



Above: Focus Group participants

## CDIA joins Heart and Stroke Foundation to create healthy, affordable recipes for all South Africans

By Katherine Murphy

In a research initiative called "Putting Prevention into Practice", the CDIA joined forces with the Heart and Stroke Foundation of South Africa, PharmaDynamics and the Medical Research Council to develop a recipe book to promote healthy eating. The aim? To provide South Africans with affordable, easy recipes to improve the health of their families.

The project is funded by PharmaDynamics and the book, called *Cooking from the Heart*, will be launched free of charge in September to coincide with National Heart Awareness Month – a well-timed initiative, as according to the latest available statistics from The Heart and Stroke Foundation (HSF), heart and blood vessel disease was responsible for an average of 195 deaths per day between 1997 and 2004. In South Africa, cardiovascular disease is the second leading cause of death after HIV/AIDS.

The foundation estimates that premature deaths caused by heart and blood vessel diseases in people of working age (35-64 years) will increase by 41% between now and 2030. And furthermore, they believe at least 80% of heart disease, strokes and Type 2 diabetes, as well as 40% of cancers, could be prevented by healthy diet, regular physical activity, and not smoking.

Unfortunately, South Africans are increasingly leading unhealthy lifestyles and, as a result, our communities are suffering under high rates of cardiovascular and other chronic diseases.

In the past, these diseases affected mainly the affluent communities, but there is now a significant

rise in lifestyle related-diseases among the poor. *Cooking from the Heart* is intended as a practical tool to help people purchase, cook and prepare food in a healthier way, whilst being sensitive to the fact that many South Africans are living on a very limited budget. The recipe book is based on research with communities across the country, which investigated the eating patterns, preferences and nutrition related knowledge of different cultural groups. The information gathered underpinned the writing of the healthy eating guidelines in the recipe book, as well as the selection of recipes.

The advice given in the book is based on dietary guidelines formulated by the National Department of Health, and there are also tips on how to cook using less fat and salt, how to substitute unhealthy ingredients with healthier choices, how to understand food labels and how to stretch your food budget.

To get the public's buy-in for the project, a nationwide competition was launched through YOU, Huisgenoot and Drum to find people's favourite recipes. An exciting prize ensured that the HSF received more than 1700 recipes entered from across the country, and dieticians worked hard to select just 70. These recipes were then adapted to make them healthier.

The book includes recipes for main meals, side dishes, desserts and family treats and snacks, and proudly reflects South Africans' diverse traditions and preferences. The project leaders, meanwhile, hope it will serve as an easily accessible manual for healthier living.

## CDIA and technology: The StAR\* project

Under the leadership of Professor Naomi (Dinky) Levitt and Dr Kirsty Bobrow, the SMS-text Adherence Support, or StAR\* programme has been launched. Funded by the Wellcome Trust and Oxford University, it is a randomised three-arm open parallel group trial that evaluates the impact of a structured adherence support programme for patients suffering from hypertension.

The programme will provide treatment adherence support, which will be delivered remotely through informational or interactive SMS messages. The effects on patients' blood pressure, and the management of their condition, will be evaluated over twelve months.



Above: CDIA members at the Steering Committee Meeting

## Global Gathering

In April the CDIA hosted the 6th Semi-Annual Steering Committee Meeting of the UnitedHealth Group (UHG) and National Heart, Lung and Blood Institute's (NHLBI) Global Health Initiative Preventing Chronic Disease. The event took place in Cape Town in April. It brought together 11 centres of excellence from developing countries around the world, including the Chronic Diseases Initiative in Africa (CDIA).

The meeting provides the centres with an opportunity to present progress reports on their various research initiatives and review the network's progress in combating chronic diseases. It also provides a valuable networking opportunity to participants.

The NHLBI/UHG Global Health Initiative's goal is to reduce the burden of non-communicable diseases by building research and training capacities at 11 centres in developing countries (Argentina, Bangladesh, China, Guatemala, India [2 centers], Kenya, Peru, South Africa (the CDIA), Tunisia, and Northern Mexico).

## Disease can't be managed by DOH alone

Speaking at the above mentioned 6th Semi-Annual Steering Committee Meeting in Cape Town, Professor Melvyn Freeman, Chief Director of the Non-communicable Disease Cluster at the National Department of Health, said that cross-sector contributions is crucial to combating chronic disease.

The Department of Health has called for greater collaboration in reducing the impact of chronic and non-communicable diseases by 2020 and has set ambitious goals in this area, including reducing premature mortality by 25%, reducing tobacco and alcohol use by 20%, and increasing the number of patients effectively controlled for asthma, hypertension and diabetes.

