



Combining Diabetes Education with Peer Support and Community Mobilization

Project HOPE responds to the global diabetes epidemic

Photo Credit: Seba Al Khawaldeh

Quick Facts

GEOGRAPHIC FOCUS:

Mexico, India, South Africa, United Arab Emirates, Puerto Rico

BENEFICIARY POPULATION:

Health care workers and people living with diabetes

PRIMARY INTERVENTION AREAS:

- Improve access to quality diabetes education offered by health care workers
- Improve knowledge of diabetes and metabolic control of glucose among people living with diabetes
- Increase community-based screening for diabetes with peer educators

Project HOPE is currently addressing the health needs of people living with diabetes by building skills among healthcare professionals on diabetes self-management education and empowering individuals with the knowledge that healthcare is in their hands.

Program Overview

Project HOPE has developed an innovative diabetes self-management education course called “5 Steps to Self-Care”. The training is patient-focused, game based, and utilizes behavior change approaches to improve understanding and achieve better outcomes. While themes covered by “5 Steps” are common to the American Diabetes Association (ADA) and American Association of Diabetes Educator (AADE) curriculum, the course differs in that it goes beyond outlining key themes to provide fully scripted sessions, a set thematic progression and accompanying interactive, non-reading-based materials. The course is designed to systematically facilitate group learning by building the necessary

knowledge, skills and proactive attitude required to engage in daily self-care, while also addressing prevailing cultural misconceptions and the need for on-going social support. Project HOPE developed a standardized course, demonstrated effectiveness across a wide array of patients, and then transferred it to primary care health workers with a pressing need for educational tools for their frequent contact with people living with diabetes, their families and others at-risk.

Background – A Global Crisis

According to the International Diabetes Federation (2019), diabetes is among the top ten causes of death globally and is thought to be one of the largest health crises facing the world today. 463 million adults aged 20-79 years are living with diabetes around the world. 79.4% of these live in low- and middle-income countries. In addition, 351.7 million people are unaware they have diabetes. This epidemic is growing continually and is expected to affect 700.2 million people by 2045.

Formerly a disease of the elderly, diabetes is increasingly affecting younger adults and even children. While genetics, age, and co-morbidities like hypertension increase the chance of developing diabetes, the most important contributing factor to the global rise in diabetes prevalence is the concurrent epidemic of obesity, stemming from high fat, processed food and sedentary lifestyles. Clinical trials have shown that diabetes-related complications can be prevented or delayed by achieving and maintaining glycemic control. For example, according to the IDF (IDF Diabetes Atlas 2019) intensive blood glucose self-management can prevent the onset of diabetic retinopathy, chronic kidney disease and risk reduction of amputation due to neuropathy and diabetic foot disease.

Like most chronic diseases, diabetes requires more than just clinical treatment. People with diabetes need education and support to master and maintain complex self-care behaviors. They also need access to multidisciplinary health services to prevent, detect and treat associated complications. Failure to achieve metabolic control leads to poor health outcomes, including costly, debilitating complications and premature death. Unfortunately, health professionals often lack the training, and tools to promote diabetes self-management education (DSME) with the people they serve.



Diabetes Self-Management Education (DSME)

Refers to the on-going process of building patient capacity to engage in effective, daily self-care, making decisions, solving problems and actively collaborating with health workers for positive health outcomes.

(Advocated for by American Diabetes Association and American Association of Diabetes Educators
<http://care.diabetesjournals.org/content/38/7/1372>)

5 Steps to Self-Care: Increasing Access to Education and Support

Project HOPE's *5 Steps to Self-Care* not only provides knowledge on diabetes self-management education, but also emphasizes improvement in behavioral goals and objectives. It is an interactive, patient-centered approach aimed at empowering patients to take healthcare into their own hands. The course has been scripted to be replicated by primary health care workers, with its simplicity giving way in actual application to allowing course graduates to become "peer educators" who share their learnings with friends and family. The *5 Steps* logo focuses on five key components of effective diabetes management: 1) committing to life-long education grounded in a basic understanding of physiology and disease progression; 2) 'knowing the numbers,' or being able to monitor and interpret healthy, elevated and high levels of blood glucose, A1c, body mass index (BMI), blood pressure and lipids using a traffic-light system to make clinical and lifestyle adjustments to prevent or delay complications; 3) managing portions of food groups to balance carbohydrate, protein and fat intake and deal with cravings; 4) making exercise and daily physical activity a regular habit and monitoring foot health; and 5) communicating effectively with health professional to ensure care quality, seeking routine access to specialists and lab work.

