



Encouraging Target Populations to Take Responsibility for Their Health:

Partnerships Address Issues of Self-care and Healthy Lifestyles

BY BARBARA RUBEN

In response to escalating rates of non-communicable illnesses such as heart disease, diabetes, and asthma, government agencies, WHO, and a host of NGOs are striving to reduce both the human suffering and financial burdens created by these ailments. Through legislation, the media, and school and community outreach programs, countries across the NIS and CEE are establishing healthcare initiatives geared toward teaching people how to take charge of their own well-being.

Stressing the importance of patient education, Dr. Nina Kuposova, chief endocrinologist at the Dubna Diabetes School, says, "In the past, patients have been completely dependent on doctors for health information and care but we need to change that model [to give] patients the tools to take charge of their health. We have been successful in this with diabetes, but teaching patients to take care of themselves is applicable to any chronic illness from high blood pressure to asthma."

AIHA partners in the NIS and CEE are striving to promote responsible attitudes and behaviors as a way to improve the health and quality of life of people throughout the region. This article examines the efforts of various partnerships to promote each individual's responsibility for his or her own well-being, which serves two goals: improving the overall health of the population and decreasing healthcare costs associated with chronic illnesses and unhealthy lifestyles.

Learning to Live With Diabetes

A widespread and swiftly growing problem, diabetes threatens the health of some 30 million people in the nations of WHO's European Region (which includes all of the NIS and CEE nations). In Russia alone, some 7 million people suffer from the disease. Despite the enormity of the problem, WHO, area governments, and AIHA partners are making significant progress in efforts to teach patients how to manage their illness by

monitoring their glucose levels, adopting healthy eating habits, and looking out for the signs of possible diabetes-related complications.

Last year, WHO celebrated the 10th anniversary of the St. Vincent Declaration, a community-based approach to diabetes management that emphasizes patient education, outcome measurement, and partnerships linking local and national policy-makers with patient associations. According to Franklin Apfel, regional advisor, communications and public affairs for WHO/Europe, the St. Vincent Declaration has shown that through increased patient education, regular monitoring, informed professional support, and appropriate healthcare policies, people with diabetes can significantly reduce the probability of their suffering from diabetes-related complications such as amputation, heart disease, kidney failure, or blindness.

In some regions of the Russian Federation, such as Samara, the number of patients undergoing an amputation due to complications of diabetes has been reduced by more than 50 percent and, in Latvia, the number of deaths among babies born to diabetic mothers has dropped from 17 to 3 percent, according to WHO statistics.

One of the health promotion efforts of the St. Vincent Declaration is establishing diabetes schools in hospital endocrinology departments in Belarus. Prior to the implementation of these schools in 1994, nearly half of diabetes-



A diabetes patient in Dubna learns about nutrition and how to test her own blood sugar level.

Photo: AIHA archives.

related amputations were above the knee. By 1998 this figure had dropped to 10 percent. In Albania, children's camps have been organized to both educate youth about the realities of living with a chronic illness and allow them to meet with peers who also suffer from diabetes.

Explaining that diabetes is a disease that often requires those who have it to take quick action on a daily basis, Vida August-

tinienne, a diabetes patient in Lithuania, says, “The St. Vincent Declaration has helped prove that a person can be empowered to manage his or her diabetes if given the correct information to help make the right decisions. . . . It’s a shaft of light at the end of a dark tunnel.” Augustiniene notes that she has not been hospitalized since taking an active role in managing the course of her illness seven years ago.

The AIHA-sponsored Dubna/La Crosse partnership has experienced similar gains. With the help of a collaborative diabetes education program created by physicians and nurses from partner institutions, patients are now learning to manage their disease and healthcare professionals are being trained in the latest treatment techniques. As a result, insulin dose levels and diabetes-related hospitalizations have dropped substantially.

Building on the success of this initial disease management project in Dubna, AIHA partners and the Russian Ministry of Health have replicated the program at five additional sites in the Moscow region—in the cities of Krasnogorsk, Balashikha, and Dmitrov, as well as Polyclinic No. 139 in the southeastern district of Moscow and at Medical Diagnostic Center No. 2 located in the northwestern part of the city.

Using medical teams trained in Dubna, health professionals at the new diabetes centers teach both children and adults how to take responsibility for their own well-being through techniques such as monitoring their blood sugar levels, keeping diaries of insulin injections and foods eaten, and learning more about the signs of diabetes-related complications. Following a curriculum developed by AIHA partners, healthcare providers undergo 72 hours of training that focuses on patient education as well as the clinical, operational, and financial aspects of establishing and maintaining diabetes education centers. There is also an 18-hour training session for patients, which includes lesson-by-lesson cards, posters, and videos. In all, nearly 2,000 patients, family members, and healthcare workers have been trained to date.

As a result of the program in Dubna—which alone has trained some 847 people—the City Health Administration reported an 80 percent reduction in the number of patients hospitalized for diabetes-related complications between 1993 and 1996. And the length of stay for those patients who were hospitalized dropped from 33 to 20 days. Similar gains have been made in other cities.

