# There has been a global pandemic happening long before Covid-19

Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs.

Definition by NHS England and Public Health England

**Two-thirds of people with diabetes live in urban areas & three-quarters are of working age.**

**More than 3 in 4 people with diabetes live in low and middle-income countries.**

**1 in 5 people with diabetes (136 million) are above 65 years old.**

Provided by the IDF Diabetes Atlas

# How can Oviva help address health inequalities?

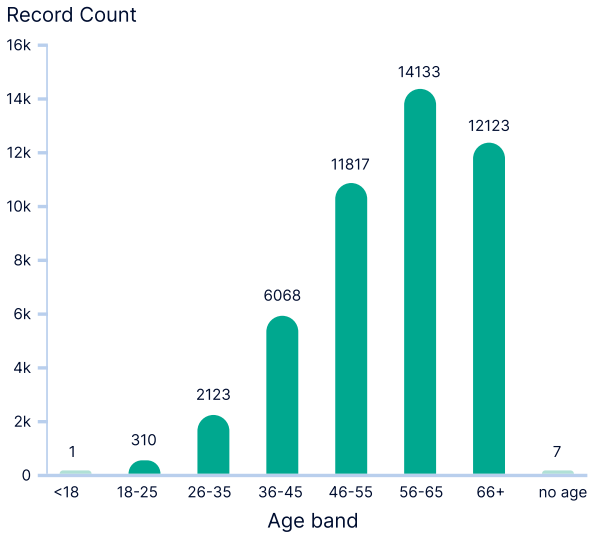
Our digitally-enabled behaviour change programmes are proven to be effective in supporting people to lose weight, prevent diabetes and better manage their own health.

We provide flexibility and choice to personalise our offer to individual participants' needs. By doing this, we remove many of the practical barriers to accessing services and therefore we achieve better uptake and engagement with "hard-to-reach" groups who are often significantly under-represented in traditional face-to-face services.

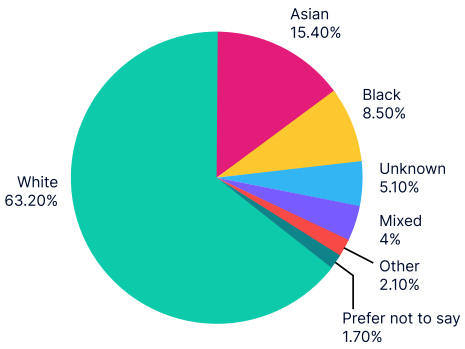
- Working age people
- People from minority ethnic groups
- People from deprived communities
- Men
- People living with significant obesity who suffer stigma

We utilise a remote first approach (digital, telephone or video), supported by our NHS Digital approved app or email/printed materials, and have experience in delivering hybrid models of care and triaging participants to the right intensity and mode of support for them.

## Age



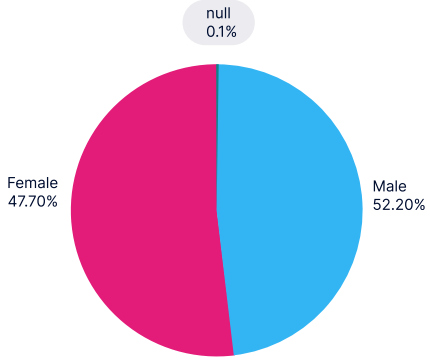

## Ethnicity




## Preferred language

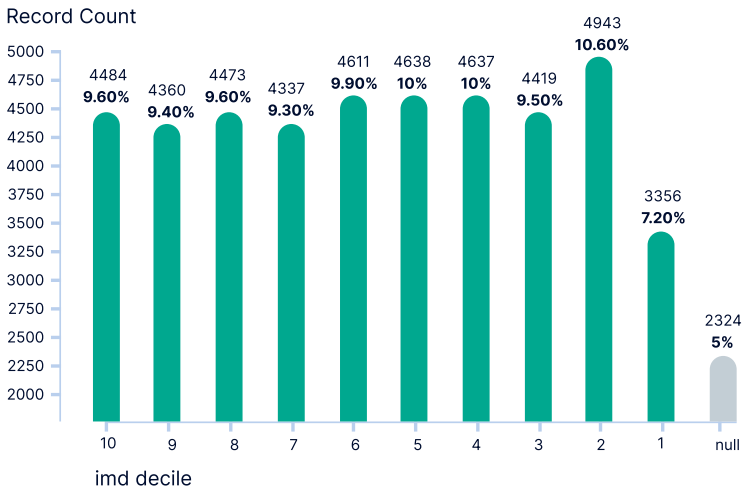
| | |
|---|---|
| 1 | English |
| 2 | Urdu |
| 3 | Punjabi |
| 4 | Bengali |
| 5 | Gujarati |
| 6 | Polish |
| 7 | Arabic |
| 8 | Spanish |
| 9 | Portuguese |
| 10 | Romanian |

