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FOREWORD BY
Sir Michael Hirst
President, International Diabetes Federation
2013-2015

For decades, IDF has been calling for action at the national and international level to tackle the global epidemic represented by diabetes, a disease that impacts on the lives of hundreds of millions of people worldwide.

Unfortunately, each new edition of the Diabetes Atlas brings alarming information on the prevalence of diabetes and its rapid growth in every country and community. The pandemic is not any more a potential threat, it is a reality. And projections for the future constitute a dramatic call to societies and their governments globally and locally: 642 million people living with the disease by 2040, and half as many again who will be living with undiagnosed diabetes — unknowingly at risk from its disabling, life-threatening complications, which include kidney failure, amputations, blindness and cardiovascular diseases. Moreover, the figures for people at high risk of the disease forewarn of an outright socioeconomic catastrophe: 318 million people with impaired glucose tolerance (IGT) worldwide, 75% of whom live in low- and middle-income countries.

Furthermore, the geographical distribution of the condition has evolved following recent trends of rapid urbanisation, decrease of physical activities and changes in diet. Today, among the 415 million people known to have diabetes, 80% live in low or middle-income countries impacting the human and economic development of these countries.

However, we must not forget our achievements. There is now overwhelming evidence that without effective prevention and management programmes, the human and economic burden of diabetes will continue to increase worldwide. IDF, with the help and support of its members and partners, is engaged in action to tackle diabetes from the local to the global level, from programme at community level to worldwide awareness and advocacy campaigns. Through World Diabetes Day, IDF is uniting the global diabetes community to produce a powerful voice for diabetes awareness and advocacy; With Life for a Child, IDF is providing access to essential diabetes medicines for over 17,000 children and youth with diabetes in 46 countries; Our guidelines and programmes are helping to improve the lives of people with diabetes worldwide.

BRIDGES (Bringing Research In Diabetes to Global Environments and Systems) is one of IDF’s flagship programmes. Spanning over ten years, we are proud of the achievements reached by the 41 projects supported in 36 countries and are convinced that that their findings will benefit primary and secondary prevention interventions worldwide. To quote Albert Einstein, the only source of knowledge is experience.

As BRIDGES has come to an end in its current format, I would like to take this opportunity to thank Lilly Diabetes for providing IDF with the financial support for this outstanding programme. I would also like to thank all the volunteers who have been actively involved within BRIDGES committees in managing the programme and supporting the selected projects through workshops and mentoring. Finally, I would like to congratulate the teams involved in the selected projects that, through their hard work, expertise and dedication are helping to shape a better world for people with diabetes and the many at risk.
INTRODUCTION BY

Linda Siminerio
Chair, BRIDGES Executive Committee

This new edition of the World Guide is prepared to help investigators and community leaders from around the world learn about the experiences from the very teams who led diabetes prevention and treatment projects supported by BRIDGES.

To get first hand insights, the BRIDGES organizers, asked the teams to provide some feedback on the following:

• The three main numbers from their project (e.g: number of people screened, number of sessions delivered...)
• The three main achievements of their project
• The three main challenges they faced and how they overcame them
• The three main lessons they learned from their project which could be useful for other investigators

We then selected the answers from 16 of them trying to cover the wide spectrum of experiences, type of interventions and geographical areas of the 41 projects in 36 countries which have received support from BRIDGES.

This year’s publication, which is the final one dedicated to the current format of BRIDGES, is also presenting, in a more visual format than before, the various activities linked to BRIDGES. Since 2007, we have revised, fine-tuned and re-shaped BRIDGES activities to reflect the imperfections and complexity of real life, ensure the replication of good practices while keeping firmly in mind the mission of the International Diabetes Federation (IDF) to promote diabetes care, prevention and a cure worldwide.

Through D-START, we are supporting the implementation of a successful intervention dedicated to primary prevention in Pakistan and Vietnam. With BRIDGES Research Net, we have started to replicate successful interventions originally supported by BRIDGES into other locations in the world. This strategy should play a leading role within IDF in the years to come.

On a personal level, I have been involved with BRIDGES since its inception in 2007, first as Chair of BRIDGES Review Committee and, since 2009, as Chair of BRIDGES Executive Committee. I would like to take this opportunity to thank Lilly Diabetes which has provided the financial support to BRIDGES and has always welcomed with a positive attitude our ideas to improve the programme. I would also like to thank all the international experts who have served BRIDGES Executive Committee and/or BRIDGES Review Committee in the last seven years. Their involvement and dedication have been of great benefit to the programme and to the teams around the world implementing the interventions.

Last but not least, I would like to express my gratitude to all the personnel and participants who have been involved in the 41 projects supported by IDF BRIDGES. As an investigator myself, I recognize the difficulties and challenges they have faced and are facing to implement an intervention in real life settings, the dedication and enthusiasm needed to overcome them.

We hope that you will enjoy and share the publication, learn from the examples we are providing and be able to use the experiences we are bringing to you when implementing an intervention in your community.
To our friends and partners in the global fight against diabetes:

More than 400 million people around the world have diabetes. Do you know that only two countries — China and India — have larger populations than the number of people living with this disease?

Over the next two decades, the number of people with diabetes is expected to jump to nearly 600 million. Slowing the prevalence of this disease continues to be one of the great healthcare challenges of our generation.

Equally urgent is appropriate management of the disease and its many complications, such as cardiovascular disease, blindness and kidney failure.

Fortunately, there is reason for some optimism. For example, last year The New England Journal of Medicine reported substantial drops in the risk of several diabetes-related complications in the U.S. between 1990 and 2010, including a 68 percent drop in heart attacks, a 50 percent reduction in strokes and lower extremity amputations and a 30 percent drop in end-stage kidney failures.

There are many reasons for these improvements, including enhanced medical interventions, better education and support for people with diabetes, and newer (and better) medicines and technologies. And while we can embrace this progress, we have much work ahead of us — in developed and developing nations alike. For instance, while the risk for individual patients has dropped, the increasing prevalence of diabetes means the number of people with complications globally continues to jump.

Four out of five people with diabetes live in low- and middle-income countries, where the disease grows faster and affects people at younger ages than in more developed countries. Diabetes will affect about 1 in 10 adults worldwide by 2035. In the U.S. alone, males born in the year 2000 have a 32.8 percent chance of developing diabetes in their lifetime, and females have a 38.5 percent risk.

These figures reinforce what we have known for a long time: diabetes is bigger than each of us, and no single entity can mount an effective response to the disease. Tackling diabetes requires a multifaceted approach that draws upon the resources, creativity and passion of our partners in government, academia, community organizations and the private sector.

Beating diabetes takes all of us working together. Even as we act at the global level, we must recognize that diabetes is a very personal disease. Research and development is an important example: we must ensure that people participating in clinical trials are as diverse as the populations affected by the disease. Notably, the world’s increasingly aging population has become an area of focus for Lilly as we investigate new treatments for diabetes.

As a global program, BRIDGES is producing practical results in countries around the world. Through funding of translational research projects, BRIDGES helps to spread lessons learned from clinical research to those who can benefit most: the hundreds of millions of people affected by diabetes. And, by focusing its efforts largely on developing countries, BRIDGES can help many people with diabetes live healthier, more normal lives.

The global diabetes statistics are alarming, but we are making progress — day by day and step by step with excellent resources and initiatives, such as BRIDGES. But we must resolve — with a sense of urgency — to use and replicate these resources effectively. By pooling our capabilities and creativity, we can accelerate progress against diabetes and make life better for millions of people around the world.
Lilly Diabetes is proud to partner with International Diabetes Federation to bring you the BRIDGES programme, in an effort to provide innovative healthcare practices that will improve the everyday lives of people living with diabetes.
ABOUT BRIDGES
BRIDGES initial strategies

TRANSLOGING RESEARCH INTO REAL-WORLD COMMUNITIES: THE CHALLENGES

LIMITED FUNDING ESPECIALLY IN LOW- & MIDDLE-INCOME COUNTRIES

EVIDENCE-BASED RESEARCH NOT IMPLEMENTED AND DISSEMINATED EDUCATION NOT IMPLEMENTED

INNOVATIVE IDEAS NOT TRANSLATED INTO REAL-WORLD SETTINGS

BRIDGES was developed by the International Diabetes Federation to provide strategies and solutions, through an educational grant from Lilly Diabetes, to support translational research efforts worldwide. With a budget of USD 10,000,000 over a period of seven years, and through calls for applications, BRIDGES has invested in primary and secondary prevention of diabetes worldwide. We have financially supported and mentored 41 projects in 36 countries, taking the programme’s five primary objectives into account:

PROGRAMME’S FIVE PRIMARY OBJECTIVES

ENHANCING HEALTH SYSTEMS

IMPROVING QUALITY OF LIFE

IMPROVING ACCESS TO AFFORDABLE QUALITY CARE AND EDUCATION

STRENGTHENING PREVENTIVE EFFORTS WORLDWIDE

REINFORCING THE HUMAN RIGHTS OF PEOPLE WITH DIABETES

1 Translational research transforms currently available knowledge into useful measures for everyday clinical and public health practices. Translation research aims to assess the implementation of standards of care, understand the barriers to their implementation, and intervene across all levels of health care delivery and public health to improve the quality of care and health outcomes, including quality of life (from Narayan et al. “Diabetes Translation Research: Where Are We and Where Do We Want To Be?” in Ann Intern Med, 2004, 140:958-963).
Building BRIDGES with young investigators: BRIDGES workshops

Following the launch of BRIDGES, it quickly became clear to the BRIDGES Executive Committee that young investigators in low- and middle-income countries would benefit from training in the development of proposals for translational research projects and beyond. Since 2008, with the technical support of Venkat Narayan and his team (Emory University, USA), IDF has developed and implemented a series of workshops dedicated to grant writing and covering a broad range of issues including sample size and randomisation; building an efficient team; data analysis; ethical issues; opportunities and challenges in implementing an intervention.

