Vida Nueva Learning
Study and Assessment

As of: February 2015
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Purpose of this Document and Executive Summary

**To Challenge, Empower and Inspire by Sharing the Vida Nueva Experience**

**Goal:** To provide insight into accomplishments, inputs, methodology, operating model and lessons learned of an existing Gestational Diabetes awareness program, in order to empower, challenge and inspire organizations in other regions to leverage the experience and improve upon it

**Key Segments and Takeaways:**

- **Define Barranquilla’s GDM awareness challenge and Vida Nueva as a response**
  - Self-perpetuating cycle of inaction on Gestational Diabetes maintained negative health outcomes, such as:
  - Vida Nueva sought to break the cycle by building awareness, setting guidelines and building capacity

- **Give insight into Vida Nueva’s Model, Methodology, Key Components and Processes**
  - Project methodology included program and stakeholder management throughout 5 main phases of: Setting Goals, Defining Standards, Implementing Standards, Execution and Review; each with their own sub-processes
  - Focus was on creation of a regional guide, implementation support, training of health Personnel, and patient education

- **Highlight Vida Nueva’s Direct and Indirect Gains in 3 years of existence**
  - Program metrics show wide reach of education and training efforts (% of Population Reached), while health system metrics show project efficacy in creating awareness and fostering adherence (78%)
  - Qualitative Stakeholder Testimonials indicate additional gains of education, process improvements & national recognition

- **Provide Insight into Vida Nueva’s Operational Costs and Other Inputs**
  - Project operational costs of about 354k USD over three years
  - Unmeasured time of Government officials, Providers, Insurers and Volunteers (Committee, Experts, Students & Educators)

- **Demonstrate the Mutual Value it Provided to Cross-Sectorial Stakeholders**
  - Diverse value contributions from a broad stakeholder base were sustained by meeting stakeholder value expectations
  - Diversity included NGOSs, government, public health system, private sector, academia, professional s/their organizations

- **Summarize Considerations for Replication: Key Success Factors, Local Differentiators, Obstacles & Improvement Opportunities**
  - Importance of applying good management practices, establishing credibility, and cross-sectorial stakeholder collaboration, within a context of strong political support, in order to overcome major cultural, societal and economic factors leading to non-adherence to guidelines
  - Importance of future focus on KPIs and data capture to better measure impact and efficacy from the onset
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The Challenge: Lack of GDM Awareness, Guidance and Detection

Self-perpetuating Cycle of Inaction on Gestational Diabetes in 2010 Barranquilla

Prior to Vida Nueva, a circular relationship between various national and local factors perpetuated a lack of awareness on and prioritization of Gestational Diabetes that hindered access to care

- Little existing data on regional prevalence of GDM
- Low societal awareness level and prioritization of GDM
- Outdated Diagnostic Standards for GDM
- Inconsistent application of diagnosis and treatment plans
- Lack of patient enablement
- Thousands Undiagnosed and Untreated
  - Risk to Maternal Health
  - Risk to Pregnancy Outcome
  - Missed Opportunity to reduce long-term NCDs for mother and child
The Response: Target Awareness and Capacity-Building

Vida Nueva Objectives and Key Pillars

Vida Nueva’s goal was to interrupt the cycle of inaction by mounting a project that could increase awareness, prioritization and health system capacity to diagnose and treat GDM.

**Objectives**

- Raise awareness of GDM
- Establish a shared diagnostic and treatment standard
- Build capacity of local health-care system
- Encourage healthy behavior during and after pregnancy

**Key Pillars**

- Communication campaign
- Establishment of a formal government-backed diagnosis and treatment guide
- Training of Local Healthcare Professionals
- Education of Pregnant Women
- Implementation of guide-based processes and basic tracking mechanisms

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Understanding the Vida Nueva Model
Relating Inputs, Organization, Processes and Outputs

To understand the Vida Nueva Model, it is important to understand how the interaction of External Factors, Organization and Processes led to certain outcomes for its Stakeholders.