## Gender



## Index of Multiple Deprivation Decile

**(1 is most deprived)**




## Languages spoken in-house

| | | | | |
|---|---|---|---|---|
| Arabic | Estonian | Gujarati | Mandarin | Russian |
| Bengali (Shudo) | English | Hindi | Nepalese | Spanish |
| Bengali (Sylheti) | French | Italian | Polish | Sylheti |
| Cantonese | German | Japanese | Punjabi | Tamil |
| Dutch | Greek | Lithuanian | Romanian | Urdu |

# Case study: Diabetes Structured Education in Barking & Dagenham

## Improving uptake in "hard-to-reach" groups

Barking and Dagenham has a diverse population with 53% of people living with type 2 diabetes from an ethnic minority background. In Barking and Dagenham, just 10% of people offered diabetes structured education attend the programme and ethnic minority groups are typically under-represented in traditional structured education.

Barking & Dagenham CCG partnered with Oviva to deliver Oviva Diabetes Support, a digitally-enabled diabetes structured education service, with an aim to maximise attendance and completion rates. The partnership also aimed to remove common barriers to access in this area, thereby reducing health inequalities and demands on primary care. Oviva's flexible and personalised delivery model enables us to address the needs of the local population, tailoring support to be culturally sensitive to encourage increased uptake from "hard-to-reach" groups.

## Background

In Barking & Dagenham:

- 14,225 people were living with diabetes in 2019/20*.
- 73% of people with type 2 diabetes were offered structured education in 2017/18*.
- 10.9% of people offered structured education attended in 2017/18*.
- Higher prevalence of diabetes 8.3% against the UK average of 6.9%.
- 54% of people with type 2 diabetes are from ethnic minority communities that are typically under-represented in diabetes structured education.
- Diverse population with many languages spoken.
- Limited choice for diabetes structured education.

*As measured by the National Diabetes Audit

# Programme pathway

Initial Assessment & onboarding to provide a personalised healthcare plan*

### Personalised support

Provided remotely by a Diabetes Specialist Dietitian or health coach in a one-to-one setting

### Self monitoring and life-long learning

Flexible access and use of Oviva app and Learn portal

Written resources, recipes and meal plans

Structured curriculum via Oviva Learn portal & emails

Podcasts and videos

App for self-monitoring

* Pathway personalised based on patient preference and self-efficacy.

# Local outcomes

### Recruitment & retention in >1300 referrals

**72%**

of referrals attended the programme.

**81%**

completed the programme after attending their initial consultation.

**76%**

of referrals from ethnic minority communities attended the programme.

**80%**

of participants from ethnic minority communities completed the programme after attending their initial consultation.

## Demographics of attendees

We know that nationally structured education for diabetes is less likely to be taken up by men, those of working age and those from ethnic minority communities.

**51%**
are male

**82%**
are of working age

**76%**
are from ethnic minority communities

**10+**
Number of non-English languages care has been requested and provided in

## Impact

**-3.1kg**
Total average body weight loss for completers

**10**
Confidence in self-management of diabetes score (post-programme), against a baseline score of 6

Delivered £354,059 in-year cost savings since January 2021 for Barking and Dagenham - reducing prescribing and service pressures (including reductions in primary care, secondary care and community services attendance).

> **For years we struggled with engaging our ethnic minority communities and working-age group populations in diabetes education and self-care. The pandemic further affected the uptake of education across all patient subgroups.**
>
> **Our Oviva pilot was a very timely intervention. The programme is delivered remotely but with robust one-to-one support where needed. Our patients really benefited from the multilingual dietitians who have an in-depth knowledge of the cultural influences on dietary habits.**
>
> - Dr Anju Gupta, Clinical Lead for Diabetes, BHR CCGs and Clinical Champion, Diabetes UK

# Conclusion

Traditional diabetes structured education services have long shown extremely poor and variable levels of uptake, especially amongst "hard-to-reach" groups. The introduction of Oviva's programme in Barking & Dagenham improved access and dramatically increased uptake and engagement in all groups, but in particular amongst "hard-to-reach" communities.

Through a remote service, participants can access convenient support to suit their timing, travel and language needs with demonstrable improvements in their self-management as seen in the confidence scores. This data demonstrates that a programme such as Oviva Diabetes Support could address England-wide low diabetes structured education uptake rates, and has the potential to improve attendance figures across Europe.

Increasing access to remote digital services, such as diabetes structured education, can also have wider benefits for the health economy, through reduced prescribing, releasing Primary and Secondary care time through the reduced risk of diabetes complications, less time needed off work for appointments and fewer non-elective admissions. This will allow all groups to better manage their own condition, preventing serious complications, and reducing inequalities in diabetes related health outcomes.

# Case study: Diabetes Structured Education in Devon

## Improving outcomes in "hard-to-reach" groups

It is widely accepted that easier access to diabetes education services is essential in order to enhance uptake of these essential prevention and support services, reduce the risk of diabetes related-complications and improve health outcomes.

