

Diabetes Counselling on Wheels: Early Detection and Counselling on Diabetes for Citizens of Turkish Origin and the Rural Population Germany

Title in original language:

Diabetesberatung auf Rädern – Früherkennung und Beratung zum Thema Diabetes für türkischstämmige Bürgerinnen und Bürger und die ländliche Bevölkerung

Which 'life stage (s)' for CVDs prevention targets the intervention?

The intervention is not directed towards a specific age group. However, it is focussed on older people, as many relatives of the first generation of immigrants, for example, are less well provided for in terms of healthcare than the rest of the population, due to language and cultural barriers. In addition, it is often difficult for the older rural population to obtain easy access to specialist medical care, as a result of the shortage of (specialist) doctors. The average age of the participants with a Turkish migration background is currently around 52 years. The participants from rural regions are on average 66 years old (data as of: 11.06.2015).

What is the level of implementation of your example of good practice?

Local level. The North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe is planning the respective assignment locations in co-operation with the Verband der Diabetes-Beratungs- und Schulungsberufe Deutschland e. V. (VDBD) [Association of the diabetes counselling and training professions in Germany] and its local representatives. The selected towns and regions have a high proportion of migrants, and the rural regions are characterised by poor provision of healthcare services.

To which type of interventions does your example of good practice belong?

Individual intervention. The diabetes counselling is directed towards migrants of Turkish origin and the rural population. The diabetes counselling is intended to instruct them about diabetes mellitus and to inform them locally, to diagnose as yet undetected diabetes cases at an early stage and to refer newly diagnosed cases to suitable specialist contact persons locally. The counselling will be given in the form of individual conversations.

Short description of the intervention:

The project "Diabetes Counselling on Wheels – early detection and counselling on the subject of diabetes for citizens of Turkish origin and the rural population" will be carried out in co-operation with the Deutsche Diabetes-Hilfe e. V. [German Diabetes Aid], the North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe Menschen mit Diabetes [German Diabetes Aid - People with Diabetes] (DDH-M) and the Institute of Medical Sociology (IMS) at Hamburg-Eppendorf University Hospital.

The goal of the project is to instruct people with (a Turkish) migration background and people in structurally weak, rural regions (two target groups) about diabetes mellitus and to inform them locally, to diagnose as yet undetected diabetes cases at an early stage and to refer newly diagnosed cases to suitable specialist contact persons locally. Already affected or endangered persons who have not taken up the standard prevention services on offer are to be reached through a low-threshold approach.

The Diabetes-Info-Mobile has already been in operation in North Rhine Westphalia since 2003. The pilot project "Diabetes Counselling on Wheels – early detection and counselling on the subject of diabetes for citizens of Turkish origin and the rural population" and thus counselling throughout Germany started in August 2014. The assignments take place on the one hand in selected towns and regions with a high proportion of people with a Turkish migration background, on the other hand in structurally weak, rural regions.

There were 20 assignments in 2014. A further 32 assignments are planned in 2015.

The project is planned to last four years. Of primary importance are the personal counselling by intercultural experienced diabetes counsellors with the aid of the FINDRISK questionnaire (determination of the diabetes risk), a blood glucose measurement as required, as well as information material appropriate to the target group.

The accompanying quasi-experimental interventional study without a control group will be carried out by the Institute of Medical Sociology at Hamburg-Eppendorf University Hospital. The study will include the collection of qualitative and quantitative data. As a basic rule, all interested persons will have free access to the Diabetes Counselling on Wheels. For participation in the study, the following inclusion criteria were defined:

- a sufficient command of the German, Turkish or English language
- written consent
- identification as a diabetes risk patient
- provision of contact data by the participant

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

The majority of migrants living in Germany have a Turkish immigrant origin. Investigations have shown an increased prevalence of diabetes among people with a Turkish migration background. In order, for example, to overcome cultural differences and language barriers to achieve a greater uptake and orientation of preventive services, the provision of culture-sensitive migrant-orientated diabetes care is required. In addition, rural regions are often characterised by a shortage of specialist doctors, so that elderly people have difficulty obtaining access to specialist medical care. Accordingly, in line with the national health goal, the project places "Diabetes" in the area of primary prevention and is directed towards persons with increased risk.