**External Factors**
- International and National Policies
- Local Conditions
- Cultural

**Organizational Structure**
- Program Management
- Roles
- Stakeholder Involvement
- Strategy

**Processes**
- Socialization
- Training
- Intervention
- Prenatal Control
- Creation of Guide
- Quality/Adherence Control

**Contributions**
- Financial
- Logistical
- Intellectual
- Time

**Obstacles**
- Cultural
- Societal
- Structural

**Benefits**
- Clinical
- Social
- Personal

**Opportunities for Improvement**
- Process Change
- Organizational Change
- Objective re-alignment
Barranquilla Healthcare System

Relationship of Government, Providers, Insurance and Beneficiaries

Colombian Ministry of Health and Social Protection

Barranquilla Secretary of Health

17 Private Insurers (EPS)

132+ Private Providers (IPS)
- 32 Medium and High Complexity
- 100+ Low Complexity

Private Beneficiaries

7 Public Insurers (EPS)
- 5 Others
- Coosalud
- Mutual Ser EPS

10 Public Providers (IPS)
- 6 Others
- Salud Social IPS
- IPS Universitaria de Antioquia

Public Beneficiaries

Community Health Wkrs
Barranquilla Healthcare System and Vida Nueva
Relationship with Government, Providers, Insurance and Beneficiaries
Vida Nueva Methodology
Key Components, Processes and Actors

0. Program Management

Strategy Decisions/Imprv.
- Local Professors
- Local Gov.
- Experts
- EPS
- Local NGO
- IPS
- VN Leadership
- Lab. Olimpus

Stakeholder Mgmt.
- Local Gov.
- VN Leadership

Organization
- VN Leadership

Financial Management
- Local NGO
- Accountant

1. Define Project

Define Vida Nueva Goals and Objectives
- Local Professors
- Local Gov.
- Global Experts
- Local NGO

Create and Submit WDF Proposal for Approval
- Local Professors
- Local Gov.
- Global Experts
- Local NGO

2. Establish Guidelines

Gather evidence and collaborate to draft Gestational Diabetes Guide
- VN leadership
- Local Professors
- Local Gov.
- Local Experts
- Global Experts
- Local NGO

Gain Consensus to Follow Guide
- VN leadership
- Local Gov.
- EPS

3. Implement Guidelines

Socialization
- VN Core Team
- Communicator
- Gov. (Local/Fed.)
- Local Experts
- Global Experts
- IPS/ Health Wkrs.
- Media/Vendors

Process/System Implementation
- Local Gov.
- IPS
- EPS
- Lab. Olimpus
- VN Core Team

Training
- Local Experts
- IPS/ Health Wkrs.

4. Execute Guidelines

Intervention
- VN Core Team
- IPS/ Health Wkrs.
- Local Universities

Prenatal Control
- IPS/ Health Wkrs.
- Lab. Olimpus
- EPS

Quality/Adherence Control
- VN Core Team
- IPS/ Health Wkrs.
- Lab. Olimpus
- EPS
- Local Gov.

5. Measure Outcomes

Identify Improvement Opportunities
- VN Core Team
- Local Universities
- Experts
- IPS/EPS
- Local Gov.

Social Impact Measurement
- Local Gov.
- Local Universities
- Experts
- IPS/EPS

Foundational Research
- Local Universities
- Experts
**Socialization and Communication Process**

**Approach on Key Messages, Target Groups and Media**

**Process Objective:** to socialize the Vida Nueva program across all stakeholders and beneficiaries to raise awareness about GDM and healthy lifestyles, as well as the benefits of participating in and/or supporting Vida Nueva.

