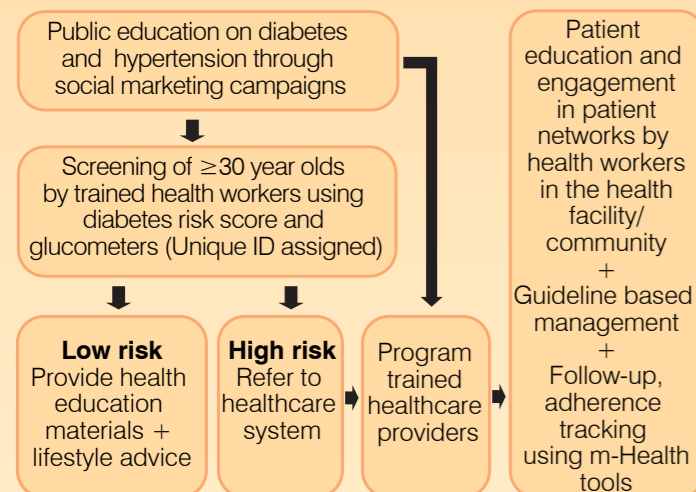
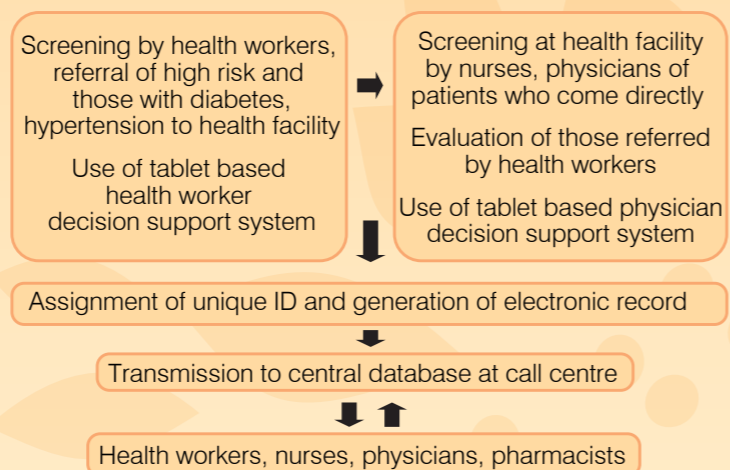


Innovations

Screening utilizing non-laboratory based Diabetes Risk Score



Implementing an integrated m-Health system



Registry and Quality Improvement Program (QIP)

Register 10000 patients with diabetes
 Assess their characteristics, treatments received and outcomes experienced
 Implement QIP for improving diabetes and hypertension detection and management
 QIP - standard baseline risk assessment directed at detection of diabetes and hypertension, initiation of guideline based non-pharmacological and pharmacological therapy, measures of follow up and referral



Evaluation

Through representative surveys at baseline (Year 1), mid-term and post intervention (end of Year 4)

Expected Impact

Expected to significantly increase over baseline the levels of :

- The public's awareness and knowledge about diabetes and hypertension
- Those aware, diagnosed, treated and controlled to recommended targets
- The use of guideline based management by providers leading to improved outcomes
- Access to care, adherence to treatment, and the degree of conformity to the Indian Public Health Standards



Implementing a Comprehensive Diabetes Prevention and Management Program in India



Supported by an unrestricted educational grant from Eli Lilly and Company under the partnership

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Rationale

Diabetes and hypertension are increasingly rapidly in India. Despite availability of proven and effective prevention strategies and treatments, the detection and control rates of diabetes and hypertension are abysmally low. Thus, great potential and opportunity exists to reduce their rising burden through concomitantly improving their prevention, detection and control. This 5 year program envisages comprehensively addressing the whole continuum of care from prevention, to detection and management.

- In India, 61 million people currently have diabetes; 101 million will have by 2030
- In India, 118 million people had hypertension in 2000; 213 million will have by 2025
- Cardiovascular disease (CVD) is the major cause of death and disability in people with diabetes
- Up to 75% of CVD in people with diabetes is attributable to co-existent hypertension
- Hypertension is a contributing factor to diabetic complications: retinopathy, nephropathy and amputations

Program Objective

To prevent, detect, reduce the risk of diabetes and hypertension and to improve the treatment and management of individuals with either conditions by implementing a comprehensive diabetes prevention and management program in the selected sites

Specific Aims

Determine in the selected sites:

- The awareness, the knowledge levels about diabetes and hypertension, the proportion treated and controlled among a representative sample
- The patient knowledge levels and self management skills among a representative sample of those diagnosed with diabetes and hypertension
- Healthcare providers' knowledge and practices related to diabetes and hypertension management
- The level of access and potential barriers to diabetes and hypertension care provided by the public health system and the degree of conformity to the Indian Public Health Standards (IPHS)
- The cost-effectiveness of the intervention program in improving diabetes and hypertension treatment and management outcomes

Program Sites

- Two geographically and culturally distinct (South and North India) sites: Vishakhapatnam (Vizag) in Andhra Pradesh and Sonapat in Haryana
- In both sites, urban and rural sub-sites will be selected, each with a minimum population of approximately 100000 people, yielding a total population of 400000
- All adults aged ≥ 30 years will be enumerated, invited for screening and based on risk assessment and stratification, subsequently linked to healthcare and tracked

Program Framework



Interventions

5 Synergistic multi-component, multi-level interventions

- Build awareness on diabetes and hypertension through social marketing, health promotion and screening events
- Improve patient education and self management by:
 - « Training health workers in diabetes and hypertension detection, referral, follow-up and in imparting patient education
 - « Enabling health workers with low-cost technology supported decision support systems
 - « Creating patient networks
- Increase healthcare provider capacity by:
 - « Developing evidence based management guidelines for diabetes and hypertension
 - « Training healthcare providers (health workers, nurses, pharmacists, physicians) in guideline implementation
 - « Implementing a diabetes registry with a quality improvement program
- Improve access to treatment by working with local healthcare institutions and advocacy
- Widely disseminate the findings to the scientific community, general public, and government and leverage the findings to effectively advocate with relevant stakeholders for improving care