The Diabetes-Info-Mobile can build on the experience gained with Diabetes Counselling on Wheels since 2003.

There will be a coordination of the measuring instruments used between those responsible for the project in practice and the accompanying scientific team.

Additional variables and tests concerning the data collection routines have been taken from the project of the German Federal Ministry for Education and Research "Health competence of diabetics of Turkish origin".

Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods)?

The concept contains a clear goal (including target group), a structured approach (planning/conduct) and an accompanying scientific evaluation (process and outcome evaluation).

For detailed information, see short description and question: "Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?"

How is this example of good practice funded?

A part of the project is financed from donations that have been raised by diabetesDE – Deutsche Diabetes-Hilfe. In addition, diabetesDE – Deutsche Diabetes-Hilfe, the North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe and the Institute of Medical Sociology at Hamburg-Eppendorf University Hospital will provide funding of their own. Additionally, a part of the funding will be provided by the German Federal Ministry of Health (BMG). The PNPAS is funded by Ministry of Health.

What are the main aim and the main objectives of your example of good practice?

The main aim of the project is to reach the two target groups and to instruct and sensitise them for the subject of diabetes mellitus, as well as to motivate risk patients to consult further diagnostics by (specialist) doctors. The main objectives of the evaluation are to show the extent to which the target group has been reached and the proportion of participants who consult a doctor.

Please give a description of the problem the good practice example aims to tackle:

The onset of diabetes mellitus type 2 can be delayed or even prevented with the aid of preventive, behaviour-orientated measures. The project is directed towards instructing people with an increased risk of diabetes and referring them to a (specialist) doctor as required. Previous scientific investigations have shown that the social situation and health are closely correlated. For example, people in a vulnerable social status are more likely to suffer from chronic diseases. The measures of the project are directed towards people with a Turkish migration background, especially those in a vulnerable social status and / or a low degree of integration, as well as people living in rural areas, who often have difficulties to obtain specialist medical care as a result of the regional circumstances.

The project is directed towards an increased participation of the target group, which otherwise is not reached by preventive measures. The evaluation will determine the degree to which the target group is reached and the extent to which (specialist) medical care is taken up and any change in behaviour following the counselling. The quantitative evaluation with regard to the effect of the intervention is innovative in this context.

Implementation of your example of good practice is/was:

For more than two years. The mobile diabetes counselling, initiated by the North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe, has established in the state of North Rhine Westphalia since 2003. The pilot project "Diabetes Counselling on Wheels – early detection and counselling on the subject of diabetes for citizens of Turkish origin and the rural population" is planned to last four years. With the aid of the results obtained from the pilot project, the aim is to sustain the project on a regular basis.

Target group(s):

There are two target groups:

- (older) individuals with a (Turkish) migration background, in particular in a vulnerable social status and a low degree of integration
- (older) individuals in structurally weak, rural regions

During implementation, have specific actions been taken to address the equity dimensions?

The project concept aims to reach out to those population groups that otherwise struggle to gain access to preventive care services as a result of various different barriers (cultural differences, language barriers, gaps in care in rural regions). In order to reach the target groups, the measures will be carried out by following a seeking-out approach. The assignments of the "Diabetes Counselling on Wheels" will take place in selected settings, such as weekly markets, shopping centres, mosques and urban festivals. In order to break down language and cultural barriers in the uptake of preventive measures, the use of a Turkish-speaking diabetes counsellor as well as appropriate information material in Turkish is planned.

In design, did relevant dimensions of equity were adequately taken into consideration and targeted?

A primary goal is to reach the target groups (elderly) people with a (Turkish) migration background, especially those with a vulnerable social status and a low degree of integration, (elderly) people in structurally weak, rural regions). Cultural differences and language barriers were taken into account in the interest of the uptake and alignment of the preventive counselling. Accordingly, a low-threshold mode of operation has been chosen in the form of a seeking-out approach.

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants and using different strategies?

