



Chennai will host the first National Leaders program to develop and implement the Diabetes kNOw more program that will build capacity of 2500 women Diabetes care professionals and raise awareness of over 40 lakh women in our communities in a year.

Date
Saturday, June 7th 2014
Venue
Radisson, Chennai



7/12, 15th Cross Street, Sastri Nagar, Adyar, Chennai - 600 020, Tamilnadu, India.
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NATIONAL AWARENESS PROGRAM ON DIABETES PREVENTION AND MANAGEMENT



- DIABETES kNOW MORE
- PROGRAM DESIGNED TO PROMOTE AWARENESS REGARDING DIABETES
- WOMEN OF ASIA ARE VERY VULNERABLE TO DIABETES
- AN EMPOWERED COMMUNITY IS A HEALTHIER COMMUNITY
- WOMEN'S HEALTH IS A NATIONAL PRIORITY

DIABETES KNOW MORE - Programme

10:00 – 10:10	Welcome
10:10 – 10:30	Introductions of W2W & WENDI concept and teams
10:30 – 11:00	Keynote Address: Diabetes in Asia - Challenges in women
11:00 – 11:20	Coffee Break
11:20 – 12:00	GDM – The Proto type module presentation
12:00 – 01:00	Discussion by Women thought leader groups: Development of 8 modules by respective groups
01:00 – 01:40	Lunch
01:40 – 02:40	Presentation of Modules by thought leaders
02:40 – 04:00	Community empowerment by physicians: Outline of program for target groups 1 – 6
04:00 – 04:30	Open house
04:30 – 05:00	Timelines, Next Steps
05.00- 05.10	Vote of Thanks

DIABETES
KNOW
MORE:

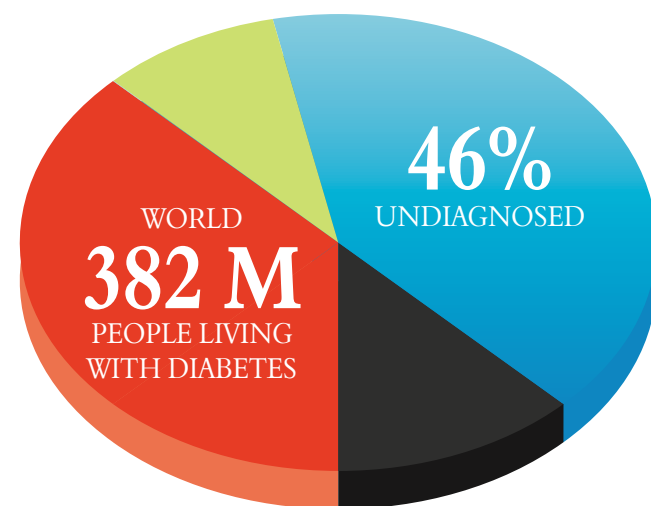
A Women 2 Women &
WENDI Initiative

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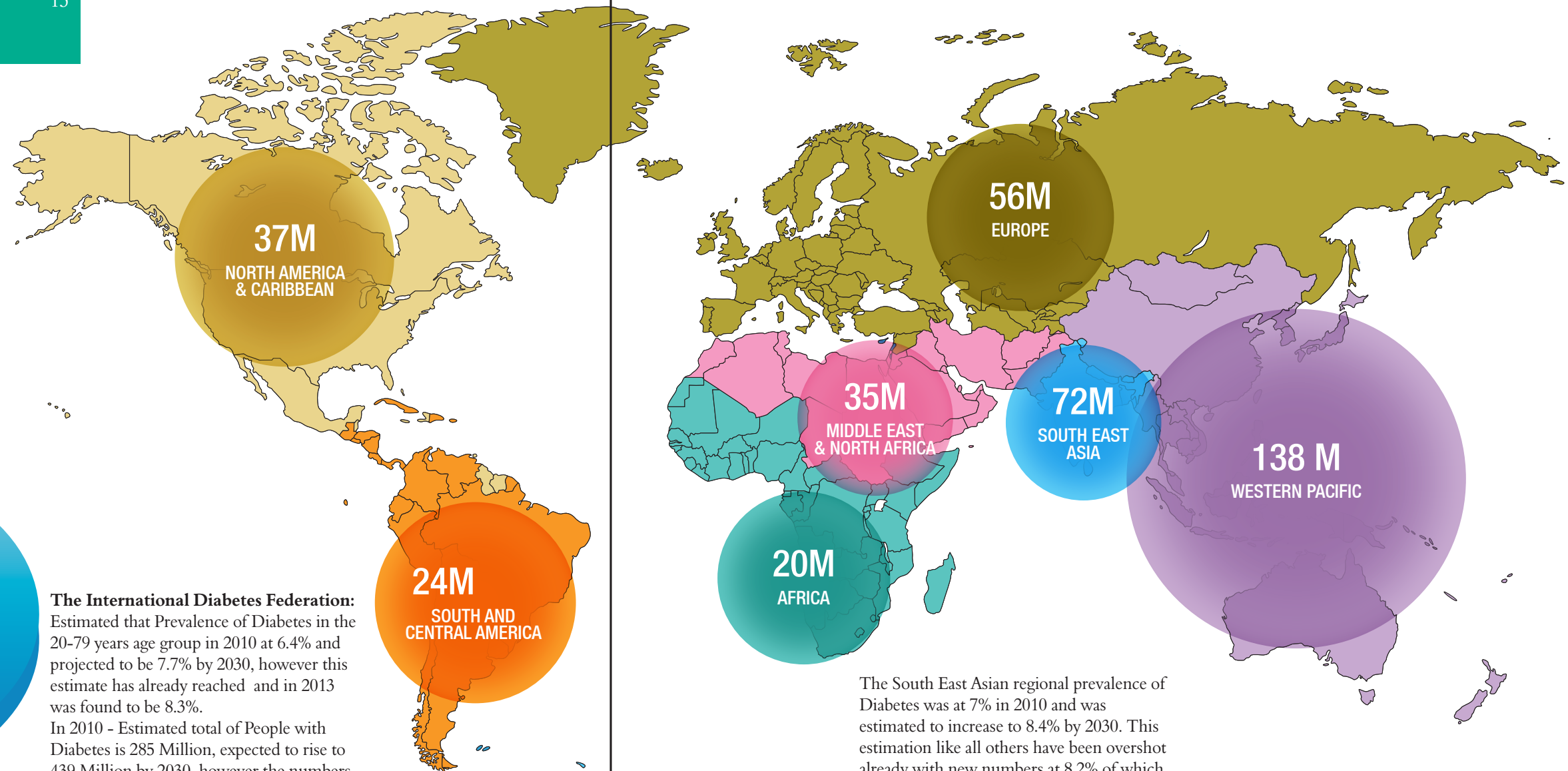
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Ground Reality: Magnitude of the Disease Burden

Diabetes is the commonest non-communicable disease in the world. It leads to significant burden of morbidity and mortality globally. In recent times, it has become one of the most challenging Public Health problems.