Attendance was free of charge and all participants received financial support from IDF for their travel and accommodation.

In 2013 IDF BRIDGES launched, with the technical support of Elsevier, a new series of educational events — "how to get published - workshops for researchers" — targeted at supported projects and IDF members with the aim of helping to improve the dissemination of the findings and best practises from BRIDGES-supported projects.

Attendance was free of charge and all participants received financial support from IDF for their travel and accommodation.

The content of the workshops is available online at www.idf.org/BRIDGES/useful-tools

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Building new BRIDGES to prevent diabetes: D-START

Following the first round of funding, a number of obstacles were identified, including limited numbers of experienced researchers in low- and middle-income countries (LMCs), the lack of connections with international expertise, and the necessary early commitment of and support from local health authorities.

The search for effective solutions to these challenges led to the development of D-START (Diabetes - Supporting TrAnslational Research and Twinning) with the support of international figures in diabetes prevention. It was built in four steps:

01 Call for applications targeted at institutions with a track record in implementing interventions dedicated to the primary prevention of diabetes to propose the framework of a primary prevention programme that could be easily implemented in a LMC (selected institution: University of Helsinki).

02 Selected intervention was used as the framework for the call for applications targeted at institutions in LMCs where access to international funding was limited. Applicants were asked to adapt the proposed methodology to their local sociocultural needs and characteristics and clearly demonstrate the involvement of local health authorities in running the project (selected institutions: National Institute of Diabetes and Metabolic Disorders, Hanoi, Vietnam; The Aga Khan University Hospital, Karachi, Pakistan).

03 Three-day training, prior to the start of the two interventions, of the selected institutions in the IDF Executive Office in Brussels with representatives of the University of Helsinki and international experts in diabetes prevention (Peter Bennett, Qing Qiao, Jaakko Tuomilehto, Linda Siminerio, Ayesha Motala and Juan Jose Gagliardino).

04 Implementation of the intervention in the two countries selected (Pakistan and Vietnam) with strong, continuous mentoring and support from IDF and the University of Helsinki.

Find out more about D-START at www.idf.org/bridges/d-start
The aim of BRIDGES Research Net (BRN) is to share successful strategies that have improved the life of people with diabetes in one country and replicate them around the world with strong support from local health authorities. In 2013, BRN was launched, replicating a successful project to improve diabetes foot care.

**Building BRIDGES between communities worldwide:**

**BRIDGES Research Net**

Call for application including commitment from local authorities; selection of recipients; allocation of funds (USD 20,000 per project); on-site meetings with local authorities of each selected destination; 4-day intensive workshop in each selected site with representatives of initial intervention.

**INTERVENTION TO BE REPLI-CATED:** initiation of an educational & preventive foot care project in Alexandria

**IMPACT**

- 2,700 professionals and over 4,000 patients educated
- Medical and foot examinations for 3,600 patients
- 30 health professionals trained
- 8 Egyptian universities are now centres for diabetes care

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- 2,700 professionals and over 4,000 patients educated
- Medical and foot examinations for 3,600 patients
- 30 health professionals trained
- 8 Egyptian universities are now centres for diabetes care

**The impact of initiation of an educational and preventive foot care centre for people with diabetes in Qingdao, China**

**IMPACT**

- 53 clinical doctors, 121 nurses and 14 post-graduates trained by local team
- 9,800 booklets in Chinese distributed
- Outpatients receiving foot examination: from 2.1% to 36.6%
- Inpatients receiving foot examination from 19.7% to 71.6%

**The impact of a demonstrative educational and preventive foot care centre for people with diabetes in the first-line ambulatory healthcare centre, CAA Cotocollao, pertaining to the national social security in Quito, Ecuador**

**IMPACT**

- 25 HCPs followed full training by local staff
- 440 participants included in the study
- Education on diabetes foot care is now included routinely in the health centre

**Find out more about BRIDGES Research Net at www.idf.org/bridges/research-net**
Building BRIDGES for the diabetes community:
Some keys numbers from BRIDGES

- **10,000,000** amount, in USD, of the educational grant received from Lilly Diabetes.
- **32** number of international experts, who have, on a voluntary base, dedicated tireless hours to manage BRIDGES, selected and mentored projects over the last 7 years.
- **41** BRIDGES is supporting 41 projects in 36 countries around the world.
- **96** number of countries from which we received applications during BRIDGES 4 rounds of funding.

**ABOUT BRIDGES**
Building bridges for the diabetes community: some key numbers from BRIDGES Impact.

- Total number of participants involved in BRIDGES projects: 39,729
- Number of people directly trained by projects investigators to run their intervention: 1,560
- Number of people screened through BRIDGES projects: 182,826

World Guide to IDF BRIDGES 2015
Map of BRIDGES projects
41 projects in 36 countries
Since 2008, over 51 articles in peer reviewed journals have been published by projects supported by IDF BRIDGES and presentations made in more than 130 national and international congresses.

**PUBLICATIONS DEDICATED TO THE PREVENTION OF DIABETES**

- “Evidence of reduced beta-cell function in Asian Indians with mild dysglycemia. Diabetes Care” Diabetes Care September 2013
- “A model of translational research for diabetes prevention in low and middle-income countries: The Diabetes Community Lifestyle Improvement Program (D–CLIP) trial.” Prim Care Diabetes 2012
- “DIABRISK – SL Prevention of cardio-metabolic disease with lifestyle modification in young urban Sri Lankan’s – study protocol for a randomized controlled trial”. Trials 2011
- “Screening for people with glucose metabolism disorders within the framework of the DEMOJUAN project (DEMOnstration area for primary prevention of type 2 diabetes, JUAN Mina and Barranquilla, Colombia” Diabetes Metabolism Research and Reviews, Sept 2013
- “Behavioral and psychosocial correlates of adiposity and healthy lifestyle in Asian Indians””. Prim Care Diabetes. 2015.
- “Effects of group education sessions on lifestyle modification in diabetes prevention in people with prediabetes in Bac Ninh City” Journal of Practical Medicine, September 2015

**PUBLICATIONS DEDICATED TO THE MANAGEMENT OF DIABETES**

- “Phase 1 of the community-based Diabetes Self-Management Education (DSME) program in Suan Juan Batangas, Philippines” Diabetes Research and Clinical Practice, 2010
- “Effectiveness of a group diabetes education programme in underserved communities in South Africa: pragmatic cluster randomized control trial” BMC Family Practice 2012
- “Contents, participant and outcomes of three diabetes care programmes in three low and middle income countries” Primary Care Diabetes (2014)
- “Poor glycemic control in type 2 diabetes in the South of the Sahara: the issue of limited access to an HbA1c test” DRCP 2014,
- “Study of the effect of altitude on the measurement of glycated hemoglobin using the In2it point-of-care testing”. Cardiovascular Journal of Africa, Volume 26, N°1, January/February 2015
PUBLICATIONS DEDICATED TO PEER EDUCATION

- “The development of a pilot training program for peer leaders in diabetes: Process and content”. Diabetes Educator
- “Training peers to provide ongoing diabetes self-management support (DSMS): Results from a pilot study”. Patient Education and Counseling;
- “Comparative effectiveness of peer leaders and community health workers in diabetes self-management support: Results of a randomized control trial” Diabetes Care 2014
- “Effectiveness of a peer support programme versus usual care in disease management of diabetes mellitus type 2 regarding improvement of metabolic control – a cluster-randomised controlled trial”. Journal of Diabetes Research, September 2015

PUBLICATIONS DEDICATED TO THE PROTECTION OF WOMEN’S HEALTH

- “Anxiety and depression in PCOS: A comprehensive investigation” (Fertil Steril 2010)
- “Polycystic Ovary Syndrome (PCOS) a biopsychosocial understanding in young women to improve knowledge and treatment options” (Journal of Psychosomatic Obstetrics & Gynecology, March 2010)
- “Is having PCOS a predictor of poor psychological function including anxiety and depression?” Human reproduction, March 2011
- “Understanding health behaviours in a cohort of pregnant women at risk of gestational diabetes mellitus: an observational study” BJOG 2012
- “Taking up the challenge of non-communicable diseases in the Commonwealth: 17 good-practice case studies” a publication of the Commonwealth Secretariat commissioned C3 Collaborating for Health
- “Optimising healthy gestational weight gain in women at high risk of gestational diabetes: A randomised controlled trial”. Obesity, 2012
- “Physical activity and mental health in women with Polycystic Ovary Syndrome”, BMC Women’s Health, March 2014
- “Women’s experiences of polycystic ovary syndrome diagnosis”, Family Practice June 2014
- “How effective is self-weighting in the setting of a lifestyle intervention to reduce gestational weight gain and postpartum weight retention?” Australian and New Zealand Journal of Obstetrics and Gynaecology 2014
- “Health-related behaviors in women with lifestyle related diseases” Behav Med 2012
- “Risk stratification in early pregnancy for women at increased risk of gestational diabetes” Diabetes Research and Clinical Practice, January 2015, 107(1), 61-68
- “Limiting postpartum weight retention through early antenatal intervention: the HeLP-her randomised controlled trial” IJBNPA, 11(1), 134-134
- “ABO blood groups and gestational diabetes mellitus: a prospective population based study in Tianjin, China” Diabetes Metab Res Rev 2015
- “Pregnancy outcomes of Chinese women with gestational diabetes mellitus defined by the IADPSG’s but not by the 1999 WHO’s criteria” Clinical Endocrinology May 2015
PUBLICATIONS DEDICATED TO THE EPIDEMIOLOGY OF DIABETES

“Study of the Health-Related Quality of Life (HRQL) and Some Socio-demographic Factors associated with the Development of Diabetic Foot Ulcers (DFU) in Type 2 Diabetic Patients in Egypt” J. Egypt. Soc. Endocr., Diab. & Metab. 2009

“Foot Ulceration and Lower Extremity Amputations Among Diabetic Patients in Alexandria, Egypt: Prevalence, Predictors and Quality of Medical Care”. J. Egypt. Soc. Endocr., Diab. & Metab. 2010


“Hypertension in Adults of Himalayan Mountain Villages: Prevalence, Awareness, and Control”, Global Heart 2014


“Prevalence of diabetic foot disorders and related risk factors among Egyptian subjects with diabetes” Primary Care Diabetes February 2015


“Prevalence of Gestational Diabetes Mellitus and Its Risk Factors in Chinese pregnant women: A Prospective Population-Based Study in Tianjin, China” PLOS ONE March 2015,

“Distinct HbA1c trajectories in a type 2 diabetes cohort”, Acta Diabetologica, April 2015


“Social construction about diabetes and prediabetes in persons that attend a healthcare center in Maracaibo-Venezuela” Revista Internacional de Salud, Bienestar y Sociedad 1[2]:59-70

PRESENTATIONS AT NATIONAL AND INTERNATIONAL CONGRESSES

2008: 1st Diabetes in Asia Study Group; International Congress of Endocrinology (ICE); PCOS Alliance workshop; Southern Health.

