Copenhagen Roadmap

Outcomes of the European Diabetes Leadership Forum

TODAY, WE CAN CHANGE TOMORROW
EUROPEAN DIABETES LEADERSHIP FORUM
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Foreword

In a time of financial crisis, an ageing population and a growing burden of chronic diseases such as diabetes, societies across Europe and their healthcare systems are under great pressure. In recent years much political attention has been given to diabetes and other chronic diseases, resulting in initiatives such as the *United Nations (UN) Resolution on Diabetes 61/225; the "European Coalition for Diabetes Grand Challenge: Delivering for Diabetes in Europe" document; the Political Declaration of the 2011 UN High Level Meeting on the Prevention and Control of Non-Communicable Diseases (NCDs); the European Parliament resolution of 14 March 2012 on addressing the EU diabetes epidemic*; and *Council Conclusions* from previous EU presidencies addressing the issue, including Austria, Belgium and most recently Poland. We must build on these and turn policy into action by outlining concrete initiatives which can form part of National Diabetes Programmes to improve the lives of people with diabetes and other chronic diseases.

The European Diabetes Leadership Forum took place on 25th and 26th April 2012 in Copenhagen. The Forum gathered a variety of partners, endorsers and participants to promote concrete and workable initiatives. The outcomes of the European Diabetes Leadership Forum have been collected in this Copenhagen Roadmap, a document which aims to inspire stakeholders who are working to improve diabetes and chronic disease care across Europe.

Prevention

Type 2 diabetes is a largely preventable disease. Risk factors include overweight and obesity, lack of physical activity and an unbalanced diet. Promoting and facilitating a healthy lifestyle can prevent or delay the onset of diabetes, and is particularly effective when targeting those at high-risk as well as children, ethnic minorities, vulnerable groups and pregnant women.

Promote healthy behaviour and create an environment enabling healthy lifestyle

- Raise awareness of diabetes and its risk factors through health promotion. Encourage healthy lifestyles with physical activity and a balanced diet, including healthy nutritious food with less sugar, salt and saturated fats
- Use a cross-sectoral approach to make healthy choices attractive and affordable choices. Consider aspects of prevention of diabetes and its risk factors in relevant legislative and policy fields, including taxation, food labelling, and advertising restrictions
- Encourage healthy cities through urban design. Incorporate opportunities for physical activity in the infrastructure, for example developing cycling routes and outdoor exercise areas
- Use the workplace environment as an opportunity to promote healthy behaviour and ensure that employee health is embedded in the employer's policies and practices. Prioritise a healthy food selection, establish access to physical activity and offer support to healthy lifestyle choices

Improve the health of infants, children, pregnant women and mothers

- Raise awareness of pre-natal health, effects of overweight and gestational diabetes mellitus (GDM). Improve (access to) pre-natal care including dietary advice, and consider early detection of GDM, intervention and follow-up, as well as promotion of breast-feeding
- Use schools as platforms for promoting a healthy lifestyle. Improve health literacy, facilitate access to healthy foods in canteens, and encourage physical activity through group activities and exercise programmes

Implement prevention initiatives in vulnerable and high-risk populations

- Educate healthcare professionals to assess and systematically target high-risk groups, raising awareness of practical steps towards lifestyle modification and healthy lifestyle choices
- Target vulnerable populations, such as the economically disadvantaged or ethnic minorities susceptible to diabetes. Establish awareness of diabetes risk factors and encourage a healthy lifestyle for example through community-based interventions

Early detection and intervention

Early detection and early intervention decreases the risk of complications. It provides a window of opportunity for action, which can improve the individual outlook and decrease the economic burden on healthcare systems and society.

