

CDIA

Chronic Disease Initiative for Africa

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Making a difference

We are excited to welcome you to the second edition of our newsletter for 2015!

In this issue you will read about the importance of the role of healthcare workers in South Africa, how a diabetes education programme is improving the lives of patients and an overview of the 5th annual CDIA meeting, where researchers from around the country showcased their research in the field of non-communicable diseases.

Your feedback is always welcome –
email cdia@uct.ac.za



Images above: Australian Aid Photolibrary

CDIA is a collaborative research initiative that develops and evaluates models for chronic disease care and prevention of risk factors.

Discovery gives CDIA R2 million for two consecutive years

The CDIA has welcomed the announcement by Discovery Fund to award the CDIA R2 million for a further two years, enabling the organisation to continue its programme of research in the health services - where help is most needed.

Chronic diseases, including diabetes, high blood pressure and chronic lung disease account for 39% of deaths in South Africans and are “the second most common cause of morbidity and mortality in South Africa”, says the CDIA Director Professor Naomi Levitt. Of particular concern is the growing impact of diabetes, which ranks seventh in the country’s top causes of death.

The research of the CDIA focuses predominantly on projects that improve early diagnoses and the quality of care of people with chronic diseases.

The first step to prevent chronic diseases is a healthy diet, no smoking and regular physical activity. But these changes are difficult to implement without governmental and societal support as poverty, crime and other systemic problems play a role.

Professor Levitt says, “We have found that our research does seem to have an influence on policy. What the money does for CDIA, which is a network of researchers, is to allow us to do the work within the public sector, i.e. to serve the broader community and helps us expand our reach in South Africa and on the continent.”

A passion for helping others

Anna Genu, 69, has been a community health worker for 28 years. Although she is an area manager now, she still sees herself as a community health worker (CHW). It is a calling, she says, not a job, which is why she still works, even though she has passed retirement age.

Over the years she has been involved in various projects affiliated with the CDIA, as well as with governing board member Professor David Sanders and Thandi Puoane from the University of the Western Cape (UWC).

She is one of about 72 000 CHWs or carers in South Africa, most of them women and paid by the Department of Health to monitor and help chronically ill patients; those suffering from HIV, TB, hypertension and diabetes. Carers bring medicine, take blood pressure measurements, tend to the bedridden – often working without protective face masks, gloves and other basic materials.

They often work longer hours, for which they are not paid and sometimes buy food for patients with their own money to ensure the patient is able to take their medication.

CDIA Director Naomi Levitt recently told a CDIA workshop on community health workers that research shows that one of the potential solutions to the current health crisis in South Africa is an expanded and more effective role for CHW.

Anna manages about 116 CHWs in Khayelitsha. Each has about 40 patients in their care and on a typical day, will visit a support group and go to three bedridden patients – all within four-and-a-half hours, for which they are paid R1 400 to R1 800 a month. The work is also dangerous, with carers at risk of attack for their phones and even the medication they carry.



“We have to plan interventions and policies that work in lower-income settings to make the necessary resources available to prevent death from cardiovascular disease.”

Anna, who lost two children to HIV, is concerned about the increase of HIV, TB and diabetes in her community. She feels government should do more for community health workers – so they in turn, can do more for their communities. Her experience could be very valuable to government officials. She has been doing this work for almost three decades.

CDIA study leads to improved outcomes for diabetes patients

It does not happen often that research is immediately applied in the field of healthcare – especially in South Africa with its complex health systems – yet such is the extraordinary success of a diabetes education project by collaborators from the Chronic Diseases Initiative for Africa (CDIA).

Professor Bob Mash of Family Medicine and Primary Care at Stellenbosch University led a team of collaborators, including CDIA director Professor Naomi Levitt and Professor Krisela Steyn from the University of Cape Town, as well as Professor Steven Rollnick of the University of Cardiff, into seeing whether an effective diabetes education programme could bring about better outcomes for patients.

The study was funded by a BRIDGES grant from the International Diabetes Federation.

“The BRIDGES study originated out of an enquiry process conducted in the Cape Town Metropole at community health centres,” said Professor Mash. “We found that thousands of patients were not receiving the necessary education on the treatment and management of their condition due to overburdened medical staff at crowded health centres being pressed for time to see to all patients.”

The researchers designed a special education programme for health promotion officers and evaluated it in 34 health care centres and 1 570 patients. The health promotion officers were taught about diabetes, how to facilitate groups, as well as how to communicate in a more patient-centred guiding style derived from motivational interviewing. They were coached on how to speak to patients with diabetes in groups in a way that will encourage them to improve their lifestyle and to take their medication regularly. They also empowered patients by ensuring they had a better understanding of their condition.