2009: Endocrine Society Australia annual meeting; Federation of the International Obstetrics and Gynecology Conference; Fertility Society of Australia, Perth; World Diabetes Congress; National Chronic Disease meeting; Research Society for the Study of Diabetes in India; Southern Health.

2010: Philippines Society of Endocrinology and Metabolism; TED conferences; Australasian Society for Behavioural Health and Medicine Conference; 14th International Congress of Endocrinology; POSSA conference; 2nd Diabetes in Asia Study Group; Emory Medical Grand Rounds; 6th World Congress on Diabetes Prevention and its complications; Clinton Global Initiative; 71st Scientific Sessions of the ADA; Global Telehealth Australia; Latin American Summit on Diabetes; 11th International Congress of behavioral medicine; The PCOS Alliance Workshop; Diabetes Conference in Mexico City; Consortium of University of Global Health; Emory Global Health Seminar; Australian and New Zealand Obesity Society annual scientific meeting; 27th Annual Convention of Diabetes Philippines and 6th Course on Diabetes and Vascular Disease; Research Society for the Study of diabetes in India; International Latin American Association of Diabetes; Congress of la Société Francophone Africaine de Diabétologie; DFID World Bank workshop; Australasian Menopause Society; Australian Society for Medical Research.

2011: 6èmes Journée Internationales d’Endocrinologie de Cotonou; Congrès annuel de la Société Francophone du Diabète; The Society of Behavioral Medicine 32nd Annual meeting and scientific sessions; 48th Annual Convention of the Psychological Association of the Philippines (PAP), Iloilo City, Philippines; “Forum Medizin 21”, a congress for General Practice and Family Medicine in Salzburg; ÖDG Congress (Austrian Diabetes Association); World Diabetes Congress, Dubai (UAE), December; Australian Diabetes in Pregnancy Society; Endocrine Society Australia.
2012: Diabesity, A World-Wide Challenge; European Congress of Obesity; Endo 2012; 72nd scientific sessions of the American Diabetes Association; Australian Society for Psychosocial Obstetrics and Gynaecology; 1st Scientific Sessions of the African Diabetes Congress; 8th Annual Conference of RSSDI Delhi Chapter Meeting; EASD 2012, Berlin (Germany); Australian and New Zealand Obesity Society annual Scientific meeting, Auckland (New Zealand); 2nd Global symposium on health systems research, Beijing (China); 7th World Congress for the prevention of diabetes and its complications; Research Society for the Study of Diabetes in India, Chennai (India); West African Health Organization (WAHO); 30th Brazilian Congress of Endocrinology & Metabolism; EbM Congress of the German Network for Evidence-based Medicine; Latin America Course on Prevention of type 2 diabetes.

2013: Christian Medical Dental Association Continuing Education conference; 7th International DIP Symposium; Diabetes UK Annual Professional Conference, Manchester (UK); Congress of the french speaking society of diabetes; 8th semi-annual Global Health Centers of Excellence Steering Committee Meeting; International Association for the Study of Obesity; 19th Congreso Venezolano de Medicina Interna, Caracas (Venezuela), May 2013; 73rd Scientific Sessions of the ADA; 4th Congresso Brasileiro de ciencias socias e humanas em saude; 16th South African National Family Practitioners Conference; Australian Diabetes in Pregnancy Society annual Scientific meeting; Continuing Medical Education Courses on Diabetes Peer Support; 2nd Annual Asia-pacific conference of diabetes education; 49th EASD; 47 Kongress für Allgemeinmedizin un Familienmedizin; Joint Uniting Streams – NVTG Symposium; 2nd Congresso online de gestao, educacao e promocao a saude; 2nd Congresso Brasileiro de Politica, Planejamento e Gestao em Saude; Society for the Study of Diabetes in India; 21st Annual Scientific Meeting of the Indian Society of Hypertension; World Diabetes Congress; 7th Colombian Diabetes Congress.

2014: 2nd African Diabetes Congress; Christian Medical Dental Association Continuing Education conference; EbM Congress of the German Network for evidence-based medicine; Philippines Society of Endocrinology, Plenary lecture; National Heart, Lung and Blood Institute meeting; World Heart Federation/World Congress of Cardiology; 21st European Congress on Obesity; 5th Annual Global Health Conference; 74th Scientific Sessions of the ADA; Symposium International de Libreville sur le Diabète en Afrique; 17th South African National Family Practitioners Conference; Australian Diabetes in Pregnancy Society/Society of Obstetric Medicine of Australia and New Zealand Annual Scientific meeting; Annual Convention of the American Association for Clinical Endocrinology, Philippine chapter; 2nd Annual International Diabetes Self-management Education meeting, Thailand Non Communicable Disease Forum; EASD 2014; 9th Congresso Brasileiro de Epidemiologia; “The diabetic epidemic; new education tools”; 2nd regional Council of South East Asia Region; 8th Thailand Congress of Nutrition; Association of Third World Studies Annual meetings; 17th Canadian Diabetes Association/Canadian Society of Endocrinology and Metabolism Annual meeting; 3rd Global symposium on health systems research; Chinese Diabetes Society, 18th Scientific Meeting; 10th IDF WPR congress, Singapore.

2015: World Congress on Public Health; The University of Ottawa Dietetic symposium, Ottawa; 7th International Conference on Health Issues and Arab Communities; Arab Diabetes Prevention Summit; 4th WONCA Africa Regional Conference; 12th China Nutrition Science Congress; Public Health Nutrition Symposium; Joint Conference in Medical Sciences 2015; 76th Scientific Sessions of the ADA; Thailand Non Communicable Disease Forum; Basic training course for thai diabetes educators; 49. Kongress für Allgemeinmedizin un Familienmedizin; Chinese Forum on Diabetic Foot and Related Disease; North American Primary Care Research Group 2015 annual meeting; 1st International Conference of Primary Care and Public Health; 3rd International Congress of Person-Centered Medicine; Association of Third World Studies Annual meetings; World Diabetes Congress.

More information is available at: www.idf.org/bridges/publications
EXAMPLE OF GOOD PRACTICES
Pathway to health: a lifestyle intervention to prevent diabetes

INSTITUTIONS INVOLVED
Shanxi Evergreen Service (China), Department of Health and Kinesiology, University of Texas (USA)

INVESTIGATORS
Mark Strand (markstrand3@gmail.com), Zenong Yin, Meizi He, Henry Lynn, Judith Lee Perry

LOCATION
Yuci District, Jinzhong Prefecture, Shanxi Province, People’s Republic of China

BRIDGES GRANT FUNDING
USD 65,000

DATES
July 2012 to December 2014

KEY CHALLENGES AND SOLUTIONS IMPLEMENTED

• Recruitment was difficult.
  SOLUTION: Recruitment was improved when participants and the research team recruited others by word of mouth. This shows the utility of China’s collective society. Women were inclined to join an activity in which someone they knew and trusted was already participating, but reluctant to join an activity as a lone individual.

• Quality control in community-based translational research
  SOLUTION: The team was comprised of individuals who already had years of experience in education and project management. Therefore, it is unclear whether a less experienced group of trainers could deliver the programme with the same efficacy as achieved in this study. It is also the case that translational research frequently relies on clinical laboratory equipment. This introduces the concern about accuracy and reliability, so validation of lab results needs to be demonstrated using external equipment.

• Attendance started high, but declined over time
  SOLUTION: The team found that when a morning and afternoon session was offered at the same location, attendance rates were as high as 85%. Attendance was improved by other methods, such as sending text message reminders each week, calling if they did not come to class, offering two sessions at the same location, and offering opportunities to make up a missed session.

KEY TRANSFERABLE LESSONS

• The intervention group grasped more basic knowledge than the comparison group as evidenced by the post-test scores, but this did not result in the intervention group reducing their HbA1c by a significantly greater amount than the comparison group. It appears that content was less important than process, and the essential components were a group goal and social support.

• Having skilled teachers and facilitators of small group discussions is essential to the success of the project. Some professionals tend to answer all the questions with lectures rather than letting the attendees discuss and solve their own problems using the knowledge presented in the classes. Training and practice in leading small groups, specifically how to ask good questions to guide attendees to work together to solve their own individual problems, is essential for all team members.