“The school has brought the medical system closer to the people,” says Kuposova. “The children play games and do role-playing exercises—by making the lessons fun, I think they learn more and are more likely to control their diabetes through their adult years.”

In the previously “closed” city of Sarov, Russia, home to some 1,220 diabetics, AIHA partners recently launched a 24-week project on diabetes self-care in which patients measured their own glucose levels at home. (In the former Soviet Union, those cities with a high concentration of defense industries were tightly guarded and off-limits—or “closed”—to Westerners and most Soviet citizens.) Participants in the program showed a decrease in the number of non-scheduled doctor visits compared with those who received traditional care. The Sarov participants are now seeking funding for additional self-testing supplies such as reagents and glucose sticks.



Photo: Barry Kinsella

A hospitalized juvenile diabetes patient learns about ways to control her affliction at the Vac Municipal Hospital in Hungary as part of the Vac/Winston-Salem partnership.

Helping Asthma Sufferers Breathe Easier

Diabetes is only one example of chronic ailments that are threatening more people than ever before. Asthma is on the rise throughout the NIS and CEE, in part thanks to escalating rates of air pollution and tobacco smoking. In Hungary, for instance, asthma cases doubled from 150 per 100,000 people to 300 between 1980 and 1990, and skyrocketed to 700 cases per 100,000 by 1993, according to Dr. Alan Pinter, deputy director general of the Johan Bela National Institute of Public Health in Budapest. Kazakstan has also experienced increases. Dr. Kamal Ormantaev, director of the Institute for Pediatrics and Children’s Surgery, noted that statistics indicated a 4 percent rise in pediatric asthma cases between 1991 and 1996, with a much steeper increase in the Eastern region of the country.

To better educate children in both Kazakstan and the United States on controlling their disease, physicians and nurses from the AIHA Almaty/Tucson partnership helped coordinate a real-time “asthma chat” between children in both cities via the Internet. During the one-hour session in 1997, kids between the ages of 9-14 discovered they had a lot in common. They talked about what causes asthma attacks—cigarette smoke, exercise, and pets were the main culprits—and how to cope with schoolmates who ask to use their inhalers as if they were toys.

In another effort to educate target populations, Srebrnjak Children’s Hospital for Respiratory Diseases in Zagreb, Croatia, established a comprehensive asthma program with the help of their AIHA partners at Dartmouth-Hitchcock Medical Center



in Lebanon, New Hampshire. The program seeks to educate patients, families, and healthcare professionals about the ailment, as well as to improve treatment methods and training for primary care providers.

According to Rosana Svetic-Cisic, a nurse at Children's Hospital, the collaboration with Dartmouth resulted in a wide



Photo: Margaret Harforn

Using the Internet, Almaty/Tucson partners set up a chat session for asthma-suffering children in their respective cities.

variety of innovations, including the development of an asthma class for inpatients and their parents, which is taught by physicians twice weekly; individual patient education during hospital treatment; nurse-physician meetings with parents; and Croatia's first asthma camp—modeled on two US camps visited by the hospital's staff during a partnership tour. The hospital's asthma resource center is stocked with information, some geared specifically toward children such as a translated booklet donated by GlaxoWellcome pharmaceutical company titled, "So You Have Asthma, Too."

"We are conducting a more ambulant approach to the treatment of asthmatic children," says Svetic-Cisic, and "there has been a reduced number of hospital treatments resulting in a decrease in healthcare costs."

Promoting Healthy Lifestyles

Combating the rising rates of smoking, drinking, and drug use and helping to steer people toward making healthier lifestyle choices, such as eating nutritious foods and exercising daily, are becoming increasingly integral components of primary care. Doing so requires a strong commitment to public education and partnership among local and national governments and the private sector, according to WHO's Apfel. "We helped launch the first-ever mass media health education initiatives in both Romania and Uzbekistan," he says, "but we didn't do it alone—we worked with health ministries and the media as well."

Romania and Uzbekistan—Using Media to Deliver the Healthy Lifestyle Message

The initiatives, which started in 1996, began as a two-year pilot program designed to encourage the citizens of these two countries to cut back on the use of tobacco and alcohol while eating healthier foods and increasing their physical activity. The BBC World Service spearheaded the project with the production of two radio series, one in Romanian and one in Uzbek, along with accompanying booklets, 50,000 of which were distributed in each nation. WHO worked with the Romanian National Center of Health Promotion and Health Education and its liaison office within the Uzbekistan Ministry of Health to further promote the effort.

The radio shows were broadcast by some 70 stations including the Romanian state channels. WHO fostered the development of a network of health professionals and media outlets in both countries to offer technical and media training. This network helped draft anti-tobacco legislation in Romania, which resulted in the 1998 banning of tobacco advertisements in the mass media. In Uzbekistan, the president declared 1998 the year of healthy lifestyles.