The International Diabetes Federation: Estimated that Prevalence of Diabetes in the 20-79 years age group in 2010 at 6.4% and projected to be 7.7% by 2030, however this estimate has already reached and in 2013 was found to be 8.3%.
In 2010 - Estimated total of People with Diabetes is 285 Million, expected to rise to 439 Million by 2030, however the numbers in 2013 have already reached 382 million.



The South East Asian regional prevalence of Diabetes was at 7% in 2010 and was estimated to increase to 8.4% by 2030. This estimation like all others have been overshot already with new numbers at 8.2% of which India figures predominantly.

Diabetes in India:

Prevalence of Diabetes is high in India established by many studies that have been undertaken in this population. From 2% in 1975 (First National Prevalence Studies) subsequent studies have reported increasing trends. Studies report prevalence of diabetes between 10% -14% (NUDS 2001, Ramachandran et.al and CURES 2006, Mohan et al). Studies report an alarming trend in Age and Sex specific weighted prevalence as reported by Anjana et al in 2011 requiring targeted intervention for women.



Diabetes in Women

Diabetes in Women requires special focus because:

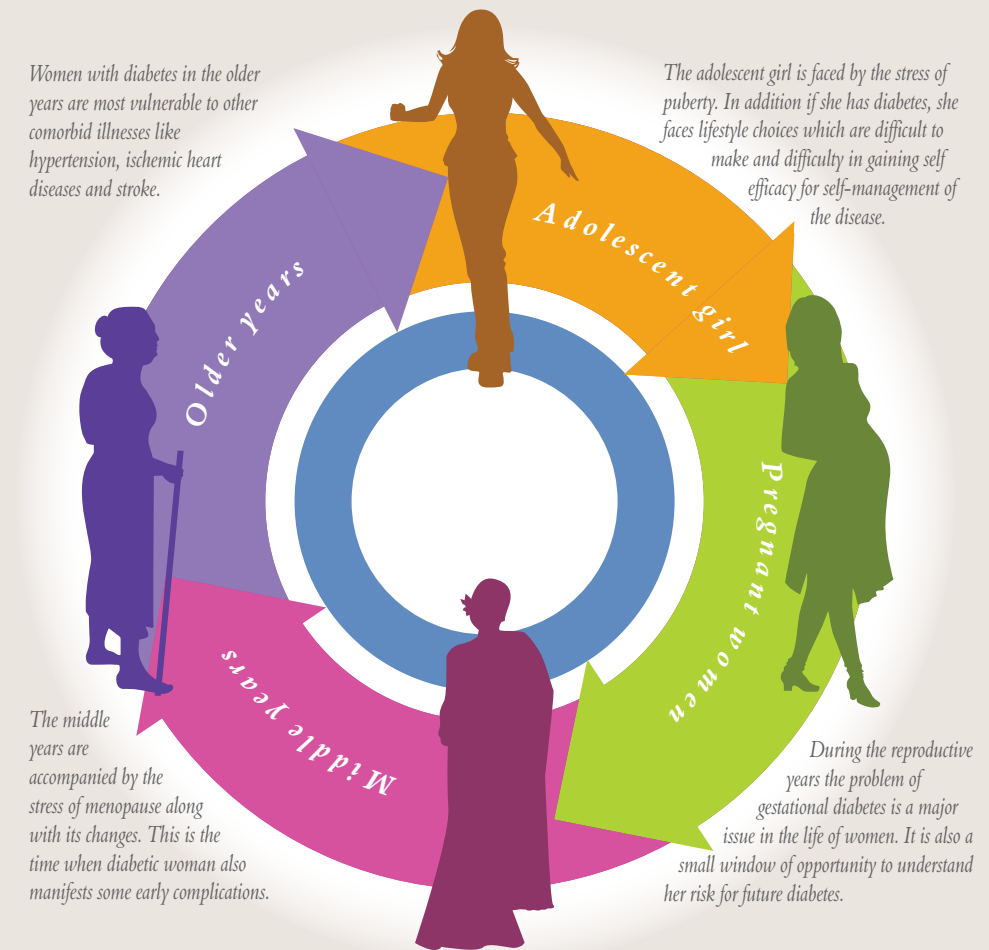
Many risk factors for Diabetes such as obesity and sedentary life style are more common among women.

Cardio-vascular complications are more common and more severe in women when compared to men with Diabetes (Lee et al. 2000) Apart from biological differences there are unique gender norms which make women more vulnerable to adverse impact of Diabetes. Diabetes impacts women at every stage of her life as described in the Fig: -

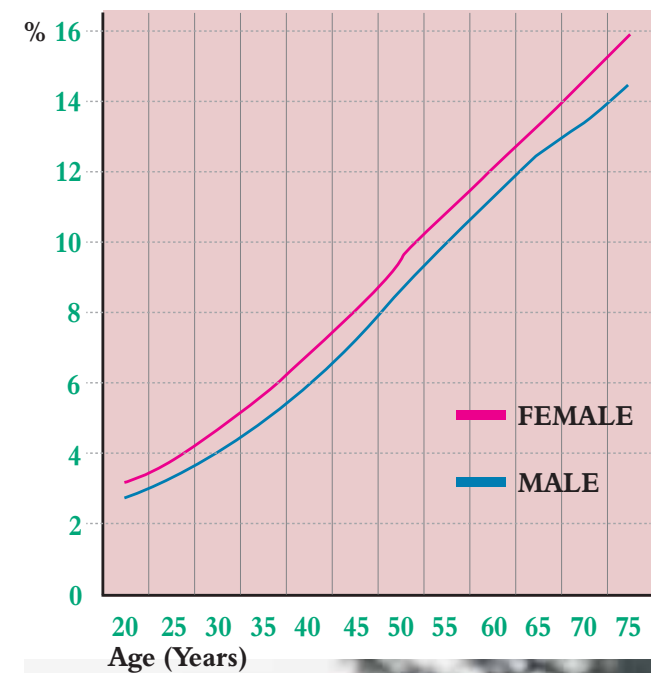
A recent study conducted among Physicians from 51 centers entitled " Visualizing the Extent of Heart Disease in Indian Women" [VEDNA] reported the following:70% of the Doctors reported an increase in number of women with Heart Disease. 1 out of 2 Cardiologists interviewed reported a 16-20% increase in CVD among women in the past 5 years.