### Key Messages

- General knowledge of GDM as a health issue
- Importance of Nutrition and Exercise
- Importance of caring for oneself in the present to reduce future risks
- Appropriate “sizing” (portions/exercise)
- Improvements for patients due to new GDM diagnosis guidelines
- Scientific evidence for changes
- Vida Nueva program will have a positive impact on the community
- GDM program fits into vision of “Barranquilla Saludable”
- Program will build data and information on GDM in Colombia
- Ability to leverage GDM program databases for future investigations
- Provide education on health issues such as macrosomia, dispelling myths like “Beautiful Superbabies”

### Media

The following types of communication activities were conducted over 3 years:

- 46 press releases
- 12 television news releases and 2 commercials
- 18 radio announcements

Participation in high-visibility events, such as World Diabetes Day, International Women’s Day

### Target Groups

- Beneficiaries (Pregnant Women)
- Health Workers
- Local and National Government
- Local and Global Experts
- General Public

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Process and Systems Implementation

Adapting Processes, Technology and People to the New Guide

**Process Objective:** To ensure the Vida Nueva guidelines can be followed, executed and adhered to by altering technology systems and processes accordingly as well as enabling people involved in both

**People**
- Developed training content for all health workers based on new GDM guidelines
- Set up training sessions uniting health workers across the care spectrum

**Technology**
- Updated GHIPS system (IPS U) to only allow OGTT to be selected for lab orders
- Created a field in GHIPS to capture gestation point of test
- Lab Olimpus’ developed interface between Winsys Labs and GHIPS systems to share results (linked by patient’s national ID)

**Processes**
- Within prenatal control process, pregnant women with GDM receive monthly care on nutrition and physical activity, with additional referrals to specialists; this is complemented by Vida Nueva intervention activities
- Vida Nueva leverages data from lab to cross-check information in GHIPS, as one way of increasing the identification of pregnant women with GDM
- Lowered barriers of access to pregnant women for diagnosis and treatment, with the ability of OGTT tests to be administered directly from labs, and for immediate doctor visits to be scheduled when needed
- For tracking adherence, added GDM guide components to the existing IPS process for auditing doctor’s visits; series of checkpoints within Vida Nueva intervention focus on patient adherence
Training Process

Approach to Training on GDM Guidelines

**Process Objective:** Ensure that health workers understand why, when and how to apply the new GDM guidelines by setting a standard, creating materials and executing their training

**Key Messages**
- Complications during GDM
- Monitoring Post-Partum for DM Type 2
- Lab Diagnostics Criteria, PTOG test
- Diagnostic Algorithm (Workflow)
- Treatment – Nutritional, Physical Activity, Pharmacological
- Monitoring, Application
- Insulin Treatment Technique
- Demonstrate evidence

**Media**
- GDM guide
- PowerPoint presentations
- Brochures
- Wall Charts
- Pocket cards

**Timing**
- Frequency: 45 trainings in 3 years
- Duration: ½ day to full day trainings

**Target Audience**
- Primary Care Physicians/Internists
- Endocrinologists
- OB/GYN
- Nurses
- Community Health Workers
- Lab Technicians
- Psychologists
- Nutritionists
- Physical Therapists
- Professors and Students

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Prenatal Control and Intervention Processes
Parallel Workflows of IPS Universitaria and Vida Nueva

Process Objective: to ensure pregnant women can be diagnosed and receive the levels of care and education appropriate for their risk levels from their main provider, as complimented by Vida Nueva educational workshops
# Adherence and Quality Control Processes

**Provider Auditing and Vida Nueva Verification Activities**

**Process Objective:** to measure, then ensure and improve adherence to Vida Nueva guidelines across health facilities, medical workers, and pregnant women

### Challenges to Adherence

#### Doctors:
- Lack of motivation/buy-in
- Process of change management (credibility of guidelines, learning/adapting to new processes)

#### Pregnant Women:
- Cultural and educational factors
- Socioeconomic factors, such as the lack of transportation options available

### Quality Adherence/Control Processes

#### IPS Universitaria Auditing Process

<table>
<thead>
<tr>
<th>Checkpoints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review prenatal control visits:</td>
</tr>
<tr>
<td>✓ Auditors review clinical history of each pregnant woman on a monthly basis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a doctor is non-compliant, a central committee of “Prevention and Promotion” determines necessary action</td>
</tr>
</tbody>
</table>

