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Diabetes care program in a first nations community

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The prevalence of type 2 diabetes across the first nation's population within Canada is staggering- 8 in 10 young indigenous Canadian adults will develop type 2 diabetes in their lifetime. This group develops type 2 diabetes earlier than non-first nation's people and demonstrates a higher risk for developing type 2 diabetes across all age groups due to genetic susceptibility, dietary changes and increasing prevalence of obesity. Access and adherence are two key challenges providing diabetes care to this population. The objective of this observational study is to determine if a diabetes care program (DCP) is put in place, what proportion of first nations' patients would attend their scheduled appointments at baseline (BL) and after a follow-up visit, four months later. We chose to work with a community that wanted to embrace a healthier outcome for their people including the formation of a trusting relationship with the elders followed by the formation of a multi-disciplinary team (nurse, local family physician, internist, dietician, podiatrist and occupational therapist) who worked to create a comprehensive DCP. At onset, out of 73 patients, 29 were removed due to either a lack of baseline HbA1C values and/or patients had a baseline HbA1c <7.5%. As such, 44 patients were included in the analysis who all had a baseline HbA1c >7.5% (above target as per Canadian Diabetes Association Guidelines) and were 55% male. Patients were prescribed an anti-hypertensive agent (AHA) to reduce their HbA1c levels, which would be reviewed at the follow-up appointment. Attendance rate, defined as a scheduled patient appearing at their appointment, was found to be at 82%. This group decreased their HbA1c values (1.6% mean HbA1c decrease) relative to BL within four months. Overall, this data suggests that the formation of a comprehensive DCP with the buy-in of the community and using newer agents improve adherence and reduce appointment absenteeism. In two years, this program has grown from four patients seen per clinic day to 27. The success of this clinic model may be emulated in other indigenous populations to combat diabetes.

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