

P-1155 Optimizing health workers counselling skills for prevention and better management of diabetes and patient networks

Palo L¹, Malhotra C², Gupta M³, Smith B⁴, Dalebout S⁵

¹Regional Director-SEA, Project HOPE, ²Technical Advisor, Project HOPE, India; ³Senior Program Officer, Project HOPE, India; ⁴Program Officer, NCDs, Global Health, Project HOPE; ⁵Sr. Director Operations and M&E, Project HOPE US

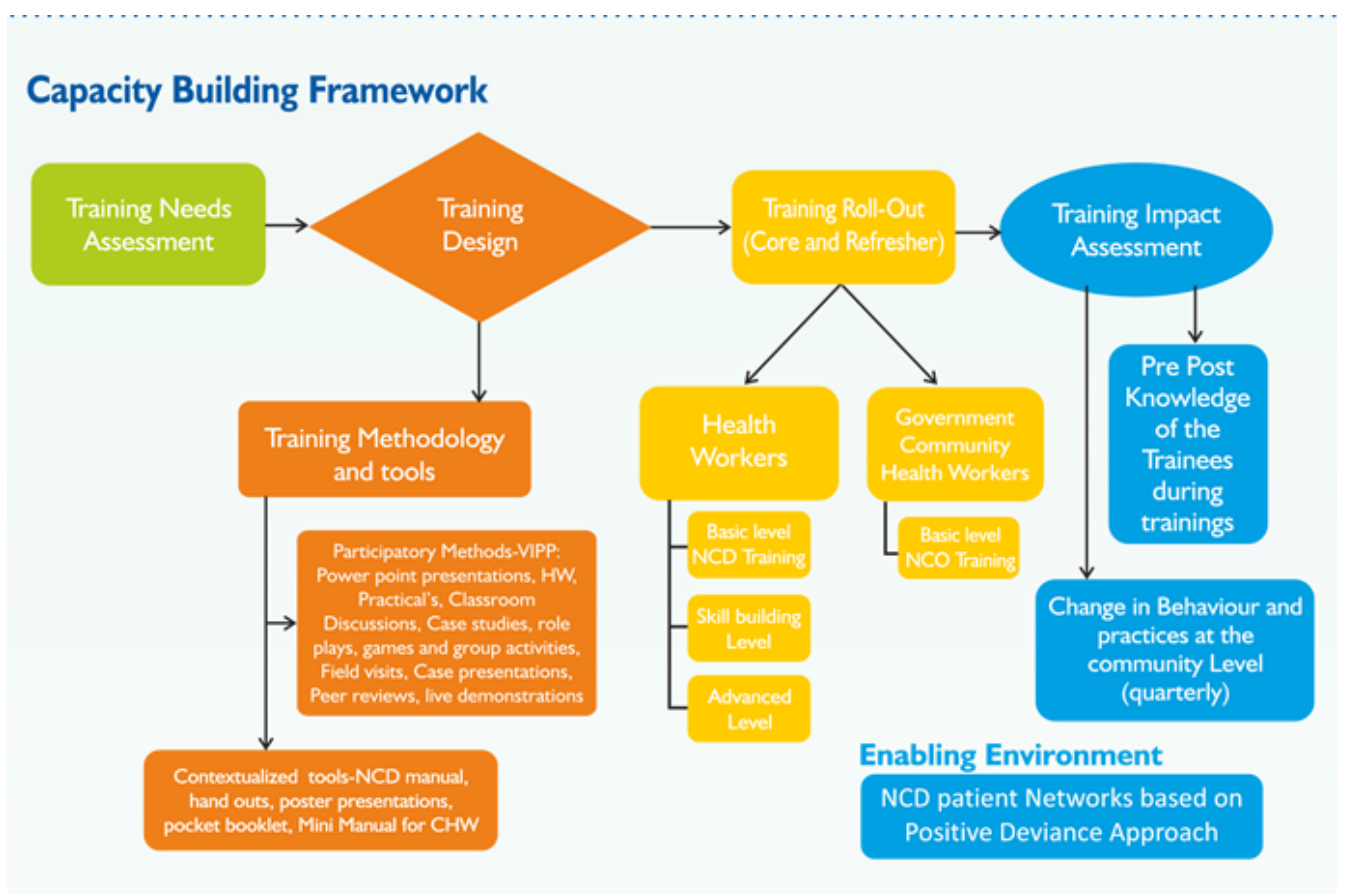


Background: In India, the probability of dying between ages 30 & 70 years from the four main Non Communicable Diseases (NCDs) is 26% [1]. India has 20 health workers per 10,000 population [2] whereas for universal health coverage, requirement is of 22.8 per 10,000 population [3][4]. There is a need to equip health workers with the appropriate knowledge and skills to meet the diverse health-care needs of people with NCDs. Project HOPE in collaboration with Eli Lilly Global Health Partnership, has developed and implemented patient education training program under Project UDAY. Project UDAY is a comprehensive operational research on prevention and management of diabetes and hypertension.

Objective: Train the health workers (HWs) to 1) Provide counselling to address people's perspectives/ fears around diabetes management; 2) Train people with diabetes in self-testing/monitoring; 3) Encourage lifestyle change in patients and those at high risk; and 4) Establish peer groups and patient networks to improve self-care and adherence.

Method: Post a training needs assessment, the trainings were built around a tested and proven capacity building package for counsellors, based on Visualization in Participatory Programs (VIPP) approach. These were designed to enhance the capacity of Health Workers (HW) for community interaction through counselling, and to promote universal screenings. Positive Deviance (PD)* approach for NCD Patient Peer-to-Peer Support Groups (PtPSG) was implemented. The duration of the basic classroom and practical field training was 4-6 weeks followed by periodic refresher trainings. Besides that, NCD workers organised monthly meetings with Patient Networks. The peer-to-peer support groups were formed after identifying a cluster of diabetes patients in the same locality. The identified health advocates/positive deviants were then trained and mentored by the health workers to facilitate activities of peer-to-peer support groups/patient networks.

