CHAPTER V

RECOMMENDATIONS

Recommendation regarding policy

1. For efficient intervention of DM control and prevention, there should be a comprehensive and systematic implementation i.e. screening, diagnoses at initial stage, treatment, complication control, rehabilitation, management, coordination and good team-working

2. Emphasize active role in chronic care: DM and hypertension. These are vital risk factor of cardiovascular sickness, which represents the major cause of death in the country. DM screening should be aimed for people aged 40 and above and people at risk, especially those, whose history family DM highest coverage is recommended. Prevention, delay succession of DM, and subsequent disability prevention are the best intervention for DM control.

3. There should be registration of population aged 40 and above and people at risk, especially the ones whose close relative suffer DM, for surveillance planning, disease control, care, health education provision, and problem and relating factor assessment including the patient oneself, family and community. Surveillance role should shift from public health staff to village

health volunteer since they are more intimate to community. They can detect problem earlier. Moreover, there should be renewal of knowledge on DM to the volunteers periodically and produce a surveillance manual and DM care to raise confidence of consultation and care for responsible community.

Recommendation for practice

1. Public health staff, who function as a community advisor is very important to enhance people at risk or diabetic patients to have knowledge and appropriate practice of self-care. Therefore the community advisor should act as health educator, providing knowledge on DM and can assess behavior of people at risk or diabetic patients.

2. Health education pattern should be adjusted to be practitioner-oriented instead of educator because it is more practical. Knowledge should be provided continually and regularly. Behavior evaluation of people at risk and diabetic patients should be conducted periodically.

3. DM screening should be done at least twice a year in order for making up those, who missed the designated date of screening for highest coverage.

4. Personal history form for DM screening should include current sickness and history of sickness, and DM risk factors.

Recommendations for future assessment of the CPDP

1. The interval of assessment should not be too long because the obtained information may be changeable.

2. Annual assessment is recommended for revision of problem and obstacle and improvement of intervention to fit the current situation

3. Project administrator should have techniques to encourage health personnel to work both in prevention and promotion for controllable disease , for instance, DM, hypertension in order to decrease medical treatment cost.

4. For DM screening in big community, Health team from Department of Social Medicine, Phayao general hospital responsible for community health should set up objectives and evaluate cost effectiveness with continuous implementation plan, focusing on high risk target such as people aged 40 and above and people with risk factors.

5. Calculating BMI to find risk factors of people at risk should be beneficial for adopt data monitoring and education planning. This is to stimulate people at risk to change their health behavior.