## LIVING **GREAT** WITH DIABETES



## GROUP EMPOWERMENT FOR PATIENTS AND TRAINING OF HEALTHCARE WORKERS IN DIABETES







## LIVING <mark>GREAT</mark> WITH DIABETES



## INTRODUCTION

his 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.

# ODIABETES 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 I in 4 adults over the age of 45 years have diabetes and many are of working age. 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.

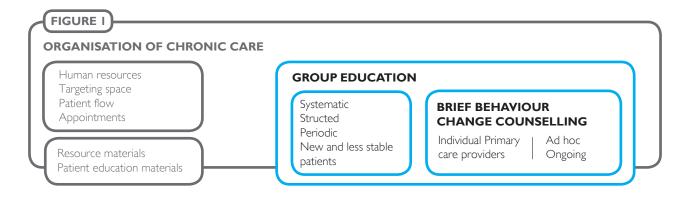
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### ALIGNING GREAT WITH NATIONAL POLICY

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.



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#### DEVIDENCE FOR GREAT

lobally 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.<sup>2</sup>

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.<sup>3,4,5</sup> In addition it has enabled people to share knowledge with others, improve foot care and was shown to be costeffective.<sup>3,5</sup> Health promoters valued the comprehensive and structured education programme.<sup>6</sup> 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.<sup>7</sup>

# 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.

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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.<sup>8</sup>

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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.<sup>8</sup>

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#### **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.





# GREAT is funded by World Diabetes Foundation

'he 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.



## References

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