

## Overcoming Rural Barriers to Participation in Diabetes Education with Partnerships

**Authors:** Lenny, A., Robinson, L., Maltby-Webster, N.

### Objective:

To increase participation in a rural diabetes education program by use of partnerships with established community entities.

### Methods:

The Diabetes Education Centre (DEC) of The Middlesex Health Alliance serves a rural catchment of area of 450 sq kilometers with an adult population of 65,000 and a projected diabetes population of 5200 – the prevalence rate ranging across the area from lower than to slightly greater than the provincial rate of 8.3. As National and Provincial focus on diabetes has grown along with funding, DEC has sought to increase patient participation in diabetes education. It had to gain presence and also overcome barriers identified in the literature for outpatient services in rural settings in a Southwestern Ontario Canada context. These barriers include lower socio economic levels with corresponding lowered literacy levels; transportation difficulties; less desirable health behaviors and reduced access to prevention, detection and treatment services. Furthermore there is a significant aboriginal community presence with increased prevalence (16) of diabetes and lowered levels of trust of the official service delivery system.

The approach taken has been to go where the patient is; listen to stakeholder groups to determine expectations; evaluate program activities to established baseline data and focus on continuous improvement. While informal presentations such as cooking demonstrations at fairs and supermarkets or glucose screening sessions at pharmacies and workplaces have introduced the service to the communities; it has been more formalized partnerships with primary care providers; aboriginal leaders and elders; and community care providers, after consultation with them regarding their needs and expectations, that have seen the most growth in patient participation for mainstream populations as well as high risk, marginalized populations. Often, the education service is mobile going to the patients thereby overcoming the access barriers.

### Results:

	2005/06	2006/07	2007/08	2008/09
New Patient Referrals	371	603	1099	1404
Attendees to classes	0	1900	2082	2152
A1C % decrease	Not measured	16.59	15.07	14.30
Community partners	2	31	53	60
Educators	1.6	3.4	5.2	5.05

### Conclusions:

As a result of building partnerships, patient referrals and attendance at classes have increased. While the partnerships with medical clinics are responsible for increased referrals; increased participation in classes and increase in community partnerships are found to be based on past practice including perceptions of the value of the service to patients and community. There is anecdotal evidence of patients moving easily through the stages of change to action because of shared perceptions of the value of the service. However the A1C trends are an area for follow-up as they run counter to the anecdotal evidence.

### References:

- Fraser, R., Skinner, A.M., & Mueller, K.J. 2006. Elements of successful rural diabetes management programs. Rural Policy Research Institute Centre: Omaha, Nebraska.
- Health Council of Canada. 2007. Why Health care renewal matters: Lessons from diabetes. Toronto, Ontario
- DiClementi. and Prochaska. 1994. Trans theoretical model: Stages of change