#### Vida Nueva Adherence Verification

<table>
<thead>
<tr>
<th>Survey pregnant women, and track attendance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ at Awareness workshops</td>
</tr>
<tr>
<td>✓ at Intervention workshops</td>
</tr>
<tr>
<td>✓ in paso/camino waiting room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a required lab test missing, follow up with doctor but also go directly to Lab to get it done</td>
</tr>
<tr>
<td>If a scheduled specialist visit is missing, schedule one instantly for pregnant women</td>
</tr>
<tr>
<td>If intervention workshops are not attended, during home visit cover full information</td>
</tr>
</tbody>
</table>
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Program Learnings and Replication Considerations

Key Success Factors, Local Differentiators and Opportunities for Improvement

Replication of the Vida Nueva Model should consider existence of (or alternatives to) its locale-driven success factors while leveraging its program-driven success factors & opportunities for improvement

**Program-Driven Success Factors**

1. Leveraging of cross-sectorial stakeholders with diverse resources and motivations through a mutual value approach (financial, intellectual, political, logistical)
2. Strong project request document with clear objectives, milestone targets and guiding principle
3. Proposition of a holistic approach to disease management (nutritional, physical, psychological)
4. Focus on reduction of administrative, logistical and economic barriers to access for pregnant women
5. Effective and culturally aware communication strategy with target differentiation
6. Personalized attention and follow-up with pregnant women
7. Implementation of adherence control mechanisms
8. Selection of more effective yet simplified test method
9. Agile/Problem-solving Mindset
10. Participatory/inclusive and holistic approach to standards definition
11. Use of Management best practices (Transparency)
12. Recruitment of passionate stakeholders and team
13. Harnessing volunteered time and knowledge of experts and students
14. Involvement of highly credible stakeholders
15. Investment in technology infrastructure

**Local Conditions for Success**

1. Existence of political support, will and power
2. Scalability through existence of universal healthcare
3. Only one health provider for majority of public health recipients
4. Existence of Caminante (community health worker) model as highly effective induction model/strategy
5. Strong support and will to adapt from collaborative public health provider leadership
6. Presence of interested local experts and universities
7. Federal government focus on Maternal Health issues and social projection
8. Local government focus on “Healthy City” initiative

**Opportunities for Improvement**

1. Improve Post-partum follow-up and care for women diagnosed with GDM
2. Inclusion of targets and funding to measure impact
3. Inclusion of long term process definition in project Objectives
4. Regular sharing of outcomes with team and stakeholders
5. Greater recruitment of researchers to guide or drive gathering of impact data
6. Extension of program reach to private beneficiaries
7. Inclusion of diagnosis and treatment guide in University curricula

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Key considerations for Vida Nueva replication include program obstacles that have been overcome or must be overcome for successful program expansion.

### Obstacles

1. Lack of adherence by doctors (OB/GYN) due to resistance to change and management structure
2. Lack of adherence by pregnant women due to Cultural, Social & Economic factors
3. Late entry of pregnant women into prenatal control
4. Program discontinuity due to limited funding or political changes
5. Fragmentation of entities and systems reducing capacity for continuity in holistic/integrated care across providers
6. Low resource retention in hospitals countering training effects
7. Technology system was not designed to capture data that would aid in GDM treatment process (i.e. stage of pregnancy in weeks)
8. Difficulty gaining local buy-in from insurance companies due to centralized control
9. Difficulty for a pregnant woman to receive care outside of her area/network
10. Lack of safety in many neighborhoods poses a challenge for health workers to reach many pregnant women
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Program Accomplishments

Direct and Indirect Benefits of the Program as Stated by Stakeholders

While the program originally set out to accomplish a narrow set of goals, its stakeholders believe it has had a much broader impact on the local community and at a national level

1. **Guide**: Completed a regional guide for GDM diagnosis and holistic treatment
2. **Impact on beneficiaries**: Enabled diagnosis for many women previously thought to be of low GDM risk factors
3. **Education**: Exceeded set targets for staff training and patient education
4. **Partnership**: Earned backing of local government, experts, universities and key provider to implement guide
5. **National Recognition**: Led to recognition of Barranquilla as a model city for Diabetes in Colombia by C-MoH

