

LIVING GREAT WITH DIABETES

"There is an explosion of non-communicable diseases that the world is facing consisting of high blood pressure, diabetes mellitus, and chronic lung diseases like asthma." - Dr Aaron Motsoaledi | Health Minister



GROUP EMPOWERMENT FOR PATIENTS AND TRAINING OF HEALTHCARE WORKERS IN DIABETES



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WORLD DIABETES FOUNDATION



LIVING GREAT WITH DIABETES



INTRODUCTION

This brochure provides you with information about “Living GREAT with diabetes”. This is an initiative to introduce GRoup Empowerment And Training (GREAT) for diabetes. The initiative works with groups of patients to educate and empower them for self-management and better control of their diabetes as well as training healthcare workers to facilitate these groups.

DIABETES IS A SILENT KILLER

Diabetes is the leading killer of women in South Africa and is a public health priority. Overall, diabetes is the second leading cause of death amongst all South Africans and the prevalence is increasing. Currently 1 in 4 adults over the age of 45 years have diabetes and many are of working age.¹ Diabetes, stroke and heart disease cost the country R22.5 billion rand between 2006 and 2015. Complications of diabetes keep families in poverty through amputations, blindness, stroke, heart attacks and kidney failure. As diabetes is a chronic and slowly progressive condition we often do not act until it is too late.

There's a new killer in town. This killer preys on older, overweight and obese women - mainly from poor communities.

*- Kerry Mulligan
Health-e News.*

ALIGNING GREAT WITH NATIONAL POLICY

The Ideal Clinic framework aims to implement an Integrated Clinical Services Management approach at all primary care facilities. GREAT is aimed at strengthening clinical management in primary care for diabetes as an important chronic condition. GREAT is particularly useful in newly diagnosed and uncontrolled patients. GREAT also supports the empowerment of patients for self-management. GREAT is committed to a patient-centred and holistic approach and recognises the likelihood of co-morbidity.

The GREAT initiative is part of a larger vision for integrated and comprehensive patient education and empowerment for all chronic conditions. This model, as shown in Figure 1, expects all primary care providers to be competent in ad-hoc and individualised brief behaviour change counselling within the consultation. Group education and empowerment would complement this by engaging with new and uncontrolled patients in a systematic and structured way over a number of group sessions to ensure a comprehensive understanding and enhanced capability to change their lifestyle (e.g. treatment adherence, healthy diet, physical activity, tobacco smoking, alcohol use, safe sex).

Facility managers and clinical leads would need to address the supportive organisational issues. Key issues include who will facilitate the sessions, which patients will be targeted, where will the sessions be held, how will GREAT be integrated with patient flow, how will sessions be scheduled to coincide with usual attendance and how will educational resources be provided on an ongoing basis.

FIGURE 1

ORGANISATION OF CHRONIC CARE

Human resources
Targeting space
Patient flow
Appointments

Resource materials
Patient education materials

GROUP EDUCATION

Systematic
Structured
Periodic
New and less stable patients

BRIEF BEHAVIOUR CHANGE COUNSELLING

Individual Primary care providers | Ad hoc
Ongoing

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EVIDENCE FOR GREAT

Globally group diabetes education and empowerment has been effective at improving people's knowledge of diabetes, improving control of glucose and blood pressure, helping people lose weight and reducing the need for medication.²

In South Africa evidence for group diabetes education has shown similar results with improvement in knowledge, changes in diet and physical activity, and improved control of glucose and blood pressure.^{3,4,5} In addition it has enabled people to share knowledge with others, improve foot care and was shown to be cost-effective.^{3,5} Health promoters valued the comprehensive and structured education programme.⁶ With patients, the enhanced group social support had a positive effect on coping with and accepting the reality of diabetes. Some patients were more comfortable sharing and learning in a group and were more intimidated by the authoritarian style of many individual consultations.⁷

SIX COMPONENTS OF GREAT

The GREAT approach for empowering patients can be thought of in terms of structure, communication, resources and organisational issues. The training of healthcare workers can be thought of in terms of training facilitators and training the trainers of facilitators.

Structure

GREAT consists of 4-5 sessions of 60-120 minutes with 10-15 patients at a time. The four sessions focus on:

- Understanding diabetes
- Lifestyle modification (1-2 sessions)
- Understanding medication
- Avoiding complications

The group facilitator has typically been a health promotion officer and sometimes a professional nurse. The facilitator can involve other healthcare workers such as pharmacists or dietitians if they are available and coherent with the GREAT approach.