Women with diabetes in the older years are most vulnerable to other comorbid illnesses like hypertension, ischemic heart diseases and stroke.

The adolescent girl is faced by the stress of puberty. In addition if she has diabetes, she faces lifestyle choices which are difficult to make and difficulty in gaining self efficacy for self-management of the disease.



Gestational Diabetes or Diabetes during Pregnancy is an unique condition and facility based studies have show the prevalence of GDM to be around 16.5%; Community based prevalence for urban community is at 17.8% while semi urban areas it was reported to be 13.8% and 9.9% in rural areas. (Seshiah et al). Other studies have shown prevalence between 5-15% (Zargar et al)



Prediabetes which translates to future disease burden is also higher among women both globally and nationally.

The recent IDF atlas also shows that women seem to have higher all cause mortality due to Diabetes in many parts of the world including South East Asia. Also, a multicenter study from various parts of India revealed a high prevalence (39.2%) of Hypertension among women between the ages of 35 to 70 years. This study found urban residence, high dietary fat intake, low intake of fiber in diet, obesity and high Waist circumference to be associated with higher prevalence of hypertension among women¹. Furthermore, studies conducted in the same sample on the determinants of urban-rural differences in Cardiovascular risk factors in middle aged women found that tobacco use was found to be higher in rural women than urban women with a 20% differential, while the reverse trends were seen for sedentary lifestyles and Obesity with urban women at 46% and rural women at 23%. Moreover prevalence of new diagnosed, preexisting diabetes was found to be 15% for women in Urban areas while it was only 4.3% among the rural residents. A study was carried out in another subset of the same sample which reveals the association of all risk factors being significant with migration even after adjusting for Social Economic Status, Lifestyle and obesity related variables. Rural to Urban migration seems to be a high risk factor for cardiovascular disease.

A recent study conducted by ACEER Health the INDEPTH study surveyed 2600 people with Diabetes in Tamilnadu. This study was conducted in 6 districts namely: Chennai, Tiruvallur, Coimbatore, Kanchipuram, Vellore and Madurai. The sample also was represented by people who went to both private and public health personnel and the data revealed the following:

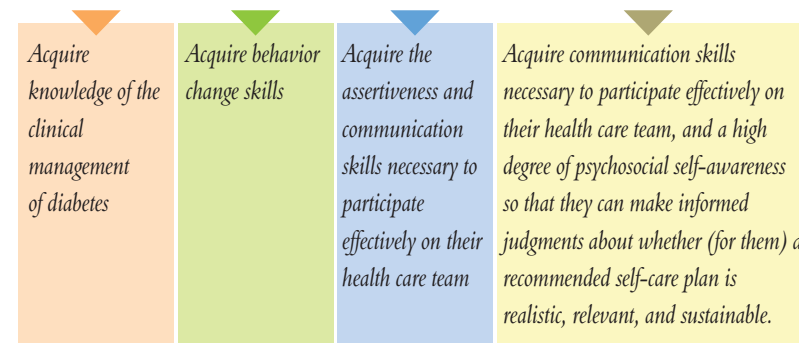
- Out of the 2600 people survey, 59% were women and 41% were men
- Out of 1508 women surveyed over 70% were of the 31-60 year age group and over 20% were in the 61-75 year age group
- Almost half the women survey reported being diabetic for less than 5 years, while over 25% had been diabetic for 6-10 years
- It is a major finding that over 63% reported not knowing about the different types of diabetes
- Knowledge about risk factors for diabetes was poor among women surveyed, with one out of two women knowing one risk factor and only 1% reported knowing all the risk factors
- Almost 3 out 4 women did not know the frequency of Blood Sugar monitoring
- Almost one third of women reported that they feel “weak” as on of the concerns of dietary modification and almost similar number reported that they were worried about side effects of medications prescribed for diabetes as a concern



Rationale

Diabetes has reached epidemic proportions as established in the previous section and the need to apply the brakes on this steep ascent has become a priority. Much has been debated by the Government of India on prioritizing efforts to Control and Prevent Diabetes. Public Private Partnerships have been identified as one of the best ways to approach disease prevention and control. Women2Women is one such Public Private Partnership which intends to engage the local governments later in its timeline while utilizing Private Partnerships now to build an effective, replicable model.

Diabetes Education Should Help



Many studies have established the role of patient empowerment in effective control of blood sugar, and the solutions offered by Women2Women is based on the Patient Empowerment approach as discussed by Dr. Anderson in the Commentary of Diabetes Care (1995) about changing the Philosophy of how diabetes care is provided by the Physician and how an “engaged” patient and an empowered Physician are required to effectively manage Diabetes. According to the commentary, “Patient empowerment, on the other hand, attempts to enhance patients’ ability to influence their own lives by helping them learn how to make informed choices about the care of their diabetes.



