

People to People Strategy  
for Managing Diabetes &  
Hypertension in India



**People to people**  
networks for effective  
outreach

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## Organisation at a Glance

**Vision:** We envision a world where everyone has equal access to opportunities for better health.

**Mission:** Transforming lives for improved health and wellbeing through locally-driven solutions.

## Executive Summary:

There is an increasing pressure on the health system in India to deliver quality services with limited resources. The challenges are manifold when it comes to long-term care and management of Non-Communicable Diseases (NCDs) such as diabetes, hypertension and cancer. One of the many challenges is the insufficient number of health care workers in India. There are only 0.7 doctors for 1000 people, 1.71 nurses and 0.47 midwives for 1000 people, which adds up to 2.41 health workers for 1000 people<sup>1</sup>.

As on 31st March, 2015 the overall shortfall in the posts of Auxiliary Nurse Midwives (ANM) at Sub Centers & Primary health centers was 5.21% of the total requirement, shortfall of allopathic doctors in PHCs was 11.9% and there was a shortfall of 81.2% specialists at the Community Health Centers (CHCs)<sup>2</sup>. The shortage of health functionaries across India as per the regular monitoring of the patients by health teams is crucial to driving up the quality and improving patient outcomes. Self-care and management by patients through Peer to Peer Support Groups (PPSGs) with appropriate and timely support from health care providers gives effective results.

Here is an implementation lesson from two culturally and geographically diverse states of India – Haryana and Andhra Pradesh. The intervention demonstrated the power of PPSG for psychosocial support and education by peers at the community level. PPHF applied **Positive Deviance Approach (PDA) for developing PPSGs for better lifestyle management and treatment adherence**. "Positive Deviants" are those individuals who successfully navigate a problem, despite having access to similar community resources and facing similar community challenges with their peers<sup>3</sup>. **The uniqueness of PDA is that all individuals who are part of the problem are also part of the solution.**

PPHF identified positive deviants from the community, people who have championed their diabetes and hypertension through unique positive health behaviours and attitudes, to run the PPSG. Through a quantitative impact assessment, PPHF aims to study whether this PPSG intervention based on PDA, improved quality of life, changed social support and social influences, and which the elements of the intervention contributed to the change. Impact assessment findings indicate that out of the 300 patients interviewed, 57% claim to be physically active post joining the patient groups, 87% patients adopted healthy eating habits and almost 85% patients followed their doctor's advice completely.

**This assessment provides insights that people to people networks are effective, if facilitated and mentored by change agents such as community health workers.**

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1. World Health Organization. World Health Statistics (Internet). Geneva: World Health Organization; 2015. P.161. Available from: [http://www.who.int/gho/publications/en/world\\_health\\_statistics/2015/en/](http://www.who.int/gho/publications/en/world_health_statistics/2015/en/).
  2. Government of India. Ministry of Health and Family Welfare Statistics Division- Rural Health Statistics; 2014-15
  3. Berkowitz L, McCarthy C, editors. Innovation with information technologies in healthcare. London, UK: Springer; 2013.

## Introduction:

Group-based interventions are powerful in increasing social support and adopting healthy practices from each other. PPHF facilitated the development of PPSGs for patients with diabetes and hypertension. The basic discussion format followed in each meeting included- experience sharing; setting one goal on healthy behaviour; follow up on previous goal; challenges faced in following the healthy behaviour; address these challenges and appreciation of those who achieved and sustained the healthy behaviour goals.

An impact assessment study was conducted after six months of the inception of support groups; with the key objective to assess the effectiveness of PDA on the management of diabetes and hypertension. The assessment results reflect a promising role of PDA in adopting healthy behaviours that can lead to better management of NCDs -- like diabetes and hypertension. Assessment emphasised that local solutions can help the community adopt healthier lifestyles and treatment adherence behaviours that lead to improvement in their blood sugar and blood pressure level.

### Positive Deviants a.k.a. Lok Shikshaks

#### Level 1:

Identifying potential patients who have controlled medical parameters;

#### Level 2:

Introducing the Lok Shikshak to their own healthy behaviours and expectations from them in leading the PPSGs.

