

FILLING GAPS IN HEALTH SERVICES FOR RESIDENTS WITH DIABETES

Diabetes coalition achieves positive results working with unique partners

Public Health Problem

- Clinton County, New York is a rural, medically underserved community whose residents have a high rate of diabetes, a condition that causes serious and costly complications.
- Health partners in the county conducted assessments, community focus groups, and physician surveys revealing a need for evidence-based diabetes services and identifying the barriers to their provision and use.

Program

- Working with the Clinton County Health Department, Champlain Valley Physician's Hospital and the Joint Council for Economic Opportunity of Clinton and Franklin Counties, the North Country Diabetes Project developed a unique blend of services for county residents, including clinical specialties provided through the hospital, patient/ provider education through the public health department, and transport/outreach services through a community action agency.
- These three agencies and other community organizations, including the Seven Counties Diabetes Network, are implementing a campaign to increase diabetes awareness and establish formal diabetes education programs.
- This project also addresses the identified need for transportation, more medical services and the application of multidisciplinary approaches.

Impact

Unique collaborative efforts of three agencies created a range of needed services filling a gap identified in this rural area and achieving more than each could achieve alone, including:

- Implementation of an American Diabetes Association-recognized self management program providing over 200 medical nutrition therapy sessions to clients with diabetes.
- Improving body weight and blood pressure, increasing knowledge, and improving quality of life for most people participating in the self-management education
- Provision of free transportation to and from these programs as well as for diabetes-related medical appointments which reduces the barriers to receiving needed services
- Standardizing referral guidance through a partnership with 45 local physicians who are actively referring diabetes patients to the programs.
- Training over 350 health professionals on improving care for people with diabetes
- Reaching over 1000 residents with diabetes risk assessment to help them identify this potential health problem and get the help they need

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