

# CHRODIS-JA Meeting for WP6 and WP7

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

Vilnius

## Task 4

Measures on patient education and professionals' training strategies and approaches



**Leadership: Prof. Dr. Dr. Andrea Icks**  
**Heinrich Heine University (HHU)**  
**Düsseldorf, Germany**

**Researcher: Silke Kuske, M.A.**

- 4.1.1 Identification of **participation preferences and information needs**
- 4.1.2 Overview of **existing guidelines available training models and tools on effective training for health professionals**
- 4.1.3 **models and tools on effective training for health professionals**
- 4.1.4 ***Definition of cross-national recommendations and national adaptations on effective training of health professionals and other stakeholders.***

- 4.1.5 **Overview of effective educational strategies and interventions**
- 4.1.6 **Identification of social and psychological barriers for the access to care and for empowerment.**
- 4.1.7 *Definition of cross-national recommendation and national adaptations on appropriate educational strategies and interventions.*

## Indicators

AIM: Monitoring/ indicating problems

Components: Numerator/denominator

(Cambell et al. 2002)

## Evaluation criteria based on standards

“Evaluation is

a process of determining the value or worth of something by judging it against explicit, predetermined **standards**.” (Rychetnik 2002)

„A criterion is

a rule (...) such a rule includes the specification of **variables for measurement and standards** for use in judging that which is measured“  
(Steele 1970)

# Questionnaire training programs (4.1.2.- 4.1.3)

The image shows three overlapping document covers. The top cover is titled 'Standards of Medical Care in Diabetes—2014' and is published by the American Diabetes Association in 'Diabetes Care' Volume 37, Supplement 1, January 2014. The middle cover is titled 'INTERNATIONAL CURRICULUM FOR DIABETES HEALTH PROFESSIONAL EDUCATION' and features a world map background. The bottom cover is partially visible and titled 'INTERNATIONAL DIABETES FEDERATION'.

S14

INTERNATIONAL DIABETES FEDERATION

Standards of Medical Care in  
Diabetes—2014

Diabetes Care Volume 37, Supplement 1, January 2014

American Diabetes Association

**INTERNATIONAL  
CURRICULUM FOR  
DIABETES HEALTH  
PROFESSIONAL  
EDUCATION**

INTERNATIONAL DIABETES FEDERATION

# Questionnaire education programs (4.1.5)



## CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p><b>Standard 1</b></p> <p><b>Internal Structure:</b></p> <p>The provider(s) of DSME will document an organizational structure, mission statement, and goals. For those providers working within a larger organization, that organization will recognize and support quality DSME as an integral component of diabetes care.</p>	<p>A) There is documentation that describes or depicts Diabetes Education as a distinct component within the organization's structure and articulates the program's mission and goals. Documentation of an organizational structure, mission statement, and goals can lead to efficient and effective provision of DSME and DSMS.</p> <p>B) Documentation of an organizational structure that delineates channels of communication and represents institutional commitment to the educational entity is critical for success.</p>	<p>1. Clearly Documented organizational structure of DSME Program illustrating the clear channels of communication to the program from sponsorship</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>2. Documentation of program mission</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>3. Documentation of program goals</p>	<p><i>Standard one relates to your programs formalized internal structure.</i></p> <p>The Organizational Chart is a graphic or narrative depiction of formal relationships within the Organization that identifies areas of responsibility, accountability relationships and channels of communication.</p> <p>The mission statement is a brief description of the program's fundamental purpose. It answers the question, "Why do we exist?" This statement broadly describes the program's present capabilities, customer focus, and activities. The</p>

# Questionnaire training/ education programs (4.1.2.- 4.1.3, 4.1.5)

## completed

1. Draft: definition of core terms
2. Literaturereview, selection and definition of evaluation criteria:
  - 3 core publications (“training”)/ 4 core publications (“education”)
  - compared and overlaps, complementary criteria illustrated
    - International Diabetes Federation 2008, 2003;
    - American Diabetes Association 2014;
    - American Association of Diabetes Educators 2013;
    - The National Collaborating Centre for Chronic Conditions 2008 etc.