#### Level 3

Group size ranges from 6-10 patients which includes one PD that facilitates group meetings with on demand agenda

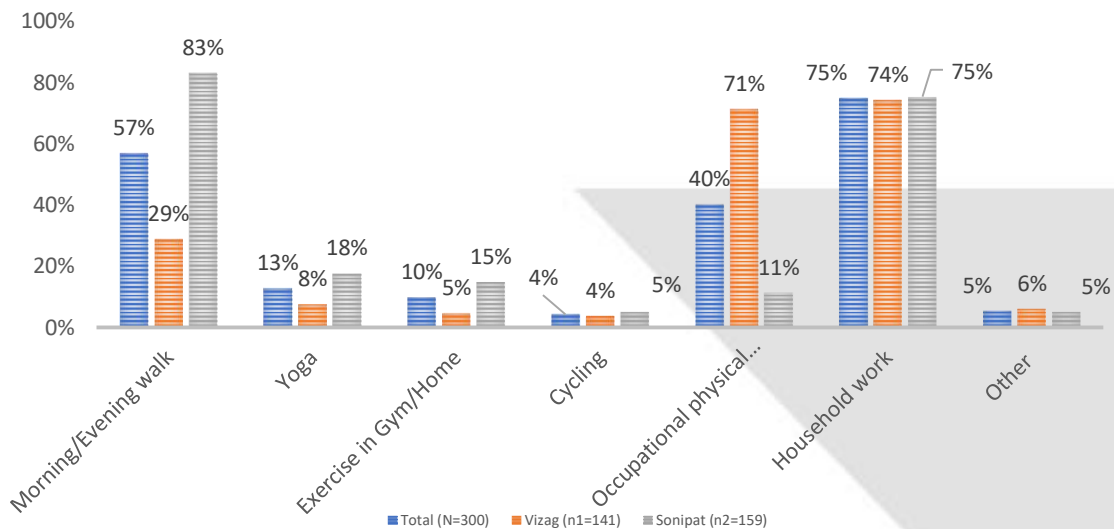
### Methodology:

The impact assessment was carried out at the four intervention sites: one urban and one rural site each in north India (Sonipat) and south India (Vishakhapatnam). The suspected NCD cases were identified and followed up by trained health workers for counselling on lifestyle modification and treatment adherence. The confirmed cases were listed and sensitised on PPSGs. These patients were then categorised into groups led by positive deviants called *lok shikshak*. Out of the 500 patients, 300 people agreed to become a part of the assessment process. The participants in the group were of 30-70 years. 159 patients were from Sonipat (Haryana) and 141 patients from Vishakhapatnam (Andhra Pradesh) were interviewed under the impact study. The tool included a questionnaire (quantitative analysis). The assessment was carried out by an external agency.

## Key Results:

**Staying physically active:** 57% patients reported they were “physically active” on a regular basis. Majority of them incorporated morning and evening walks in their routine.(DIAG 1)