The measures involved in the project are attributable to the field of primary prevention. With the aid of risk-factor screening of persons suffering from or at risk of developing diabetes, prevention and health promotion are to be strengthened. The organisation and the course of the counselling will follow specified procedures. The FINDRISK questionnaire and, if necessary, a blood glucose test will be carried out. In addition, the information material used will be orientated towards the target group's structure. A seeking-out approach was selected as a suitable way of gaining access to "population groups that are difficult to reach". The counselling will be carried out in the sense of a low-threshold mode of operation. The assignments will take place in the living environment of the target groups and will be carried out by interculturally experienced diabetes counsellors. In the sense of the setting approach, they will be conducted in co-operation with the Verbund der Diabetes-Beratungs- und Schulungsberufe in Deutschland e. V. (VDBD) (organisation of the assignment days locally, distribution of flyers/handouts in local pharmacies), local specialist practices, district health offices, integration officers at the respective assignment location, and a specialist employee of Turkish origin resident in the local area in each case.

Was an effective partnership in place (e.g.. multidisciplinary, inter-sector, multi-/ and alliances)?

The co-operation of the various different organisations enables a coordinated viewpoint from the perspective of doctors, counsellors and patients. Main actors are:

- diabetesDE – Deutsche Diabetes-Hilfe e. V. (coordination and promotion)
- the North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe (will provide the Diabetes-Info-Mobile and carry out the assignments)
- Institute of Medical Sociology at Hamburg-Eppendorf University Hospital (scientific evaluation)

Other actors involved are:

- Verbund der Diabetes-Beratungs- und Schulungsberufe in Deutschland e. V. (VDBD) (organisation of the assignment days locally, distribution of flyers / handouts in local pharmacies)
- local specialist practices, district health offices, integration officers at the respective assignment location
- a specialist employee of Turkish origin who resides in the respective local area

Was the intervention implemented equitably, i.e. proportional to needs?

The project is directed towards,

- (older) individuals with a (Turkish) migration background, especially those with a vulnerable social status and a low degree of integration
- (older) individuals in structurally weak, rural regions.

The counselling will be provided by Turkish-speaking culture-sensitive diabetes counsellors. The information material used will also be orientated towards the target group in question. Regional representatives of the migrants of Turkish origin will provide support in the planning and preparation of the individual assignments and in part will take on the role of a multiplier. The extent to which the approach is appropriate to the target groups and the project can be extended will be investigated as part of the evaluation.

Were potential burdens, including harm, of the intervention for the target population addressed?

Yes. Older (Turkish) migrants show an increased risk of diabetes and are often not reached by preventive care services. In addition, rural regions are often characterised by a shortage of specialist doctors, so that older people have difficulties to access specialist medical care. With the aid of mobile diabetes counselling, the aim is to reach out to the hard to access target groups with a low-threshold approach.

Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?

Yes. Information is provided about the project and the assignment locations transparently under http://www.diabetesde.org/ueber_uns/aktionen_von_und_mit_diabetesde/diabetes_auf_raedern/. Participation is free of charge and voluntary for the participants. Prerequisite is that they have full legal capacity and have given their written consent. The declarations of consent are available with identical contents in German as well as bilingually in German-Turkish and German-English. The participants will receive a blank copy of the declaration of consent. In order to ensure a quality-assured manageability of the organisation and conduct of the mobile diabetes counselling, a continuous coordination between the main actors will take place.

Did the evaluation results achieve the stated goals and objectives?

The evaluation has not yet been completed. The evaluation will be conducted from 2014 to 2018. As qualitative elements of the evaluation, the information material will be subject to a user test and the experiences of the counsellors will be documented. Within the context of evaluation under the conditions of daily practice, various different quantitative data (sociodemographics, education, clinical/biometric data, health behaviour and lifestyle components) will be collected during the counselling. Three months after the counselling, the participants will be interviewed by telephone. The referral of risk patients to (specialist) medical treatment is defined as the primary outcome. Secondary outcomes are possible behavioural changes in diet and exercise.

The following statements can be made regarding reaching the target groups at present (status: 11.06.2015):

Table 1: Age-group distribution in %

	Total number of participants (N=221)	Turkish migration background (n=116)	Rural population (n=105)
Younger than 35 years	6.3	8.6	3.8
35-44 years	12.7	22.4	1.9
45-54 years	19.9	30.2	8.6
55-64 years	23.5	21.6	25.7
Older than 64 years	37.6	17.2	60.0

Table 2: Average age (mean (standard deviation))

	Total number of participants (N=221)	Turkish migration background (n=116)	Rural population (n=105)
Average age in years	57.55 (17.0)	51.69 (12.6)	65.83 (13.4)

Does the intervention provide a defined and appropriate evaluation framework assessing structure, processes and outcomes?