## completed

3. Internal pilots to coordinate the evaluation criteria between the tasks (APs and CPs)
4. External pilot (Federal Ministry of Health, Germany)

# Identification of participation preferences and information needs (4.1.1)

**completed translated questionnaire (following Beaton et al. 2000)**

	How well informed are you on the following points?				Would you like currently information on the topic?	
	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Course of the disease	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Treatment/therapy	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Acute complications	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Secondary diseases	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Diabetes in everyday life	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Mental strain	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Lifestyle adjustment, health promotion and prevention	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Support, helplines and information sources	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Social and legal aspects	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no
Scientific surveys and research on diabetes	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well	<input type="checkbox"/> not informed at all	<input type="checkbox"/> yes	<input type="checkbox"/> no

Data collection

# Systematic Review on social and psychological barriers

(common task 2, 3 and 4)

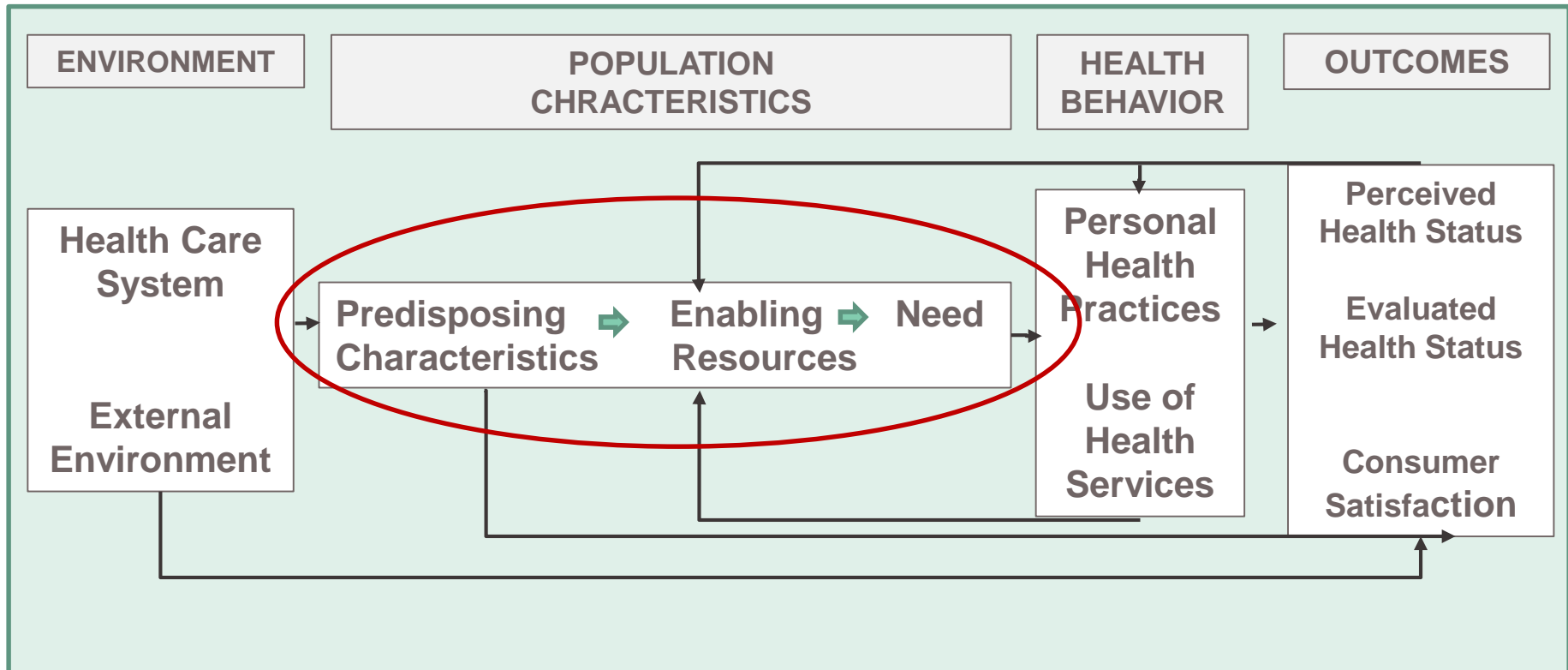
To identify and to analyse currently available knowledge on social and psychological barriers for the access to care and for empowerment of people with diabetes (type 2) and their relatives.

