Preventing Diabetes Through Community Empowerment

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“Translational research” or “Translational medicine” is often defined as work that connects laboratory based basic science, or “bench side” work, and patient related clinical practice, or “bedside” work. However it can also be used in another context, that is, the translation of results of randomized clinical trials into the community. Unfortunately although this is the kind of research where the community stands to directly benefit the most, very little work of this nature is done globally and practically none in India. Interest in translational research grew out of the realization that it takes a devastatingly long time for new scientific findings to be applied to improve human health and the need to quickly take evidence based medicine to the community.

At the public health level, the concept of translational research has broadened further. It is increasingly noted that most health-influencing actions of common people take place outside of the clinic. If the goal of medical research efforts is indeed to improve human health, then treatments and programmes found to be successful in controlled clinical settings need to be applied in the community, to have maximum impact. In addition, evaluations of these efforts need to be done.

Thus, translational research, ultimately, is linked to issues of external validity. It requires answering the following questions: Do different therapeutic approaches continue to be effective outside of their original context of a clinical trial? Can they move beyond statistical significance in research participants to practical improvements in quality of life of the community as a whole? This can be as limited as to why a therapy or programme worked for one person and not another and can be as broad as to why a programme in one country may or may not work in another.

Today India is facing a twin health burden with the unfurnished agenda of communicable diseases being swamped by the rising tide of noncommunicable diseases such as diabetes, hypertension, cardiovascular disease and cancer. Indeed with over 40 million people with diabetes, India is already recognized as the “diabetic capital” of the world. This is disconcerting not only in terms of sheer numbers but also the quality of diabetes care available and low awareness levels about diabetes. In this context, the efforts by Mohan and colleagues in Chennai in their Prevention Awareness Counselling and Education (PACE) Diabetes Project is welcomed. Mohan and colleagues demonstrate how a single institution with committed health workers can change a whole city. In a two part series of articles published in the previous and present issues of JAPI, Mohan and colleagues demonstrate how awareness of diabetes can be improved in a city of nearly 5 million people. The results are indeed amazing. Not only was awareness of diabetes improved but also awareness of its risk factors, prevention and knowledge about the complications of diabetes, all improved after the PACE Diabetes Project.

All this did not come easy. Two years of painstaking work, hundreds of awareness camps, testing of thousands of individuals, involvement of general practitioners, media, educational institutions, work and worship places and the support of the community, helped the dream of increasing awareness of diabetes in a city larger than the size of several countries in the world, a reality. In terms of India’s public health, the PACE Diabetes Project represents a milestone and is indeed a model for the rest of the country.

What is even more laudable is that all this was achieved without any financial or other support from the government. A local non-governmental organization (NGO) supported the project which was carried by a private institution. It is hoped that the PACE Diabetes Model will inspire other NGOs and organizations to take up similar prevention activities. This can help curb the rising tide of the diabetes and CVD epidemic in India and other developing countries.

While the results of the PACE Diabetes Project published so far are very encouraging, it is hoped that the investigators will provide additional reports on the evaluation of the project to include answers to the following questions: What is the cost benefit of such programs? How can such projects be scaled up at the national level? Will such approaches work in rural India where 72% of Indian population lives and where illiteracy and poverty are rampant? In summary, the PACE Diabetes Project can be considered a model for the Government of India to adopt in its recently launched National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke. Efforts such as the PACE Diabetes Project, if replicated nationally can help slow down the diabetes epidemic and thus also help in prevention of diabetes and its complications which is currently threatening the health of the nation.

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REFERENCES


Announcement

8th International Symposium on Diabetes
Venue: Mumbai
Date: 24th & 25th January 2009
Theme: Diabetes Update 2009

Course Directors: Prof. K. Sreekumaran Nair, David Murdock Dole Professor and Professor of Medicine, Division of Endocrinology, Mayo Clinic, 200 First Street S.W. Rochester, MN 55905 USA.
Dr. AK Das, Additional Director of Health Services and Director, Department of Medicine JIPMER, Pondicherry.

CME credits will be awarded

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