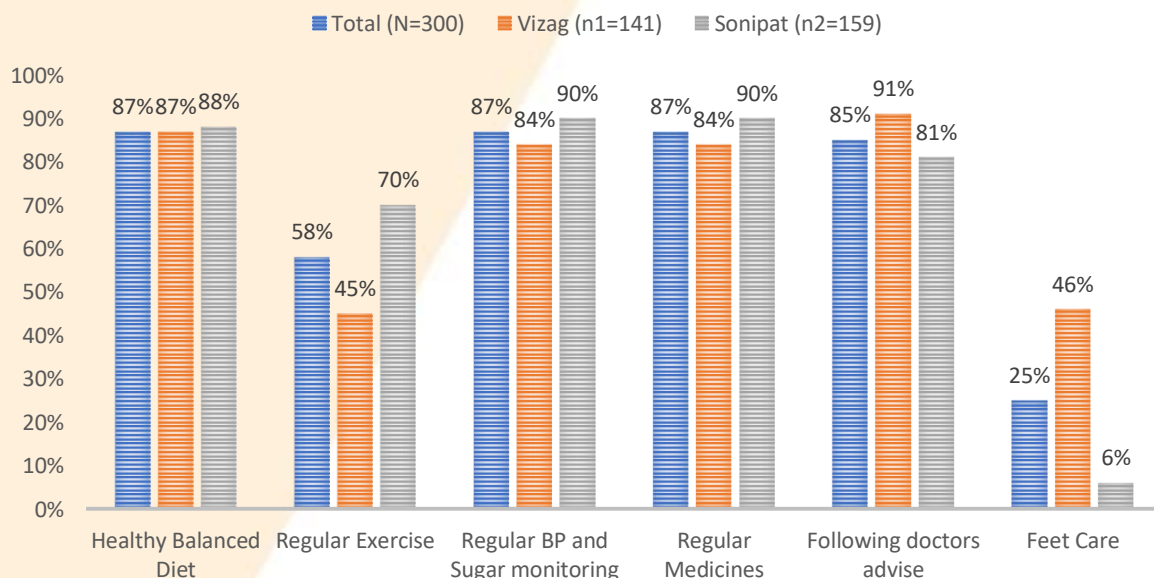
DIAG 1: METHODS PREFERRED BY PATIENTS FOR STAYING PHYSICALLY ACTIVE



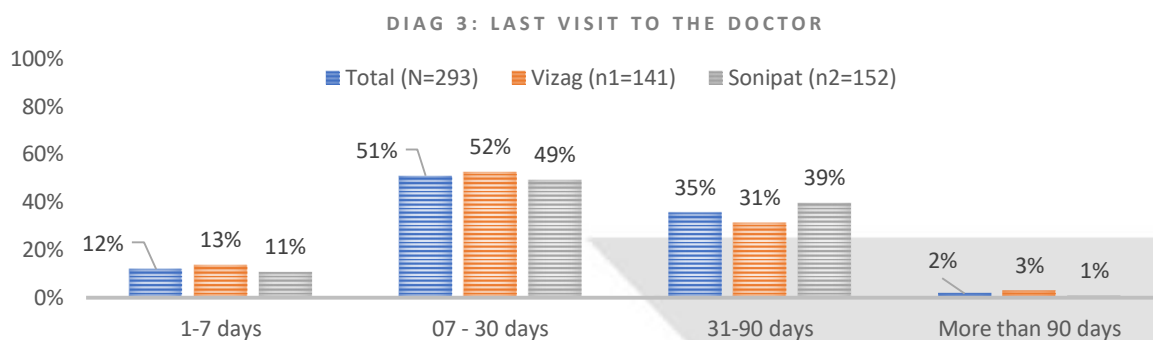
**Healthy Eating:** 87% reported, increased intake of seasonal fruits and vegetables (at least two seasonal fruits and vegetables per day); reduced intake of fried food; balancing food with physical activity; reduced intake of table salt and other salty foods (*pickle, papad and pakoras*) and reduced/quit regular alcohol and smoking habits (DIAG 2).

**Taking medicines and self-monitoring:** 87% reported to have taken their “medicines regularly and on time” as advised by their doctor. 87% reported regular monitoring of their blood glucose and blood pressure levels at least once a month (DIAG 2).

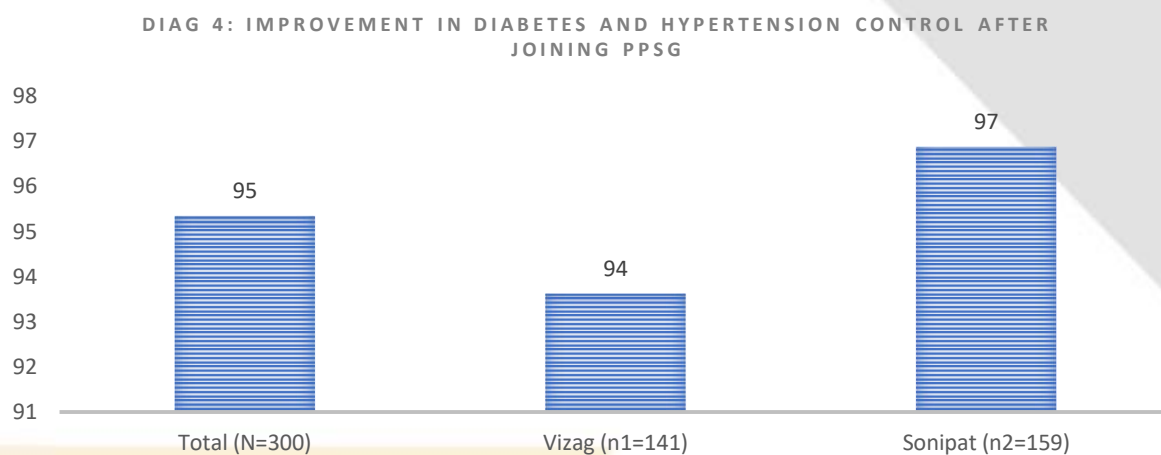
DIAG 2: PRACTICES AND HEALTH BEHAVIOR IMPROVED AFTER JOINING THE PATIENT GROUPS PPSG