Yes. The project involves a quasi-experimental interventional study without a control group, which is being conducted under the direction of the scientific Institute of Medical Sociology at Hamburg-Eppendorf University Hospital. The evaluation is being conducted under the conditions of routine practice. Accordingly, the data input is carried out directly during the counselling in the Diabetes-Info-Mobile. The following data are collected:

Process evaluation: (observation of a scientific assistant in the form of a non-participatory observation, planned six times):

- User test of the information material for the subgroup of the people of Turkish origin (Is the information material appropriate to the needs and to the target group?)
- Experiences of the diabetes counsellors (e.g. local conditions, organisation)
- Observation and documentation of the population with regard to interest or disinterest, gaining of interest, etc. (observational evaluation)
- Expert interviews with all of those involved in the project "Diabetes Counselling on Wheels" with regard to barriers and beneficial framework conditions, as well as with a focus on transfer potentials
- Sociodemographics and education: reading, as appropriate writing, numerical competence, German proficiency, nationality, origin, language, social support (family, household), school qualification or number of years of schooling
- Clinical/biometric data: height, weight, waist measurement, blood glucose, HbA1c, cholesterol, triglycerides, HDL, LDL, secondary diseases, other diseases
- Health behaviour and lifestyle components: FINDRISK, diet, exercise, smoking, alcohol consumption, visits to the doctor

Three months after the counselling in the Diabetes-Info-Mobile, the study participants will be briefly interviewed on the telephone by a (Turkish-speaking) diabetes counsellor, in order to ensure a uniform standard. The interview guideline was developed and coordinated jointly by the parties responsible for the project. The brief interview contains questions on the following areas:

- Visit to the doctor? Family doctor or specialist doctor? Suspected diagnosis confirmed? Accompanying and secondary diseases?
- Further measures and examinations initiated? (e.g. ophthalmological examination, diabetes education, etc.)
- Change in diet and exercise?

Does the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

It is planned that the input of the data (see one question back) will be done by the diabetes counsellors directly on location via an entry mask with a laptop or possibly a tablet computer with a touch screen. Data analysis will be conducted by their Medical Institute for Sociology.

Who conducted the evaluation?

Both, internal and external parties.

Specifically, what has been measured/evaluated?

Process evaluation (respondents, method, participants' satisfaction)

- User test of the information material for the subgroup of the people of Turkish origin (Is the information material appropriate to the needs and to the target group?)
- Experiences of the diabetes counsellors (e.g. local conditions, organisation)
- Observation and documentation of the population with regard to interest or disinterest, gaining of interest, etc. (observational evaluation)
- Expert interviews with all of those involved in the project "Diabetes Counselling on Wheels" with regard to barriers and beneficial framework conditions, as well as with a focus on transfer potentials.

Evaluation of the impacts/effects/outcome:

- Sociodemographics and education: Questions will be asked about reading, as appropriate writing, numerical competence, German proficiency, nationality, origin, language, social support (family, household), school qualification or number of years of schooling.

- Clinical/biometric data: Questions will be asked about height, weight, waist measurement, blood glucose, HbA1c, cholesterol, triglycerides, HDL, LDL, secondary diseases, other diseases.
- Health behaviour and lifestyle components: FINDRISK, diet, exercise, smoking, alcohol consumption, visits to the doctor

Three months after the counselling in the Diabetes-Info-Mobile, the study participants will be briefly interviewed on the telephone by a (Turkish-speaking) diabetes counsellor, in order to ensure a uniform standard. The brief interview contains questions on the following areas:

- Visit to the doctor? Family doctor or specialist doctor? Suspected diagnosis confirmed? Accompanying and secondary diseases?
- Further measures and examinations initiated? (e.g. ophthalmological examination, diabetes education, etc.)
- Change in diet and exercise?

What are the main results/conclusions/recommendations from the evaluation?

