

# CHAD

## Community Awareness of Diabetes

An initiative of the Kidney Foundation of Canada and the Department of Family Medicine, McMaster University

# Community Health Awareness of Diabetes (CHAD): feasibility and acceptability of a program to improve diabetes and prediabetes risk assessment in people over 40 years old using pharmacy-based, volunteer-run, assessment sessions

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## Background

Canadian Diabetes Association recommends that **family doctors screen all > 40 year olds for diabetes\***

The CHAD program was created NOT to formally diagnose diabetes, but to increase community awareness of diabetes.

\*CDA 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Canadian Journal of Diabetes. 2003;27 (s2)

The evaluation of the CHAD program consists of 2 phases, which assess:

- Phase I: the feasibility and acceptability of the program
- Phase II: the effectiveness of the program to increase diagnosis of diabetes in family medicine

This poster describes Phase I (Phase II is currently under investigation).

## Description of CHAD program

**Location:** selected local pharmacies in Grimsby, Beamsville, Smithville and Vineland (Ontario, Canada)

**Timing:** session took place 2 days a week for 10 weeks and lasted 3 hrs each

**Participants:** any resident aged > 40 years

**Session requirements:** participants were asked to fast for 8 hours prior to coming

**Raising awareness:** extensive community advertising (local paper, radio, tv) took place some invited (n = 4860) by a personal letter from their family doctor drop-ins welcome

**Sessions:** staffed by volunteer members of the public, trained (by a public health nurse)

**Risk Assessment:** Finnish Diabetes Risk score+capillary blood glucose+ HbA1c at 5 selected local pharmacies.

**Results:** individual assessments of 'Risk of Diabetes' given to each participant also sent to relevant local family doctors

**Education/Counselling:** for those identified as being at high risk for diabetes

**Emergency:** any results of capillary Blood Glucose >15 mmol/l were faxed to family doctors immediately and a public health nurse attended the patient

## Methods for evaluation of feasibility/acceptability

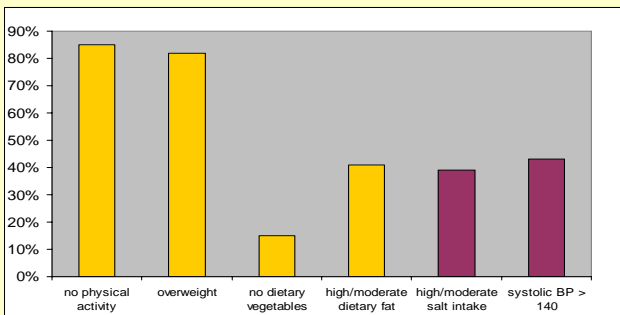
The acceptability and feasibility of the program was assessed by:

- overall attendance at the sessions
- questionnaires administered to participants immediately after attendance
- questionnaires administered to volunteer staff (not presented)
- questionnaires to participating physicians and pharmacists (not complete yet)

## Which individuals were identified as 'at risk' for diabetes by the CHAD program?

124 people (21% of participants) had a high risk for diabetes and had reports sent to their family doctors to suggest further screening and diagnosis of diabetes

## Did 'at risk' have significant modifiable risk factors?



Statistically significant results are shown in yellow

## Results:

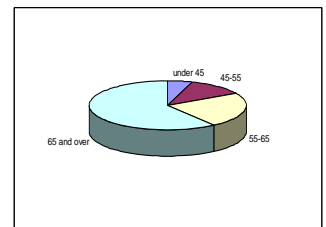
62 risk sessions each 3 hrs long were provided in 5 pharmacies

587 people attended the programme

## Who attended the program?

67% were female, 33% were male

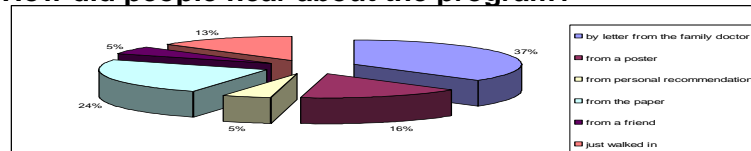
88% (508) of attendees (587) did not have pre-existing diabetes



## When and where did they attend?

Attendance greatest for weekday clinics (particularly the plaza location - 51% of all attendees came here), and poor for Saturday clinics (only 4%)

## How did people hear about the program?



## How did participants feel about the program?

204 participants completed a questionnaire immediately after a session

90% thought fasting before the session was easy

96% found clinic locations easy

## Participants comments

"Thank you for the opportunity for a quick health check-up as well as the information available for steps to prevent health issues."

"I think this clinic was an excellent initiative for the community."

## Conclusions

The program identified people who were at risk for diabetes and had risk factors which were modifiable and may affect the likelihood of developing diabetes.

Personalised invitation from a family doctor promote attendance at such a program with best results, therefore future initiatives must partner local family doctors.

Although greatest attendance was from the senior age group, a younger contingent was attracted and there may be other methods of encouraging this missing groups to participate in community health programs.