

BRIGHT LIGHTS AWARD


2012

**Best Practices in Health Promotion and Chronic Care
Award Winner – Megan Omstead, Taddle Creek**

Taking diabetes education beyond the boundaries of Taddle Creek



We hear a lot about self-care and education for people with chronic diseases — but how do you get patients involved when they don't speak English and may not even know they're sick? That's the challenge Megan Omstead, diabetes program director for the Taddle Creek Family Health Team, has been facing since 2008.

The goal of Taddle Creek's diabetes education program is to teach people with diabetes about treatment, complications, and management, while working with primary care providers to manage Type 2 diabetes. Its target population is people with diabetes, or at risk for it, living in the downtown Toronto core. These patients face barriers, including lack of access to diabetes education and poor knowledge of health in general, especially when English is not their first language. Also, symptoms of Type 2 diabetes can be subtle; many patients don't know they have the disease.

Despite those challenges, Taddle Creek has the most successful diabetes education program in the Greater Toronto Area, in terms of attracting and maintaining patients. In 2011, the Ministry of Health and Long Term Care increased funding to allow for an annual patient load of 2,000 people. The program is now supporting diabetes care for 131 primary care providers and endocrinologists in downtown Toronto, on top of Taddle Creek's 17 primary care providers. Thanks to the program's efficiency and expertise, all surrounding hospitals — Women's College, Mount Sinai, and St. Michael's — have shut down their diabetes education programs and can concentrate on more complex patients, leaving Taddle Creek to carry most of the outpatient load. Patient satisfaction ratings consistently average at 90 per cent.

With Megan Omstead at its head, the diabetes education program at Taddle Creek has done some remarkable work, including:

- Developing the Diabetes DIY workshop and workbook for all new diabetes patients and people at risk;
- Integrating a variety of disciplines into the program, including the pharmacist, nutritionist and social worker;
- Adding a psychiatry resident to address concomitant mental illness, such as depression;
- Engaging patients and their families through group education, individual counseling and regular communication via email and phone;
- Acting as regional coordinator for referrals to seven other diabetes programs, and mentoring two or three organizers of new education programs per year.