**Impact to Beneficiaries:**
- Helped bring women into first check-up earlier in progression of pregnancy
- Equipped women with healthy living tools that can be applied post-partum
- Helped improve Pre-natal control process at main health provider (IPS Universitaria)
- Drove relatively high rates of medical adherence to the diagnostic guidelines

**Impact to Other Stakeholders:**
- Generated excitement with university docents and students who will adopt program elements during practical semesters
- Strengthened local Government’s broader “Healthy Living” campaign
- Improved inter-sectorial collaboration amongst stakeholder groups in Barranquilla
- Gave positive public exposure to participating stakeholders organizations & individuals
- Quickly enabled availability of morbidity data to enable decision-makers
- Helped generate large data pool that may enable development of hypotheses by researchers and lead to future studies

While the program originally set out to accomplish a narrow set of goals, its stakeholders believe it has had a much broader impact on the local community and at a national level
## Program Accomplishments: Metrics 2012-2014

**Vida Nueva’s Reach, Efficacy and Impact in 3 Years of Existence**

### Program Reach

<table>
<thead>
<tr>
<th>Program Reach</th>
<th>Nov 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>• GDM Guides Created</td>
<td>1</td>
</tr>
<tr>
<td>• Women Introduced to GDM</td>
<td>29k (IPS%)</td>
</tr>
<tr>
<td>• Diagnosed Women Trained</td>
<td>709 (IPS%)</td>
</tr>
<tr>
<td>• Group GDM Workshops held</td>
<td>287</td>
</tr>
<tr>
<td>• General Practitioners Trained</td>
<td>186 (IPS%)</td>
</tr>
<tr>
<td>• OB/GYNs Trained</td>
<td>38 (IPS%)</td>
</tr>
<tr>
<td>• Nurses Trained</td>
<td>100 (IPS%)</td>
</tr>
<tr>
<td>• Comm. Health Workers Trained</td>
<td>442 (IPS%)</td>
</tr>
<tr>
<td>• Health Admin Personnel Trained</td>
<td>83 (IEPS%)</td>
</tr>
<tr>
<td>• University Docents Trained</td>
<td>109 (BA%)</td>
</tr>
</tbody>
</table>

### Program Efficacy (IPS U. Metrics)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Doctors Adherent: %</td>
<td>0%</td>
<td>78%</td>
</tr>
<tr>
<td>• Women Tested for GDM with OGTT (*BG)</td>
<td>5%*</td>
<td>97%</td>
</tr>
<tr>
<td>• Women Diagnosed with GDM</td>
<td>&lt;1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>• Women with low risk factors diagnosed</td>
<td>7</td>
<td>547</td>
</tr>
<tr>
<td>• GDM who attend nutritional counseling</td>
<td>73%</td>
<td>90%</td>
</tr>
<tr>
<td>• GDM attend 2 or more nutrition sessions</td>
<td>27%</td>
<td>69%</td>
</tr>
<tr>
<td>• Entry into Pre-natal control in 3rd trimester</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>• No Data available on semester of entry</td>
<td>87%</td>
<td>11%</td>
</tr>
<tr>
<td>• Health Centers performing OGTT test</td>
<td>19%</td>
<td>100%</td>
</tr>
<tr>
<td>• Newborns with weight captured</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

### Impact

- Year over year change in Average Weight gain of GDM Woman (^Bias)  
  - 2013: -48%  
  - 2014: -6.1%
- Change in Average baby weight (25.84g and 1.55%)
- Reduction of Costs from complications at IPS Universitaria  
  - 2013: TBD  
  - 2014: -.84%*
### Project Costs and Stakeholder Contributions: 2012-2014

**Cost to Administer the Program Through 3 Years and Additional Inputs**

Program budget financed core team operations that successfully engaged Stakeholders along Mutual Value principles, resulting in significant sustained intellectual, time and logistical contributions.