• When conducting translational research, cultural translation of the curriculum is more important than linguistic translation. It is necessary to understand the participants’ diet, customs and habits before starting to adjust the original programme to fit the participants.
A translational randomised trial of a culturally specific lifestyle intervention for diabetes prevention in India

**INSTITUTIONS INVOLVED**
Rollins School of Public Health, Emory University (USA), Madras Diabetes Research Foundation (India)

**INVESTIGATORS**
Venkat Narayan, V. Mohan, Ranjani Harish, Mary Beth Weber (mbweber@emory.edu)

**LOCATION**
Chennai, India

**BRIDGES GRANT FUNDING**
USD 398,674

**DATES**
January 2008 to December 2011

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**KEY ACHIEVEMENTS**
- Diabetes was prevented or delayed in over a third of the intervention participants.
- This study is the first to test the effectiveness of expert recommendations for diabetes prevention, namely lifestyle change education followed by metformin when lifestyle alone is not sufficient to reduce risk and apply diabetes prevention efforts to individuals across the pre-diabetes spectrum.
- The intervention demonstrated that diabetes prevention programmes could translate to a community-based programme in a low- and middle-income country, like India, where the need for diabetes prevention is greatest.

**KEY CHALLENGES FACED AND SOLUTIONS IMPLEMENTED**
- Women were more reluctant to join the study than men because of the difficulty in travelling to the study centre and feelings that participation would be too difficult due to responsibilities in the home.
  **Solution:** The team offered free transportation to the centre and conducted study testing at the women’s homes, and the team also worked with other family members to provide peer support and encouragement for participation.
- Keeping participants engaged was difficult.
  **Solution:** The team maintained contact with participants through phone calls, emails and a study listserv; these efforts paid off, resulting in a very low loss to follow-up.
- Conducting research with an international study team can be difficult – each country has its own work culture, traditions, and expectations.
  **Solution:** Open communication, face-to-face interaction, and frequent team calls were vital to the success of the project and our collaboration.

**KEY TRANSFERABLE LESSONS**
- When working with investigators in multiple countries, **truly strive for collaboration**. This will result in better, more open relationships and a more successful, culturally appropriate project. It also lays the groundwork for future projects.
- **Include both quantitative and qualitative assessments** of translational research projects to better understand the effectiveness, cost-effectiveness, and acceptability of the intervention. This information is vital for further dissemination of proven programmes.
- Maintain **frequent communication with study participants** to keep losses to follow-up low and interest high.
“Diabrisk-SL”; Evaluation of Risk Factors in the development of Type 2 Diabetes and Cardiovascular disease in a Young Urban Population in Sri Lanka

INSTITUTIONS INVOLVED
Diabetes Association of Sri Lanka, King’s College London (UK)

INVESTIGATORS
Mahen Wijesuriya (amrit@slt.lk), Giancarlo Viberti (giancarlo.viberti@kcl.ac.uk)

LOCATION
Colombo, Sri Lanka

BRIDGES GRANT FUNDING
USD 399,670

DATES
January 2008 to June 2011: Funded by BRIDGES and DASL
July 2011 to April 2013: Funded by DASL

KEY ACHIEVEMENTS

- A chapter on diabetes has been incorporated into the health and physical education text books of all national school children in grade 7 by the Ministry of Education in close collaboration with the Principal Investigator.
- The team initiated a wellness programme, i.e. a wellness clinic and wellness activities (yoga and Zumba), at the National Diabetes Centre (DASL) as a translational activity.
- The project has raised awareness about the need for primary prevention through the identification of risk factors and lifestyle modification (LSM), and is continuing to translate the outcome of Diabrisk-SL to the general public through a regular diabetes screening programme.

KEY CHALLENGES FACED AND SOLUTIONS IMPLEMENTED

- Participant drop-out rate during the period of the study for various reasons, irrespective of repeated overtures to attend
  Solution: Increased communication through telephone conversations per participant per appointment (5-10 times), text messages and telegrams (to people who could not be contacted by phone).
- Being normal young people, the participants did not realise the gravity of the illness or the value of risk assessment and long-term LSM as means of protecting their health.
  Solution: Travel reimbursement and provision of a healthy snack and other promotional items [caps, bags, t-shirts, calendars, etc.] as incentives for participants.
- Academic interests and work schedules in places of employment that prevented some people from attending
  Solution: Carried out the biochemical and physical assessments and LSM advice at the respective workplaces, schools and universities to improve attendance.

KEY TRANSFERABLE LESSONS

- A study of this nature of young, normal subjects is time consuming, difficult and given to failure unless followed up very closely. Persistent attention is necessary and occasional interviews with parents should be conducted to ensure success.
- One-on-one interviews are recommended as they allow for a personalised and private interview, which is especially important when talking about mental issues [stress] and those related to schools, peers and parents.
- Early development of pre-diabetes, especially between the ages of 10 and 20, has been carefully noted. It is a cause for great concern and needs corrective strategies.

RELATIVE RISK REDUCTION IN NEW ONSET T2DM AND 18% IGT WAS ACHIEVED WITH ONE ON ONE INTENSIVE LIFESTYLE MODIFICATION OVER 4 YEARS.

23,296 HEALTHY, YOUNG, URBAN SUBJECTS (5-40 YEARS) SCREENED FOR 2 OR MORE RISK FACTORS (INCREASED BMI, INCREASED WAIST CIRCUMFERENCE, FIRST-DEGREE FAMILY HISTORY OF T2DM, AND PHYSICAL INACTIVITY)

4682 SUBJECTS RANDOMISED (3685 WERE ELIGIBLE FOR ANALYSIS)

26% RELATIVE RISK REDUCTION IN NEW ONSET T2DM AND 18% IGT WAS ACHIEVED WITH ONE ON ONE INTENSIVE LIFESTYLE MODIFICATION OVER 4 YEARS.
A community-based diabetes prevention programme in Thai population

**KEY ACHIEVEMENTS**

- The intervention program received the positive feedback from the participants that the group-based activities were informative and practical. They were engaged in hands-on experience from which they have learned that lifestyle change begins from a simple action.

- The incidence of diabetes at Month 6 of the Control Group (CG) was significantly higher than that of Intervention Group (IG) (14.70% vs. 9.18%, P<0.001) with a relative risk of 0.62 (95%CI 0.48, 0.81). At Month 12 incidence of diabetes in the CG increased to 17.67% compared to 9.91% in the IG (P<0.001) with a relative risk of 0.56 (95%CI 0.42, 0.75).

- At Month 6, the proportion of individuals reverting to normoglycemia was significantly higher in the IG than in the CG (39.11% vs. 28.26%, P<0.001) and the corresponding percentage was also higher at Month 12 with 44.67% and 34.48%, respectively.

**KEY CHALLENGES AND SOLUTIONS IMPLEMENTED**

- Researchers are people on the job, so they are also loaded with their many routine tasks. Most of research activities had to be completed outside office hours.
  **SOLUTION:** Providing information on the project status to get support from administrators in terms of time, personnel and money is highly significant.

- The project took place in eight provinces at different start periods.
  **SOLUTION:** An attentive, caring and supportive coordinator who can manage the project following the timetable set is needed.

- To follow up on the participants every six months is not an easy task.
  **SOLUTION:** The activities organized for them should be designed to enhance group attachment, self-awareness, problem-solving and decision-making skills as well as enjoyment. For some cases that missed the appointment, home visits are necessary.

**KEY TRANSFERABLE LESSONS**

- Successful implementation of a lifestyle intervention programme needs **multidisciplinary approach**, collaboration of health care professionals who have different expertise and community involvement.

- **Group-based activities** in which participants learn from their own and other group member experiences are more beneficial than traditional ones in which participants only passively follow health care professionals. Concrete indicators of change are necessary for evaluation of change.

- **Visiting the research sites by the core team** and meeting of all site representatives enable successful follow-up on work.
Lifestyle intervention among overweight and obese schoolchildren: a pre- post-quasi experimental study with control group in Sousse, Tunisia

KEY ACHIEVEMENTS

- The body mass index Z score decreased significantly from pre-intervention to post-intervention and from post-intervention to the follow-up meeting four months after the end of the intervention in the IG.

- Prevalence of metabolic syndrome in the IG decreased from 7.2% to 1.8% among all participants (p=0.10). However, it increased from 4% to 7.9% in the control group.

- Blood glucose and insulin levels decreased in the intervention group and increased significantly in the control group. Triglyceride, total cholesterol and LDL cholesterol decreased significantly in the intervention group. In the control group, only LDL cholesterol decreased significantly.

KEY CHALLENGES AND SOLUTIONS IMPLEMENTED

- Low participation rate despite the interest of participants in the proposed activities
  SOLUTION: The team contacted children several times and adapted our activities to their schedules.

- The infrastructure was inadequate for practicing physical activity. The school environment presents a high risk for obesity, where physical activity is minimal, at the expense of school sedentary activities, which last 8 hours a day. Children in Tunisia do not have the time, equipment or support to adopt healthy lifestyles.
  SOLUTION: This type of intervention introduces a new momentum and school life that is not only focused on education, but also on promoting children’s health.

KEY TRANSFERABLE LESSONS

- This project began with efforts to introduce a new culture of health management in schools, and to increase awareness of the importance of obesity prevention and treatment. A lifestyle intervention in schools is feasible and could be effective to help health professionals in decreasing obesity and preventing its complications.

- The implication and collaboration between the Ministry of Health and the Ministry of Education is needed to sustain obesity prevention and management in schools.

- For better results, recruit motivated participants only or evaluate motivation of participants and use motivational interviewing and weight-loss programmes for participants.
Programme for the detection and prevention of diabetes in people at high risk in a medium-size city in Vietnam

**Institutions Involved**
National hospital of endocrinology (Vietnam)

**Investigators**
Le Quang Toan (letoannoiet@yahoo.com)

**Location**
Bac Ninh City, Vietnam

**Bridges Grant Funding**
USD 60,980

**Dates**
July 2008 to June 2010

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**Key Achievements**

- Weight loss equal to 5% or above the initial weight was achieved in 18.2% and 20.6% of the participants after three and six months, respectively. Such weight loss was achieved in 22.7% and 25.7% of the overweight or obese participants at baseline after three and six months, respectively.

- The percentage of participants reaching 150 or more minutes of moderate intensity physical activity per week increased from 78.5% at the baseline to 86.8% and 88.7% after three and six months, respectively.

