

CHRODIS-JA Meeting for WP6 and WP7

Vilnius 6th and 7th November 2014

**Diabetes: a case study on strengthening health care for people
with chronic diseases**



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Task 7.3: Non-pharmacological interventions and health promotion in diabetes

Quality criteria and indicators for management and interventions of health promotion in diabetes

Health promotion

Definition (WHO):

The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

The Ottawa Charter - 1986

- Build Healthy Public Policy
- Create supportive environments
- Develop personal skills
- Strengthen community action
- Reorient health services

Geoffrey Rose; *Sick individuals and sick populations* (1985) and *The strategy of preventive medicine* (1992)



Adapted from Manuel DG et al.
Revisiting Rose: strategies for
reducing coronary heart disease,
2006

Why health promotion is important in diabetes

- Diabetic retinopathy is the leading cause of blindness in many industrialized countries (WHO, 2006).
- About one-fifth of the persons with diabetes develop end-stage renal disease (ESRD) during their lifetime (Ritz E. et al. Am J Kidney Dis 1999).
- Non-traumatic amputations are 15 times more frequent in persons with diabetes than in the general population (Ollendorf DA et al. Diabetes Care 1998).
- Macrovascular complications represent the leading cause of morbidity, mortality, and resource consumption in type 2 diabetes (Haffner SM. Engl J Med 2000).

Aims for the task: Non-pharmacological interventions and health promotion interventions in diabetes

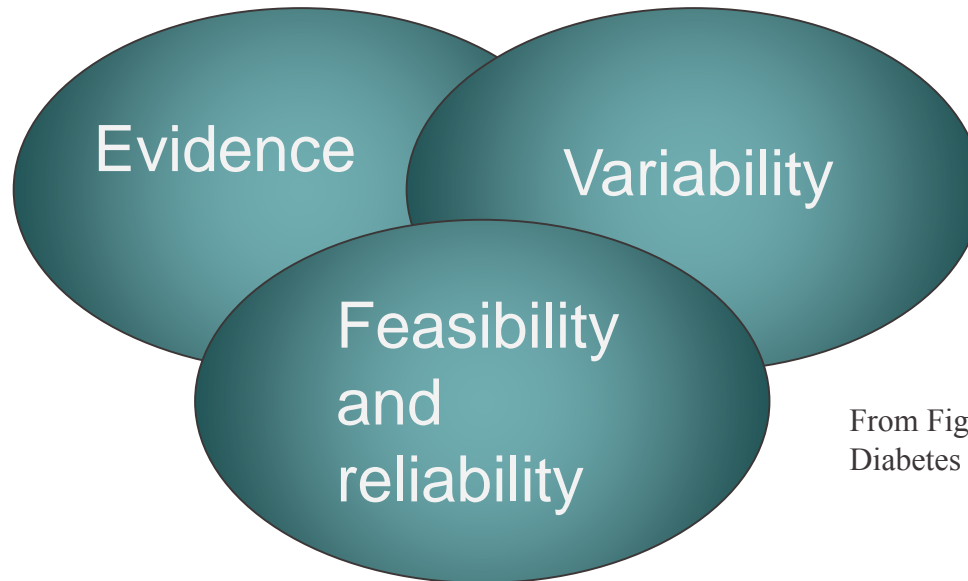
Identify the best documented indicators for the quality of health promotion interventions in diabetic care

Why quality criteria and indicators are important

- Diabetes care can be considered as an area in which there is widespread consensus on good practice patterns.
- Nevertheless, interventions in diabetes care programs vary substantially (Borgermans et al. Int J of Integ Care 2008) and the level of diabetes care currently delivered to populations with diabetes in Europe is highly diverse (Niccolucci et al. Int J for Quality in Health Care 2006).
- Need for a practical tool to provide guidance to the design, implementation and evaluation of diabetes care programs.

OECD criteria for quality performance

- Criteria for quality performance measures have been set from the US National Diabetes Quality Improvement Alliance, and these are adopted by the OECD Quality Indicators Project



From Figure 2 in Fleming BB et al.
Diabetes Care, 2001

OECD expert panel's suggestion of indicators for the quality of diabetes care

Area	Indicator name
Process of diabetes care	Annual HbA1c testing
	Annual LDL cholesterol testing
	Annual eye examination
Intermediate outcomes	HbA1c control
	LDL cholesterol control
Long term outcomes	Lower extremity amputation rates
	Kidney disease
	Cardiovascular mortality

Efficiency?

