



# The 3rd International DAWN Summit: from research and practice to large-scale implementation

Highlights from the 3rd International DAWN Summit, Florence, 28 April 2006.

More than 900 leading diabetes health care professionals and representatives of diabetes organisations and governments from 64 countries attended the 3rd International DAWN Summit, organised by Novo Nordisk under the auspices of WHO, IDF, EASD, FEND and the Italian Diabetes Society. The Summit was a part of the Therapeutic Patient Education 2006 Conference, dedicated to the contribution of Jean-Philippe Assal to TPE. A panel of distinguished speakers reported on the global

status of diabetes care and described the progress made in carrying forward the global DAWN (Diabetes Attitudes, Wishes and Needs) programme. The aim of this 3rd DAWN Summit was to move towards large-scale implementation of a person-centred approach to diabetes and chronic care at the systems, provider and patient levels.

Oral presentations were supplemented by a display of posters highlighting innovative patient-centred activities from 24 countries from all continents.

## Changing the course of diabetes globally

The Summit was opened by Professor Aldo Maldonato (*Italy*), organising Chair of the Therapeutic Patient Education (TPE) Conference. The first session on changing the course of diabetes globally was chaired by Frank Snoek (*The Netherlands*) and David Matthews (*UK*).

Pierre Lefèbvre, President of International Diabetes Federation, spoke about his hopes and ambitions for diabetes care in the developing world. He introduced delegates to a new diabetes version of Einstein's famous equation,  $e = mc^2$ , where  $e$  = excellence,  $m$  = money or manpower and  $c$  = commitment.

Novo Nordisk Vice-President Lise Kingo emphasised the company's long-term commitment to the improvement of diabetes care in a global and sustainable way and announced the DAWN Award 2006 (Box 1).

David Matthews then spoke about the way the DAWN programme had come about (Box 2) and listed some of the aims of the 3rd DAWN Summit.

Soren Skovlund, also from Novo Nordisk and principal organiser of the DAWN programme, gave a birds' eye view of the progress that had been made in implementing the six 'Calls to Action' (Table) to meet the five DAWN goals. He looked forward to future activities such as a DAWN Youth Study.

## Box 1. The Novo Nordisk International DAWN Award 2006

The objectives of the DAWN Award are to acknowledge and reward outstanding efforts by organisations or individuals to improve health and quality of life for people with diabetes. The initiatives should specifically address special needs of disadvantaged populations with diabetes and demonstrably achieve one or more of the five DAWN goals. The Award comprises a grant of 15 000 Euros. The closing date for entries is 15 September 2006 (with an extended deadline of 1 October 2006 for *PDI* readers)

## Implementation of the DAWN Call to Action: world status

*Session Chair: Mark Peyrot (USA)*

### In Italy: agreement with the Ministry of Health to start a DAWN project.

Dr Paola Pisanti welcomed delegates on behalf of the Italian Ministry of Health and announced the impending signing of an agreement between DAWN Italy and the Ministry to establish a new broad social understanding of the challenges involved in improving diabetes care. The Ministry would help establish critical areas for research, provide reliable funding, distribute useful information for patients, involve scientific organisations and agree on methods to better diabetes quality of life (QoL) and management.

### In Poland: a national train-the-trainer programme incorporating DAWN priorities.

The DAWN Study showed that patients in Poland had a high level of concern about psychosocial issues. This inspired the Polish Diabetic Society, the Polish

Diabetes Association and Novo Nordisk to team up in 2003/4 to create the National Programme to Support People with Diabetes (NPSPD). This aims to improve QoL and treatment outcomes through a multi-faceted educational approach aimed at health care professionals (HCPs) and patients. Information-sharing conferences have been organised for specialists and practical training workshops for primary care physicians and nurses. An effective HbA<sub>1c</sub> screening test has been developed as well as studies to identify personality traits in Polish patients, so that support can be more accurately targeted. More than 3500 doctors and 300 nurses have been trained in the use of psychosocial assessment tools. NPSPD has been responsible for a general public diabetes awareness campaign.

