FINAL REPORT TO CENTRAL HIGHLANDS

GENERAL PRACTICE GRANT PROGRAM

2017 GRANT RECIPIENT

Coliban Medical Centre
Kyneton, Victoria

PROGRAM

TARGETING IGF: for the prevention of diabetes through lifestyle changes

REPORT WRITTEN BY

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DATE

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Background to the Program:

Kyneton is situated in the Macedon Ranges of regional Victoria. It has a large elderly population. A significant proportion of the Kyneton population falls into the unemployed sector thus a large percentage being on welfare benefits. Kyneton is also a rapidly growing regional town with an increasing number of families moving into the area. Type II Diabetes and obesity are current chronic health issues, and disturbingly, have become most prevalent amongst the younger population (25-45 year olds). (This data was gathered from our health assessments for 40-49 year old's, and from the associated weight loss program run in 2014 from Coliban Medical Centre).

This program (named Targeting IFG), is targeted at preventing diabetes through the education of IFG patients. Currently on our data base of approximately 2800 patients, there are 185 identified patients with IFG.

Jackie Turner is a nurse and diabetes educator who has worked at Coliban Medical Centre for the past 28 years, and her focus in working with patients has always been on preventative health, hence her motivation to run a weight loss program from the clinic since 1999. It is from experience working with patients over many years that motivated the concept for this program pilot, Targeting IFG.

The program was conceptualised when Jackie said - "if people can make 5 simple changes". Simplicity we believe was key to being able to successfully engage participants in the program. Following the theme of '5', we structured the program sessions into 5 key areas: –

1. Diet & Nutrition
2. Exercise
3. Impact of Habits
4. Stress
5. Social Connection

At each session run on consecutive weeks, participants discussed and came up with their own take-home mini-goals they had arrived at as a result of the topic being delivered that week.
Evaluation was to achieved by:

1. Feedback forms (attached)
2. Small goals achieved (see evaluation forms)
3. Blood test results at the conclusion of the program(unable to provide)

Aim:

The aim was to implement a program in the medical practice that would target patients with impaired fasting glucose (IFG) and educate them through diet, exercise and lifestyle changes to improve their health and reverse the possibility of them developing Type II Diabetes. It was proposed that positive outcomes would be realistically achieved through manageable, measurable and achievable goals. It was also envisaged that the doctors at the practice would continue to target IFG patients as they were diagnosed, with education within the practice by the nursing staff.

The Participants:

There were 12 participants in the Targeting IFG program (5 female and 7 male). Participant ages ranged from 45 to 70. Each was invited by a personalised letter providing an outline of the program and with a follow-up telephone call. All participants had been identified within the last 3 months, as having IFG. Participants were advised before the start of the program, that on its completion, they would each undergo an IFG blood test, performed by the nurse at the clinic. The outcomes of the IFG blood test results would be discussed in general terms in the program follow-up session, but individual results discussed privately with Jackie Turner, who is a nurse and DNE at the clinic.

The Program Leaders:

Jackie Turner – Nurse and Diabetes Educator. B.Th., B.App.Sc., B.Health.Sc., Dip.Ed., Dip.HM., Cert. Diabetes Education (Deakin), Cert. Nursing, Cert of Exercise.

Jackie has been the Epworth Hospital Dietary Supervisor, Head of Food Services Department 1984-1990; lectured at Ridley College (affiliated with Melbourne University), the Coliban Medical Centre Practice Nurse & Diabetes Nurse Educator running a successful weight-loss program for 10 years 1999-2017. She presented a workshop to nurses at CHDNP in 2010 on weight-loss; was twice the presenter on weight-loss management and chronic disease, at Collaboratives. Jackie has previously run aerobic classes locally for 15 years.

Gina Mendoza – Exercise Physiologist. B.App.Sc. (Human Movement) Hons. (Victoria University), Dip. Sports Kinesiology, Grad.Dip. Exercise Rehabilitation.

Gina has been an Exercise and Sports Science (ESSA) accredited exercise physiologist (AEP) since 2007. Gina was employed with Victoria University from 2004 until 2015. During this time she secured tenure as a lecturer in clinical exercise studies (2010-2015), and she also practised as an AEP and was a clinical supervisor for many graduate EP students training in the VU exercise rehabilitation clinic at that time. Since 2015, Gina has been in private practise and has worked in community health in the Macedon Ranges. At the end of 2016, Gina commenced AEP private practice at Coliban Medical Centre, located in her home town of Kyneton.

Other allied health:

Other allied health practitioners were involved to assist with the running of the sessions; these included a diabetes nurse educator, practice nurses, lifestyle coach, fitness instructor, naturopath and actress for role playing.

Participants:

Attendance at the session was pleasing with most sessions having 9-13 participants. The repour that developed amongst the educators and team member was extremely positive with participants staying back to chat and support each other for over an hour after the class.

Evaluation: Objective data and analysis

1. Achievable goal setting
   All participants managed to engage in active goal setting and continued to maintain them throughout the program. Although they were asked to set 4 small goals, the number of goals averaged 3 for each participant. All lost 1-5kg in weight.
2. Blood test results
   Of the 13 participants,
   - 6 improved (4 no longer had IFG),
   - 3 had unimproved results and had an HBA1c done which showed slightly above normal
   - 4 declined to have the test.
3. Feedback forms: All participants really enjoyed the sessions, claiming they had learned a lot.

Case Study

This 70 year old lady was diagnosed with IFG 3 years ago. She has a strong family history of diabetes (her mother and brother type 2 diabetics), has struggled with depression for years as well as trying to maintain a healthy weight. She has no other significant health conditions.

She attended every session, and was a very active participant in sharing ideas and her own struggles. In fact she found the sessions helped considerably with her depression. Throughout the course she lost 4 kg and increased her exercise to half an hour daily. Her BSL fasting decreased from 5.8 to 5.4, putting her in the normal range.

Ongoing promotion of the program

We contacted MPH and have been invited to present our program to the practice nurses in the region on the 20th September.

Doctors at the surgery are starting to refer patients to the nurses for education, who are using the program. It is hoped that once they see the outcomes in term of diabetes prevention, they will use the nurses more for ongoing education of IFG patients.

Limitations

Due to the plethora of courses and information available today, people are often reluctant to do another course. Because of this, we tried to creatively and actively engage the participants in each session. This required a lot of work. Fortunately, the feedback form were positive about the content and presentation.

As well we held the sessions during the day which prevented working patients from attending, so it was not possible to target this group.

Future Recommendations:

1. To run a nurse led clinic for IFG in the practice by dedicated and trained staff.
2. Couples responded better to the program (there were 3 couples suggesting lifestyle issues).involving the family members has better outcomes.
3. Diet is now being recognised as a poor motivator, rather wholistic lifestyle changes produces better long term results. This was validated by the results and feedback forms.
4. This program be adapted and incorporated into practices for the treatment of chronic disease.