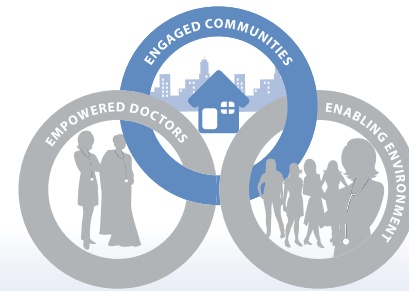
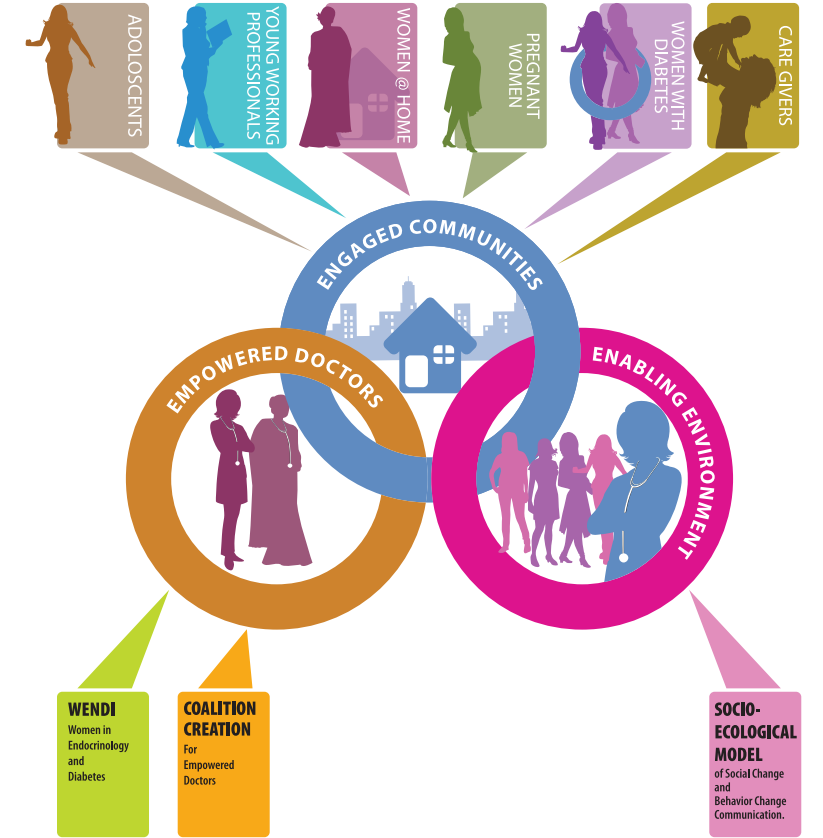
Effective Diabetes control and Prevention can be achieved when three aspects namely, Engaged Community, Empowered Doctors interact in an Enabling Environment synergistically. The Goal of Women2Women is to ensure that all the three facets are being addressed simultaneously to ensure synergy and thereby positive outcomes.

The program is designed on evidence-based models such as:

1. The Socio-Ecological Model for Social and Behavior Change Communication
2. The Theory of Diffusion of Innovation
3. Theory of Persuasion of Communication

Conceptual Framework

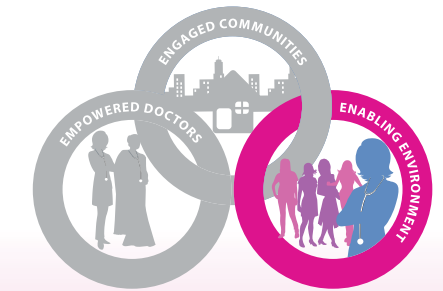
Foundation for Women2Women has been laid on the premise that to lower the morbidity and mortality resulting from Diabetes, there needs to be a comprehensive, consolidated effort directed at three aspects, namely, Engaged Communities, Empowered Doctors and Enabling Environment. Many studies have established the three aspects they are:



Women2Women has segmented women into different groups to address:
1) Preventive Efforts at the Non-Diabetic girls and women and 2) Management and Control of Diabetes among the Diabetic Women. This segmentation allows tailored programs to girls and women of all walks of life.



By capacity building a core group of Women Endocrinologists and Diabetologists (WENDI) and reaching out to local Diabetologists, W2W program will utilize the Diffusion of Innovation to spread Prevention and the Intervention Program to the “Engaged Communities” through establishing local networks.



Women2Women proposes to actively engage the leaders of our communities such as: employers, Families and the local wards / municipalities in providing an enabling environment for Diabetics to optimally manage their Diabetes and for the Non Diabetics to help prevent them from becoming one.

Engaged Communities: Target groups

Through the Women2Women program, Women have been segmented into 6 groups. This segmentation enables us to provide Prevention programs to the younger and active group of women and for women who are non-diabetic while addressing the at-risk and the diabetic from progressing to complications.



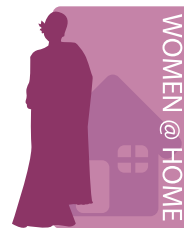
Adolescents

This group predominantly Higher Secondary and College going girls who will be identified through their schools and colleges. For this group of students, W2W will utilize social media networking, adolescent -friendly Interpersonal communications to address issues of Body Image, Polycystic Ovarian Condition, Physical Activity and Nutrition.



Young Working Professionals

This group of women are the employees in both organized and the unorganized sectors. A group of at-risk women, namely the women at BPOs and IT sector will be targeted for intensive interventions. Here W2W will engage the employees through the HR to be screened for Diabetes and following which they will be taken through a intensive Diabetes Prevention Program, through promotion of Physical Activity, Nutrition and Regular Screening especially if married and at-risk.



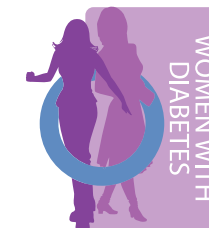
Women at Home

To ensure that women at home are also part of the "engaged communities" W2W program will reach out to Women through Ladies' Clubs, Home Owner's Associations and other community outreach ways to ensure that the Prevention, Management, and Control message is shared with them as well.



Pregnant Women

A group of women who require special attention to any changes in Metabolism that could potential cause complications during pregnancy. This unique condition of Diabetes during pregnancy can be prevented if timely and consistent advice and adherence by the women are ensured. With these women, focus will be on eating healthy, being physically active, avoiding stress, regular monitoring and promoting quality sleep to ensure healthy outcomes to both mother and the baby.



Women with Diabetes

This group of women are the ones that require intensive counseling and monitoring for better control of their glycemia to avoid complications. This group of women will have tailored programs that will result in an empowered individual with knowledge and skills about better glucose control and therefore better quality of health.