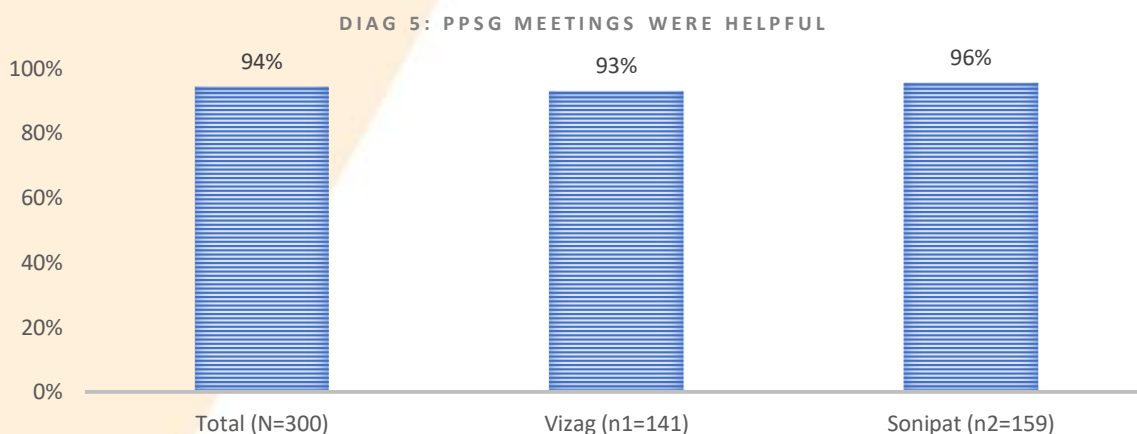
**Doctor's follow up and advise:** 51% reported that they were “regularly visiting” (monthly) their doctor. Around 35% visited a doctor once in every one to three month (DIAG 3). Overall, almost 85% followed their doctor’s advise completely



95% patients reported improvement in blood sugar and blood pressure levels. By improvement they did not mean that they achieved target blood values (DIAG 4).



94% members reported that being a part of the support groups has been beneficial in gaining awareness and knowledge on the importance of disease management (DIAG 5). Most of the group members reported that *lok shikshaks* were helpful in organising regular meetings, provided support and care, set good examples and counselled peers.



## Recommendations:

- ❖ Peer support may provide vital links that converts conventional, passive self-care practices into dynamic, patient centric care and management.
- ❖ Assessment has clearly indicated that peer support catalyses acceptance of positive health practices (e.g. staying physically active, eating healthy, adhering to the doctors advise and regularly following up with the doctor) among people requiring long term care and management.
- ❖ Results indicate that higher levels of peer to peer engagement may contribute to better care for chronic diseases. The knowledgeable patients and their experiences can be utilised by recognising them as peer-support leaders—in order to influence community behaviours and practices. They can be mentored and oriented to enhance their skills to serve as an effective group moderator.
- ❖ Peer to peer network is effective for self-management support interventions for populations that have limited access to information (rural areas).
- ❖ The patient support group functioning depends on the support and facilitation of an external agent like community health worker or health volunteer. Additional evaluation needs to be done on functioning of these groups in the next 3-5 years down the line.

## Conclusion

As per the population based screening guidelines released in 2017,<sup>4</sup> the Government has started engaging ASHA workers to initiate and support PPSGs as facilitators. To strengthen it further, **ASHAs will be rewarded through incentives for facilitating PPSGs and referrals from PPSGs to health system.**

Effectiveness of PDA can be improved further by using a combination of approaches like linking support groups with local health facilities and health service providers like doctors, community health workers, insurance schemes etc. The use of health technology can help quick dissemination of standard messaging among the groups.

Assessment of PDA in developing patient support groups infer that since it leverages local doable health solutions from within the community, chances of acceptance of the healthy practices are manifold and this in turn leads to positive health outcomes. Long term sustainability of the PPSGs highly depends on the level of engagement of frontline health workers as a facilitator.

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4. Operational guidelines for prevention, screening and control of common non-communicable diseases: Hypertension, diabetes and common cancers (Oral, Breast, Cervix); 2017



PPHF is a not for profit public health company in India. We are working closely with the ministry of Health, others related Ministries and key stakeholders to transform lives for improved health and wellbeing through locally-driven solutions on 1) Women, Adolescent and Child health; 2) Nutrition; 3) Non-Communicable Diseases; 4) WASH; 5) Environmental Health; and 6) Workplace Wellness Programs. We implement CSR projects on various health themes.

PPHF was formerly known as Project HOPE India



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