“

I started walking after I got back from the sessions. They give you ideas about how to keep your sugar under control, and then I went walking in the evening.⁸

”

“

The training sessions were very good for me. I could learn from them. I could use my pills right now. Because they didn't work was probably because I didn't use them correctly. Then I got to the session, now I understand what I have to drink.⁸

”



Communication

Facilitators are taught a guiding style that is derived from motivational interviewing that emphasises collaboration, evocation (evoking ideas and solutions from the participants), empathic understanding, respect and focus on lifestyle change and self-management. Key communication skills include use of open questions, summaries and exchange of information.

Resources

A package of resources have been collected or developed to support the facilitator in their own understanding of diabetes, to engage patients during group sessions and to reinforce learning and behaviour changes at home through patient education materials. *(See back cover)*

Training facilitators

Facilitators are trained in a 3-4 day workshop to understand diabetes, facilitate the groups with a guiding style and use all the resource materials. At least two people per facility should be trained.

Training trainers

Each district's NCD coordinator in collaboration with the Regional Training Centre should identify two people to be trained as master trainers of GREAT. These master trainers will be able to train new facilitators for other facilities or to replace facilitators when they move on.

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▶ GREAT is funded by
World Diabetes
Foundation

The contract with the WDF is to enable us to train healthcare workers from one district in all nine provinces in GREAT (10 facilities/20 healthcare workers per district). Initial training will take 3-4 days and will be followed-up within 6-months by a further 2 days. The contract also provides for the training of 2 people per province to train further healthcare workers in future. Resources will be made available to the Department of Health. The project runs for 2-years from 1st October 2018. Initial training and all resources are provided to healthcare workers at no additional expense.



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Your guide to **healthy living**
This issue is all about how to give up smoking

The Smoking Issue *It's never too late to QUIT!*

READ HOW MADODA KICKED THE HABIT...

At the age of 14, Madoda and his pals smoked their first cigarette as 'just to see what it was like'. The guys all coughed and felt a bit dizzy, but they decided it was cool. They continued to smoke, using the money their parents gave them for school lunches to buy cigarettes.

By 16, Madoda was heavily addicted to cigarettes. So addicted, in fact, that if he did not have a cigarette every thirty minutes, he would feel sick. A smoke was the last thing he had before he went to sleep and the first thing he reached for when he woke up in the morning. He often even got up during the night to have a cigarette. Usually, he was a pack-a-day smoker, but he could easily finish three packs of cigarettes, if he was drinking and partying as well. He gave up playing soccer around that time because he often had a cough and felt cars in his chest. "I didn't see it as an addiction then," says the country singer. Madoda, who is now 47 years old, "didn't understand" when, though, people would tell him this thing was not right. They would talk about how smoking causes heart disease and cancer, but I never saw anyone with cancer and heart problems, so I didn't really believe them."

But when his chest pains and coughing fits became more severe, he started to get worried. His girlfriend revealed with him to stop smoking. Madoda then read some articles in the newspaper about smoking and health. What shocked him into action were some pictures of lungs damaged by smoking - they were twisted and blackened with the tar from cigarettes. He couldn't get up early in the morning, but he began cutting down. He smoked sweets to cope with the nicotine cravings that he experienced as he began smoking less.

In 2000, Madoda joined a gym at the local community centre. It was a decision which would change his life. He found that he really enjoyed putting weights, although he experienced pain in his legs when he did too much. He was still smoking, though not like before. At first, he 'gymed' once a week, twice at the most.

"I then decided I wanted to get really fit. I knew that in order to do this, I had to give up smoking completely. I wanted to repair those lungs!"

Story continued on page 3 >>

LATEST INFO PERSONAL STORIES USEFUL TIPS REACH YOUR GOALS

Get updated on the latest information, pick up some useful tips and read interesting personal stories about how others have managed to achieve their health goals.

Your guide to **healthy living**
This issue is all about how to become physically active

The Physical Activity Issue

So, you are thinking of becoming physically active?

Few people say that becoming physically active is easy, but everyone who has started says the effort is worth it! Becoming active at any age adds years to your life, and not to mention, life to your years. Starting physical activity can greatly decrease the risk of getting a serious disease, or help you manage your condition if you already have one. Taking time to prepare is important. If you prepare well you are more likely to succeed. This issue is full of information and practical advice that can help you become physically active.