Caregivers

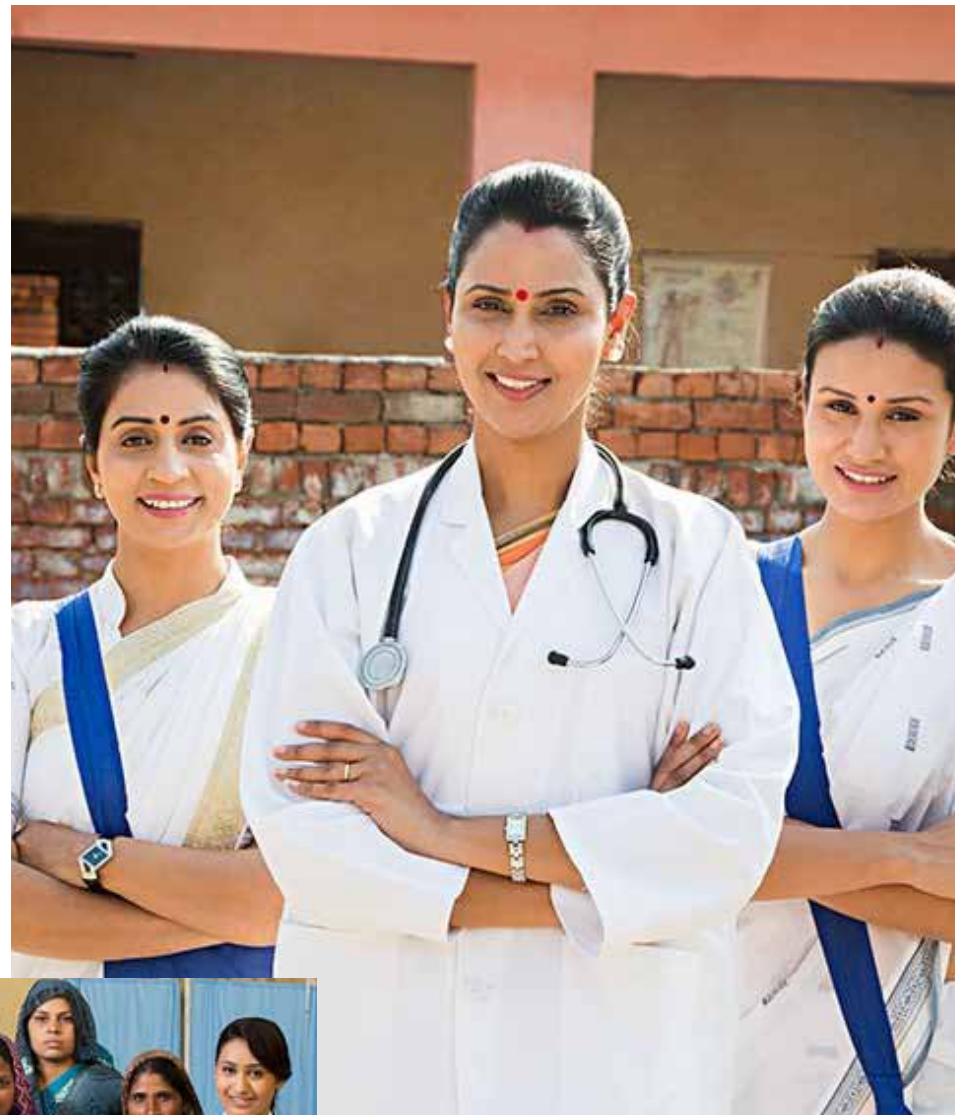
Another very niche demographic of people providing care for the Diabetics which could range from a very day-to-day functional Diabetic to a diabetic who is affected by stroke or in a coma will be the target group. This group will have programs to ensure self preservation and well-being by counseling and offering of support groups and prevention of Diabetes steps of Eating Health, Being Active, Avoid Stress, Regular Screening / Monitoring of Diabetes.

Empowered Doctors:

WENDI Women in Endocrinology and Diabetes

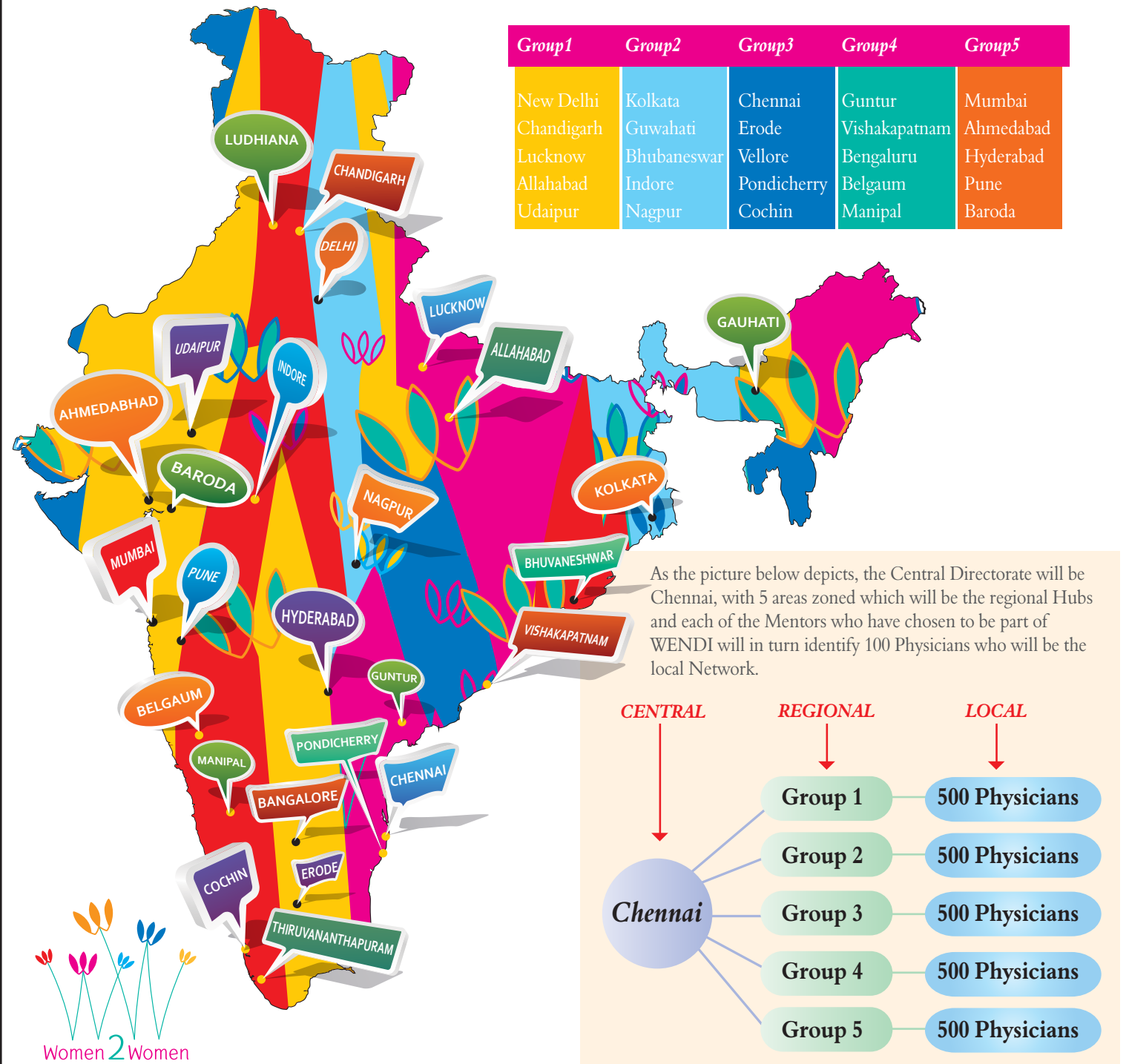
Through W2W one critical component of the Diabetes Prevention Program is to build capacity of Physicians (Endocrinologists / Diabetologists/ Diabetes Care Providing PCPs) while Engaging the community in their own care. Optimal management of Diabetes requires physicians to be in the know of the latest in the management and prevention of Diabetes. This aspect of Women2Women, will build capacities of select physicians in different parts on India through Training of Trainers and engage local doctors under these select physicians to be trained on different aspects of patient-centric diabetes management and prevention.

