HCC WDF Multisectoral Meeting 2018

Presenter: Lurline Less

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DIABETES ASSOCIATION OF JAMAICA

- Non-profit, Non-governmental Organization, started In 1976, Incorporated In 1983
- Work With Government And Private Sector
- Provide Primary And Secondary Level Care to Diabetics
- Primary Prevention Is Done Through Medical Screening and Diabetes Education Conducted In Communities.
- Diabetes Medical Centre provides secondary and tertiary level treatment - One Stop Shop Concept - 1998
- 4 Branches And Support Groups Islandwide
- Outreach Activities In The Communities
  - Screening/Medical Checks
  - Diabetes Education

MISSION STATEMENT
DIABETES ASSOCIATION OF JAMAICA

IS TO OFFER SERVICES AND SUPPORT

FOR ALL ACTIVITIES,

WHICH WILL LEAD

TO A BETTER QUALITY OF LIFE

FOR THOSE AFFECTED BY,

OR AT RISK OF DEVELOPING

DIABETES MELLITUS

VISION

- To empower individuals/families to take a greater responsibility for their health and hence quality of life
- to ensure more widespread practice of healthy lifestyles
- to provide quality healthcare at affordable cost

Services Offered by the Diabetes Association of Jamaica

- Diabetes Education – in-house and in communities
- Medical Consultation and Referral Clinic
- Retinal Screening
- Nutrition Counseling
- Physical Activities
- Clinic and Outreach Screening - Blood Glucose, Blood Pressure, HbA1c, BMI, Cholesterol, ECG, Micro Albumin, Haemoglobin, Vision Screening, Foot Care, Blood Circulation
- Transient Hemodialysis
- Life For A Child Programme in collaboration with MOH

Best Practices :

Lay Diabetes Education pilot program :

- Modifiable Risks:
  - Unhealthy eating
  - Physical inactivity
  - Dangers of Tobacco use
- Intermediate risk factors:
  - Elevated blood glucose and blood pressure
  - Elevated Cholesterol/lipids
  - Obesity

STANDARDS OF DIABETES CARE

Indicator	Frequency	Targets
• **Medical**		
Blood Pressure	Each visit	less than 130/80 mmHg
Eye Exam	Annual	Ophthalmologist
Dental Exam	Every 6 months	Teeth and gum exam
Brief Foot Exam	Every visit	Remove shoes and socks
Complete Foot exam	Annual	Visit the chiropodist/podiatrist if high risk
• **Laboratory**		
HbA1c	Every 3-6 months	less than 7%
Triglycerides	Annual	less than 1.7 mmol/l
Cholesterol total	Annual	less than 5.0 mmol/l
LDL Cholesterol	Annual	less than 2.2 mmol/l
HDL Cholesterol	Annual	greater than 1.0mmol/l - men
HDL Cholesterol	Annual	greater than 1.1mmol/l – women
Microalbuminuria	Annual	less than 30µg/mg
ECG	Annual	normal pattern
• **Education**		
Treatment goals	Each visit	Discuss with patient
Self Blood glucose monitoring	Individualized	Recommend based on patient's control goals
Self Blood glucose monitoring	Fasting/2 hours pp	Fasting less than7; 2hrs. less than 8mmol/l
Healthy Eating	Each visit	Recommend always
Physical activities	30 mins. 5 times/week	Recommend always

Achievements

- Opportunities to meet our mandate of:
  - Raising awareness of diabetes
    - Offering clinical care
      - Offering screening and education across communities islandwide
        - Offering Retinal Screening

Achievements

- Retinal Screening of Diabetics
- Lay Diabetes Program
- Island wide medical screening
- Life For A Child Program

Lessons learned & challenges

- Lessons learnt:
  - The impact of culture and community interactions in the management of NCDs

- Challenges/barriers
  - Sustainability of NGOs
  - Devaluation of the dollar
  - Competition from Insurance companies, Government agencies etc. threatens the very survival of NGOs

Key Points

- Given the burden of NCDs on families, communities and country up to USD422 Million,
- Increase public education and awareness on NCDs in schools and communities.

Recommendations

- Educate the public on how to make good nutrition choices. Make information readily available
- More ongoing public education
- More Health Screenings with referral and follow ups
- Better access to medication through health centers?
- Improved presence in schools and communities
- Advocacy on healthy eating habits and improving physical activities

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