

# Promising Practices for Strengthening Primary Care

## The CHANGE Program (British Columbia)



### The challenge

About 40 percent of patients in the Pacific Northwest communities of British Columbia have symptoms of metabolic syndrome or Type 2 Diabetes.

### The promising practice

The CHANGE (Canadian Health Advanced by Nutrition and Graded Exercise) Program is an individualized lifestyle intervention delivered by a team of primary care providers for people living with metabolic syndrome. Those interested meet with their healthcare team and complete dietetic and exercise assessments before starting the program. Patients work with their care team, including family doctors, medical researchers, academics, dietetic specialists and kinesiologists in improving their overall health outcomes through healthy behaviour change. The family doctor works with an exercise specialist (kinesiologist and/or clinical exercise physiologist) and dietitian to deliver the program. The CHANGE Program can also be supported by nurses and other clinical staff.

### More about the CHANGE Program

- Gradual intervention to increase a patient's ability to self-manage, with the goal of fostering long-term independence and confidence in managing one's health.
- Individualized, culturally safe exercise and dietary care plan created with the patient.
- Motivational support, individually or in a group setting.
- Link with community supports to promote exercise and healthy eating.
- Ongoing health assessment and care.

### Example impacts

- Since 2022, the Pacific Northwest Division of Family Practice have hired three kinesiologist/clinical exercise physiologists and two registered dietitians to deliver the CHANGE Program.
- Patients have increased time with their primary care team, with the provider best matched to meet their care needs.
- Patients have required fewer visits with family doctors since care needs were met by other members of the CHANGE Program care team. This has also freed up time for the family doctor to see other patients.
- The CHANGE Program is embedded into Elders' health programming within several village governments in Nisga'a Valley.

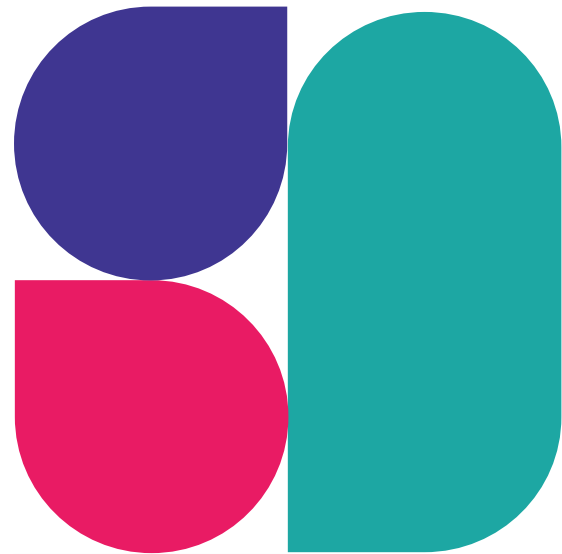
"I think it's culturally relevant because most of the people that come to the exercise programs are Nisga'a, First Nations, and also doesn't matter where you are when there's a get together. There's always a component of our language involved which makes it a happy environment for all of us so that we can not only teach it but exercise our right to speak our native tongue."

- Elder from Laxgalts'ap

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## Keys to success

- **Leadership** of physicians in collaboration with kinesiologists and dietitians to deliver team-based model of the CHANGE Program within primary care.
- **Optimize** electronic medical record (EMR) functionality to support collaboration between clinicians delivering the CHANGE Program and streamline data management processes.
- **Flexibility** in delivery of the CHANGE Program within primary care to meet community aspirations and needs.
- **Provincial support** through sustainable funding of allied healthcare professionals embedded into primary care networks.
- **Collaborate** to help ensure ongoing cultural safety of the program, we collaborate with 11 Elders in Kitselas First Nation, to understand how health needs of the community can be best supported.



## Lessons learned

- Establish clear data management processes and designate specific roles or teams responsible for entering patient data to ensure consistency, accuracy, and accountability.
- Primary care team turnover can disrupt patient care, especially in programs that require long-term engagement.
- Effective onboarding for new primary care team members is vital for the successful delivery of the CHANGE Program.

## How can I learn more?

Contact the organization.

**Colleen Enns, Executive Director,**  
Pacific Northwest Division of Family Practice – CHANGE BC,  
cenns@pnwdivisionbc.ca

## Why was this summary created?

**Pacific Northwest Division of Family Practice,** 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 Pacific Northwest Division of Family Practice to help others learn about their work and generate discussion about how similar approaches could be adapted and applied elsewhere.