<table>
<thead>
<tr>
<th>Core Project Team – Total Cost</th>
<th>$353,731</th>
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</thead>
<tbody>
<tr>
<td>Team Staff</td>
<td>$270,600</td>
</tr>
<tr>
<td>Training Delivery Consultancy</td>
<td>$17,000</td>
</tr>
<tr>
<td>Material Design and Print</td>
<td>$32,600</td>
</tr>
<tr>
<td>Food for Workshops</td>
<td>$2,250</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>$5,365</td>
</tr>
<tr>
<td>Financial Management and Audit</td>
<td>$17,816</td>
</tr>
<tr>
<td>Transportation Costs</td>
<td>$8,100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secretary of Health – Total Cost</th>
<th>$150,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Support of Activities</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPS Universitaria – Total Cost</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process and System Implementation</td>
<td>TBD</td>
</tr>
<tr>
<td>Incremental Medical Operations</td>
<td>TBD</td>
</tr>
<tr>
<td>Community Health Worker Allocation</td>
<td>TBD</td>
</tr>
<tr>
<td>Administrative and QC</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee Investments – Min. h/P</th>
<th>Avg. 39 h</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory Committee</td>
<td>24 h</td>
</tr>
<tr>
<td>Scientific Committee</td>
<td>80 h</td>
</tr>
<tr>
<td>Education Committee</td>
<td>30 h</td>
</tr>
<tr>
<td>Research Committee</td>
<td>10 h</td>
</tr>
<tr>
<td>Communication Committee</td>
<td>50 h</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unaccounted Time and Cost Totals</th>
<th>$ / h</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/Docent Practice Time</td>
<td></td>
</tr>
<tr>
<td>Expert PR Participation Time</td>
<td></td>
</tr>
<tr>
<td>Intervention Volunteer Time</td>
<td></td>
</tr>
<tr>
<td>Laboratorio Olimpus Test Discount</td>
<td></td>
</tr>
<tr>
<td>Logistical Support and Travel</td>
<td></td>
</tr>
</tbody>
</table>
Model of Shared Value
Contributions to Vida Nueva and Returns on Investment

A cross-sector team of stakeholders contributed diverse resources to Vida Nueva; a key success factor of the collaboration is that each received something they valued in return.

- **Medical Experts**
  - Opportunity for further data study
  - Raise professional profile
  - Guidance and expertise for trainings
  - Lead credibility
  - Leverage program to conduct future programs, research and investigations
  - Knowledge source, admin support, connection with global experts
- **Health Provider Network**
  - Access to more GDM data
  - Relationships for future work
  - Content expertise
  - Student participation
  - Improved prenatal care process
  - Improved quality control processes
- **Academics**
  - Improved evidence of prevalence of GDM
  - Healthier communities, increased productivity
  - Gain new knowledge of guidelines
  - Local enforcement of guidelines
- **Government**
  - Gain new evidence of prevalence of GDM
  - Healthier communities, increased productivity
  - Financial resources
  - Access to national and global resources
  - Increase awareness of GDM
  - Achievement of project objectives
- **World Diabetes Foundation**
  - Financial resources
  - Access to national and global resources
  - Increase awareness of GDM
  - Achievement of project objectives
- **Novo-Nordisk**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
- **Health Insurers**
  - Financial resources
  - Access to national and global resources
  - Increase awareness of GDM
  - Achievement of project objectives
  - Active involvement in recruiting and supporting pregnant women
  - Improve outcomes and reduce long-term healthcare costs
  - Achievement of positive social impact goals
  - Association with highly credible and successful program in a new market

**Improved Health for Mother and Child**

- **NGO**
  - Unified resources to support programs
  - Local enforcement of guidelines
  - Financial resources
  - Access to national and global resources
  - Increase awareness of GDM
  - Achievement of project objectives

- **World Diabetes Foundation**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **Novo-Nordisk**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **Government**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **Health Insurers**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **Academics**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **Health Provider Network**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **Medical Experts**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **NGO**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **Government**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **World Diabetes Foundation**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **Novo-Nordisk**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child

- **Health Insurers**
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
  - Improved health for mother and child
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Review of Content

Points Addressed

Using Vida Nueva as an example, this learning study demonstrated that with a relatively small investment, it is possible to have an impact on GDM care.