**In Egypt: a DAWN Award-winning initiative for underprivileged young people.** The 'Assistance to Young Diabetics (AYD) Therapeutic Education Programme' in Egypt,



described by Laila Sioufi, its founder and President, won the 10 000 Euros first prize in the 2004 International DAWN Award competition. The AYD programme addresses directly key goals of DAWN. It has helped more than 2000 children and their parents in Cairo, is recognised by IDF, WHO and the local health authorities and has become a model for Egypt and other parts of the Arab-speaking world. Motivated by the 10% prevalence of diabetes, inadequate resources (1% of the health budget) and the negative attitude to the disease in Egypt, Ms Sioufi founded AYD in 2000 and established 'diabetes schools' (20-hour training courses) in the Greater Cairo area for underprivileged diabetic children, incorporating the principles of TPE and drawing on booklets of the French organisation L'Aide des Jeunes Diabétiques. Physicians, psychologists and behaviour specialists are all members of the AYD team. Continuous educational, emotional, psychosocial and financial support is provided through youth and parent support groups and recreational sports. Thanks to the DAWN programme, the AYD success is now being used for inspiration in other parts of the region and the world to increase access to therapeutic patient education.

**In India: translating DAWN objectives into practice in Chennai.** The WHO Collaborating Centre for Research, Education and Training in Diabetes at Royapuram, Chennai, has been closely involved in patient education programmes and training of diabetes educators, focusing on DAWN objectives. Dr Shobhana Ramachandran explained that there is no national Indian diabetes programme, although India has more people with diabetes (30–35 million) than any other country. Such care as is available is largely private. Barriers to good care include a multiplicity of languages and cultures, and lack of resources. Stimulated by DAWN, the Royapuram Centre carried out a focus group study to assess the perceptions and effects of diabetes on patients, as well as levels of family support. Initial reactions to diabetes included high levels of

**Box 2.** About the DAWN programme and the five DAWN goals

The DAWN Study in 2001<sup>1</sup> comprised interviews with 5426 diabetic patients and 3872 health care professionals (HCPs) in 13 countries to identify barriers to optimal glycaemic control and quality of life. It found that: social support and emotional well-being are pivotal to the achievement of effective self-management; current standards for diabetes do not include evidence-based approaches to dealing with psychosocial issues; and improved outcomes in diabetes may be achieved by combining specific psychosocial support with appropriate medical care. These were the subject of a first DAWN International Summit in Oxford in April 2002.<sup>2</sup> A second Summit in London in November 2003<sup>3</sup> led to a global Call to Action to improve outcomes of diabetes care by addressing the people behind the diabetes. It identified five goals: (1) enhance communications between people with diabetes and HCPs; (2) promote communication and coordination between HCPs; (3) promote active self-management; (4) reduce barriers to effective therapy; (5) enable better psychological care in diabetes

worry, shock, fear, denial and depression. The Centre therefore developed training programmes in several Indian states. These include a three-week course for diabetes educators and dietitians and a three-day outreach programme for rural community diabetes health workers. There is a focus on training doctors (3000 so far) and on teamwork. As a result, 71% of HCPs surveyed in a post-workshop study said they would change their approach to diabetes service delivery.

**In the Caribbean: implementation of DAWN and patient-centred initiatives.** Godfrey Xuereb (*Jamaica*) described how CARICOM, which comprises 17 English-speaking countries and 6.2 million people in the Caribbean, has one of the highest diabetes incidence rates in the Americas (range 3.8–17% of the adult population). Sixty-five percent of adult females have a BMI >25. Morbidity and mortality rates are high. The island nature of the region inhibits access to diabetes care. Psychosocial issues are seldom addressed. The DAWN Call to Action has played an important part in stimulating efforts to improve things. The Caribbean Health Research Council, the Pan American Health Organisation, the Caribbean Food and Nutrition Institute and the University of the West Indies Diabetes Outreach Programme, supported by the North American Region of IDF and

