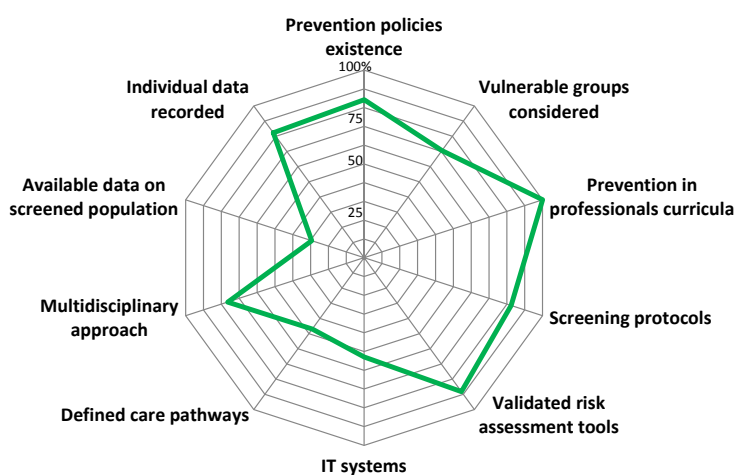


## SURVEY ON PRACTICES FOR PREVENTION AND MANAGEMENT OF DIABETES

To provide an overview on practices for prevention and management of type 2 diabetes, WP7 conducted a survey to provide a structured overview about current programmes/initiatives that focus on aspects of prevention of diabetes, identification of people at high risk, early diagnosis, prevention of complications of diabetes, comprehensive multifactorial care, education programs for persons with diabetes and training for professionals. A total of 19 countries, with 63 experts, contributed to the collection of data.



### PREVENTION OF DIABETES - FOCUS ON PEOPLE AT HIGH RISK

In general, the importance of the prevention of diabetes is acknowledged and addressed in policy level, as 3 out of 4 countries report that diabetes prevention is supported by national policies and legislations. However, early identification of people at risk is supported only by 63.2%. This might indicate that prevention of diabetes is recognised at population level (e.g. advocating physical activity and healthy body weight as means to prevent diabetes) but specific

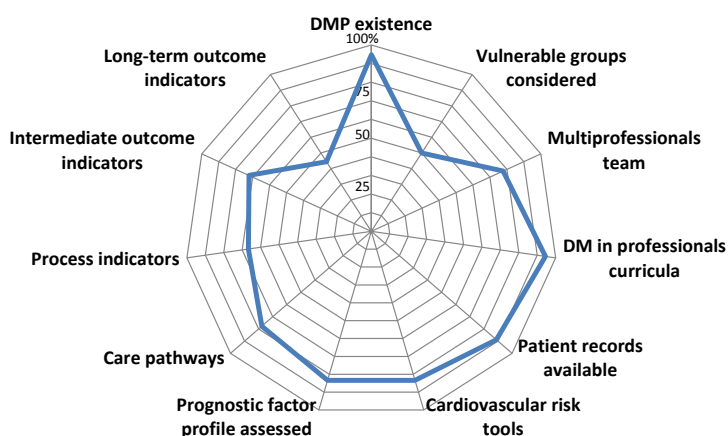
action needs targeted at people at risk are not addressed in diabetes policies in all countries.

### MANAGEMENT OF DIABETES

Almost all the countries, 18 out of the 19 respondents, have a management program for diabetes. About 63.2% of them are stand-alone national programmes, and 57.9% are included in a more comprehensive national plan. Half of the participant countries stated that the programmes were implemented in the last 10 years, and about 83% of all the implemented programs are currently running.

Only the 50% of the programs takes into consideration vulnerable groups, e.g. ethnic minorities and low socio-economic groups. Defined care pathways exist to deal with persons with diabetes, either with or at risk for micro- and macro vascular complications, in 77.8% of the countries.

