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Listening to People with Diabetes: Findings from a Consensus Conference

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ALBERTA

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This article presents the methodology and recommendations from a consensus conference hosted in May 2011 by the Physical Activity and Nutrition for Diabetes in Alberta (PANDA) research project. The goal of the conference was to create physical activity and nutrition recommendations for people with type 2 diabetes.

The PANDA research project's mission is to develop practical, convenient and easy-to-use strategies to assist people with type 2 diabetes in living fuller lives. The project involves a multidisciplinary and collaborative team of researchers at the University of Alberta.

Researchers and practitioners can use the recommendations from the consensus conference to implement actions (e.g., launch programs or resources) that meet the needs of persons with diabetes, while the general public can use the recommendations to become more educated about diabetes.

What's in This Article for You?

- Understanding Diabetes
- About the Type 2 Diabetes Consensus Conference
- Outcomes and Recommendations



Understanding Diabetes

Diabetes is a chronic disease which, if left untreated, can result in serious complications such as heart disease, kidney disease, and nerve damage (Canadian Diabetes Association, 2011). Type 2 diabetes is the most common type of diabetes and accounts for approximately 90% of all diabetes cases. Major risks factors for type 2 diabetes include obesity or being overweight.

More than 205,000 Albertans (about 5.7%) have diabetes; the rate of diabetes has increased by about 40% since 1995 (Alberta Diabetes Atlas, 2011).

Type 2 diabetes and its comorbidities place a large financial burden on the Canadian health care system. Physical activity and nutrition are positive behaviours that can aid in diabetes prevention and management (Canadian Diabetes Association, 2011). The 2008 Clinical Practice Guidelines from the Canadian Diabetes Association outline the most current evidence-based physical activity and nutrition guidelines for persons with diabetes. However, even with this information readily available, adherence to the guidelines is low.

About the Type 2 Diabetes Consensus Conference

A consensus conference is a recognized method to exchange knowledge, identify issues and collaboratively make decisions.

A defining characteristic of a consensus conference is the involvement of the general public as members

of a lay panel. They represent the population of interest (e.g., persons with type 2 diabetes) and work to shape the overall outcome of the conference.

This method is unique because it provides division of power in decision making between professionals and citizens.

The purposes of the PANDA consensus conference were to:

- involve both diabetes experts and clients in the development of ideal physical activity and nutrition interventions;
- 2. transfer information from the experts to both the lay panel and the public; and
- 3. distribute information developed from the conference itself.

Lay panel participants were 17 Albertans living with type 2 diabetes. Time since diagnosis ranged from less than a year to more than 30 years.

Seven participating experts represented a broad range of diabetes specializations including:

- exercise management
- cardiovascular risk factors
- community-based lifestyle interventions
- healthy weight strategies

- the glycemic index
- social, environmental and cultural interactions
- exercise motivation and self-efficacy

The process was divided into three stages and followed consensus conference guidelines created by Nielsen and colleagues (Nielsen, Hansen, Skorupinski, et al, 2007).

1) Planning Meeting

The lay panel met with a professional moderator one month before the conference to develop one area-specific question for each of the seven diabetes experts. Participants also chose eight individuals

amongst themselves to comprise a lay panel subgroup.

2) Public Consensus Conference

The conference included a morning session during which each of the seven experts gave a 15-minute presentation answering the questions posed by the lay panel. The presentations were open to the general public and interested professionals were invited.

During the afternoon, the expert and lay panel members worked with the moderator to discuss the morning presentations. They generated

suggestions for programs and discussed ways to improve the health care system to better address the needs of persons with type 2 diabetes.

3) Lay Panel Meeting

On the day after the conference, the lay panel sub-group used the suggestions created from the conference to generate a final list of recommendations for the PANDA team.

Outcomes and Recommendations

The lay panel subgroup stressed the need for twopart programs; one part for people with diabetes and another for professionals. They highlighted the importance of the word "program" for future research studies as they believe "intervention" is associated with detrimental lifestyles, such as smoking or drugs.



