DM17 Tools and Practices to Reduce CVD and Complications in the Diabetic Population of Mexico

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Aim 1: Randomized control trial to evaluate the effectiveness of *Meta Salud Diabetes*, an educational intervention for the secondary prevention of diabetes (CVD risk).

Aim 2: Qualitative study to assess the feasibility of *Meta Salud Diabetes* implementation and scale-up.
Preliminary findings: Aim 1

Significant changes in intervention groups:

• Cardiovascular risk decreased.
• Perceived stress of participants related to diabetes management decreased.
• Consumption of sugary drinks decreased.
• Consumption of vegetables increased.
Preliminary findings: Aim 1 (cont.)

• No substantial changes in cholesterol, blood pressure, fasting glucose level and glycosylated hemoglobin (HbA1c).
• Very low physical activity levels in all groups, no change after intervention.
Qualitative data sources

- Health center condition assessment
- Program fidelity evaluation and observation
- Intervention facilitator feedback meetings
- Case studies
- Stakeholder meeting 1
- Contact logs
- Stakeholder meeting 2
- Interviews with decision-makers
Data analysis based on Normalization Process Theory

Concepts, constructs and dimensions of NPT

Preliminary findings: Aim 2

• Health center staff was able to carry out the intervention with a high degree of fidelity.
• The intervention was attractive to them, provided new skills, and helped them meet institutional goals.
• Participants find the intervention useful and enjoyable; materials are attractive and information is understandable.
Preliminary findings: Aim 2 (cont.)

- MSD requires considerable training for health center staff in:
  - Facilitating self-help groups using participatory methodology.
  - Transmitting complex biomedical information.
  - Setting health behavior goals.
  - Incorporating physical activity.
Preliminary findings: Aim 2 (cont.)

• MSD was not maintained after research was over:
  ➢ Conflicting health center priorities.
  ➢ Health system evaluation policies are contradictory.
  ➢ Reflexive monitoring activities are needed.
Engagement with policymakers

• Acceptance of MSD training by Health Ministry.
• Discussion with decision-makers: innovative processes are stifled by competing priorities and bureaucratic demands imposed by rigid accreditation standards.
Engagement with policymakers (cont.)

- Identified need for evidence-based scale-up model for other contexts.

- Development and testing of MSD scale-up model must promote ownership of research results and continuous evaluation by health center staff.