“The programme involved not only specially designed content but we also thought carefully about the style of communication and how a specific approach to counselling people about diabetes could be more effective. Key communication skills like listening, summarising and evoking responses were used as well,” said Prof Mash.

Results showed a marked improvement in the way health promoters offered patient education and counselling and had measurable benefits for the patients, leading the Department of Health in the Western Cape to request that the programme be rolled out immediately at other health centres in the city area.

“After one year we were able to establish that there had definitely been an impact on the lives of the patients who had the education, specifically with regards to blood pressure, which was significantly lower,” said Professor Mash.

A reduction in blood pressure relates directly to lower risks for stroke, heart disease and other cardiovascular diseases related to hypertension and therefore results in a big cost saving for the Department of Health.

Diabetes is an important contributor to the burden of disease in South Africa and prevalence rates as high as 33% have been recorded in Cape Town. The prevalence in Africa is estimated



Professor Bob Mash of Family Medicine and Primary Care, University of Stellenbosch

“Diabetes is an important contributor to the burden of disease in South Africa and prevalence rates as high as 33% have been recorded in Cape Town.”

to increase by 80% within the next 15 years. Previous studies in the Western Cape showed poor quality of care and outcomes for diabetes patients.

The complications of poorly treated diabetes are also severe. These include blindness, kidney failure, heart attacks, strokes and amputations. “Every week, people with diabetes are coming to hospitals to have limbs removed,” says Dr Mash.

He added that another advantage of the programme was that it showed the benefit of group education for chronic conditions, making its application for other conditions a very real possibility.

“So the feedback has been very positive,” says Professor Mash. “It is not every day research is immediately applied in the health services sector. So from that point of view especially, it is a success.”

Community health workers can improve SA healthcare

The Chronic Diseases Initiative for Africa (CDIA) recently hosted a workshop at the University of the Western Cape (UWC) on community health workers, which was attended by health experts, including representatives from the Department of Health and Medical Research Council.

"CDIA researchers have made significant progress in the past year,"

said CDIA Director Professor Levitt. "Non-communicable diseases have emerged as major threats to the South African population and we have succeeded in introducing practical, yet effective interventions, which have made a difference in many communities."

Recent studies have suggested that HIV and NCDs (like heart disease, diabetes and cancer) might be responsible for about 35% of all annual deaths in South Africa. "South Africa has one of the

highest burdens of disease per capita in the world," said University of the Western Cape (UWC) Professor David Sanders, the chairperson of the Governing Board of CDIA.

Professor Levitt said CDIA research is demonstrating that one of the potential solutions to the current health crisis, as identified by doctors, academics and healthcare workers, is a better-defined role for community health workers. South Africa currently has about 72 000 community health workers who perform a range of functions and services, including home-based care to elderly and sick people.

"In South Africa the efforts of community workers are undermined by a lack of structure and support by government," said Professor Sanders, who headed up the UWC School of Public Health from 1993 to 2009. "In South Africa, community health workers are not permitted even to dispense Vitamin A or deworming tablets."

Professor Levitt concluded, "We already know community health workers can help, the question is how much more could they be helping?"



CDIA annual meeting review highlights wide-ranging portfolio of research projects

The 5th annual meeting of the CDIA in Cape Town earlier this year was a showcase for researchers from around the country to present their research and engage with colleagues working in the field of non-communicable diseases.

The Chronic Diseases Initiative for Africa (CDIA) held a very successful 5th annual meeting in Cape Town during the first quarter of 2015. The two-day event at Groote Schuur Hospital and the University of the Western Cape (UWC) was attended by 23 members, 8 postgraduate students and 28 individuals with an interest in research on non-communicable diseases from across the country. There were over 33 presentations focusing on the burden of non-communicable diseases and their risk factors, health promotion, behaviour change interventions, health services as well as presentations of new research projects being undertaken by CDIA members. It was encouraging to see that the CDIA related research projects are addressing national and regional relevant questions.

Presentations from the Medical Research Council's second Burden of Disease Study illustrated the NCD mortality trends between 1997 and 2010. A systematic review across African studies published between 2000 and 2013 revealed that 14.1% of people 55 years and older was found to have diabetes.

The results of a number of CDIA's intervention studies illustrated how the wide range of topics addressed could contribute to

improve the quality of care for patients with chronic diseases. These included the implementation of 'Primary Care 101', the impact of using mobile telephone messaging on the control of hypertension in a disadvantaged community and the value of training for nurses and family medicine clinicians in brief behaviour change counselling to strengthen their interactions with patients.

The value of the CDIA research network's contribution was well illustrated at this meeting.

