

## Estate Gift Supports Community Health Training Programs in Brazil and Ecuador

***A U-M donor, whose life was cut short by colon cancer, bequeathed an estate gift that will support international community-based 'train the trainer' workshops, improving care for patients living with chronic illness. Approximate gift value: \$14,000***

### **The Epidemic of Non-Communicable Disease in Low- and Middle-Income Countries**

Much of the media attention on health problems people face in Latin America, Africa, and Asia focuses on infectious diseases. Yet, the fastest growing health challenges in these regions are chronic and non-communicable diseases. In countries like Brazil and Ecuador the disease burden has shifted with a significant increase in cardiovascular disease (CVD), obesity, diabetes, hypertension and other chronic conditions. The WHO estimates that in 2010, non-communicable diseases accounted for 65% of all deaths in Ecuador, with cardiovascular disease being the leading cause at 23%. In Brazil, over 11 million people over the age of 25 have diabetes. Low-income urban residents have an especially high burden of disease and disease-related complications and deaths; yet often have poor access to good-quality health care.

It is critically important to improve clinical care and self-management support in these countries to help patients in primary care health systems successfully engage in the complicated set of self-management behaviors necessary for good disease control (taking necessary medications, following appropriate diets, maintaining physical activity, monitoring and following up on symptoms). There is strong evidence that short-term chronic disease education and self-management interventions are effective in improving diabetes-related health outcomes. However, these gains cannot be sustained without continued follow-up and support. Moreover, effective programs must be low-cost and not rely on scarce health professional staff resources to be able to be sustained and integrated into primary health care in low-resource settings.

In both Brazil and Ecuador, national government initiatives have been launched to improve primary health care. A key emphasis has been to increase funding for community health centers serving poor neighborhoods with a high burden of diabetes and cardiovascular disease. As a result, local health care centers are seeking to expand clinical outreach through 'community health workers' - residents from the communities served, who share cultural and other similarities with served patients. These community health workers (CHWs) receive a small salary to provide education, support, and other outreach. Such CHW-led programs in the United States have been found to improve health outcomes. Yet, to be effective, these programs need to be fully integrated with the whole health care team, systematic - based on evidence-based health and self-management behavioral approaches, and with rigorous training and support to the CHWs administering the program. To date, however, community health workers and the local health care teams of doctors and nurses have received little training and support to develop sustained, evidence-based programs.

The action taken at the national level in these countries has provided new opportunities for University of Michigan faculty, students, and residents to partner with local physicians, nurses, and medical schools to help improve community-health center clinical care programs to improve health outcomes in Brazil and Ecuador.

## **University of Michigan Response**

The University of Michigan Medical School has developed collaborative agreements with partners in Sao Paulo, Brazil and Quito, Ecuador to help address these deficiencies. We are working with local community health centers to develop more systematic approaches to improve care for their patients living with chronic illnesses. These efforts include support to help them develop better medical record documentation, registries, decision support systems, and self-management support programs for patients with chronic illnesses. As a central component of these efforts, we are also seeking to provide intensive training and support to the CHWs as a first step in helping the community health centers develop and evaluate CHW-led education and chronic disease self-management support programs (starting with patients with diabetes and CVD).

U-M is a leading center for training and research on effective approaches to better help patients initiate and sustain the set of healthy behaviors to manage well their diabetes and CVD. Partnering with health care centers and researchers in low-resource settings - such as poor neighborhoods in Sao Paulo and Quito - to improve chronic disease care and self-management will not only provide service to these communities. It will also provide important insights on factors leading to effective programs and implementation in different settings that will strengthen U-M research and contributions in this increasingly important field and training. Moreover, it affords critical educational opportunities for U-M students and residents who assist in implementing and evaluating these initiatives. Finally, such initiatives will help inform other efforts throughout low-resource settings in the United States, Latin America, Africa, and Asia to develop effective low-cost approaches to addressing the worldwide epidemic growth in CVD, diabetes, and other chronic and noncommunicable diseases.

## **University of Michigan-Led Training Programs**

As an important step in helping our community health center partners in Sao Paulo and Quito improve their care and education for patients with CVD and diabetes, we are initiating a series of intensive trainings (4-day sessions) to train local health care professionals (nurses, social workers) to serve as 'trainers' to lead trainings among CHWs in their settings.

The first phase of the dual country initiative began with already-completed two-day trainings of health care professionals interested in possibly becoming trainers (approximately 25 people in each country). Over the next few months those who completed this initial training will practice and conduct exercises to build on the basic skills they learned in the initial training. Among these participants, we estimate about 10-15 people from each session will be eligible to participate in an intensive 4-day "train the trainer" training (based on their successful execution of the practice exercises and our assessment of their skills and approach). Those who successfully complete the 'train the trainer' sessions will then provide training sessions to other health care professionals and to community health workers, with assistance and feedback from our U-M expert trainers.

## **Specific Use of Donor Funds**

The funds donated through this estate gift will enable U-M researchers to conduct two 'train the trainer' 4-day intensive sessions in Sao Paulo and Quito in August 2012, and provide follow-up booster training and support for their initial trainings of CHWs. Specifically, the funds will support:

- Travel expenses for two trainers for six days each to Sao Paulo and to Quito
- Training materials/handouts, DVDs, videotaping, and other educational resources for 15 participants at each of the two sites
- Breakfast, lunch, and refreshments for the 30 participants for the 4-day workshops