HOW WALKING HEALED MASALENG

Masaling lives in Soweto and works for an NGO which teaches orphaned children. Although Masaling loved her job, she always worried, "How could the strength the bond between the NGO and the children's foster parents?" She felt that unless the NGO found a way to get the parents involved, the NGO would lose contact with the children. One day as she was taking her daily walk, an idea popped into her mind: "Why not start a walking club with these children's foster mothers?"

Masaling's determination to start a walking club in her community was actually started out of tragedy. In 2003, she was involved in a car accident and unfortunately was told she would never see one of her legs again. "You can imagine how I felt, when I was told that I may never walk again. I was very sad because I was a very active person before the accident," she said gravely. But her tone quickly changes to a lighter one. "Thank God I am stubborn you know. I told my physiotherapist that I want to walk again." The legs and thoughts, her physiotherapist told her to buy a stationary bike and that is what she did.

"I was told that I may never walk again, but now I am able to do 30 km walks!"

Story continued on page 3 >>

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Your guide to... **healthy living**
This issue is all about how to eat a healthy diet

The Nutrition Issue *It's never too late to start eating RIGHT!*

Read how Brinley Skorbinsky (on the left) changed his unhealthy eating habits when he learnt he was diabetic...

BRINLEY'S STORY

BY THANDIE CHIKHA

Brinley is a retired panel beater, and a diabetic. We are sitting in his lovely kitchen chatting, while his wife, Joyce, makes us tea. As I add two teaspoons of sugar to my tea, I notice that Brinley doesn't add any. Almost as if he is reading my mind he says, "I take my tea without sugar now. The way I ate had to change when I found out that I was diabetic."

According to Brinley, he used to overeat. "I used to enjoy my six doughnuts and tea with sugar in the morning, I ate take-aways for lunch and I had two big plates of food at supper time" he says. But all that had to change when he was diagnosed with diabetes. He was given a diet sheet, which explained all the foods that he had to cut out and the foods that he should eat more of. "It was very difficult at first to get used to the lifestyle change, especially the diet part. But with the support of my wife, I succeeded" when Brinley says.

"I used to eat six doughnuts every morning with tea and three sugars and I used to eat take-aways with the guys at work every day. I put on lots of weight and paid the price by getting diabetes"

Chronic diseases like diabetes, high blood pressure, cardiovascular disease (heart disease and stroke) and cancer can be prevented if you eat a healthy diet and keep physically active.

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This issue is all about alcohol use and your health

The Alcohol Use Issue

ALCOHOL USE AND YOUR HEALTH

Many people can drink alcohol in moderation without doing any harm to themselves or others. Drinking alcohol can however, become harmful if you drink too much, drink every day or drink whilst doing other activities, like driving. The following definitions will help you work out whether you are drinking at harmful levels or not.

What is harmful or high risk drinking?

Harmful drinking is defined as drinking more than 4 drinks on any one occasion (binge drinking) or drinking more than 2 drinks per day over extended periods.

According to the World Health Organization, the risk of harm increases significantly when people consume more than 2 drinks per day and far more than 6 days per week.

Drinking alcohol also becomes harmful if it begins to negatively affect your relationships at home or work, it leads to financial problems. When it begins to reach a point where they find it difficult to control their drinking and feel strong cravings for a drink they are said to have become dependent on alcohol.

Alcohol dependence or alcoholism affects a relatively small percentage of the adult population in South Africa, but many people drink at harmful or risky levels.

The harmful use of alcohol, such as binge drinking or drinking to intoxication is a major cause of:

- Injury** - including traffic injuries, falls, drowning, burns and unintentional firearm injuries.
- Violence** - including domestic violence, child abuse and neglect.
- Chronic diseases** - over time, excessive alcohol use can lead to the development of diseases such as cancer, heart disease and mental illness.
- Risky sexual behaviour** - including unprotected sex, sex with multiple partners and sexual assault.
- Alcohol poisoning** - a medical emergency that results from too much alcohol. Levels that can cause a loss of consciousness, low blood pressure and death.
- Chronic diseases** - over time, excessive alcohol use can lead to the development of diseases such as cancer, heart disease and mental illness.

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