

EVALUATION: PROFESSIONAL RELATIONS IN ABORIGINAL DIABETES EDUCATION PROGRAM AT THE ABORIGINAL DIABETES WELLNESS PROGRAM

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ABSTRACT

The Aboriginal Diabetes Wellness Program developed and implemented the Professional Relations in Aboriginal Diabetes Education (PRIADE) program in 2001. Since that time, the program has educated well over 300 health professionals, providing basic diabetes knowledge while increasing knowledge of a holistic approach to health care. The program operates two four-day sessions per year, once in the spring/summer and once in the fall/winter.

In completing this evaluation, one of the most notable aspects has been the support that the program has from all who have been associated with it, including the staff, the community, and the management. Throughout the evaluation, all individuals indicated the program was successful. The first and foremost priority and commitment has continued to be the health of Aboriginal peoples and all activities are targeted to this priority.

As is evident in the following paper, the PRIADE program has been, and continues to be, a successful venture for health professionals working with Aboriginal people. The health professionals that have taken the program consistently report that they feel they can better understand their Aboriginal clients and Aboriginal communities. The majority have identified the cultural component as an important part of the success of the program. Additionally, the vast majority feel the program is beneficial for their co-workers and other community members.

BACKGROUND

In 1994, the Capital Health Authority in Edmonton, Alberta established an Aboriginal Wisdom Committee to represent an Aboriginal perspective on health and wellness issues affecting Aboriginal people. The Committee acted as an advisory body to Capital Health regarding a range of health care programs and services. The Aboriginal Wisdom Committee identified diabetes as a major disease affecting Aboriginal people and recommended that a program be established to provide a service for Aboriginal people afflicted with diabetes.

The rate of Type 2 diabetes among Aboriginal people is significantly higher than amongst the general population (Daniel and Gamble 1995). The underlying cause of this epidemic is attributed to a change in dietary habits from one of traditional hunting and fishing to the present-day adoption of processed and refined foods (Young et al. 1999). Health care profession-

als now refer to diabetes mellitus as reaching epidemic proportions among Aboriginal people (Young et al. 1999).

The provision of diabetes treatment and management programs within Aboriginal communities is viewed as difficult at the best of times and in some communities is nonexistent. As well, the Western medical approach to the treatment and management of diabetes does not typically meet the needs of Aboriginal people with diabetes because of cultural differences in worldviews on spirituality, traditional medicine, diet, lifestyle, and acceptance. Generally speaking, medical services are inaccessible to a predominantly rural Aboriginal population resulting in low attendance in existing outreach diabetes programs.

As a result of the diligent work of the Aboriginal Wisdom Committee, a vision was created that encompassed the integration of Western medical knowledge with Aboriginal spirituality, medicines, and traditional healing practices. As the research has demonstrated, this integrated approach is highly recommended for managing diabetes with Aboriginal peoples (Avery 1991). Most of this research stems from the Royal Commission on Aboriginal Peoples (RCAP) that identified the desire of Aboriginal peoples to look at the concepts of health holistically (Royal Commission on Aboriginal Peoples 1996).

Acting on this research and vision, the Aboriginal Wisdom Committee recommended a positive holistic approach with emphasis on the wellness of mind, emotion, spirit, and body, resulting in more positive health outcomes for Aboriginal people with diabetes. As a result, the Aboriginal Diabetes Wellness Program was created in 1996.

In 2001, after an outcry from Aboriginal communities, a train-the-trainer program was developed. Professional Relations in Aboriginal Diabetes Education (PRIADE) is an opportunity for both Aboriginal and non-Aboriginal health professionals working with the Aboriginal community to learn and experience "Newoyaw: A Life Map for Living with Diabetes." This four-day workshop provides participants with a training program that offers a holistic and cultural pathway to wellness as presented by the Aboriginal Diabetes Wellness Program. The team, consisting of Elders (cultural facilitators), nurses, a dietitian, doctors, and guest speakers, provides a holistic foundation from which participants can address the prevention and management of diabetes, and health promotion so that they are better prepared to help individuals, families and communities.

EXISTING PROGRAMS

Currently, the Canadian Diabetes Association has the resources to develop a train-the-trainer program for health care professionals. The program is based on the transtheoretical model developed by Edwards, Jones, and Belton (1999). This is a model for behaviour change used for developing interactions that promote healthy living choices. However, among the professional development workshops for diabetes educators working specifically with Aboriginal people there are only a few programs in Canada. The PRIADE program at the Aboriginal Diabetes Wellness Program in Edmonton and the Kahnawake Schools Diabetes Prevention Project Training Program in Montreal are the two largest programs. There are also module-based courses in a number of provinces. For example, the Yellowquill College First Nations Diabetes Training Program in Winnipeg and the Ontario Ministry of Health both provide courses for health care workers working with Aboriginal people.

EVALUATION METHODOLOGY

Evaluation is the application of approaches, techniques and knowledge to systematically assess and improve the planning, implementation and effectiveness of programs (Chen 2005). To carry out the evaluation of the PRIADE program, the evaluator used both quantitative and qualitative methodologies.

Quantitative data was compiled from post program evaluation reports of the participants that attended the program (n=165). Because sessions had different instructors and content within the program, the data collected focused on consistent sessions over the entire length of the program. Reporting by this method provided the most concise assessment possible.