Since the evaluation has not yet been completed, only the objectives of the evaluation can be mentioned here. A primary objective is to determine the extent to which the target group could be reached and what proportion of the participants who received counselling subsequently consulted a doctor.

A further objective of the evaluation is to identify the proportion of the target group that shows abnormal parameters without a known diagnosis.

A process evaluation is also being conducted, which assumes an important role for the transferability of this project. Here, promoting and inhibiting factors in the planning and implementation will be documented, which may be of existential importance for a possible continuation as well as for an extension.

Is the evaluation report available?

No, not yet, but a compilation of the findings in a manual or guideline is planned.

Who implemented the intervention?

diabetesDE - Deutsche Diabetes-Hilfe unites all people with diabetes and all professional groups such as doctors, diabetes counsellors and researchers, in order to campaign for better prevention, care and research in the fight against diabetes. Thus, early detection of diabetes mellitus as well as good care are one of the main objectives of the North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe. Consequently, a Diabetes-Info-Mobile has been in operation flexibly at different places in North Rhine Westphalia since 2003. The counselling is provided by interculturally experienced diabetes counsellors.

The Institute of Medical Sociology at Hamburg-Eppendorf University Hospital offers counselling for communal, state and federal authorities, social service providers (above all health insurance funds) and other institutions of the healthcare system, as well as patient and self-help organisations. This is provided in the form of expert opinions, expert reports, contract research, advisory board work and advanced training courses. A key focus here is "Patient orientation and self-help".

What core activities are/have been implemented?

Ten assignments were carried out to reach the target group of people with a (Turkish) migration background (Cologne-Mülheim, Cologne-Nippes, Cologne-Chorweiler, Solingen, Gelsenkirchen, Dortmund, Gießen twice, Duisburg-Marxloh, Kerpen) and 10 assignments to reach the target group of the "rural population" (Monschau, Simmerath, Siegen, Erndtebrück, Freudenberg, Bitburg, Daun, Roetgen, Wittlich, Gerolstein). A further 32 assignments are planned in 2015, 14 assignments having been carried out to date (northern Germany).

The planned assignments of the Diabetes Counselling on Wheels can be seen under <http://nrw.menschen-mit-diabetes.de/diabetes-info-mobil/termine>

Was the intervention designed and implemented in consultation with the target population?

In general, the interests of people with diabetes were represented in the form of the self-help organisation of the North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe as a project partner. In the sense of participation, a conceptual involvement of the target group was not intended during the planning or implementation phase. In spite of this, representatives of the diabetes and migrants working group of the Deutsche Diabetes Gesellschaft [*German Diabetes Society*], for example, were also involved in the planning phase, and regional representatives of the migrants of Turkish origin were also happy to support the planning and preparation of the individual assignments and repeatedly took on the role of a multiplier.

Did the intervention develop strengths, resources and autonomy in the target population(s)?

The goal of the project is to inform and guide people with (a Turkish) migration background and people in structurally weak, rural regions (two target groups) about diabetes mellitus and to inform them locally, to diagnose as yet undetected diabetes cases at an early stage and to refer newly diagnosed cases locally to physicians. Statements about the achievement of the goals cannot be made until the final evaluation has been carried out.

Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?

The project is based on experience gained by the mobile diabetes counselling in North Rhine Westphalia. The Diabetes-Info-Mobile has already been in operation in the target group of people with a migration background. The projects conducted to date have neither been accompanied scientifically, nor have they been aligned conceptually to the needs of this target group thus far. On the basis of existing investigations, the target group of people with a (Turkish) migration background was chosen, as this group shows an increased risk of diabetes mellitus and, in parallel, is often not reached by preventive care services. As regards the rural population, this group is often affected by a shortage of (specialist) medical care, and preventive counselling can also be provided in structurally weak regions with the aid of the Diabetes-Info-Mobile.

Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?