"We would like to have an inter-sectoral structure in place by 2012 – 2016," he said. "We are working on a plan that will facilitate healthier lifestyles, and this will include collaboration in the sectors of agriculture,

trade and industry, sport and education." He added that this would have far-reaching positive effects – ranging from greater access to affordable, healthy foods to a greater focus on physical activity, as well as allowing an inter-ministerial committee to deal with substance abuse by combining legislation in health, sport, transport and other areas.

"Once we have this structure in place, the next step is more work on the lifestyle risk factors," Freeman said.

According to him, managing lifestyle risk factors remains a challenge, although it is clear from past interventions – such as the laws surrounding tobacco use and advertising – that enormous improvements are possible. "The challenge is that with the reduction of tobacco use, we have already done quite a lot, so improving on that will be challenging," Freeman said, referring to the existing package warnings, implementation of smoke-free areas in public buildings, and restrictions on tobacco advertising. "We have already achieved a reduction of 34% in the smoking rates in the country since 1994 and the consumption has decreased by 30%."

Other important areas were linking mental health to behaviour management and overall health, said Freeman. "For example, we need to look at links between alcohol abuse and HIV, or mental health and HIV. There is a high percentage of people living with mental disorders that are also living with HIV," he said, adding that poorly managed mental health could have a negative impact on both prevention and management of non-communicable diseases.

Furthermore, he noted that it was important to ensure the existing systems were working properly. "We can reduce mortality from cancer by increasing efficiency. For example, we have government-sponsored testing for cervical cancer. But for pap smears to be useful, they must be administered properly. That is the first step."

"Meeting the DOH's targets requires addressing the primary causes of mortality and morbidity or the broad 'social determinants' of non-communicable diseases. It means preventing the specific behavioural risk factors and ensuring that the health system is geared to early detection, good treatment and control.



## Meet our students

### Algorithms to empower nurses

The CDIA is growing constantly, and this quarter we've welcomed some new faces to the research team. Meet two of our postgraduate students: Naomi Folb and Buyelwa Majikela-Dlangamandla.

**Naomi Folb** is passionate about improving quality of care through the implementation of effective and evidence-based interventions, and she has recently registered for her PhD based on her current work.

Under Professor Dinky (Naomi) Levitt and Dr Lara Fairall, she is working on the Eden project – or, as it is known in full, the Eden District Randomised Controlled Trial for Primary Care of Chronic, Non-Communicable Diseases. The project the effectiveness of a novel training approach based on a previously tested model of syndromic screening and management of patients. The trial will evaluate whether the approach, previously shown to be effective for respiratory diseases including tuberculosis and HIV/AIDS, will remain effective when expanded to include the primary care management of other major categories of chronic diseases (hypertension, diabetes and depression).

Broadly, the guideline manual – entitled Primary Care 101 – provides an algorithm-based, integrated approach to primary care. It was developed in the Knowledge Translation Unit under the leadership of Dr Lara Fairall. It includes the management of most commonly encountered problems in primary care, including some chronic diseases. It also aims to empower nurses, the main primary care providers in South Africa, to play a more active role in patient care.

If the trial, involving 4400 patients in 38 clinics in the Eden and Overberg districts of the Western Cape, shows the programme to be effective, Naomi hopes it will be used nationally, as well as adapted for other resource restricted countries.

Naomi herself initially studied Medicine at UCT and practised as a doctor in the UK for some years before returning to South Africa. She joined the Knowledge Translation Unit at UCT's Lung Institute in 2010, initially to assist with the development of algorithm-based guidelines for the primary healthcare of adults, before moving to her current role.



### Boosting diabetes care

**Buyelwa Majikela-Dlangamandla** trained as a nurse, and her primary research interest is diabetes education mainly for nurses, lay educators and people with diabetes. Now, she is completing her master's degree in Nursing at UCT and has become involved in the CDIA's Bridges project.