Qualitative data was collected using one survey that was reviewed by an Elder's advisory committee and modified after a pilot run. This data included measures of how the participants' knowledge of skills for working with Aboriginal clients had changed during the program and how they had implemented these changes.

A random sample of 25 surveys was conducted of the 165 people that attended the PRIADE program between February 2002 and February 2004.

FINDINGS

During the evaluation process it was found there is a unquestionable commitment to and support for the PRIADE program. This is reflected in the

participants’ surveys and post program evaluations. All respondents reported that the program is achieving its desired goals of increasing community capacity and helping non-Aboriginal health workers better understand their Aboriginal clients.

The following sections provide more detailed information on the questions and responses of the sample group.

Table 1: Method participants heard of PRIADE program.

<i>Method</i>	<i>Number</i>
Mail Out/Fax	10
Work	9
Health Services	27
Health Professionals	23
Band	9

Table 2. Background of PRIADE program sample participants.

<i>Background</i>	<i>Number</i>
Aboriginal	8
Non-Aboriginal	17

Table 3. Current occupation of PRIADE program sample participants.

<i>Occupation</i>	<i>Number</i>
RN/LPN (Registered Nurse)	10
PCN (Personal Care Aid)	8
NNADAP (Drug and Alcohol Program)	3
CHR (Community Health Representative)	4

One of the main tasks of this survey was to determine how the participants of the PRIADE program are responding in their community, so the following question was asked:

“Are you doing anything differently in your community after attending the PRIADE program?”

Table 4. Participants' changes after attending a PRAIDE program.

<i>Response</i>	<i>Number</i>
Yes	16
No	9

Additionally, the participants commented on what they had gained after taking part in the PRAIDE program and demonstrated the steps they were taking to better their communities because of the program:

- a reinforced importance
- an increased awareness
- more knowledge
- chronic disease education
- better nutrition and diets
- more knowledge going into homes
- one-on-one programs
- walks
- monthly meetings
- OGGT (Oral Glucose Tolerance Test)
- metabolic screener (BRAID Study)
- diabetes education evenings
- program proposals
- more community involvement and support
- better fitness equipment
- a walking group

They also mentioned the constraints that prevented them from making changes:

- lack of financial resources
- few connections and networking
- no time or money

To understand how valuable the participants felt the PRAIDE program was to other health professionals, the following question was asked:

“Do you believe the PRIADE program is a useful program for co-workers and/or community members?”

Table 5. Participants’ value of the PRIADE program.

<i>Response</i>	<i>Number</i>
Yes	24
No	1

Moreover, when studying the post-program evaluations it was found that sessions within the program that were consistently offered throughout the years were exceeding expectations on all occasions. Ninety percent of participants felt these five consistent sessions within the program met and/or went beyond all expectations.

Table 6. Assessment of satisfaction of 5 consistent sessions.

<i>Session</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Cultural Teaching	2	3	11	44	73
What is Diabetes?	1	2	2	42	67
Complications	4	4	7	46	47
Health Eating	2	1	4	28	50
Physical Activity	4	1	9	36	64

Additionally, respondents were asked questions regarding their relationships with Aboriginal clients and their network contacts.

“Do you believe your relationships or delivery has improved with your Aboriginal clients?”

Table 7. Participants’ improvement with their Aboriginal clients.

<i>Response</i>	<i>Number</i>
Yes	23
No	2

“Do you believe you have increased your network contacts and are better able to refer your Aboriginal clients?”

Table 8. Participants' increased network contacts.

<i>Response</i>	<i>Number</i>
Yes	21
No	4

OUTCOMES

One of the goals of the PRIADE program has been to increase the number of culturally competent health care workers and culturally appropriate diabetes programs for Aboriginal communities. As is evidenced in the responses, PRIADE is reaching this goal. For example, in the cultural and holistic approach to health care, which is often missing in traditional diabetes educator programs, 88 percent (Table 6) of participants felt the cultural teaching met or exceeded their expectations. This leads to a better understanding of Aboriginal people and thus more culturally competent health professionals and culturally appropriate diabetes programs. Moreover, the other major goal of the PRIADE program was to increase community capacity. This goal also was being successfully achieved. For instance, the majority of respondents were encouraged by the program to do more work in their respective Aboriginal community in regards to diabetes (Table 4). This in turn will build community capacity and self empowerment among Aboriginal peoples. Additionally, a strong majority (96 percent) felt the PRIADE program was useful for their co-workers and other community members (Table 5).

Based on the results of the evaluation it is determined that the PRIADE program is providing an effective and valuable service to Aboriginal communities. The program offers outstanding coverage of essential diabetes information alongside an exceptional holistic component. This unique approach ensures the most beneficial results for the Aboriginal community.

The support and commitment of Capital Health is of great strength to the program. Clearly, Capital Health intends to be a leader in improving the health of Aboriginal peoples.

In summary, this evaluation determined that the PRIADE program has: helped reinforce the importance of holistic health care to those who work in or with Aboriginal communities, increased community capacity, improved

relations with Aboriginal clients among non-Aboriginal health care providers and enhanced networking between health care providers

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