Beside a general address on location, the citizens of Turkish origin will be specifically addressed in their native language. In addition, the Verband der Diabetes-Beratungs- und Schulungsberufe in Deutschland e.V. will make contact with a specialist employee of Turkish origin resident in the local area in each case. In order to better reach the target groups, the assignments will take place in the living environments of the target groups. As a whole, experience has shown a very good acceptance of the Diabetes-Info-Mobile.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

The North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe initiated the Diabetes-Info-Mobile together with the Landesverband der Betriebskrankenkassen NRW [State Association of the Company Health Insurance Funds of North Rhine Westphalia] in 2003. The pilot project "Diabetes Counselling on Wheels – early detection and counselling on the subject of diabetes for citizens of Turkish origin and the rural population" is initially limited to the project period of 2014-2018. After completion of the pilot project, an evaluation is to be carried out with the aim to show whether the approach of the project is suitable for achieving the stated objectives. Only if the success of the project can be demonstrated by the evaluation, the decision on a continuation of the project, a possible extension to other population groups (e.g. migrants of Arabian or Russian origin) or other indications (certain forms of cancer or cardiovascular diseases), or also a transfer into financing by another sponsor can be made.

Is there a broad support for the intervention amongst those who implement it?

The North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe has had a Diabetes-Info-Mobile in operation since 2003. The state association has been an independent association since 1975, representing the interests of all people with diabetes in the state of North Rhine Westphalia on a state level. The state association will continue to campaign for better prevention, care and research in the fight against diabetes in the future.

Is there a broad support for the intervention amongst the intended target populations?

In the planning and implementation of the project, people with diabetes participated from the very beginning through the North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe. This self-help organisation and also the Federal Association of the Deutsche Diabetes-Hilfe, as a Germany-wide representation of the interests of those affected and their relatives support the project "Diabetes Counselling on Wheels". The more closely defined target groups of the project, i.e. people with a Turkish migration background and people living in rural regions, have also repeatedly commented positively about the assignments of the Diabetes-Info-Mobile. Regional representatives of the migrants of Turkish origin have also gladly provided their support in planning and preparation of the individual assignments and have repeatedly taken on the role of a multiplier.

Did the intervention include an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks?

A financial plan was drawn up for the project, including a total calculation of the organisation, production of materials and conduct of the assignments. Practical application and scientific supervision were differentiated in the calculation. For the implementation of the project, the calculation contains the following items to be taken into account:

- Procurement and equipment of the vehicle
- Operational costs: staff costs, petrol, wherein terror of the vehicle, etc.
- Overnight costs for one specialist employee
- Production of materials: flyers and questionnaires
- Follow-up telephone calls
- Organisation: organisational and staff costs for preparation and follow-up analysis, contact the local institutions, advertising
- Scientific supervision: staff costs, travelling expenses, ethics committee approval

Approximately half of the costs to be incurred can be borne by the diabetesDE- Deutsche Diabetes-Hilfe (donations) and the Institute for Medical Sociology (own funds). In order to conduct the project and evaluate it in the planned scope, a project application was made to the German Federal Ministry of Health (BMG) and approved accordingly. The original estimation of the resources required (staff, material and budget) was well founded and was based on experience values from previous projects. Nevertheless, the project "Diabetes Counselling on Wheels " differs from previous projects in certain points, so that it only became clear over the course of the pilot project where there is a potential for optimisation. All of the partners sit down together and consult with each other at regular intervals to evaluate the processes and continuously optimise them.

Were sources of funding specified in regards to stability and commitment?

The project is funded from two main sources: donations acquired by diabetesDE, and from funding granted by the MoH (BMG). Since the funding of the BMG represents a deficit financing, which is subject to renewed approval from year to year, the stability of the project is only ensured to a limited degree, even if the BMG has signalled that financing is envisaged for the entire project period.

Were organisational structures clearly defined and described (i.e. responsibility assignments, flows of communication and work and accountabilities)?

The responsibilities are clearly defined and a continuous exchange between the project partners takes place.

Main actors (responsibilities):

- diabetesDE – Deutsche Diabetes-Hilfe e.V. (coordination and promotion)
- The North Rhine Westphalian Association of the Deutsche Diabetes-Hilfe – Menschen mit Diabetes (DDH-M) (will provide the Diabetes-Info-Mobile and carry out the assignments)
- Institute of Medical Sociology at Hamburg-Eppendorf University Hospital (scientific evaluation)

Other actors involved:

- Verbund der Diabetes-Beratungs- und Schulungsberufe in Deutschland e.V. (VDBD) (organisation of the assignment days locally, distribution of flyers / handouts in local pharmacies)
- local specialist practices , district health offices, integration officers at the respective assignment location (promotion)
- a specialist employee of Turkish origin resident in the local area in each case (consultation, promotion)

Is the potential impact on the target population assessed (if scaled up) ?