Are we focusing on the right outcomes?

The most effective disease prevention and health promotion strategies are those that address the individual, social and environmental determinants of health (Nutbeam 1998)



Figure from IOM - Public Health Quality Forum [Toward Quality Measures for Population Health and the Leading Health Indicators](#) 2013 / Remington & Booske, 2011

Outcome model for health promotion intervention

- Formative evaluation: how well the intervention is developed to achieve the planned change.
- Process evaluation: the extent to which the program is delivered as designed
- Impact evaluation: assesses the effects of an intervention on its immediate achievements which will bring about health outcomes (incl. measures of knowledge, skill, attitude, behaviour and environmental/policy measures)
- Outcome evaluation: assesses the long term effects of an intervention
- Economic evaluation: assesses whether allocating resources to health promotion can be justified

Tailored health promotion interventions

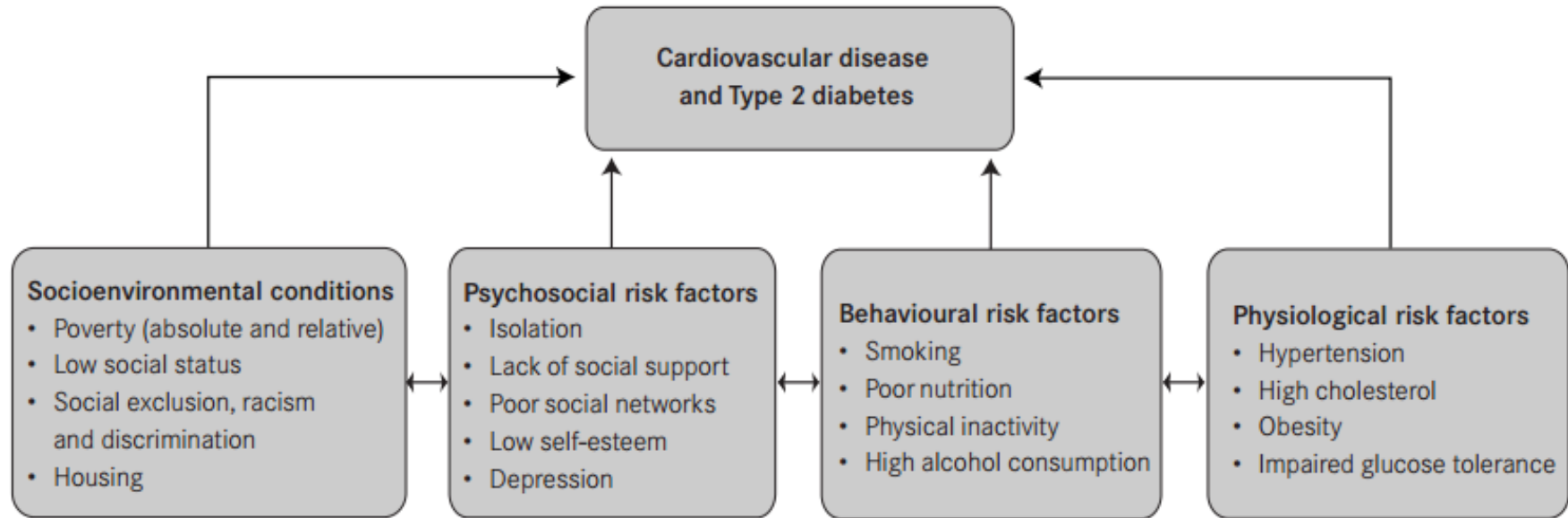


Figure adapted from Labonte, 1993

The Joint Action on Chronic Diseases and promoting healthy ageing across the life cycle (JA-CHRODIS)*

*** THIS PRESENTATION ARISES FROM THE JOINT ACTION ON CHRONIC DISEASES AND PROMOTING HEALTHY AGEING ACROSS THE LIFE CYCLE (JA-CHRODIS) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013)**