**Table.** Six Calls to Action to achieve the five DAWN goals

**All key stakeholders in the society to work together to:**

1. Create awareness and advocacy for better care
2. Engage and educate people with diabetes
3. Train health care professionals
4. Implement patient-centred tools and systems
5. Influence health policy and treatment guidelines
6. Promote psychosocial and patient-centred research

the WDF, have been working to provide effective and efficient diabetes services. A training course for diabetes educators has had 97 participants from 15 countries. The Diabetes Association of Jamaica has developed a diabetes lay educator programme, which has trained 800 community leaders in Jamaica and 160 from across the region. A draft curriculum for Diabetes Education in the Caribbean, including psychosocial needs, is being introduced.

**In Japan: the DAWN Japan Study and adoption of a 'Diabetes Treatment Guide'.** In Japan, there are 7.4 million people diagnosed with diabetes and a much larger number who have not yet been diagnosed or who are in the course of



developing the condition. Yet 40% of people with diabetes are not receiving treatment. The problem is exacerbated by an ageing population, unhealthy diet, obesity and lack of exercise. There are 3314 certified diabetes specialists and team-based centres but the importance of patient-centred psychological care has not been sufficiently recognised. Dr Hitoshi Ishii (*Director of the Diabetes Centre at Tenri Hospital*) described how the DAWN Call for Action stimulated the Japan DAWN Study which addressed psychological issues in initiating insulin treatment for type 2 patients and doctors. Strong resistance by both to insulin treatment was identified, along with a need to improve the efficacy of HCP–patient communications. A ‘Diabetes Treatment Guide 2004–2005’ published by the Japan Diabetes Society has raised awareness of the importance of patient-centred psychological care. Problem-solving tools are being developed to address issues such as resistance to insulin treatment. Dr Ishii believes that these DAWN-associated initiatives represent best diabetes practice in Japan.

**In Latin America: patient-centred care models to address the DAWN Call to Action.** In a survey of the diabetes status of Latin America, Professor Juan Jose Gagliardino (*Director of the Center for Experimental and Applied Endocrinology at the National University of La Plata, Argentina*) described efforts to meet the huge challenge of diabetes in the region. By 2025, WHO predicts a 150% increase in prevalence (20 million in 2000). Two-thirds of patients have chronic complications. Bearing in mind the substantial extra hospitalisation costs, interventions to prevent diabetes and its complications are imperative. The DAWN Call for Action, complemented by the pan-regional Qualidiab programme, has helped encourage new patient-centred care models such as AUGE in Chile and PRODIACOR in Argentina. The latter, sponsored by the Argentina affiliate of Novo Nordisk, includes DAWN tools and structured diabetes education for HCPs and patients.

Preliminary results show improved outcomes and a 28% saving in the economic cost of diabetes. Pan-regional implementation of these plans demands the joint commitment of research centres, HCPs, governments, NGOs, patient associations and the pharmaceutical industry.

**In the CIS (Commonwealth of Independent States): legislative developments to promote implementation of DAWN.** The CIS comprises 12 former members of the USSR, with a combined population of 280 million and a territory four times bigger than the EU. The official prevalence of diabetes is 3.5 million people – the real figure probably 10 million. Diabetes care systems are poor and psychosocial aspects not considered at all. Marina Shipulina described how the St Petersburg Diabetes Association in Russia was trying to have the DAWN objectives incorporated into the national care systems of the CIS. A new model law, ‘On fundamentals of medical and social protection of citizens with Diabetes Mellitus’, spearheaded by the Association, was accepted in principle by all member states in December 2004 and is currently being formally adopted by Russia, Azerbaijan and Kyrgyzstan. An agreement has been reached within the CIS to adopt national laws on diabetes, to introduce long-term prevention programmes, to permanently provide patients with high-quality insulin, antidiabetic tablets and diagnostic agents, to develop measures aimed at early diagnosis, and to undertake studies of psychological aspects.

