden of chronic disease in our province.

Other highlights

PARTNERSHIP: To support all patients requiring surgery in Alberta hospitals at risk for hyperglycemia (high blood sugar), the DON and Surgery SCNs collaborated on a $1.2 million PRIHS-funded research project on the implementation of a perioperative glycemic management pathway that enables patient screening for diabetes before surgery, helps manage patients at greatest risk of high blood sugar following surgery and treats high blood sugar. Foothills Medical Center Gynecology Oncology was the pilot site with 6 more sites planned for implementation.

SUPPORTING OPERATIONS: The **Insulin Pump Therapy Program (IPTP)** helps people living with Type 1 and 3c (insulin deficient) diabetes better manage their diabetes by providing funding support to individuals for an insulin pump and/or pump supplies. The DON SCN supports the program and diabetes clinics, delivering evidence-based care to achieve standardization across the province.

The **Alberta Healthy Living Program (AHLP)** offers diabetes, weight management and nutrition services for Albertans living with chronic conditions. The DON SCN helped develop a comprehensive evaluation framework including a patient experience survey for these programs.

Impact on health & care in Alberta

The DON SCN focuses on empowering patients, families and care providers to manage diabetes, obesity and malnutrition, and enhancing care for Albertans with these conditions by:

- Preventing or delaying onset of Type 2 diabetes
- Expanding prevention programs and transforming diabetes management
- Improving the care experience for patients living with obesity
- Identifying opportunities for chronic diseaes prevention and management through collaboration with primary care partners
- Reducing risk of malnutrition for seniors in the community
- Identifying gaps in diabetes care in Alberta
- Developing new, collaborative partnerships with researchers in Alberta and Canada

Actions and areas of focus

- Lead the development of innovative **virtual care delivery**
- Continue to focus on **preventing complications** of chronic disease
- Implement and evaluate innovations in **preventing the onset of chronic disease**
- Collaborate with Indigenous communities to create **Harmony in Care**
- Strive to build our work from a foundation of **equity, diversity, and inclusion**

DIABETES, OBESITY & NUTRITION

Grants and Publications

4
Peer-reviewed Publications

$1.6M
Research Grants

Engagement

43
Workshops & Presentations

196
Research Members

Outcomes and Impact

~4,500
patients received standardized pump care since 2013 at 10 diabetes clinics across Alberta

2022 marks the
10 year anniversary
of the DON SCN

This video highlights outcomes & impact of the work to date to improve care for people living with diabetes, obesity and malnutrition

www.ahs.ca/donscn

Excerpted from 2021-2022 SCN Annual Impact Report