This learning study and assessment provided the following key information:

• Defined Barranquilla’s GDM awareness challenge and Vida Nueva as a response
• Gave insight into Vida Nueva’s Model, Methodology, Key Components and Processes
• Summarized Considerations for Replication: Key Success Factors, Local Differentiators, Obstacles & Improvement Opportunities
• Highlighted Vida Nueva’s Direct and Indirect Gains in 3 years of existence
• Provided Insight into Vida Nueva’s Operational Costs and Other Inputs
• Demonstrated the Mutual Value it Provided to Cross-Sectorial Stakeholders
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Appendix

• Vida Nueva Blueprint Inventory of Material
Introduction to the Vida Nueva Blueprint Inventory

The Vida Nueva Blueprint Inventory provides a compilation of key materials, including documents, presentations and brochures, which were leveraged throughout the Vida Nueva project in Barranquilla, Colombia.

The purpose of this inventory is to serve as a complementary reference to the Vida Nueva Learning Study paper, for readers interested in leveraging templates or gaining a more in-depth understanding of Vida Nueva’s model, project methodology, processes, phases, obstacles and success factors.

This inventory of material has been divided into 4 categories:

<table>
<thead>
<tr>
<th>Category of Material</th>
<th>Objective for Blueprint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vida Nueva: The Context</td>
<td>Provide further context and background information to Vida Nueva project.</td>
</tr>
<tr>
<td>Materials for Health Worker Training</td>
<td>Provide information on how trainings were conducted for health workers on the GDM guidelines.</td>
</tr>
<tr>
<td>Materials for Education Workshops</td>
<td>Give examples of types of educational material and how they were presented to pregnant women during workshops.</td>
</tr>
<tr>
<td>Brochures for Pregnant Women</td>
<td>Provide information on types of brochures that were distributed to pregnant women at clinics, educational workshops, health fairs, and so forth.</td>
</tr>
</tbody>
</table>
## Vida Nueva Blueprint Inventory, p. 1 of 2

<table>
<thead>
<tr>
<th>ID</th>
<th>Category</th>
<th>Title</th>
<th>Purpose of Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vida Nueva: The Context</td>
<td>Vida Nueva Learning Study and Assessment</td>
<td>This document contains detailed findings of the learning study and assessment conducted on Vida Nueva in the fall of 2014 in Barranquilla, Colombia. Its purpose is to provide insight into accomplishments, inputs, methodology, operating model and lessons learned of Vida Nueva in order to empower, challenge and inspire organizations in other regions to leverage the experience and improve upon it. <em>ENGLISH</em></td>
</tr>
<tr>
<td>2</td>
<td>Vida Nueva: The Context</td>
<td>List of Health Provider Roles and Responsibilities</td>
<td>This document lists the types of actors involved in the adapted prenatal care process of Vida Nueva and their key roles in its execution.</td>
</tr>
<tr>
<td>3</td>
<td>Vida Nueva: The Context</td>
<td>Proposal to WDF for Vida Nueva</td>
<td>Vida Nueva submitted this proposal to the World Diabetes Foundation in 2011. This document demonstrates the detailed approach and plan taken to solicit funding to execute the Vida Nueva project.</td>
</tr>
<tr>
<td>4</td>
<td>Guidelines and Materials for Health Worker Training</td>
<td>Guidelines for Gestational Diabetes Diagnosis and Treatment</td>
<td>These holistic GDM diagnosis and treatment guidelines were drafted by the Vida Nueva Scientific Committee. They have been established as a standard of care in Barranquilla.</td>
</tr>
<tr>
<td>5</td>
<td>Guidelines and Materials for Health Worker Training</td>
<td>Training Presentation on GDM (August 2014)</td>
<td>The experts who developed the GDM guidelines created complementary training materials explaining the guidelines, their importance, and the role of holistic care and healthy living in fighting maternal NCDs. This PowerPoint presentation was given by experts during training sessions.</td>
</tr>
<tr>
<td>6</td>
<td>Guidelines and Materials for Health Worker Training</td>
<td>Handout on GDM Guidelines for Health Workers</td>
<td>The experts who developed the GDM guidelines created complementary training materials explaining the guidelines, their importance, and the role of holistic care and healthy living in fighting maternal NCDs. This PDF document was provided for health workers as a handout during training sessions.</td>
</tr>
</tbody>
</table>