### Development systematic review protocol (following PRISMA Statement):

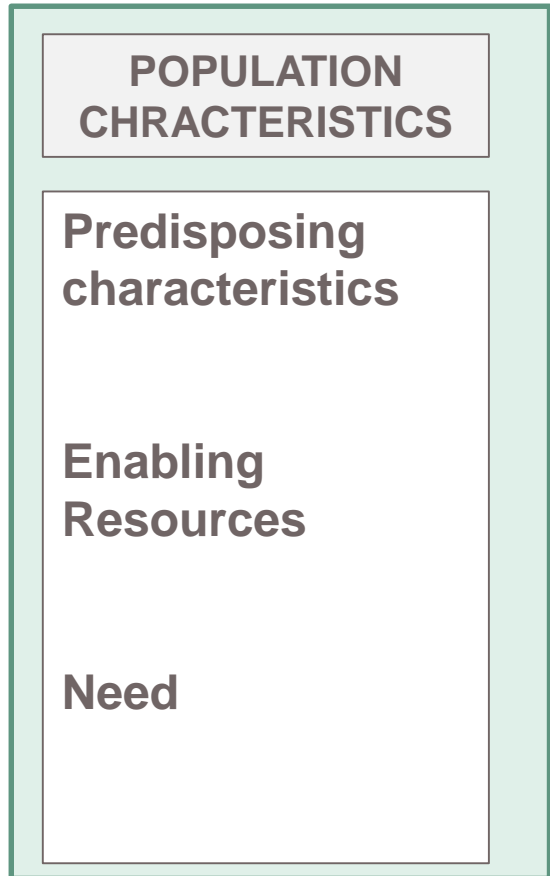
1. relevance
2. state of research (research gap)
3. definitions/ theoretical background
4. search strategy/selection process
5. inclusion – exclusion criteria
6. critical appraisal
7. search-algorithm

# Review Framework

Andersen et al. 1995: Behavioral Model of Health Service use



## Andersen et al. 1995: Behavioral Model of Health Service use



Age  
Gender  
Biological imperatives  
Race  
Religion/Values/ Thoughts (health, illness)  
Health literacy

„Means“ (individual and family resources)

Individual perceived and evaluated by the delivery system (depending the illness level)

- Data collection (participation preferences, information needs)
- Data collection (education and training programmes)
- Finalizing protocol Systematic Review on barriers

**Prof. Dr. Dr. Andrea Icks/ Silke Kuske M.A.**

Heinrich-Heine-Universität Düsseldorf  
Centre for Health and Society (CHS)  
Public Health Unit  
Mooren Str.5  
40225 Düsseldorf  
Tel.: 0211-81-04627

**E-mail: [silke.kuske@ddz.uni-duesseldorf.de](mailto:silke.kuske@ddz.uni-duesseldorf.de)**



# 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)**



# Questionnaire: development evaluation criteria

## ▪ Part 1

**Short** description of *three best evaluated „national“* education programmes  
→ **one** education (**preferably evaluated**) programme

**New:**

Position of the programme  
on national level

## ▪ Part 2

**Detailed** description considering:

- Organizational aspects
- Operational aspects
- Quality measurement aspects
- Content of the curriculum

**New:**

- Target group
- Implementation level
- Spread
- Initiation of the programme
- Current status
- Use of indicators by type
- Sources of funding
- P4P

# Questionnaire: development evaluation criteria

- **Part 3**

**New:**

Global description of 3 other programmes/  
interventions as a basis  
for further data collection

## 2) Patient Education Programmes

Educational strategies and interventions are considered in educational diabetes programs. Patient education is described as a complex intervention with special requirements on evidence and transparency regarding its rationale, methodology, performance and outcome representation. Appropriate educational interventions and self-management support strategies were defined as a standard

(Bundesärztekammer (BÄK), Kassenärztliche Bundesvereinigung (KBV), Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF) 2013; Funnell et al. 2010)

## 1) Professionals' Training Programmes

“(...) every diabetes care intervention is an educative process and that specific education is required to enable health professionals to be effective diabetes educators. Within these areas, training programmes and curricula are necessary to prepare people for the role of diabetes educator. Diabetes education is a specialty and requires knowledge and competence at an advanced level if it is to be delivered effectively.”

(International Diabetes Federation 2008)