Use national diabetes risk questionnaires

- Adapt validated diabetes and cardiovascular disease risk questionnaires to a given national context so they provide a reliable estimate of the respondent risk level based on the answers to simple questions on personal and lifestyle characteristics
- Disseminate the risk questionnaires through primary healthcare, community and workplace platforms. The risk questionnaires can help motivate individuals to make healthy choices and will also facilitate targeting of health checks

Design and implement a programme of targeted health checks

- Design health check programmes targeting high-risk populations to secure cost-effective early detection of diabetes and cardiovascular disease. Include assessment of overall health and measurement of blood pressure, cholesterol and blood glucose

- Implement targeted evidence-based (systematic or opportunistic) health check programmes in healthcare, community or workplace contexts

Ensure intervention is provided as soon as appropriate

- Provide support, including diet and exercise programmes and lifestyle guidance, to those at high risk of developing diabetes and other chronic diseases

- Ensure early intervention for those detected with increased levels indicating diabetes or other chronic diseases in order to bring people into optimal control early

Better management and control

People with well-controlled type 1 and type 2 diabetes will have better long-term outcomes and therefore not only live better lives, but also need fewer healthcare resources. A people-centred approach that seeks to improve the entire diabetes pathway will keep people healthy and without complications and co-morbidities for as long as possible. This will require a coordinated approach involving primary, secondary, tertiary care and social sectors with the individual at the centre.

Deliver coordinated and high quality care responses to the needs of people living with chronic diseases

- Adopt a life course approach and create coordinated responses, mainly anchored in primary care, that support patient needs across co-morbidities, for example by designing Disease Management Programmes

- Focus on ensuring continued access to safe and effective treatments (including treatment combinations and best treatment pathways) which improve control and limit or avoid long-term complications and preventable hospitalisation

Empower patients by developing and implementing collaborative and people-centred chronic care models

- Implement evidence-based guidelines for people-centred chronic care with a particular focus on collaborative goal-setting, individual needs assessment as well as patient-empowerment

- Provide quality assured structured diabetes self-management education at relevant stages. Based on individual needs, involve relevant professionals to educate and help individuals manage their condition(s). Further promote patient empowerment through activities driven by civil society organisations, such as patient associations

- Promote and support the uptake of proven cost-effective tools and strategies, including telemedicine and e-health as well as peer support models which can facilitate daily self-management

- Create greater health equity by offering support based on individual needs and by ensuring equal rights of people with diabetes

Use information systems to capture data and drive decision-making

- Use diabetes indicators (on outcomes as well as processes) to set national targets for quality of care and assess progress through the implementation of monitoring systems at country level, regional level, and within different healthcare settings

- Use population-based national registries and surveys (including general practitioners' and hospital discharge databases) as one information basis for decision-making, prioritisation, and for comparisons between countries or regions

- Encourage shared care, and make e.g. electronic medical records accessible for patients. Encourage healthcare professionals to motivate patients by establishing individual targets and monitoring the achievement of these over time

Diabetes can be considered a model disease for other chronic diseases. Similarities include that it shares risk factors with many other chronic diseases; that a large proportion of people with diabetes have multiple chronic diseases; and that interventions proven effective within diabetes are often replicable to other chronic diseases. Based on the link between diabetes and other chronic diseases we encourage the priority areas outlined in the Copenhagen Roadmap to serve as inspiration for action frameworks within other chronic disease areas as well.

Authorship of the Copenhagen Roadmap lies with multiple stakeholders. The hosts and partners to the European Diabetes Leadership Forum developed the foundation of the Copenhagen Roadmap, and contributions to the content were made by speakers, panellists and participants who attended the Forum. As a result of the collaborative effort, no organisation or individual should be made independently liable for the Copenhagen Roadmap initiatives.

The European Diabetes Leadership Forum was hosted by the OECD and the Danish Diabetes Association and held under the auspices of the Danish Presidency of the Council of the European Union and the Danish Ministry of Health. Partners to the European Diabetes Leadership Forum were the European Association for the Study of Diabetes (EASD), the International Diabetes Federation (IDF) Europe, the Foundation of European Nurses in Diabetes (FEND), Primary Care Diabetes Europe (PCDE) and Steno Diabetes Center. The European Diabetes Leadership Forum was supported by Novo Nordisk.