In each setting where *5 Steps to Self-Care* has been implemented, an assessment of cultural elements was undertaken to adapt the curriculum to specific patient needs, including beliefs regarding disease onset, disease progression, medications, diet, physical activity and the patient's role in self management. In the United Arab Emirates, the cultural assessment resulted in the development of an additional session that focuses on the application of the *5 Steps to Self-Care* during Ramadan. This curriculum addition teaches that self-care is a continuous and personal process that concerns knowing about fasting with diabetes and how it affects the body, making informed decisions to substitute risk factors for healthy habits to avoid diabetes related risks during Ramadan and improve quality of life by healthy fasting.

Overview of Curriculum

- Session 1 – Diabetes Risk Factors (Why Me?)
- Session 2 – Disease Evolution
- Session 3 – The Body and It's Organs
- Session 4 – Self-Monitoring (Knowing Your Numbers)
- Session 5 – Quality and Quantity of Food
- Session 6 – Healthy Eating
- Session 7 – Healthy Movement
- Session 8 – Health Services
- Session 9 – Diabetes in Ramadan and Graduation



1. Education
2. Knowing Your Numbers
3. Nutrition
4. Healthy Movement
5. Health Services



5 Steps to Self-Care Results

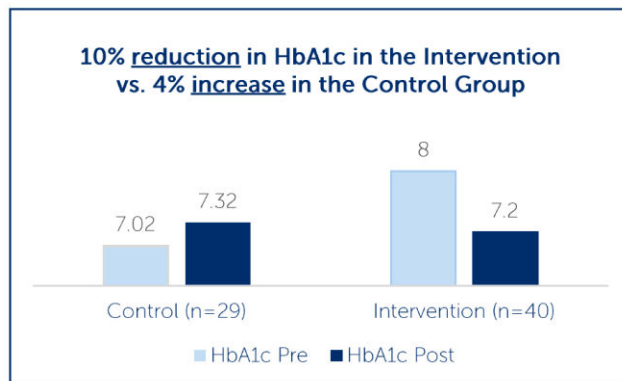
Mexico

2015-2016 Health Outcomes

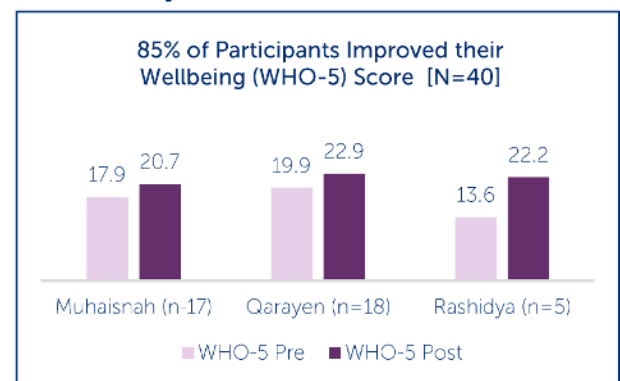


United Arab Emirates

2018 Clinical Outcomes (HbA1c)

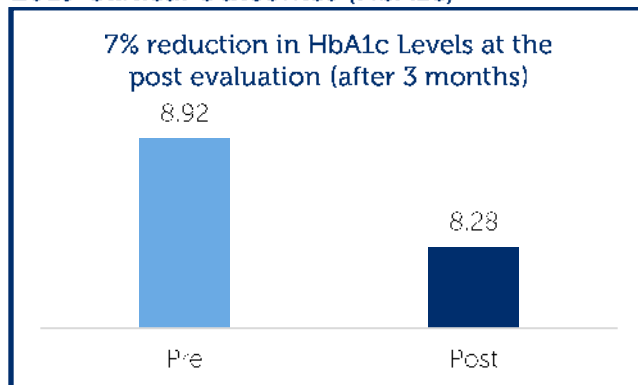


2018 Quality of Life Outcomes (WHO-5)



Puerto Rico

2019 Clinical Outcomes (HbA1c)



2019 Quality of Life Outcomes (WHO-5)