- A total of 72 group education sessions were given to participants by the study staff in collaboration with the local city ward health station workers. The participants were divided into 8 groups of 15 to 17 people. Each group received 9 weekly consecutive group education sessions.

**Key Challenges and Solutions Implemented**

- The initial lack of participation of people at risk of diabetes in screening tests and of people with pre-diabetes in the prevention programme were the first important challenges for the project.
  
  **Solution:** The team handed out leaflets and broadcast radio messages that convinced people to do screening tests and participate in the programme. The local ward health station workers and non-medical collaborators also convinced and encouraged people to do so.

- Participants started to lose motivation to join the education sessions.
  
  **Solution:** In order to reduce the drop-out rate, the team got the enthusiastic assistance from local ward health station staff and non-medical volunteer collaborators who regularly reminded, persuaded and encouraged the participants, in person and/or by telephone, to keep participating in the education programme.

- How to get participants with pre-diabetes to follow the appropriate diet through group education sessions.
  
  **Solution:** The team provided the participants with simple ways to assess their nutritional status using a BMI chart, to choose the right foods from lists of food categories, and to make their own meals by adapting sample recipes and food exchange lists.

**Key Transferable Lessons**

- Local health workers and non-medical collaborators are an essential part of community-based diabetes intervention programmes. They play an important role in motivating and encouraging people to participate and in keeping the participants in the programmes.

- The group education sessions should be more interactive and provide simple instructions on lifestyle modification so that people can understand them and follow them easily.

- Group education sessions on lifestyle modification are effective ways to prevent diabetes among people with pre-diabetes in community-based settings.
Mobile phone diabetes self-management support: a multi-country analysis of its implementation in existing diabetes self-management education programmes in the Democratic Republic of Congo, Cambodia and the Philippines

**Key Achievements**

- Through the project, the team succeeded in demonstrating the feasibility of implementing the delivery of text messages for diabetes self-management support for two entire years in a low-income setting.

- Thanks to the project, the pre-existing diabetes self-management education programme was reinforced by enhancing the quality and by linking it with the messages from the text intervention.

- The research capacity in all three countries has been developed. The staff has been exposed to international exchanges, they have learned about research methods, and they have learned to reflect upon the results, including any potential project implications.

**Key Transferable Lessons**

- Implementation of this type of intervention meets constraints at every step in the process, impacting its potential. There are technological barriers, contextual constraints, such as the commercialisation of the mobile phone market and participant barriers. **Key factors for successful implementation** are technological adoption to tailor the intervention in more sophisticated ways, awareness of the telephone market in the context and the possibility for contract renegotiations in a rapidly changing context; awareness of people’s telephone behaviour.

- The spin-off of the intervention was greater than the mere message content. The phone turned into a more common mode of communication; patients and their care providers reported that they increasingly used the phone to discuss diabetes matters.

- **Accessibility of phone** (and thus receiving text messages) and problems directly linked to the phones (credit depleted, dead phones, lost/broken phones, didn’t bring their phone with, etc.) can become major issues. It is important to ensure that participants are fully aware of the importance of keeping the phone charged and accessible. Some problems also need to be discussed and renegotiated with the telephone providers.
Promotion of a community-hospital integrated model for diabetes management in Beijing

**INSTITUTIONS INVOLVED**
Beijing Tongren Hospital, affiliated to Capital Medical University (China), Beijing Institute of Ophthalmology, Jingsong Community Healthcare Centre, Cuigezhuang Community Healthcare Centre, Xinjiekou Community Healthcare Centre, and a total of 15 Community Healthcare Centres in Beijing

**INVESTIGATORS**
Mingxia Yuan (yuanmx@vip.126.com), Shenyuan Yuan, Hanjing Fu, Liangxiang Zhu, Gang Wan, Liang Xu, Jiandong Zhang, Yujie Lv, Yuling Li, Jinkui Yang

**LOCATION**
Beijing, People’s Republic of China

**BRIDGES GRANT FUNDING**
USD 65,000

**DATES**
July 2012 to July 2014

**KEY ACHIEVEMENTS**
- A community-based care system for T2DM in Beijing communities was well developed. The collaborative team was well-established and organised, and consisted of 15 experts from relevant professional fields including endocrinology, cardiology, ophthalmology, general practice, nutrition, epidemiology and medical statistics, and a further 15 endocrinologists from tertiary hospitals, and 120 GPs. The GPs would continue to be supported and guided by ongoing contact with specialists based on the connections established in the project.

- For the primary outcome – the proportion of participants in the intervention group reaching an optimal control of glycaemia, blood pressure and lipids showed significant increase compared to the control group and the baseline, as well as reaching the original project goal, by 24M intervention. Optimal target control of glycaemia, blood pressure and lipids could be expected to significantly reduce the risk of chronic complications and thus improve the quality of life. A large database could be retained for further research.

- The community GPs obviously improved their knowledge and skills with expertise and experience in diabetes management through systematic training, especially on guidelines implementation, which could benefit the participants in everyday clinical practice. The participants benefited from the project with knowledge about diabetes, management skills on diet, exercise, self-monitoring and behavioural changes, and mutual information from peer support groups, which helps them maintain optimal control of their metabolic-risk factors.

**KEY CHALLENGES AND SOLUTIONS IMPLEMENTED**
- **Difficulty in keeping the participants in each follow-up visit.**
  **SOLUTION:** The team tried their best to recover the lost participants, including communicating with the participants’ children, or finishing the follow-up interview in the clinic near their new house, or even going to their home.

- **Follow up of study process.**
  **SOLUTION:** Researcher’s meeting was well scheduled twice a year for study process supervision. At these meetings, the updated follow-up data was reported, as well as the endpoint events summary. The problems encountered were timely discussed and settled, and the requests for the project were emphasised.

- **Ensure the CRF (Case Report Form) integrity and data quality.**
  **SOLUTION:** The supervision team consisted of four trained specialists, who checked the study progress and data records in every community centre at least twice a year. The reports of data quality score and ranking were issued at each researcher’s meeting.
Using community theatre to promote diabetes education and prevention in Fiji

KEY ACHIEVEMENTS

- To demonstrate that community theatre can be an effective educational tool to help improve HbA1c levels in people with diabetes. Pacific cultures are especially sensitive and open to the performing arts, including dance, song, and theatre. Using theatre to transmit diabetes education in a developing nation in which traditional educational methods have proved unsuccessful may be the tool that finally arrests the rampant spread of the disease in the Pacific.

- Established a permanent amateur acting troupe, calling themselves Cheenikum-Sukalailai, which is a play on the word for sugar in the Hindi and Fijian languages. Soliciting the necessary funding for the group to continue our foundational work is the next step.

- Heightened awareness in the Fiji Ministry of Health to the fact that current methods of diabetes education are failing to arrest the epidemic of diabetes that threatens the health and welfare of the people of Fiji. The team hopes to petition the Ministry of Health to provide financial resources to continue the work they have initiated and to eventually expand the project to other cities and towns in Fiji and in other island states in the Pacific.

KEY TRANSFERABLE LESSONS

- Provide a significant financial incentive for potential participants at the completion of the project, while offering smaller sums during the project to make participation worthwhile.

- House-project funding in one account with one individual or financial office responsible for funding disbursement. The financial audit at project completion becomes exponentially easier if all information regarding project expenditures is in one central location.

- Develop a collaborative relationship with medical staff at the hospital or clinic in which the project takes place. Rather than imposing on a busy clinic day, the relationships that the team cultivated with the staff at both the Labasa Hospital and the CWMH in Suva made their clinic visits at both facilities events that generated a heightened interest in diabetes education and how it could be improved in Fiji.

INSTITUTIONS INVOLVED
University of the South Pacific, Fiji; Georgia Southwestern State University, USA

INVESTIGATORS
Philip Szmedra (philip.szmedra@gsu.edu), Anand Chand, Cathy Rozmus, Thomas de Titta

LOCATION
Labasa, Vanua Levu, and Ba and Suva, Viti Levu, Fiji

BRIDGES GRANT FUNDING
USD 65,000

DATES
May 2013 to December 2014

IMPROVEMENT IN AVERAGE HbA1c LEVELS IN THE INTERVENTION GROUP (FROM 13.04 AT THE BASELINE MEASUREMENT IN MAY 2013 TO 7.74 IN APRIL 2015) 40.6%

ACTORS INVOLVED IN THE PROJECT 18

PARTICIPANTS OVER A PERIOD OF 23 MONTHS 60
Effectiveness of a group diabetes education programme using motivational interviewing in underserved communities in South Africa

INSTITUTIONS INVOLVED
Stellenbosch University; Chronic Diseases Initiative for Africa; Department of Health, Provincial Government of the Western Cape, (all South Africa)

INVESTIGATORS
Robert Mash (rm@sun.ac.za), Naomi Levitt, Krisela Steyn, Merrick Zwarenstein, Stephen Rollnick

LOCATION
Cape Town, South Africa

BRIDGES GRANT FUNDING
USD 65,000

DATES
April 2010 to March 2012

KEY ACHIEVEMENTS
• This project developed a structured group diabetes education programme customised for the South African context. In a recent audit of diabetes education in South Africa, this was the only such programme identified in primary care.

• The District Health Services in the Western Cape have started to implement the programme in primary care under the title “Diabetes Lifestyle Education Collaboration and Action (D-LECA)”. All healthcare promoters in Cape Town have now been trained.

• This research has led to the concept of group education for non-communicable diseases being included in a policy brief on behavioural change counselling that was sent to the National Department of Health in South Africa.

• 1570 participants in the study (860 patients in the control group and 710 in the intervention group).

KEY TRANSFERABLE LESSONS
• Do not underestimate the costs involved in a pragmatic, clustered, randomised controlled trial. The team had to look for additional funds to complete the study.

• In our context, competent temporary research assistants are difficult to find and often move on if they get a more permanent job offer. Allow enough time to recruit a stable team of field workers.