W2W proposes through this capacity building initiative to utilize the Women Endocrinologists and Diabetologists Group (WENDi) to building a coalition of physicians in each of the identified localities across India and provide a One Day Diabetes kNOw More Program for the Physicians which will cover a whole range of topics including how to reach out to the local communities and outreach to the 6 target groups as laid out in the “Engaged Communities” section.



Coalition Creation for Empowered Doctors

Building a coalition of Women Endocrinologists / Diabetologists / Physicians providing Diabetes care will be the first step towards capacity building. India will be “zoned” into areas based on geographic and WENDi members have already pledged to help build the coalition further in their local areas. Chennai will be the Headquarters and will be the Central Directorate.



Diabetes kNOw More Program

One day program for the Trainers from the Regional Hub will include a curriculum which will be developed by the Curriculum Committee. The various aspects of Diabetes Care, Prevention and Management will be addressed through various topics that have been identified.

The program will be an intensive day long program covering topics such as

- 1) IUGR - an Endocrine and Metabolic Perspective,
- 2) PolyCystic Ovarian Syndrome,
- 3) Gestational Diabetes Mellitus,
- 4) Managing Diabetes in Women
- 5) Obesity
- 6) Heart Disease and CV Risk Management
- 7) Menopause in Diabetic Women and
- 8) Bone Health in Diabetic Women.

Other issues such as Thyroid disorders, psycho social issues, frailty, hypoglycemia management, Diabetes foot care etc will also be addressed. The proposed modules will be followed by how to operationalize Women2Women in their communities. This will include a Ready to use tool kit that will direct the Mentors on how to reach out to the diverse communities as identified by W2W.

Women2Women Toolkit

The toolkit developed by the W2W program committee will spell out how to reach the 6 Target groups and will have a sample plan for each of the 6 target groups. The toolkit will have pre-formatted letters that can be easily adapted on acquiring permission to data collection and management of information that will gathered by the Local Mentees. The toolkit will also have databases that are user-friendly for collection of information about the communities.



Enabling Environment

Diabetes care will be optimal when as stated previously, the patient is engaged in his or her own care under an Empowered Doctor in an Environment that enables positive behavior to make the required lifestyle changes. It has been very well established that the role of the Social and cultural context are critical in addressing Chronic Illness such as Diabetes.

Women2Women proposes to work at various levels of the Socio-Ecological Model of Social Change and Behavior Change Communication. Here every domain will be addressed so as to make a change in Individual Behavior aided by the Social context and thereby Social Norms over a period of time.

Enabling Environment normally would be a result of laws being enacted and enforced at the Macro Level, although the goal of W2W is to influence Lawmakers in the long run, short term goals are to enable the environment at the level of the Family and Community and some Organizational Policies.



Strategic Partnerships

To address the Diabetic Epidemic, partnerships with various entities will be solicited which will aid in bringing about a paradigm shift in how the condition is perceived and how the environment will be enabled to help communities.

To address the 6 groups of women strategic alliances will be set up with both Public and Private Entities. To promote healthy living and wellbeing, it requires synergy in all aspects of day to day activities. To ensure such an enabling environment, W2W will engage in forming a coalition to help diffuse our messages of Diabetes Prevention and Control.

- Efforts to bring to the coalition will include: School Principals and College Heads along with the Department of Education whenever and wherever possible. Also, School and College teachers Union will be another entity who will play an active role in our coalition.
- Efforts to engage the IT companies HR will also be another crucial component in our coalition building. To ensure their participation employee wellness programs will be tailored and rendered impacting directly their bottomline
- The Gynecologists and Obstetricians will form a very active group in addressing GDM and hence they will be sought for active screening and management, for which Societies such as Federation of Obstetrics and Gynecology Society of India will be an engaged partner.
- To promote healthy families, Wedding planners, Halls, Churches will also be invited to help in promotion of healthy families by counseling couples-to-be.
- Coalition will also feature corporate grocery stores such as Reliance, Spencer's, Big Bazaar, Nilgiris and Fruit stores like Pazhamudir Cholai or Nilayam who will actively promote healthy families.
- To promote healthy living, Gyms owners will also be part of the coalition.
- Restaurants are a big player in promoting healthy eating, W2W already works with the Savera Group to promote healthy menu options particularly for diabetics. Restaurant owners will also be a part of this coalition.

