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Diabetes in the Real World: Why Treat People Without Changing What Makes Them Sick?

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In August 2012, the Diabetes Education Community Network of East Toronto (DECNET), a community program based in South Riverdale Community Health Centre, undertook a new initiative to build awareness and support action to address the impact of the social determinants of health on diabetes management.

The series, titled Diabetes In the Real World, took shape through the hallway conversations of RN and RD diabetes educators. These health-care providers lamented their clients' frustration at feeling like individual failures when they came up against systemic barriers to successful diabetes management. From this frustration grew a desire to engage clients in asking questions such as: "Why is it hard to be physically active in my neighbourhood? Why is it hard to make healthy food choices when I eat out?"

South Riverdale CHC's commitment to addressing health equity and the impact of social determinants of health on its clients and communities allowed the DECNET team to be supported in this initiative at the outset. The diabetes nurse educator and outreach worker who spearheaded the organizing were fortunate to draw on the experience and expertise of other in-house programs that had engaged their clients in similar work.

In the spring 2013 Diabetes Nursing Interest Group (DNIG) newsletter, Beryl Pilkington's profile covered many of the reasons why this work is so important to diabetes care and health outcomes for clients living with diabetes. According to the World Health Organization the social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are in turn shaped by the distribution of money, power and resources at global, national and local levels. For example, we know that living in poverty increases the risk of developing Type 2 diabetes.

In exploring this undertaking, organizers acknowledged that while all diabetes educators are doing individual advocacy work for clients — liaising with the doctor to get changes in treatment where needed, linking them to foot care or compassionate programs for medication coverage — providers were not engaging clients in exploring and acting on the more systemic issues. Advocacy is the process of people participating in decision-making processes that affect their lives, and organizers were excited at the prospect of bringing this participation to the community served.

How does one go about this though? Organizers decided to start by raising awareness within the client population through community events tackling different aspects of the social determinants of health and then mobilizing a committed group of individuals who would be ready to take on specific issues that were important to them.

The series launched in September 2012, with the screening of the controversial film *Super Size Me*, to explore the role and influence of fast food and marketing on our food choices. One of the major learnings from this event was that most clients in attendance had never critically examined their environment in this way before and that it might take many events to help bring clients along in this new, exploratory process.

In November, DECNET ran the event *City Design Should Move Us!* to examine the role of neighbourhood design in physical activity choices. The event brought together a geographer from the University of Toronto, the chief planner of the City of Toronto, an endocrinologist from St. Michael's Hospital and a local community agency active in advocating for active transportation options in the city. The room was electric as it brought together these diverse disciplines for the first time to examine an issue that cut through all of their work. There was a lively discussion with the audience who too were looking at the challenges they've encountered to increasing their own physical activity through a new lens.

The next event, *Health and Wealth*, explored the role of poverty in diabetes. Dennis Raphael, a professor at York University who published with Beryl Pilkington on diabetes and poverty, was the speaker at the event. Organizers partnered with an in-house, community driven poverty action committee who delivered the excellent group learning activity called "do the math" exploring the feasibility of living on an Ontario Works/Ontario Disability Support Program or minimum wage. The audience was very engaged in the topic, asking probing questions and raising their voices to share their experiences trying to manage diabetes in the context of their financial hardships.

Most recently, DECNET again partnered in-house with our Earth Day committee to deliver an evening, titled *Can Toxic Exposures Cause Diabetes?* You might recall some elements of this topic from Hilda Swirsky's article in the spring 2012 issue of the DNIG newsletter. A representative from the Canadian Partnership for Children's Health and Environment spoke on the state of the evidence with respect to exposure and Type 2 diabetes development, a biologist helped to explain the concept of endocrine disruptors and a representative from Environmental Defence talked about what is being done to address some of these concerns.

Throughout this series, staff have been surprised and delighted at the cross-section of clients and communities the Diabetes in the Real World series has attracted, cutting across all socio-economic strata, cultural backgrounds and ages. Furthermore, although events have been marketed to people living with diabetes and those that care about them, they have also attracted community members who are concerned or engaged in the topic itself.

DECNET is set to move into the second phase of this undertaking whereby event attendees will be encouraged to engage more fully in addressing the topics covered to date. The organizers are now looking for those who might be ready to take the next step and, with staff support, mobilize around an issue to agitate for change.

The findings of Dennis Raphael and Beryl Pilkington's work clearly demonstrate a gap in care for our clients with diabetes: engaging at the policy level to promote change. As educators we have the opportunity to engage clients in a discussion of the impacts of the social determinants of health on

efforts to manage diabetes, and we hope to continue to share ideas through the DNIG to find out how others are striving to accomplish this in their work.

For more information, visit the South Riverdale Community Health Centre website at www.srchc.ca.