• Recruitment of patients and attendance might have been better if the chronic care staff at the facilities were more engaged with the project. Allow enough time to develop good relationships with the local healthcare workers and to ensure that they are well informed and motivated to assist where possible and/or necessary.

USD 1862
INCREMENTAL COST-EFFECTIVENESS RATIO FOR EACH QUALITY ADJUSTED LIFE YEAR GAINED FOR GROUP DIABETES EDUCATION DELIVERED BY MID-LEVEL HEALTH WORKERS IN SOUTH AFRICA, A MIDDLE-INCOME COUNTRY SETTING

-4.65 MMHG
REDUCTION IN SYSTOLIC BLOOD PRESSURE 1 YEAR LATER AMONG THOSE THAT RECEIVED THE GROUP DIABETES EDUCATION
Medical lifestyle centre community healthy eating initiative to improve diabetes outcomes

Institutions Involved
Cook County Health and Hospitals System, Chicago [USA]

Investigators
Leon Fogelfeld (lfogelfeld@cookcountyhhs.org)

Location
Chicago, USA

Bridges Grant Funding
USD 65,000

Dates
September 2011 to November 2014

Key Achievements
- At six months, there was a statistically significant decline in HbA1c in the intervention groups compared to baseline (8.6 ± 1.8 vs 9.2 ± 1.7, p=0.018) while the control group did not have a significant decline in A1c.
- For those in the intervention who completed three or more sessions, there was a greater decline in A1c at six months (8.0 ± 1.7 vs 9.2 ± 1.7, p=0.006).
- For those in the intervention who completed three or more sessions, there was a statistically significant difference in those who lost more than 5 lbs compared to baseline than those who did not participate (p=0.038).

Key Challenges and Solutions Implemented
- Recruitment was low and difficult.
  Solution: Inclusion criteria were modified to also include people on insulin therapy and not only those on oral medications.
- Class attendance was an issue with limited number of participants for each session and participants missing some sessions.
  Solution: The content in classes was frequently reinforced to incorporate content of the missed sessions.
- The consent process included a food frequency questionnaire that was too lengthy and limited the return of consent forms.
  Solution: The team included shorter dietary assessment screeners such as the Block fruit/vegetable/fiber screener.

Key Transferable Lessons
- Simplify and streamline data collected at consent to improve consent rates.
- Allow make-up classes to accommodate scheduling issues.
- Focus exclusively on improved glycemic control.
Project SEED: support, education and evaluation in diabetes

KEY ACHIEVEMENTS

- Marked declines were observed in HbA1c in both the intervention and control groups and improvements were sustained over time. These data demonstrate that peer leader diabetes self-management support is as effective as traditional self-management support provided by diabetes educators in helping participants to maintain glycaemic control in the long term. The same pattern was observed for the proportion of participants who self-monitor their blood glucose. Significant improvements were observed across all time points in both groups.

- Differences between the intervention and control group were observed in the psychosocial outcomes (diabetes distress, quality of life, and the patient assessment of chronic illness conditions). In these measures, improvements occurred in both groups, but the intervention group consistently improved over time in these measures and sustained this improvement. This pattern is most likely due to the integration of peer leader support in the intervention group.

- During this project, the team 1) implemented a peer leader “train the trainer” model that can be sustained and transferred to other organisations, 2) engaged peer leaders in group DSME and DSMS with positive feedback from participants (anecdotal), implemented a rigorous research study protocol in the primary care setting, and successfully collaborated with community physicians to implement a peer support model in their practices.

KEY TRANSFERABLE LESSONS

- One lesson learned was that the team needed to use a community-based recruitment strategy, rather than one that relies on the infrastructure of the primary care practice. This is important as US human subject regulations and privacy laws limit investigator access to potential patient records. A multi-pronged approach to recruitment needs to be considered in any future studies.

- An existing infrastructure to support DSME in the community, health system, or primary care facilitates the sustainability of DSMS model.

- While funds were limited, the team observed that physicians adopted the approaches used by the nurses and peer leaders, thus sustaining this higher level of treatment intensification. Continued attempts to engage local hospital-based diabetes educators to work in primary care practices and provide on-site diabetes education and support are being made and are slowly being implemented by the health system.
Family Defeating Diabetes: a Canadian intervention for family-centred diabetes prevention following gestational diabetes in London, Calgary and Victoria

KEY ACHIEVEMENTS

- It was possible to recruit family members (37%; almost invariably husbands) who were interested in participating in family-based diabetes prevention intervention; 51% of these individuals remained in the programme for 12 months.

- More than 50% of the women who had agreed to participate remained engaged in a postpartum healthy living programme for a full 12 months, even though they were busy mothers. This number included the control group, who only received the prevailing diabetes prevention brochure for postpartum women with GDM.

- Equal numbers of women in the intervention (13/39) and control (9/36) groups achieved a 7% weight loss at 12 months postpartum (p=0.43). Paternal weights were positively correlated with both maternal and offspring weights. Maternal weight loss at 12 months was less likely in women who attended the weekly walking group or accessed the branded Family Defeating Diabetes (FDD) diabetes prevention website, but was more likely with higher income and higher education levels.

KEY TRANSFERABLE LESSONS

When building a postpartum diabetes prevention programme or a research study for women with recent GDM in middle class societies, please consider the following:

- Websites are only a small part of a population diabetes prevention programme and will not inevitably fulfill unmet needs for behavioural modification and community building.

- Participants will not necessarily engage with your websites automatically or even after direct encouragement, despite your own enthusiasm for your product.

- Beware the rapid evolution of social media and be prepared to change your messaging platform(s) every 6-12 months when the public’s attention turns to the newest trend. Furthermore, when designing the format and size of your electronic messages, keep in mind that few households still have a full-screen computer.

If you are using social media to provide a study message, be aware of two issues:

- Some social media, such as Facebook, require the use of real names so that participation cannot be anonymous, thus voiding these platforms as ethical vectors for information.

- Ensure that you have a mechanism to document when/if your social messaging was viewed/opened, thus allowing you to count frequency of actual message receipt, if not penetration.

Human interaction with a programme or study coordinator remains important; small favours, such as loyalty cards, have no motivating power for healthy activity promotion.
A randomised translational study to examine the effects of shared care versus usual care in management of gestational diabetes in a three-tier prenatal care network in Tianjin, China

INSTITUTIONS INVOLVED
Tianjin Women and Children’s Health Centre (China), The Chinese University of Hong Kong/Tianjin Medical University (China), Chinese Academy of Sciences (China)/Dalhousie University (Canada), Pennington Biomedical Research Centre, Baton Rouge, Louisiana (USA)

INVESTIGATORS
Huiguang Tian, Xiliin Yang (yxl@hotmail.com), Fuxia Zhang, Gang Hu, Zhijie Yu, Ling Dong, Gongshu Liu, Juliana CN Chan

LOCATION
Tianjin, China

BRIDGES GRANT FUNDING
USD 393,812

DATES
July 2010 to December 2013

KEY ACHIEVEMENTS
- The project achieved the goal of reducing the rate of macrosomia among women with GDM (11.2%, or 38/339, in the intervention group (IG) versus 17.5%, or 63/361, in the control group (CG); RR: 0.64, 95% CI 0.44-0.93).
- The lifestyle intervention was cost-effective for prevention of macrosomia with a cost-effectiveness ratio for prevention of macrosomia at CNY32,640 (or USD5,265).
- The team has set up a large cohort of pregnant women and their children. With this cohort, they will be able to address many scientific issues related to the prevention of GDM and its health outcomes in the years to come.

KEY CHALLENGES AND SOLUTIONS IMPLEMENTED
- Difficulty in on-the-spot randomisation. In the initial stage, fieldworkers often made mistakes and could not strictly follow the randomisation protocol. Solution: To overcome the challenge, once the team found this error, all the women on that day (44 subjects in total) were dropped from the study. However, as a courtesy, the team still offered these women the same care.
- Unexpected difficulty in delivering the intervention protocol during the trial from November 2011 to July 2012 due to the contamination of the intervention in the CG group. Solution: Measures have been taken to avoid contamination of the Control group by unintentional intervention.
- Peer support may be an effective way to improve the intervention and we had included peer support as a component of the group education. However, there were only a few women attending most of the individual group education sessions. Solution: Due to these reasons and the inexperience of our intervention team, they had to abandon the peer support intervention.

KEY TRANSFERABLE LESSONS
- More intense training in performing the randomisation is needed before the start of the study.
- In order to carry out the intervention strictly, it is crucial for educators to master sufficient knowledge and capability regarding the intervention, especially the willingness and ability to build up a relationship of mutual trust with women with GDM.
- Measures should be taken to avoid contamination of the CG group by unintentional intervention. Separate areas at entry or recruitment and different clinic dates for the follow-up visits for the two groups should be arranged. Doctors should be assigned specially to receive the UC group, with the responsibility to not provide interventions that exceed the UC.
Smile Healthy with Your Diabetes: a translational randomised trial of a culturally specific health-coaching intervention for people with diabetes (phase II) (ST12-050)

**Institutions Involved**
The School of Dentistry, University of Copenhagen, Danish Coaching Institute, Danish Dental Association (Denmark)

**Investigators**
Ayse Basak Cinar (aci@sund.ku.dk), Niels Christian Christiansen, Lone Schou, Esben Boeskov Ozhayat, Azam Bakhshandeh

**Location**
Copenhagen, Denmark

**Bridges Grant Funding**
USD 51,253

**Dates**
October 2012 to March 2014

**Key Achievements**
- Health Coaching (HC) compared to Health Education (HE) significantly improved the health and oral health of participants. This was in line with the earlier phase in Turkey; post-intervention, there was a reduction of HbA1c in HC groups (TR: 0.8%; DK: 0.4%, p<0.01), but not in the HE groups. HC patients had higher reduction in periodontal treatment need (CP1) than the HE group (p<0.05).
- Tooth-brushing and physical activity shared the same cluster, implying that health enhancing behaviours accumulate together. This implies that there is a need to promote the healthy behaviours holistically through empowerment because these behaviours dramatically improved within the Health Coaching Group, both in Denmark and Turkey, regardless of nationalities and culture.