- Clothes outlet like Lifestyle, Soch, RmKV etc, jewelers, Hair Salons and Spas will also be invited to be a part of the coalition to help diffuse the message of prevention through regular events at their store and add value to their customer's shopping experience.
- One of W2W strategic partners will also be the places of worship such as the temples, churches and Mosques, who can actively participate in diffusing the message of healthy families and diabetes prevention.
- Women's Clubs will also be part of our coalition along with the Self Help Groups that run Amma's Canteens etc.
- Diabetologists interested in being part of the coalition will also be included and WENDI members will also be part of the coalition
- Home Owners Association heads from various apartment complexes will also be invited to be part of the coalition.



PHYSICAL ACTIVITY

GROUPS	INDIVIDUAL	FAMILY/FRIEND	COMMUNITY
Adolescents	Raise Awareness about/Build Skills/Promote: Importance of physical activity Promote PA at school and at home - simple options such as Yoga/Walking 30 mins per day, taking stairs as often as possible Promotion of biking as a sport/fitness Less TV watching/video games/net browsing Log sedentary vs Active behaviours	Raise Awareness about/Build Skills/Promote: Family oriented physical activity such as walking with family members regularly Promote/engage adolescents in playing outside Control TV watching/Internet browsing	Mandatory school physical activity classes Promote team games in school Promotion of school/college sports day etc. Teach yoga in school
Young Professionals	Raise Awareness about/Build Skills/Promote: Importance of physical activity Promote 7 mins workouts/yoga/walking/swimming Stairs vs elevators, control of sedentary behaviours, social media networking, TV/Internet Log sedentary vs Active behaviours	Raise Awareness about/Build Skills/Promote: Regular recommended physical activity with family members Promote active vs sedentary behaviours Weekend physical activity oriented outings with friends and family	Mandatory physical activity classes Breaks to be initiated Incentive for the physically active Subsidized gym membership Yoga can be made mandatory at work
Pregnant Women	Raise Awareness about/Build Skills/Promote: Physical activity walking/swimming/yoga Control sedentary behaviours Log sedentary vs Active behaviour	Raise Awareness about/Build Skills/Promote: Regular recommended physical activity with family members/husband/friends Promote active vs sedentary behaviours such as watching TV etc. Family outings promoting physical activity	Community parks to be enhanced Safe spaces such as walkways to be promoted withing apartment complexes Malls can be opened early for walkers
Women at Home	Raise awareness about /Build Skills/Promote: Promote Exercise - walking/gardening/yoga Using Stairs vs elevators few times a day Control sedentary behaviors such as TV viewing/Internet etc. Log Secondary vs Active Behavior	Raise awareness about /Build Skills/Promote: Promote regular recommended physical activity with familymembers/husband/friends Promote active vs sedentary behaviors such as watching TV etc. Family outings promoting physical activity	Make homes walker friendly/use apartment parking lots/rooftops for walking Promote taking the stairs where-ever possible Subsidize gym rates for stay at home women
Diabetes	Raise awareness about /Build Skills/Promote: Promote Exercise - walking/gardening/yoga Using stairs vs elevators few times a day Control sedentary behaviors such as TV viewing/Internet etc. Log Secondary vs Active Behavior	Raise awareness about /Build Skills/Promote: Promote regular recommended physical activity with family members/husband/friends Promote active vs sedentary behaviors such as watching TV etc. Family outings promoting physical activity	Make homes walker friendly/use apartment parking lots/rooftops for walking Promote taking the stairs where-ever possible Subsidize gym rates Promote Yoga for all
Caregivers	Raise awareness about /Build Skills/Promote: Promote Exercise - walking/gardening/yoga Using stairs vs elevators few times a day Control sedentary behaviors such as TV viewing/Internet etc. Log Secondary vs Active Behavior	Raise awareness about /Build Skills/Promote: Promote regular recommended physical activity such as yoga Control of sedentary activities Stress Management through home based physical activity and walking inside the home	Make homes walker friendly/use apartment parking lots/rooftops/terrace for walking Promote taking the stairs where-ever possible Subsidize gym rates Promote Yoga for all

