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An Ecological Approach Provides a Comprehensive Model to Initiate and Sustain Diabetes Self-Management

a.k.a.: Partners in Progress

Richland County Community Diabetes Project

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## The Process of Partnership

- Richland Health Network
  - Richland County Health Department
  - Sidney Health Center
  - Richland CountyCommission on Aging
- Partners since 1999
- Mission: Building healthy communities through networking, health promotion, and volunteerism



# Richland County Community Diabetes Project

- Not just to avoid duplication of services
- Collaboratively we accomplish more we individually could
- Mission: Partnerships dedicated to building a community environment that supports diabetes self-management

# Major Objectives

- Joining clinical and community care models to develop a system to coordinate the overlap
- Broaden the definition of continuum of care
- Develop community ownership of the project
- Change community norms
- Improve community health status

#### A Journey has Obstacles

- Internal and external identity struggle
  - A collaborative network is both our greatest strength and our weakest point
- Finding our niche
- Resistance to change
- Collaboration means different things to different people

### Strengthening Our Links

- Sharing resources
- Try to move each partner forward
  - □ Fit partnership into each agency's mission and promises



- Sustainable clinical/community connections
  - Diabetes Education Center
  - Exercise Rx and free indoor walking options
- Increasing the network's collaboration with other community partners

#### Domino Effect on Community Collaboration

- Communities in Action (VISTA project)
- Sidney Public Library
- Richland County Nutrition Coalition
- Local Restaurants
- Parish Nursing
- RSVP
- Literacy Volunteers of America
- LIONS Club
- American Diabetes Association Montana
- McCone County Senior Center
- Montana Diabetes Project
- Eastern Montana Mental Health
- Local Health Care Providers
- Grocery Stores
- Schools
- Local Worksites
- Media
- And more...



#### A Highlight of our Successes

- New partnerships develop; become active
  - □ Senior Coalition, Communities in Action
  - □ Health issues included in local growth policies
- Healthier lifestyles for project participants
  - □ 46% self-report weight loss
  - □ 58% self-report increased physical activity
- Decreased primary diagnosis diabetes admits
  - □ ER admits and hospitalizations each decreased 33%
- Increased number of A1c measurements
  - □ ER A1c measures increased 400%
  - □ Outpatient A1c measures increased 7.5%

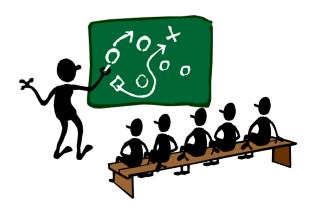
#### Lessons Learned

- Partnership is hard work! (but worth it)
  - □ Give and take are both required
  - □ Building trust takes time
- Programs vs. Infrastructure
  - □ Programs make the partnership visible
  - Programs are an opportunity to build systems-based infrastructure
- Changing social norms is an immense challenge
  - □ Disease labeling is not necessary
  - □ Active work w/ additional partner agencies
    - Tasty Fork project changing nutrition norms





- The importance of RHN is twofold:
  - Assist partners in meeting the expectations of their customers
  - Provides a comprehensive and efficient manner of addressing chronic disease in our service area by engaging these customers
- Continue to use the ecological model as a basis for addressing community health issues
- Commonalities for future collaboration:
  - □ Inform, Educate, and Empower
  - Mobilize Community Partners
  - □ Link People to Needed Services
  - □ Develop Policies and Plans



"Coming together is a beginning.

Keeping together is progress.

Working together is success."

-Henry Ford

Health

SIDNEY HEALTH CENTER

HEALTH HEALTH PARTIES OF HEALTHY COMMING