**Key Challenges and Solutions Implemented**
- Collaboration with some physicians/healthcare centres to get the medical records
  **Solution:** The team tried to overcome the challenge by calling and also sending them enquiry letters at least twice at every stage of the project.
- Rate of compliance to sessions and filling out questionnaires, in particular among Health Education participants, was low.
  **Solution:** The team re-called and rescheduled their appointment if they didn’t show up at the session. They also provided small incentives to fill out the questionnaires and to attend.
- Recruitment of the assisting personnel and dental hygienist in terms of the time required for the project and finance
  **Solution:** The team tried to recruit the undergraduate dental student during the sixth months of the study to assist, and then the PI took over the tasks of the assistant during the last 6 months as there was no funding left to pay any personnel.

**Key Transferable Lessons**
- Instead of recruiting a dental hygienist/nurse, preferably recruit a full-time PhD student for the project to assist or to take responsibility for the control group. PhD students are usually more dedicated and feel responsible for the success of the project that they are working for.
- Before initiation of the project, there should be a protocol signed by each research team member referring to identification and agreement of every team member’s responsibilities, tasks and expectations. The protocol also should include a common mission, vision and values.
- There should be specific personnel/staff whose only task is to recruit patients, follow-up and keep in touch with them and with their healthcare centres/physicians as well for collection of medical records.
Non-visual foot inspection for people with visual impairment

**Key Achievements**

The team developed methods for effective recruitment of visually impaired and blind people, who cannot read standard print recruitment materials. They collaborated with a local blindness rehabilitation centre to produce those materials and distribute them. Local chapters of national blindness consumer groups and a local diabetes association also helped with recruitment. The most successful method was direct recruitment at meetings of local low-vision support groups.

The team made the research processes accessible to visually impaired and blind people. They created and used large print, audio, and Braille versions of all necessary documents and forms, including consent documents, enrolment forms, and data collection forms. They also trained all of the research staff in the common courtesies used when working with visually impaired people, e.g. standard sighted guide techniques to help people find their way from the entrance of a building to a classroom, and use of signature guides for adding signatures to consent documents.

The team held comprehensive DSME classes in formats that were fully accessible to visually impaired and blind people. For example, the DSME instructors described all visual materials, such as foot inspection techniques and the parts of blood glucose meters, in words that included tactile descriptions. Furthermore, all handouts were provided as recordings, with all graphics and pictures from the original print version described in words.

**Key Transferable Lessons**

When working with visually impaired people, **start early to create and pilot your accessible forms and materials.** It does take time to produce good quality large print, audio, and Braille materials.

The **partnership with the local low-vision and blindness agency** was invaluable for recruitment assistance, advice on how to produce truly accessible research documents and class materials, and assistance in finding affordable transportation. Collaboration with local professionals who have expertise in the field of low vision and blindness makes research with visually impaired and blind participants much easier.

**Allotment of adequate time** for any and all meetings with visually impaired and blind participants is essential. Most people with both diabetes and vision loss have few or no opportunities to meet with others like themselves. Even when research activities may not take a lot of time, allowing time for the study participants to socialise can greatly increase their satisfaction, and will ultimately benefit your study through increased retention.
OTHER PROJECTS
Information on other projects supported by IDF BRIDGES dedicated to prevention

**DEMOJUAN – Demonstration area for primary prevention of type 2 diabetes, JUAN Mina and Soledad, Barranquilla, Colombia**

**INSTITUTIONS INVOLVED**
Centro de Investigación en Salud, Barranquilla (Colombia), Municipality of Barranquilla, Universidad Libre Seccional Atlántico, Universidad Atlántico, Universidad de San Martín (Colombia)

**INVESTIGATORS**
Jaakko Tuomilehto, Astrid Isabel Arrieta Molinares (astridisabel1@gmail.com), Carlos Ricaurte Rojas, Tania Matilde Acosta Vergara, Noël Christopher Barengo

**LOCATION**
Barranquilla, Colombia

**BRIDGES GRANT FUNDING**
USD 400,000

**DATES**
October 2010 to September 2013

A translational randomized trial of culturally specific and cost-effective life style intervention for the prevention of type 2 diabetes in Pakistan (Pakistan Diabetes Prevention Program PDPP) – (D-START project)

**INSTITUTIONS INVOLVED**
Aga Khan University Hospital (Pakistan), University of Helsinki (Finland)

**INVESTIGATORS**
Asma Ahmed (asma.ahmed@aku.edu), Jaweed Akhter, Romaina Iqbal, Abdul Jabbar, Shehla Zaidi, Mubasshir Ahmed

**SUPPORTS**
Qing Qiao, Ayesha Motala, Jaakko Tuomilehto, Peter Bennett, Juan Jose Gagliardino, Ronan L’Heveder

**LOCATION**
Karachi (Pakistan)

**BRIDGES GRANT FUNDING**
USD 250,000

**DATES**
October 2011 to May 2014

**Peer-led and telehealth interventions for diabetes prevention in Maracaibo, Venezuela**

**INSTITUTION INVOLVED**
Universidad del Zulia, Maracaibo (Venezuela), University of Miami

**INVESTIGATORS**
Gladys Maestre (gladysmaestre@gmail.com), Luis Falque, Victoria Stepenka, Elena Ryder, Juan Casal, Yoleida Rivas, Carmen Paz, Lisset Oropessa, Mark Stoutenberg and Hermes Florez (hermes.florez@va.gov)

**LOCATION**
Maracaibo, Venezuela

**BRIDGES GRANT FUNDING**
USD 340,058

**DATES**
November 2011 to November 2014

Lifestyle intervention trial programme to prevent type 2 diabetes in the Northern province of Ninh Binh, Vietnam – (D-START project)

**INSTITUTIONS INVOLVED**
National Institute of Diabetes and Metabolic Disorders, Hanoi, Vietnam; University of Helsinki, Finland

**INVESTIGATORS**
Ta Van Binh (binhnoitiet@gmail.com), Do Dinh Tung, Vu Bich Nga

**SUPPORT**
Qing Qiao, Ayesha Motala, Jaakko Tuomilehto, Peter Bennett, Juan José Gagliardino, Ronan L’Heveder

**LOCATION**
Ninh Binh, Vietnam

**BRIDGES GRANT FUNDING**
USD 250,000

**DATES**
June 2011 to May 2014

More information on these projects is available on our website www.idf.org/bridges
Information on other projects supported by IDF BRIDGES dedicated to the management of diabetes

Effectiveness of a peer support programme in disease management regarding improvement of metabolic control, diabetes management self-efficacy, quality of life and risk profile

**INSTITUTIONS INVOLVED**
Paracelsus Medical University, Salzburg General Hospital

**INVESTIGATORS**
Andreas Soennichsen [andreas.soennichsen@uni-wh.de], Raimund Weitgasser, Henrik Winkler, Sophie Keller, Tim Johansson

**LOCATION**
Salzburg, Austria

**BRIDGES GRANT FUNDING**
USD 399,869

**DATES**
June 2010 to August 2013

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Evaluation of the diabetes education programme for people with type 2 diabetes in primary care, Belo Horizonte, Brazil

**INSTITUTIONS INVOLVED**
Escola de Enfermagem da Universidade Federal de Minas Gerais (Brazil), Universidade de São Paulo (Brazil), Escola Nacional de Saúde Pública, Rio De Janeiro (Brazil)

**INVESTIGATORS**
Heloisa Torres [heloisa.ufmg@gmail.com], J.G Velásquez Meléndez, R.C Andrade Bodstein, M.A Beinner, A.E Pace

**LOCATION**
Belo Horizonte, Brazil

**BRIDGES GRANT FUNDING**
USD 65,000

**DATES**
May 2011 to December 2013

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Improving access to HbA₁c measurement in sub-Saharan Africa

**INSTITUTIONS INVOLVED**
Health of Population in Transition (Cameroon), Ministry of Health (Guinea), Institute of Health and Society, Newcastle University (UK)

**INVESTIGATORS**
Eugene Sobngwi, Cameroon [eugene.sobngwi@newcastle.ac.uk], Naby Balde, Guinea

**LOCATIONS**
Six cities in Cameroun, four in Guinea

**BRIDGES GRANT FUNDING**
USD 398,258

**DATES**
November 2008 to June 2012

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Implementation of a culturally sensitive peer/lay diabetes education programme for adults with type 2 diabetes in six English-speaking Caribbean countries

**INSTITUTIONS INVOLVED**
Diabetes Association of Jamaica; University of Technology (Jamaica); Pan-American Health Organization (PAHO); University of West Indies (Mona); Regional Diabetes Associations; Ministries of Health

**INVESTIGATORS**
Errol Morrison [errol.morrison@utech.edu.jm], Shelly McFarlane [shelly.mcfarlane02@uwimona.edu.jm], Cliff Riley [criley@utech.edu.jm], Novie Younger [novie.younger@uwimona.edu.jm]

**LOCATIONS**
Jamaica, Grenada, Antigua, Belize, St Lucia, Barbados

**BRIDGES GRANT FUNDING**
USD 64,606

**DATES**
March 2012 to February 2015

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More information on these projects is available on our website [www.idf.org/bridges](http://www.idf.org/bridges)
Improving diabetes care in Cap Haitien, Haiti

**INSTITUTIONS INVOLVED**
Justinian University Hospital – Konbit Santé, Cap Haitien (Haiti), Maine Medical Centre (USA)

**INVESTIGATORS**
John Develin (jdevlin@maine.rr.com), Nancy Charles-Larco, Nate Nickerson, Michel Pierre, Philippe Larco

