



## Panel 4:

# Implementation Research for testing the CANRISK Tool: Screening for Diabetes among African, Caribbean, and Black Adolescents aged 18-39 years

### Presenters:

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• Devi Raghunauth		<a href="#">Rexdale CHC</a>
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• Michelle Westin	Community Health Worker	<a href="#">Black Creek CHC</a>

### Description:

This collaborative study aimed to update the CANRISK questionnaire to more accurately identify African, Caribbean, and Black Canadians aged 18-39 at risk of diabetes, led by PHAC and conducted at four community health centers in Toronto. Challenges in recruiting healthy adolescents and post-diagnosis communication while maintaining PHI principles will be discussed.

### Session objectives and learning outcomes:

- How to advance a meaningful interprofessional collaborative CBR initiative that can integrate clinical and social care to fulfill the gap of a system-level assessment tool (CANRISK)
- How EGAP principles and a peer-researcher model are used effectively to strengthen implementation research and innovation activities conducive to Black Health as a part of the focal point
- Identify strategies that enable the implementation of community diabetes screening programs, overcome recruitment challenges, and streamline secure communication with clients.

## Full description:

This collaborative study was designed to screen for diabetes among the African, Caribbean, and Black Canadians aged 18-39 years to update the CANRISK questionnaire, which can more correctly identify the targeted population at risk of diabetes and thus potentially prevent more cases in this community. Based on the EGAP principles four community health centres in Toronto conducted this study led by PHAC. The challenges for recruiting 'apparently' healthy adolescents and communication after being diagnosed and maintaining the principles of PHIPA mandates for PHI will be shared by panelists from the four collaborating organizations.

## Narrative:

In 2011, PHAC developed CANRISK as a screening tool to identify adults aged 40+ at high risk of having prediabetes or diabetes. It is widely promoted since it is easy to use, evidence-informed, and available in multiple languages. However, certain gaps were identified to make the tool universally accepted. Experts and practitioners working on diabetes found this tool incomplete. Accordingly, in 2013–2015, PHAC collected additional data among adults aged 18–39 years in some high-risk ethnic groups; missing adequate data among young African Caribbean Black (ACB) adults. This was the context of extending the data collection initiative among 400 more residents from the ACB ethnic group to ensure the Canadian Diabetes Risk Questionnaire (CANRISK) can accurately identify those at risk of having prediabetes and diabetes in this community.

The research questions were: (i) What is the prevalence of diabetes and prediabetes among ACB residents (in Toronto) aged 18–39 years? (ii) Does the current CANRISK tool accurately identify younger Black Canadians at high risk of diabetes and prediabetes? (iii) If not, can changes be made to increase the tool's accuracy among this group?

The Maximal Variation Sampling technique, using inclusion and exclusion criteria, was adopted to collect participants for this mixed-method study from November 2023 to March 2024. Descriptive and inferential (relational) analysis of data was done by using SPSS software. Identified participants with at-risk, pre-diabetes, and diabetes were referred to the appropriate healthcare providers. Access Alliance Non-Insured Walk-In Clinic took care of the participants having no health insurance and legal immigration status in Canada. The panelist will present their respective experience and calls to action ideas.