The evaluation will be conducted from 2014 to 2018.

Are there specific knowledge transfer strategies in place (evidence into practice)?

The final evaluation is designed to show whether the approach of the project is suitable for achieving the stated objectives. If the project is successful, a compilation of the findings in a manual or guideline is planned, in order to facilitate continuation or a possible extension to other population groups (e.g. migrants of Arabian or Russian origin) or other indications (certain types of cancer or cardiovascular diseases).

Is there an analysis of requirements available for eventual scaling up such as foreseen barriers and facilitators?

Yes. Beside the quantitative evaluation, a process evaluation will be conducted. The aim of the process evaluation is to identify promoting and inhibiting factors. These findings can be used for a continuation or for the transfer to other indications and population groups. A compilation of the results in a manual or guideline is planned.

An analysis of the prerequisites for an extension of the project will be compiled within the context of the scientific supervision upon completion of the project, but is currently not available.

What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

The most important pre-condition for the success of the project was the co-operation of the three project partners that are jointly conducting the project "Diabetes Counselling on Wheels". Each of the three partners brings specialised knowledge into the project and can fall back on experience in a wide range of different tasks:

- The North Rhine Westphalian Association of the DDH-M has been operating a Diabetes-Info-Mobile for several years, is providing the vehicle with its tailor-made equipment, and for many years has been working together with diabetes councillors who themselves in turn have experience in mobile counselling and the use of the laboratory equipment. As an association, with this focus on prevention and healthcare promotion, the North Rhine Westphalian Association of the DDH-M goes far beyond the objective of pure self-help projects. In the assignments before the start of the project and other small projects, the North Rhine Westphalian Association has already been able to collect experience with the target group of the migrants.

- The Institute of Medical Sociology at Hamburg-Eppendorf University Hospital contributes comprehensive expertise in the scientific support of projects on diabetes education and in dealing with the target group of migrants, and has become established in Germany as an important contact for self-help as regards scientific questions.
- diabetesDE – Deutsche Diabetes-Hilfe has a broad network in the diabetes scene as an umbrella organisation and contributes comprehensive experience in public relations work as well as project management.

The interplay of the involved partners and their complementary fields of scientific knowledge and specialist experience were key factors to implement the project in its present form.

What were, in your opinion, the main lessons to be learned?

A key finding from the course of the project thus far is that it is absolutely necessary to clarify in advance how well all the actors are prepared for the project in all its facets (addressing the target group, project management, documentation). As inhibitory factors in implementation have already been identified, one goal is to draw up a concept upon conclusion of the project. Thus, the problems, but also the approaches found to solving them, as well as the findings/experience gained will be documented for future projects.

In addition, already in the first year of the project, it became clear that the project could not have been implemented with staff working on a strictly voluntary basis. Since the project "Diabetes Counselling on Wheels" provides a service, namely preventive work for others, the long-term establishment of the project urgently requires a more solid financial base, above all to cover overhead costs.

Web page related to the intervention

http://www.diabetesde.org/ueber_uns/spendenprojekte/unsere_projekte/diabetes_beratung_auf_raedern/

References to the most important articles or reports on the intervention:

<http://www.zdf.de/volle-kanne/praxis-taeglich-unterwegs-mit-dem-diabetesmobil-fuer-migranten-36420494.html>

<http://nrw.menschen-mit-diabetes.de/diabetes-info-mobil/praevention-zahlt-sich-aus>

http://www.diabetes-online.de/aktiv_gesund_leben/a/1710382

<http://www.aerzteblatt.de/nachrichten/59813/Diabetesberatung-auf-Raedern-will-Hemmschwellen-abbauen-und-Sprachbarrieren-ueberwinden>

<http://www.gesundheitsstadt-berlin.de/mobile-diabetes-beratung-tourt-durch-den-nordosten-6469/>

Videos:

<https://www.youtube.com/watch?t=56&v=x6ogS7J9hBQ>

<https://www.youtube.com/watch?v=d211ZjEyonM>

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