

RATIONALE:

- ◆ The prevalence of Type 2 diabetes in Thailand has begun to climb.
- ◆ The risk factors for Type II diabetes, such as being overweight or obese, having an adverse abdominal distribution of body fat, and following unhealthy lifestyle behaviors, including dietary pattern, smoking and physical inactivity are modifiable and need to be the focus of prevention strategies.
- ◆ Recognition of the roles, skills, and contributions of lay health care workers (LHCWs) and support for programs, including continuing education, are needed to respectfully and effectively integrate these workers into the health care delivery system.

OBJECTIVE:

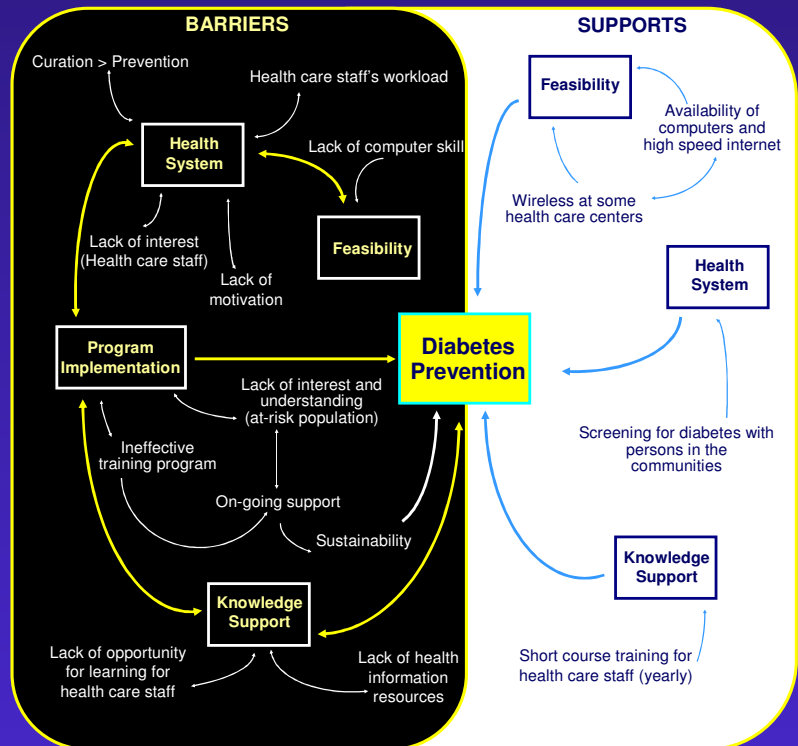
- ◆ To investigate barriers to and supports for implementing a diabetes prevention education program for LHCWs

METHODS:

- ◆ **Study setting:** San Sai district Chiang Mai province, Thailand was randomly selected from 8 districts that met the inclusion criteria of being within 40 Km. of the city of Chiang Mai and having ≤ 50% agricultural households.
- ◆ **Sample selection:** A purposive selection strategy was employed to identify key informant participants for in-depth interviews. A convenience sample of at-risk community members from San Sai was recruited. Community volunteers were systematically screened for eligibility via a diabetes risk score for Thais (Aekplakorn et al., 2006) based on age, sex, Body Mass Index (BMI), waist circumference, hypertension and history of diabetes in a parent or sibling.
- ◆ **Data collection:** Interviews and focus groups were used to gather information on prominent health concerns, gaps in services, experience with current training and support service needs for an innovative training program related to diabetes prevention. All interviews and focus groups were conducted at a place of the participant's choosing.
- ◆ **Data analysis:** A Thai research assistant fluent in the local language transcribed in-depth interview and focus group discussions from audiotape. All transcripts and field notes were organized by hand and using NVivo version 7 and the content analyzed thematically. A blended coding scheme was used, consistent with the pre-identified interview questions and categories and themes emerging from an initial process of open coding. Codes were constructed based on frequency, intensity, clarity and consistency of participants' supporting statements. Concept mapping portrayed barriers to and supports for implementing a diabetes prevention education program for LHCWs.

Characteristics of community participants for interviews and focus groups (N = 31)

Male (n, (%))	14 (45)	BMI (n, (%))	
Female (n, (%))	17 (55)	◆ Overweight (>23 - < 27.5)	14 (45)
Education (n, (%))		◆ Obesity (> 27.5)	10 (32)
◆ grade 4	26 (84)	Waist Circumference	
◆ more than grade 4	5 (16)	◆ Male (> 90 cm.)	4 (13)
Occupation (n, (%))		◆ Female (> 80 cm.)	13 (42)
◆ Agriculture	8 (26)	Hypertension (n, (%))	22 (71)
◆ Labor	14 (45)	Family history of Type 2 diabetes (n, (%))	25 (81)
◆ Own business	4 (13)	Diabetes risk score	
◆ Government staff	1 (3)	◆ median (min, max)	11 (6, 17)
◆ Homemaker	4 (13)	◆ mean (SD)	11.35 (2.76)
Age, years (mean (SD))	52.19 (5.58)		



Concept map of barriers & supports for a diabetes prevention education program for LHCWs

RESULTS:

Characteristics of participants, in-depth interviews (N = 12)

Male (n, (%))	2 (17)
Female (n, (%))	10 (83)
Education (n, (%))	
- Less than Bachelor degree	3 (25)
- Bachelor degree	9 (75)
Occupation (n, (%))	
- Doctor	2 (17)
- Practical nurses	5 (41.5)
- Public health staff	5 (41.5)
Age, years (Mean (SD))	44.5 (3.48)
Work experience, year (n, (%))	
- Less than 10 years	2 (17)
- More than 10 years	10 (83)

◆ Health system:

... I think it is hard to educate people to take care of themselves because the government provides free of charge medicine... (In-depth interview health care staff # 5).

... Yes, we have screening for diabetes with all people, aged 35 years old, but diabetes patients are increasing every day, I don't know how to prevent this problem... (In-depth interview health care staff # 3).

◆ Program implementation:

... I do not understand how many portion sizes of rice that I should eat per day, no one tell me... (In-depth interview at-risk people with DM # 4).

◆ Feasibility:

... It is good chance for me if there is e-learning course to support my work... (In-depth interview health care staff # 11).

◆ Knowledge support:

... Well, the district hospital has a short course training course for staff one time a year, but I don't like the training method. I don't get anything from the training and waste time ... (In-depth interview health care staff # 12).

CONCLUSION AND IMPLICATIONS:

◆ Based on qualitative results, researchers developed appropriate tools for training for LHCWs (The second phase of the research project.)

◆ Tailored course curriculum, innovative method for training, including e-learning (www.Fitthai.org) were created for LHCWs in Chiang Mai province, Thailand.



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