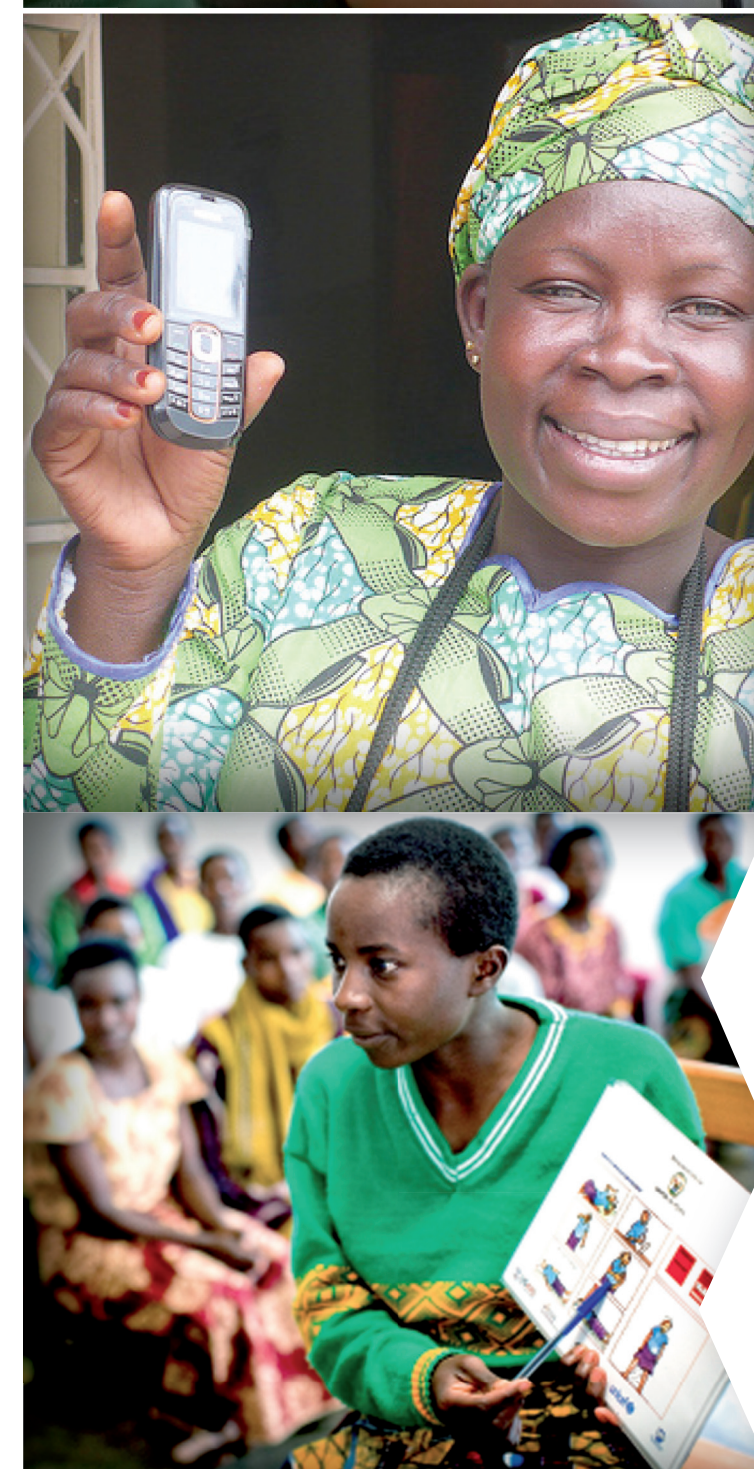
The project evaluates, by means of a pragmatic cluster randomised controlled trial, the effectiveness of a group diabetes education programme delivered by health promoters trained in brief motivational interviewing techniques in community health centres in Cape Town.

Buyelwa's role is to evaluate the health promoters' adherence to the planned educational intervention. Her study also evaluates the extent to which the health promoters cover the planned content and their mode of delivery.

The education programme was put together with a great deal of input from healthcare promoters. They were involved in what topics would be covered, for example understanding diabetes, understanding medication, how to live a healthy lifestyle and how to prevent complications of diabetes. The material and education style are strongly patient-centred, allowing them to see why and how they might change.

"We are still busy evaluating the impact of the training, but the results look quite promising so far," Buyelwa says.

One of the major advantages of Buyelwa's study is that, in helping to increase the effectiveness of training, it can help not only nurses but other healthcare providers to assist in diabetes management. "Many of the people we are working with are not trained nurses – a number of them have Standard 8 (Grade 10)," she says. Where there is a shortage of trained nurses, such intervention can not only assist patients with diabetes, but equip healthcare providers with improved communication skills. The Western Cape Department of Health plans to roll out similar training for all the other health promoters in the province.



### Telling our story

The CDIA recently took the decision to improve our communication with funders, media and other stakeholders – to strengthen relationships and to make what we are working on more accessible for those to whom it matters.

In that spirit, we bring you our first newsletter for 2012. Here you'll find an update on the April Steering Committee meeting, meet some of our students, and read about some of our current projects. The newsletter has been produced by Rothko, the company we recently appointed to help improve our communications and raise our profile in the media.

We hope you find this newsletter useful. Please let us have your feedback. You can email us on [cdia@rothko.co.za](mailto:cdia@rothko.co.za).