Evaluations were conducted at the start and end of each week's training sessions through feedbacks and pre-post assessment. An impact assessment tool along with an operational manual, developed for the periodic knowledge and skill assessment of Health Workers was used to test the impact of their counselling on the group members measuring adoption and continuation of healthy practices.



Results: The evaluation data revealed that over 88% of Health Workers achieved excellent knowledge post-training as against 15% of the HWs at the inception of the trainings. 100% of the male trainees and 75% of the female trainees showed significant excellent results in post evaluation. 89% of rural and 87% of urban trainees scored excellent results in the post-test.

During the impact assessment done with patient network group members 65% reported that post the engagement with PD and PtPSG they have increased the intake of seasonal fruits and vegetables and are making efforts to reduce the fried intake and balancing the same with physical activity. 52% reduced salt intake as added salt, in their daily eating. 42% quit the alcohol and smoking habits. 88% reported staying physical activity. 79% take their medicines regularly post joining the group, 71% monitor their blood glucose, blood pressure and weight at least once a month and about 60% are visiting the healthcare professionals for follow up visits.

Discussions: Lack of skilled workforce is a challenge at multiple levels of health system along with weak referral and disease management processes. The other pressing issue is the large out-of-pocket expenditures for managing complications and low insurance coverage. Considering these challenges, skilled HW's engagement with community PtPSGs shows promising results to tackle the NCDs challenges.

*Positive deviants are individuals whose uncommon practices enable them to find better solutions to problems than their neighbors who share same resources.

References:

1. Global Health Observatory Data Repository [online database]. Geneva, World Health Organization, 2017
2. Rao K, Bhatnagar A, Berman P. India's health workforce: size, composition and distribution. In: La Forgia J, Rao K, eds. India Health Beat. New Delhi: World Bank, New Delhi and Public Health Foundation of India, 2009
3. A universal truth: no health without a workforce. I. World Health Organization 2014. II. Global Health Workforce Alliance.
4. O'Connell T, Rasanathan K, Chopra M. What does universal health coverage mean? Lancet, 2013,6736:13-15