*All documents in Spanish unless otherwise noted*
## Vida Nueva Blueprint Inventory, p. 2 of 2

<table>
<thead>
<tr>
<th>ID</th>
<th>Category</th>
<th>Title</th>
<th>Purpose of Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Materials for Education Workshops for Pregnant Women</td>
<td>Sample Invitation to Pregnant Women</td>
<td>Vida Nueva created invitations such as this one to add a personal touch to the educational workshops.</td>
</tr>
<tr>
<td>8</td>
<td>Materials for Education Workshops for Pregnant Women</td>
<td>Part 1: Intro to GDM for Pregnant Women</td>
<td>This presentation contains Introductory slides on GDM to be used during educational workshops for pregnant women.</td>
</tr>
<tr>
<td>9</td>
<td>Materials for Education Workshops for Pregnant Women</td>
<td>Part 2: Info on Physical Activity</td>
<td>This presentation communicates educational information on physical activity for pregnant women.</td>
</tr>
<tr>
<td>10</td>
<td>Materials for Education Workshops for Pregnant Women</td>
<td>Part 3a: Info on Nutrition During Pregnancy</td>
<td>This presentation contains overall best practices on nutrition for women during pregnancy.</td>
</tr>
<tr>
<td>11</td>
<td>Materials for Education Workshops for Pregnant Women</td>
<td>Part 3b: Importance of nutrition, breakfast, and snacks</td>
<td>This presentation has information on detailed best practices on a nutritious breakfast.</td>
</tr>
<tr>
<td>12</td>
<td>Materials for Education Workshops for Pregnant Women</td>
<td>Part 3c: Importance of Fruits and Vegetables</td>
<td>This presentation focuses on the importance of eating fruits and vegetables while pregnant.</td>
</tr>
<tr>
<td>13</td>
<td>Materials for Education Workshops for Pregnant Women</td>
<td>Part 3d: Importance of Dairy and Meat</td>
<td>This presentation focuses on the importance of eating meat and consuming dairy products.</td>
</tr>
<tr>
<td>14</td>
<td>Brochures for Pregnant Women</td>
<td>GDM Guide for Pregnant Women</td>
<td>This brochure provides introductory information on GDM for women at the first educational workshop to build awareness. It is also distributed to pregnant women at clinics, health fairs, and so forth.</td>
</tr>
<tr>
<td>15</td>
<td>Brochures for Pregnant Women</td>
<td>Physical Activity During Pregnancy</td>
<td>This brochure provides recommendations for physical activity for women during pregnancy. It is distributed to pregnant women at clinics, education workshops, health fairs, and so forth.</td>
</tr>
<tr>
<td>16</td>
<td>Brochures for Pregnant Women</td>
<td>Nutritional Information for Women with GDM</td>
<td>This brochure provides information on nutritional best practices during pregnancy. It is distributed to pregnant women at clinics, education workshops, health fairs, and so forth.</td>
</tr>
<tr>
<td>17</td>
<td>Brochures for Pregnant Women</td>
<td>Post-Partum Information for Women with GDM</td>
<td>This brochure provides information on Post-Partum Care to pregnant women. It is distributed to pregnant women at clinics, education workshops, health fairs, and so forth.</td>
</tr>
<tr>
<td>18</td>
<td>Brochures for Pregnant Women</td>
<td>Post-Partum Physical Activity</td>
<td>This brochure provides recommendations on physical activity post-partum. It is distributed to pregnant women at clinics, education workshops, health fairs, and so forth.</td>
</tr>
</tbody>
</table>