Despite these efforts, encouraging people to embrace a healthier lifestyle is still an uphill battle, Apfel says. "Hazard merchants control the health information marketplace and tobacco companies have enormous influence on the type of information that is available in the media," he explains. "Lack of public experience with choice is another problem. In the past, people expected to be told what to do—it is hard to all of a sudden have the burden of maintaining a healthy lifestyle put on your shoulders."

Republic of Georgia—Prevention is the Best Medicine

The Republic of Georgia is trying to ease that burden by providing a comprehensive set of national preventive programs ranging from immunization to disease screening and prevention. "Our first job is to raise public awareness of health promotion," states Dr. Ramaz Urushadze, head of Georgia's Public Health Department within the Ministry of Health. "That includes critiquing unhealthy lifestyles and promoting both healthy lifestyles and healthy environments." To this end, the ministry has created alternative clubs and associations geared toward helping various population groups cease their harmful habits.

The Public Health Department has ushered in a host of changes since the early 1990s such as introducing social workers into the healthcare system; creating a "healthy cities" network; developing training programs in health education for high school teachers; and creating a national network of healthy

schools. The department has also submitted measures for government approval to restrict the use of tobacco in public places and the sale of tobacco products, as well as to introduce smoking prevention in schools.

In addition, the Ministry of Health is creating centers for smoking cessation and drug and alcohol treatment. These centers are supported, in part, by a tax levied on products with high alcohol content such as vodka, cognac, and whiskey. Compulsory labeling of food, which indicates ingredients and caloric content, as well as adding micronutrient supplements—iodine, for example—into salt, flour, and other foods, are also being introduced.

Kyrgyzstan—Public Health as a National Asset

Kyrgyzstan is also working to bolster the promotion of healthy lifestyle choices.

The MANAS National Project—a joint health reform effort with WHO and the United Kingdom Health Development Agency—began in 1996 as a means to reshape the healthcare infrastructure, from financing to medical education.

Last year a new phase of the plan designed to pull citizens into the reform process by helping them to become more responsible for their own well-being was drafted. “Public health is the greatest wealth of every country,” President Askar Akaev said when he declared 1999 the year of health in Kyrgyzstan—an act based on the concept that health is vital for the economic survival of the nation. The plan tries to educate people on the harmful effects of smoking and to get them to incorporate other changes such as mandatory use of seat belts into everyday life. Still in its developing stages, the project is expected to include the formation of communications and marketing groups responsible for determining the best methods of disseminating information to the public. One possible format is a soap opera-type show that will feature scenarios that depict healthy lifestyles.

Slovakia—Starting Small Can Reap Big Benefits

Local governments can also effect change. The small town of Turcianske Teplice, Slovakia, started thinking big when it began an AIHA-sponsored Healthy Communities Partnership with Cleveland’s MetroHealth System in 1996. Since then, the partnership has opened a municipal health advice office that

offers screening and education for ailments such as diabetes and cardiovascular disease. Local health officials have taught first aid, smoking prevention, nutrition, and family planning to more than 2,200 area children. The town has also enacted environmentally sound policies such as instituting a recycling program.

“Once people in Turcianske Teplice saw what was possible—what could be changed—they were eager to participate,” says the town’s former mayor, Alena Chlapikova. “But we had to take the first step to help them understand problems such as unhealthy lifestyles and environmental pollution.”



Photo courtesy of Barry Kinsella.

Touring “Healthy Corner:” As part of the ongoing Healthy Community Project in Vac, Hungary, partners got local supermarkets to establish an area featuring healthy foods and informational material promoting well-balanced diets, good nutrition, and healthy lifestyles.

Belarus and Ukraine—Early Detection of High-risk Patients Leads to Preventive Medicine
The new AIHA-sponsored Minsk/New Brunswick partnership is developing a community-based primary care cardiology clinic affiliated with the Minsk

Polyclinic No. 36. One of the goals of the partnership is to encourage local citizens to become more proactive with regard to their own health. Noting that patients at the Polyclinic have traditionally come in only when acutely ill, Dr. David Kountz, chief of the primary care division and associate professor of medicine at Robert Wood Johnson Medical School in New Brunswick, explains, “The fundamental difference will be identifying patients who have a higher risk of developing heart disease.” By creating a risk profile and training healthcare professionals to help patients learn about lifestyle changes, “you can make a real difference in people’s lives,” Kountz says.

Dr. Louise Muscato, partnership coordinator for AIHA’s Uzhgorod, Ukraine/Corvallis, Oregon partnership, agrees, “For health behavior change to be permanent, an individual must be motivated, ready to change, and part of a supportive community,” she states. “Individuals, families, small groups, and communities can be taught to assume responsibility for their health, which, in turn, changes their health behaviors and lifestyles.”

Changing long-held attitudes and lifestyle choices is never a simple task but these AIHA partners have shown that educating the public is one of the first steps necessary to get people to take responsibility for their own health and well-being.

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