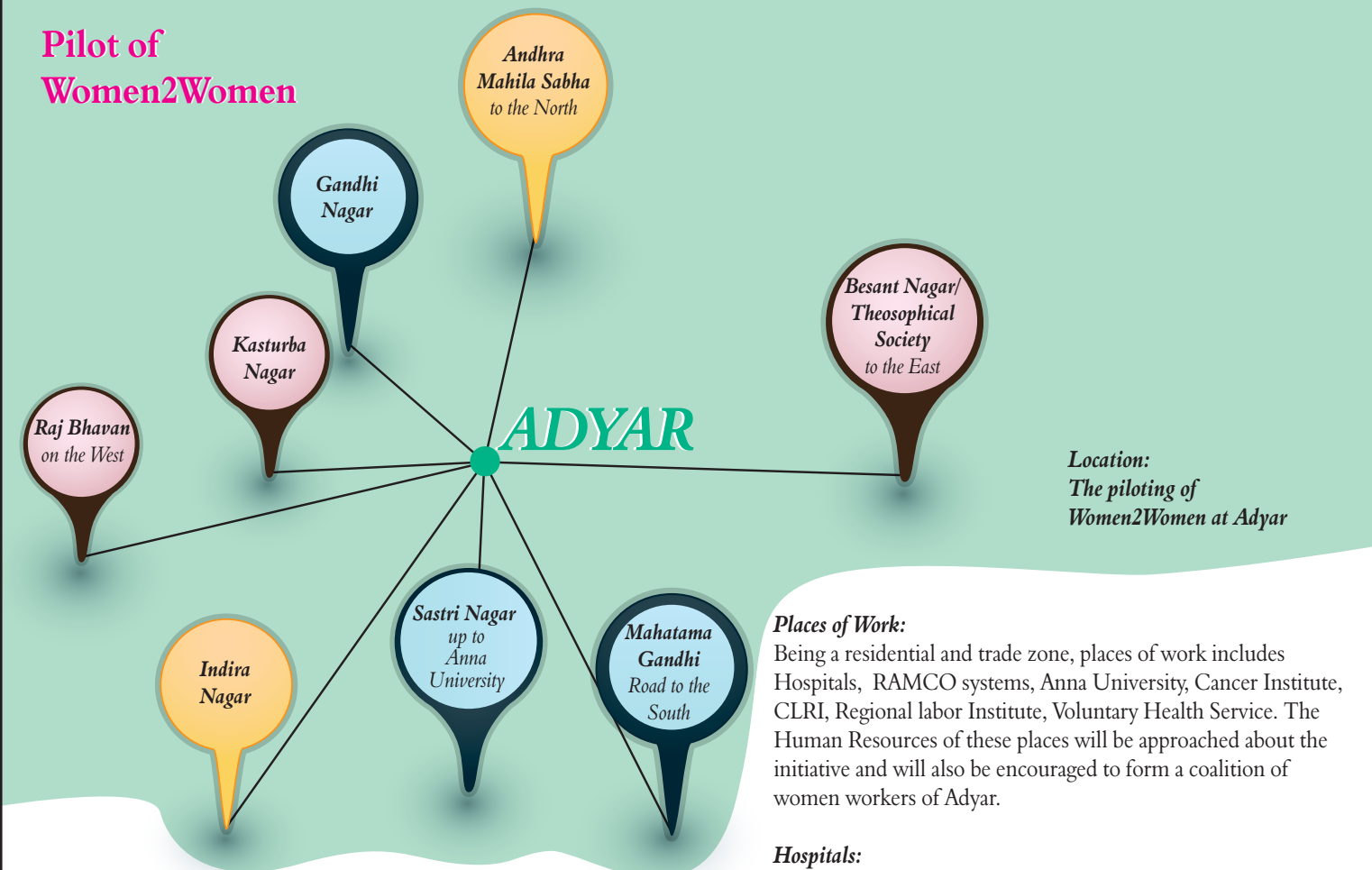
Sustainability of the Program

The program will be sustained on fundraising activities such as:

- Active Involvement of CSR of major IT and other industries.
- Fundraising events highlighting Women's Health through pharmaceutical industries and through WENDI
- Grant funding from Government Agencies such ICMR
- Grant funding from International Agencies such as the International Diabetes Federation, WDF
- Local fundraising activities which will be community based on days like International Women's Day, Mother's Day and World Diabetes Day

Outcome								
Groups	Empowered Doctors	Engaged Communities x 5 Cities/ Towns						# of Women Empowered x 100 Physicians
		Adolescent	Young Working Professionals	Pregnant Women	Women @ Home	Diabetics	Caregivers	
Group 1:5 Centers; 5 KOLs	5 x 100= 500	400 x5	300 x5	200 x 5	200 x 5	300 x 5	300 x5	850,000
Group 2:5 Centers; 5 KOLs	5 x 100= 500	400 x5	300 x5	200 x 5	200 x 5	300 x 5	300 x5	850,000
Group 3:5 Centers; 5 KOLs	5 x 100= 500	400 x5	300 x5	200 x 5	200 x 5	300 x 5	300 x5	850,000
Group 4:5 Centers; 5 KOLs	5 x 100= 500	400 x5	300 x5	200 x 5	200 x 5	300 x 5	300 x5	850,000
Group 5:5 Centers; 5 KOLs	5 x 100= 500	400 x5	300 x5	200 x 5	200 x 5	300 x 5	300 x5	850,000
Total	2500 Physicians	10000 Students	7500 Young Working Professionals	5000 Pregnant Women	5000 Women at Home	7500 Diabetic Women	7500 Caregivers	4250000 4250000

Pilot of Women2Women



Location:
The piloting of Women2Women at Adyar

Changing the Enabling Environment:

To begin with the process of priming about W2W will occur at the following places:

Schools:

Schools in this area includes, Bala Vidya Mandir, St. Michael's Academy, St. Patrick's, Sankara School, Sishya, Olcott Memorial School, Bharat Senior Secondary School and Kendriya Vidyalaya. The Principals of these schools will have a representative meet with them to discuss the School aspect of the program and its merits.

Colleges in the Area include, Patrician College ,MGR-Janaki Arts College, AC college of Technology, IIT Madras and Anna University. The heads of these institutions will be approached and primed about the program.

Places of Work:

Being a residential and trade zone, places of work includes Hospitals, RAMCO systems, Anna University, Cancer Institute, CLRI, Regional labor Institute, Voluntary Health Service. The Human Resources of these places will be approached about the initiative and will also be encouraged to form a coalition of women workers of Adyar.

Hospitals:

As part of the Women2Women Program hospitals will be approached in the area, Hospitals include: Adyar Cancer Hospital, PadmaPriya Nursing Home, Voluntary health Service, Fortis Malar , Santosh Hospitals and Andhra Mahila Sabha. These will be approached to bring awareness to women at work by engaging them in awareness programs.

Places of Worship:

W2W will approach the following places of worship to promote the program; Ananthapadmanabhaswamy Temple, Besant Nagar Vinayakar Temple, Ashtalakshmi Temple, Aaru Padi Veedu, Rathangiriswarar temple, Velankkani Church and Lattice Bridge Road Mosque and raise awareness about Diabetes prevention, Control and management and W2W will do events during opportune times to promote wellbeing at the places of worship.

Retail Outlets:

Retail outlets such as GRT, Nallis, Odyssey Book Store, Poppat Jamals, Salons and Spas, grocery stores, Café Coffee days and Coffee Shops in the area, fruits shops such as Pazhamudir Cholai and Pazhamudir Nilyam, Nilgiris, Fab India, Contemporary Windows and all retail outlets catering to women .

Gyms:

Gyms in the area will be approached to help motivate local women to engage in Physical activity. Talwalkars, Fitness One, Pink and local gyms catering to girls and women will be engage in promoting the activities of W2W.

Boardwalk on Elliot's Beach:

Elliot's beach a very busy hangout for people in the area will have events at regular periods to promote activities for better lifestyle.

Restaurant Outreach:

One of the main focuses of W2W will be restaurant outreach and educating restaurant owners about promotion of healthy lifestyles through their menus etc. Restaurants in this area includes; Eden, Anjappar, Karaikudi, Sigree, That Madras Place, Subways, Mast Kalandar, Little Italy and Cascade. Obstetricians and Gynecologists in the area will be approached with a letter about W2W and their interest in becoming part of WENDi .

The group will be invited to the June 7 program at the Radisson and the interested Physicians will sign a MOU to be part of the coalition to fulfill the objectives about reaching Pregnant Women and Women interested in becoming pregnant.