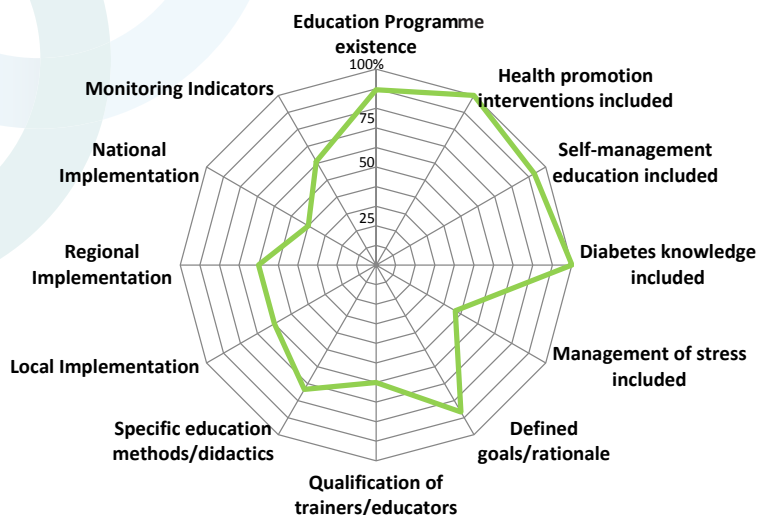
Most of the programs (72.2%) are monitored through intermediate outcome indicators, 66.7% used process indicators and only 44.4% long-term outcome indicators (Fig. B7). The 16.7% of the countries did not use any kind of indicator.



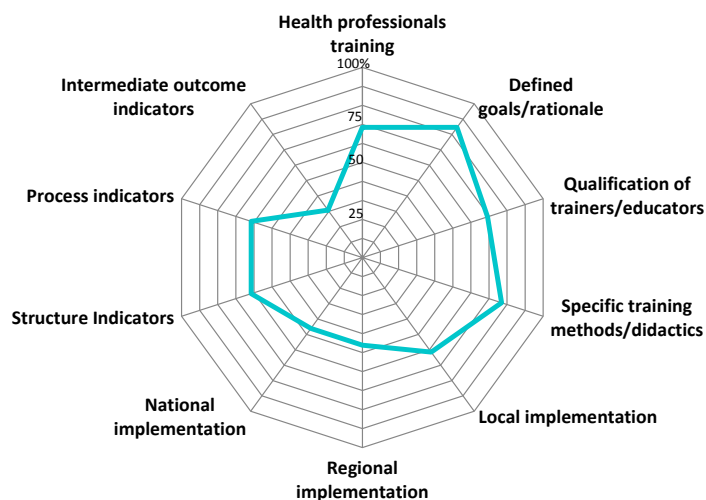
## EDUCATION PROGRAMMES FOR PERSONS WITH DIABETES

On the whole, 15 out of the 19 participating countries reported education programmes for persons with diabetes. A few countries stated to have an education programme that exists in a stand-alone national programme (15.8%), while 36.8% reported to have education programmes that are included in a more comprehensive

National plan. The core criteria of the quality of education programmes are defined, e.g. the goal, the rationale, the target group, the setting, the scheduling of the education sessions. More than a half reported to have an evidence-based curriculum and defined specific education methods and didactics. Only the 60% reported that the curriculum is evaluated, and a low number of the participating organisations (20%) reported that long-term effect indicators were used.



## TRAINING FOR PROFESSIONALS



Training programmes for professionals exist in two out of three of the participating countries. The core criteria of the quality of training programmes seem to be defined, e.g. the goal, the rationale, the target group, the setting, the scheduling of the training sessions. More than a half reported to have

an evidence-based curriculum and defined specific training methods and didactics. Only a low number (38.5%) reported that a monitoring of effectiveness and quality of the training programme is defined. Less than a half reported that the training program is based on a theory driven curriculum and only the 30.8% reported that intermediate outcome indicators are applied to measure training programmes.



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