DIABETES, OBESITY & NUTRITION

Contact

Leadership team

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Key Partners

10 Diabetes Clinics

AHS, Nutrition and Food Services

Alberta Blue Cross

Alberta Health Living Program

Medicine SCN, Kidney Section

Primary Care

University of Alberta

University of Calgary

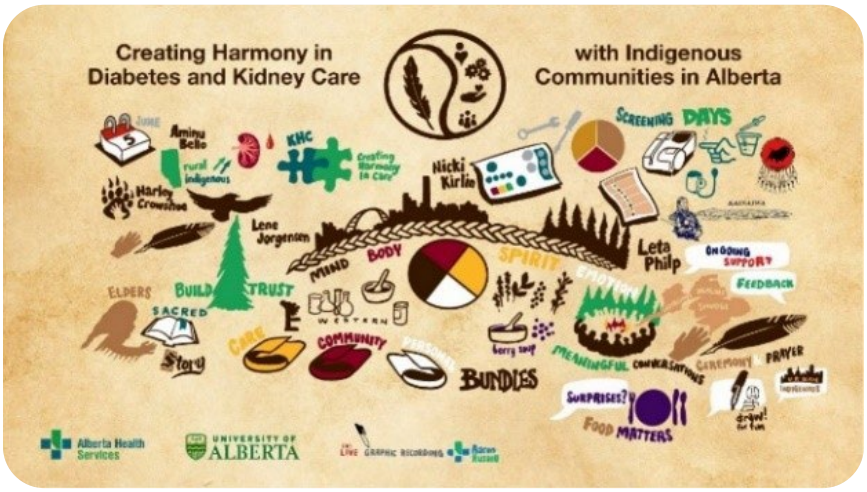
Major initiatives and achievements, 2022-2023

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 Diabetes & Kidney Care with Indigenous communities

The DON SCN Creating Harmony in Care approach has been co-created with Indigenous communities, health care providers, community champions, and Elders. This approach considers:

- The **person** living with (or at risk of) a chronic condition
- The **community** they belong to
- The **care** required to prevent, treat, and manage the condition
- The **systems** that help prevent disease and enable optimal health (e.g., healthcare system and environment)



Kidney Health Check (KHC) is a point-of-care screening program for diabetes, hypertension, kidney disease and obesity currently offered in two Indigenous communities in Alberta, the Piikani and Blood Tribe First Nations. Its focus is to support these communities in implementing a sustainable and coordinated screening program that is community-led and culturally relevant.

I feel like Creating Harmony in Care is about two worlds that are trying to come together. *Elder*

Eleven Elders from the Blood Tribe and Piikani First Nations, urban areas and Métis communities have been engaged and involved in this work. Over the past year, 16 community healthcare providers have been trained, 19 graphic recordings have been produced, and numerous presentations & education support for screening teams provided. Since launching KHC in these communities (January 2023), monthly screening events have been held in both communities.

This work is an important step in improving health care experience and preventing chronic disease and complications associated with diabetes and chronic kidney conditions. In co-designing screening programs with Indigenous communities, the DON SCN is helping build trust, enhance culturally safe chronic disease screening, and support population health for Indigenous populations.

Improving access to Alberta's Insulin Pump Therapy Program

The Insulin Pump Therapy Program (IPTP) helps Albertans living with Type 1 or Type 3c diabetes manage their diabetes by providing funding support for an insulin pump and pump supplies. The IPTP is administered by Alberta Health, with support from the DON SCN and IPTP clinics across the province.

There are currently 14 IPTP clinics in Alberta. The DON SCN helps ensure standardized, evidence-based care and supports process and ongoing quality improvement. The IPTP Clinical Advisory Committee (CAC), which includes endocrinologists, clinicians and operational leaders, advises the

Ministry of Health on insulin pump-related matters, including policy changes. The CAC also makes recommendations (e.g., to onboard additional clinics, or evaluate new devices/technology) to improve access, outcomes and value.

Over the past year, three **C-endo clinics** (one in Calgary, Airdrie and Edmonton) were added to list of authorized IPTP clinics. The expansion aimed to improve access for patients to insulin pump therapy and decrease wait times for a pump-start assessment, while ensuring adequate diabetes education and support. CAC co-chairs have met with the clinics to ensure they meet all requirements to initiate and follow-up with patients and comply with safe, patient-centered care principles.

The DON SCN facilitated the connection between C-endo and the Central Zone IPTP clinic to increase capacity for patients in the Central Zone. These patients now have the option to see an endocrinologist in person or virtually to begin insulin pump therapy.

Other highlights

RESEARCH: To improve diabetes care among First Nations Peoples, the DON SCN collaborated with Dr. Darren Lau (University of Alberta) on a PRIHS-funded project titled **Linking Diabetes Care: An Integrated Digital Health Approach to Diabetes with First Nations in Alberta (LINK).** The project involves a digital intervention that relies on the interaction between care coordinators and local community health workers, a care model that was successfully piloted and found to be effective at improving glucose, blood pressure, and cholesterol control. In this phase, LINK will be introduced in approximately 12 First Nations communities over three years.

In Canada, about 1 in 3 seniors living in the community is malnourished or at risk of malnutrition. In 2020, **COMRISK, a community-based screening program for nutrition risk in older adults** was piloted in the Central Zone. The program focused on preventing malnutrition by identifying those at risk and connecting them with the right resources. The DON SCN partnered with two Primary Care Networks (Red Deer PCN and Peaks to Prairies PCN) and the Golden Circle Seniors Centre in Red Deer to develop screening tools and supports, and evaluate the program. In February 2023, the work culminated with the release of *Nutrition Screening: Community Guide to Success*. Results have been submitted for publication and several presentations have been delivered. To facilitate provincial spread and scale, the team developed a toolkit was developed, with plans to integrate it into Connect Care. In the next phase of work, the DON SCN will explore malnutrition screening with Indigenous communities.

PARTNERSHIPS: DON SCN launched a 12-month pilot study in partnership with Alberta Blue Cross and Primary Care Networks (PCNs) aimed at preventing Type 2 diabetes in adults who have prediabetes (A1C 6.0 – 6.4%). The study used a virtual diabetes prevention program provided by Yes Health from February 2022 to February 2023 and involved 182 participants, 43 primary care clinics (13 PCNs), and 179 primary care physicians. An evaluation and benefits realization are underway. A key strength of this initiative is the partnerships that have been established, and those that continue to be built.

ENGAGEMENT: Over the past year, the DON SCN Scientific Office has focused on fostering engagement across our communities. Building upon data and evidence-based care, we seek to inform and develop system-wide approaches to advance diabetes, obesity, and nutrition care in AHS. Diabetes Day and Obesity Day are being planned for 2023.

Impacts on health and care

The DON SCN aims to empower patients, families, and care providers to manage diabetes, obesity, and malnutrition; and enhance care for Albertans with these conditions through targeted actions that align with priority areas of focus. These include:

- Developing and implementing standardized care guidelines and resources
- Supporting primary and secondary prevention
- Improving the patient experience by eliminating stigma and bias
- Co-creating local approaches to chronic disease prevention and management with Indigenous communities
- Optimizing access to data for Albertans and the research community

DIABETES, OBESITY & NUTRITION

Grants and Publications		Engagement		Outcomes and Impact
12	Peer-reviewed Publications	43	Workshops and Presentations	182 Albertans with prediabetes participated in the virtual diabetes prevention program in 2022-2023
$2.2M	Research Grants	202	Research Members	

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Excerpted from 2022-2023 SCN Annual Impact Report