

Promising Practices for Strengthening Primary Care

Type 2 Diabetes Remission Services



The challenge

A growing body of research suggests that between 50 and 77 percent of people can achieve remission or reversal of type 2 diabetes, without medication, by changing what and how they eat. However, food-based diabetes remission services are not yet widely integrated into medical practice or diabetes support services.

The promising practice

In partnership with communities of Tumbler Ridge and Port Alberni in British Columbia, the project team:

- Engaged locally organized community groups to raise awareness that remission of type 2 diabetes is possible using food-based approaches.
- Supported the communities to design, develop and start delivering culturally safe services, including awareness-raising activities, that are feasible and sustainable for the community, aligned with local First Nations diabetes initiatives.

Example impacts

More people and providers are aware that type 2 diabetes remission is possible by changing what and how they eat.

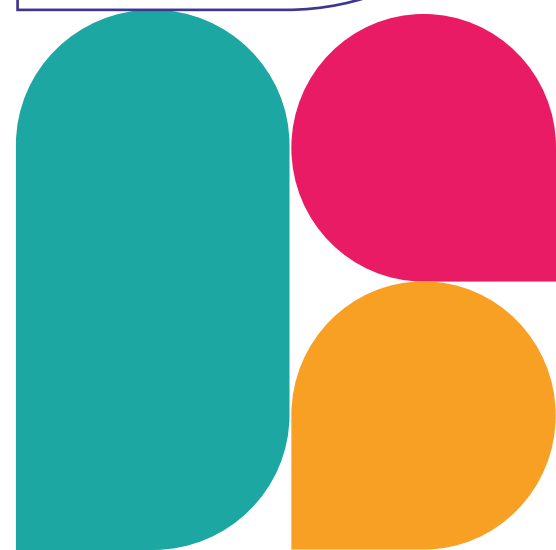
- Community organizations, including grocery stores, restaurants, and pharmacies, are providing residents of Tumbler Ridge and Port Alberni with information to support their choice to use food-based approaches to improve blood glucose levels.
- More than 200 physicians and other healthcare providers received education and access to reliable resources to help them safely assist patients on their food-based remission journey.

Services to support individuals opting for a food-based approach to treat and/or reverse type 2 diabetes are now becoming available in the communities of Tumbler Ridge and Port Alberni.

- Access to point-of-care HbA1C diabetes blood testing is available through the community pharmacy in Tumbler Ridge and through a First Nations initiative in Port Alberni, improving early diagnosis and access to convenient monitoring.
- A replicable engagement model and practical self-serve 'tool kit' that other rural communities can use to design and deliver their own local type 2 diabetes remission services and supports.

"We experience the joy that patients feel when they learn that improving type 2 diabetes is within their control. We help them get healthier and come off their medications."

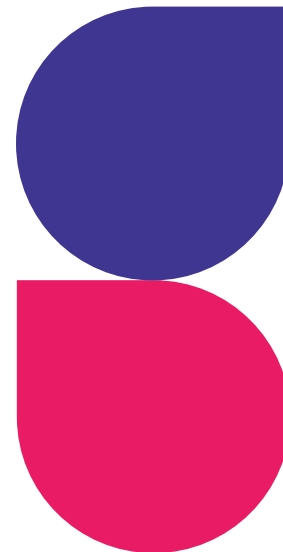
– Tumbler Ridge physician



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Keys to success

- **Sustainable funding** to deliver on each of the type 2 diabetes remission services or supports designed by the community. For example, initial cost of purchasing two HbA1C point-of-care testing machines was \$1,500, with ongoing costs being approximately \$20 per test.
- **Champions** to ensure meaningful community engagement, including a local physician champion, trusted community leaders, and a community engagement coordinator.
- **Relationships** with people from the community to ensure culturally safe approaches.
- **Appreciative inquiry** to ensure inclusion of diverse perspectives and experiences, built upon each community's unique strengths and assets, so that the design of supports and services could "start where the community was at".



"The program will not only transform the health and wellness of everyone, but shift the way we think, talk, design programs, prescribe, and eat."

- Tumbler Ridge community member

Lessons learned

- Language in healthcare can be triggering, and addressing this issue was essential for ensuring cultural safety and fostering meaningful community engagement.
- Short-term 'wins' or successes were important to maintain community engagement.
- Integrating local initiatives with existing health system services and support can be challenging, a steering committee can help remove or mitigate barriers to successful implementation.

How can I learn more?

Contact the organization.

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Why was this summary created?

Rural Coordination Centre of British Columbia (RCCbc), participated in **Healthcare Excellence Canada's (HEC) Strengthening Primary Care (SPC)** program. SPC brought together 20 primary care organizations from across Canada to advance practices to improve access to safe, including culturally safe, team-based primary care.

This promising practice summary was co-produced with RCCbc to help others learn about their work and generate discussion about how similar approaches could be adapted and applied elsewhere.



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