**LOCATION**
Cap Haitien, Haiti

**BRIDGES GRANT FUNDING**
USD 65,000

**DATES**
June 2010 to May 2012

The Jordan Diabetes Micro-Clinic Project: community ownership and awareness to improve health and wellbeing

**INSTITUTIONS INVOLVED**
Microclinic International (USA), Royal Health Awareness Society (Jordan) Ministry of Health (Jordan)

**INVESTIGATOR**
Dr. Daniel Zoughbie (danielzoughbie@microclinics.org)

**LOCATION**
Amman, Jordan

**BRIDGES GRANT FUNDING**
USD 400,000

**DATES**
August 2008 to June 2012

Bridging the knowledge-to-practice gap to control diabetes in a rural population in Pakistan

**INSTITUTION INVOLVED**
United Arab Emirates University (UAE)

**INVESTIGATORS**
Syed Shah (syeds@uaeu.ac.ae); Asma Ahmed

**LOCATION**
Gilgit, Balistan, Pakistan

**BRIDGES GRANT FUNDING**
USD 64,400

**DATES**
April 2012 – December 2014

A randomized trial of an intensive education intervention using a network of peer educators to improve glycaemic control of people with type 2 diabetes in Bamako, Mali

**INSTITUTIONS INVOLVED**
NGO Santé Diabète (Mali), National Hospital Mali, – service d’endocrinologie et diabétologie (Mali), PAEDI Research Centre (France), Centre Hospitalier Régional, La Réunion (France), Centre Hospitalier Universitaire, Grenoble (France), TRANSNUT, Department of Nutrition Faculty of Medicine, University of Montreal

**INVESTIGATORS**
Stéphane Besançon (stephane.besancon@santediabete.org), Sidibé Assa Traoré, Maryvette Balcou-Debussche, Xavier Debussche, Serge Halimi, Hélène Delisle

**LOCATION**
Bamako, Mali

**BRIDGES GRANT FUNDING**
USD 64,796

**DATES**
June 2011 to June 2013

Effectiveness of a community-based diabetes self-management education programme: a pilot study in San Juan, Batangas, Philippines

**INSTITUTIONS INVOLVED**
University of the Philippines, College of Medicine, Philippine General Hospital

**PRINCIPAL INVESTIGATOR**
Elizabeth Paz-Pacheco (eppacheco@gmail.com)

**LOCATION**
San Juan, Batangas, Philippines

**BRIDGES GRANT FUNDING**
USD 25,244

**DATES**
June 2008 to December 2010

More information on these projects is available on our website [www.idf.org/bridges](http://www.idf.org/bridges)
Family Stress Reduction and Coping Response Training Among Filipino People with Type 2 Diabetes (Quezon City, Philippines)

**INSTITUTIONS INVOLVED**
East Avenue Medical Center, Quezon City (Philippines), Ateneo de Manila University Department of Psychology (Philippines)

**INVESTIGATORS**
Maria Teresa Que (tesquemd@gmail.com), Gilda Lopez, Zachele Marie Briones, Mercy Parazo

**LOCATION**
Quezon City, Philippines

**BRIDGES GRANT FUNDING**
USD 46,667

**DATES**
June 2010 - June 2012

Feasibility of Developing a Training Program for Peer Leaders in Diabetes (Ypsilanti, Michigan, USA)

**INSTITUTION INVOLVED**
Board of Regents of the University of Michigan (USA)

**INVESTIGATOR**
Tricia Tang (tricia.tang@vch.ca)

**LOCATION**
Ypsilanti, Michigan, USA

**BRIDGES GRANT FUNDING**
USD 64,951

**DATES**
July 2008 to June 2010

Tailored intervention for inpatients: transitional diabetes care coordinator versus conventional care

**INSTITUTION INVOLVED**
New Jersey Medical School, Rutgers University (formerly University of Medicine and Dentistry of New Jersey) (USA)

**INVESTIGATOR**
Melissa Scollan-Koliopoulos (scollame@rutgers.edu)

**LOCATION**
Newark, USA

**BRIDGES GRANT FUNDING**
USD 65,000

**DATES**
September 2008 to January 2011

Motivational interviewing to maximize utilization of self-management education for adults with type 2 diabetes

**INSTITUTION INVOLVED**
Baylor Health Care System Institute for Healthcare Research and Improvement, Dallas, USA

**INVESTIGATOR**
Robert Mayberry (rmayberry@msm.edu)

**LOCATION**
Dallas, USA

**BRIDGES GRANT FUNDING**
USD 65,000

**DATES**
June 2008 to July 2011

More information on these projects is available on our website [www.idf.org/bridges](http://www.idf.org/bridges)
Information on other projects supported by IDF BRIDGES dedicated to the protection of women’s health

**Stop diabetes: health related behavior and risk perception in women with lifestyle related metabolic diseases at high risk of diabetes**

**INSTITUTIONS**
Southern Health and Monash University and Jean Hailes Foundation for Women’s Health

**INVESTIGATOR**
Helena Teede (helena.teede@monash.edu)

**LOCATION**
Melbourne, Australia

**BRIDGES GRANT FUNDING**
USD 360,825

**DATES**
January 2008 to December 2010

**Gestational diabetes: things you need to know (but maybe don’t) – design, development, pilot and evaluation of a DVD for women with gestational diabetes**

**INSTITUTIONS INVOLVED**
Queen’s University Belfast; Belfast Health and Social Care Trust, Belfast; South Eastern Health and Social Care Trust, Northern Ireland; St Mary’s Hospital, Manchester, UK

**INVESTIGATORS**
Valerie Holmes (v.holmes@qub.ac.uk), Fiona Alderdice, David McCance, Roy Harper, Christopher Patterson, Michael Maresh

**LOCATION**
Belfast and Manchester, UK

**BRIDGES GRANT FUNDING**
USD 359,406

**DATES**
October 2011 to December 2014

**Prevention of type 2 diabetes in women with gestational diabetes in urban India – a feasibility study**

**INSTITUTIONS INVOLVED**
All India Institute of Medical Sciences, New Delhi (India), The George Institute, Hyderabad (India), Faculty of Health Sciences, Flinders University (Australia), The George Institute For International Health (Australia)

**INVESTIGATORS**
Nikhil Tandon (nikhil_tandon@hotmail.com), Dorairaj Prabhakaran, Anushka Patel, Prasuna Reddy, Rohina Joshi, Ankush Desai

**LOCATION**
Delhi and Hyderabad, India

**BRIDGES GRANT FUNDING**
USD 64,890

**DATES**
April 2010 to February 2014

More information on these projects is available on our website [www.idf.org/bridges](http://www.idf.org/bridges)
The Impact of Initiation of an Educational and Preventive Foot Care Center for Subjects with Diabetes in Qingdao, China (BRIDGES Research Net)

INSTITUTIONS INVOLVED
Qingdao Endocrine & Diabetes Hospital; Qingdao Municipal Centre for disease control

INVESTIGATORS
Lei Zhang (lei.zhang@diabeteschina.com); Yanhui Dong; Fenghai Ma; Yuan Sun; Munxiu Yao; Xia Hu

LOCATION
Qingdao, China

BRIDGES GRANT FUNDING
USD 20,000

DATES
May 2014 to November 2014

The Impact of a demonstrative Educational and Preventive Foot Care Centre for Subjects with Diabetes” in the first-line ambulatory healthcare center “CAA Cotocollao” pertaining to the National Social Security in Quito, Ecuador. (BRIDGES Research Net)

INSTITUTIONS INVOLVED
Pontifical Catholic University of Ecuador (PUCE); Ambulatory healthcare center “CAA Cotocollao”

RESEARCHERS
Erika Quishpe Narváez (erikaquishpenarvaez@yahoo.es); Karen Andrea Pesse Sorensen; Hugo Pereira Olmos; Victor Hugo Mena Maldonado

LOCATION
Quito, Ecuador

BRIDGES GRANT FUNDING
USD 20,000

DATES
May 2014 to November 2014

The impact of an educational and preventive foot care centre for people with diabetes in Alexandria, Egypt

INSTITUTIONS INVOLVED
University Hospital, Alexandria Faculty of Medicine, Alexandria (Egypt), and Rotary International - Alexandria West Rotary Club

INVESTIGATOR
Samir H Assaad-Khalil (assaadkhalil@hotmail.com)

LOCATION
Alexandria, Egypt

BRIDGES GRANT FUNDING
USD 62,791

DATES
April 2008 to December 2011

Cardiovascular risk in people with type 2 diabetes: an innovative dynamic prediction model

INSTITUTIONS INVOLVED
The EMGO Institute for Health and Care Research, Netherlands; The National Institute for Health and Care Research, Netherlands

INVESTIGATORS
Giel Nijpels (g.nijpels@vumc.nl), Amber van der Heijden, Jacqueline Dekker, Hendriek Boshuizen, Talitha Feenstra, Caroline Baan

LOCATION
Amsterdam, Netherlands

BRIDGES GRANT FUNDING
USD 65,000

DATES
June 2012 to June 2014

More information on these projects is available on our website www.idf.org/bridges
The Establishment of an Educational and Preventive Foot Care Service for Subjects with Diabetes in Zimbabwe (BRIDGES Research Net)

INSTITUTIONS INVOLVED
Zimbabwe Diabetes Association (ZDA) Research Committee; University of Zimbabwe, College of Health Sciences (UZCHS); Parirenyatwa Group of Hospitals; Harare Central Hospital Department of Medicine & Diabetes Clinic; Zimbabwe Ministry of Health and Child Care (MoHCC); City of Harare (CoH); Mangwiro Surgery

INVESTIGATORS
Alica Matimba (alicepn@yahoo.com); John Chamunorwa Mangwiro; Lovemore Gwanzura

LOCATION
Harare, Zimbabwe

BRIDGES GRANT FUNDING
USD 20,000

DATES
October 2015 to April 2016

More information on these projects is available on our website www.idf.org/bridges