Participants outlined three overarching themes: diagnosis, education, and support, each of which contained various program ideas. The group agreed that each of the three themes are separate but that they must work together to be successful.

Diagnosis

Diagnosis should be made as early as possible so individuals can seek out support and learn to manage their condition. Possible methods to enhance early diagnosis include:

- free blood sugar testing at community or public events; and
- mandatory haemoglobin A1C testing in all medical exams for individuals over 40.

It is crucial to reduce the time between diagnosis and first point of contact with a pharmacist or a doctor so they can provide the necessary information on self-monitoring and outreach.

Diabetes organizations, such as the Canadian Diabetes Association, and/or government agencies could easily enhance diabetes awareness through regular media campaigns. The campaigns could outline diabetes information, such as characteristics,

symptoms and consequences, to help individuals monitor their health for signs of diabetes and thereby encourage more people to seek a medical diagnosis.

Education

Diabetes education should be multidimensional to include diet, exercise, psychological aspects, behavioural counselling, medication and lifestyle coaching.

Periodic refresher courses for diabetics and continually maintained websites can provide progressive and up-to-date information on type 2 diabetes.



Doctors and physicians can also benefit from attending courses or other professional development offerings to boost or maintain their knowledge of type 2 diabetes.

Educating various businesses – such as restaurants, grocery stores or tour companies – about the specialized needs of people with diabetes can help make diabetes management easier. A small emphasis can be placed on statistics, such as informing businesses about the percentage of the population (about 5.7% in Alberta) with diabetes, and how their businesses could benefit if they offered more services that cater to the needs of their customers who have

diabetes.

Research is directly linked to education and requires two-way communication. Regular interaction between clients and researchers allows researchers to understand what diabetics need and allows diabetics to learn what researchers are exploring. This conference was a starting point for client and researcher interaction.

Support

Support can be achieved in a variety of ways, such as joining a support group, participating in diabetes-specific classes, or encouraging diabetes associations

or organizations to produce dedicated web pages and online discussion groups. However, conference participants also noted that each individual must take responsibility in finding their preferred supports.

Families, community members and employers should be well informed about the complex lifestyle changes associated with living with diabetes and the vital need to support individuals with diabetes.

People with diabetes would like to see an increase in the number of doctors and physicians with specializations in diabetes, along with better access to these professionals, as an additional way to enhance support for individuals who live with diabetes.

Conclusion

In summary, the PANDA research project's consensus conference was conducted to give the average citizen living with type 2 diabetes a chance to express what they believe will improve the health care system relative to type 2 diabetes and their overall well-being.

The conference was effective in providing the opportunity for professionals and citizens to discuss relevant topics surrounding type 2 diabetes, hear each other's points of view, and discuss and create possible solutions together.

Many participants spoke of their excitement and interest in future changes to the health care system, which could arise from their recommendations, and from the work and findings of the PANDA research project overall. Participants were passionate about the goal of the conference; to create physical activity and nutrition recommendations. They also expressed satisfaction with the conference procedures and enthusiasm about the overall results.

The recommendations and outcomes from the conference will be used by the PANDA team to design and evaluate a physical activity and nutrition program. If these recommendations are effectively implemented, the results will make for a more efficient health care system. The hope is to increase adherence to physical activity and nutrition guidelines to ensure a long and healthy life for all Canadians.

The authors of this article are associated with the PANDA research project which is funded by the University of Alberta's Faculty of Medicine and Dentistry and Alberta Health Services. The project aims, in part, to develop,



implement and evaluate lifestyle interventions for people living with type 2 diabetes. Team members include researchers in nutrition, physical activity, agriculture, economics, physiology, psychology and health messages. Learn more about the PANDA Research Project at www.afns.ualberta.ca/en/Research/PANDAResearchProject.aspx.

To view a list of references and useful links associated with this article go to www.centre4activeliving.ca/publications/wellspring.html.

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IF YOU HAVE ANY SUGGESTIONS OR QUESTIONS, WE'D LIKE TO HEAR FROM YOU.

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