However in rural settings with a low population density, it can be a challenge for those living with type 2 diabetes to access such opportunities in their local area. The term 'rural' covers a diverse population; and whilst rural areas are typically less deprived, financial poverty in rural areas is highly concentrated amongst older people.

In North and East Devon, between 15.7% - 18.4% of people offered face-to-face structured education attended in 2017/18 (PHE Fingertips data). Oviva was commissioned by Deon CCG to deliver a hybrid model of diabetes structured education, utilising a mixture of face-to-face and remote care with an older and more remote population.

The service aimed to support participants in how to self-manage their diabetes, including blood glucose and weight management, and to reduce future diabetes-related complications. The partnership also aimed to assess the retention and clinical effectiveness of such a service for adults living with type 2 diabetes when presented with a choice of delivery.

Oviva's flexible delivery model enables us to address the needs of the local population, tailoring support to be highly accessible and personalised to encourage increased uptake from "hard-to-reach" groups. Due to Covid-19, our face-to-face pathway was stopped and we moved to remote care only (including groups and one-to-one support).

## Programme pathway

Initial Assessment & onboarding to provide a personalised healthcare plan*

### Personalised support

Provided remotely by a Diabetes Specialist Dietitian or health coach with a choice of one-to-one or group setting

### Self monitoring and life-long learning

Flexible access and use of Oviva app and Learn portal

Written resources, recipes and meal plans

Structured curriculum via Oviva Learn portal & emails

Podcasts and videos

App for self-monitoring

* Pathway personalised based on patient preference and self-efficacy.

## Demographics of attendees

**Eastern Devon**

**55%**
male

**56%**
are of working age

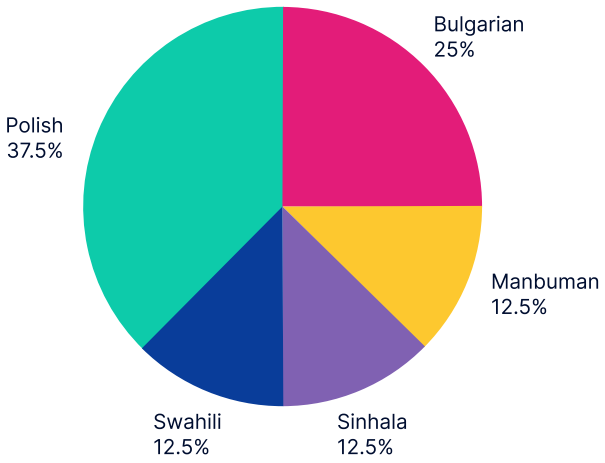
**Northern Devon**

**50%**
male

**60%**
are of working age

4% are from ethnic minority communities across eastern and northern localities

## Breakdown of additional languages provided to support access across both eastern and northern localities:




These populations are often under-represented in standard face-to-face care models, reflecting the value of remote care for this demographic.

## Impact

**Eastern Devon:**

| 60% | 78% | -4.53% | 95% |
|---|---|---|---|
| of eligible referrals enrolled onto the programme | completed the programme | average body weight loss | would recommend Oviva services to friends and family |

**Northern Devon:**

| 57% | 78% | -6.17% | 100% |
|---|---|---|---|
| of eligible referrals enrolled onto the programme | completed the programme | average body weight loss | would recommend Oviva services to friends and family |

Following the launch of our structured education programme in Devon, Oviva was recognised as a supporting presence to diabetes risk reduction in Devon, alongside other initiatives. Oviva Diabetes Support was included in a published paper looking at the design of an integrated diabetes service based on the needs of service users and community clinicians in a semirural low-income health district of the UK. Oviva's presence in the community demonstrated an impact on risk reduction, specifically amputation risk, through reduced body weight and improved glycaemic control.

For more information on our work in Devon, please read Dr Richard Paisley's, an Honorary Consultant Physician at Torbay Hospital, paper in The British Medical Journal: Service user and community clinician design of a partially virtual diabetic service improves access to care and education and reduces amputation incidence. BMJ 2021 [link]

# Conclusion

The introduction of the programme widened access and dramatically improved uptake and engagement in "hard-to-reach" communities in both North and East Devon. By improving uptake of vital education and support services amongst all groups, the programme will enable more people to better manage their own diabetes, preventing complications and reducing inequalities in health outcomes.

A hybrid programme including remote digitally-enabled offering, such as Oviva Diabetes Support is clinically-effective, and can support overall diabetes risk reduction as seen in the weight loss figures and confidence scores. The improved engagement rates, including those typically under-represented at traditional face-to-face or group only based education, demonstrates that a programme such as

Oviva Diabetes Support can achieve these significant improvements in uptake, outcomes and reduce inequalities at a significantly lower delivery cost for commissioners when compared to traditional standalone face-to-face education services.