**In Africa, Australasia and Europe.** Jean Claude Mbanya (*Cameroon*) made a passionate plea for more support for diabetes care in Africa, the second largest continent with huge diabetes problems. Pat Phillips (*Australia*) said Australasia was a region of comparative privilege but with areas of high prevalence, e.g. the Maoris, as well as the usual problems of obesity and poor provision of psychological care. Russell Glasgow (*USA*) explained that in his country

very substantial amounts were spent on basic research in diabetes but much less on much-needed behavioural research. In Europe, the picture was mixed, said Eugene Hughes (*UK*). The DAWN programme had highlighted the difference between rhetoric and reality. Innovative training programmes and tools had been developed in The Netherlands, Israel, Germany and the UK and assessment of depression in diabetes patients was now part of the UK General Medical Services contract. However, availability of psychologists and diabetes nurses was poor overall in most EU member states and only 11 of the 25 had national diabetes frameworks.

### Implementing patient-centred care

The third session, chaired by Mary MacKinnon (*UK*) and Ib Brorly (*Denmark*), presented different perspectives on implementing patient-centred care in chronic disease management. Michael Weiss (*USA*) spoke movingly about his personal experience of diabetes. The anger and frustration he had felt on developing and being treated for colon cancer was far less than what he had felt about his diabetes – because he felt personally responsible for the management of the diabetes. Jozien Benzing (*The Netherlands*) described the doctor’s role in communicating with patients as a ‘garden of unused opportunities’. In an amusing and thought-provoking presentation, Frank Vinicor (*Director of Diabetes Translation at the Centers for Disease Control in the USA*) pointed out that 70% of the global health burden was now from chronic disease. Sue Roberts (*UK*) said GPs in her country were more involved in diabetes care and doing better than some had expected but 41% of patients still did not have good control. She emphasised the importance of structured education.

### New perspectives and lessons learnt

In a session chaired by Rudiger Landgraf (*Germany*) and Stewart Dunn (*Australia*), Kari Rosenfeld (*USA*) said DAWN was helping to change attitudes but no one initia-



The 3rd International DAWN Summit

tive could succeed by itself. She drew attention to the campaign for a UN Resolution on Diabetes ([www.unitefordiabetes.org](http://www.unitefordiabetes.org)). Co-lecturer Anja Ostergren Nielsen (*Denmark*), a student with type 1 diabetes, thought that many young patients did not know that support existed or how to access it. The secret was to find ways for advocates to communicate together. From the USA, Sherrie Kaplan said that doctors and patients alike received little training in HCP–patient communication. Training patients about disease was not new – the management of leprosy was described in Leviticus. Sheldon Greenfield (*USA*) felt that professional input could only achieve small, incremental improvements. It was the patient who really changed things.

In a joint presentation on training HCPs, Torsten Lauritzen (*Denmark*) elucidated from the audience – a group handpicked for their commitment to diabetes – that only 50% had received training in patient-centred care and only 10% had had feedback from a video on their own consultation skills. His co-lecturer, Sue Cradock (*UK*), thought she had been largely ineffective as a diabetes HCP until she had learnt from Anita Carlson and Bob Anderson how to listen and encourage patients to speak.

Frank Snoek emphasised that ‘patient-centred care’ included good biomedical care. He reviewed studies of the Chronic Care Model (CCM), concluding that many innovative new tools and systems – such as those advocated by DAWN – had been developed to enhance patient care and clinical outcomes. These should be integrated into diabetes care but translational research was needed to study the effects in real life.

Line Kleinebreil (*France*) agreed that most patients wanted clinical and psychosocial care to be integrated. New tools were needed that could be accessed by developing countries, e.g. video conferencing.

Bernd Kulzer (*Germany*) pointed out that psychosocial guidelines were only available in five countries and only two were based on a critical review. PSAD (Psychosocial Aspects

of Diabetes), in association with the DAWN Study Group, had recently issued recommendations and a list of topics that should be covered.

On the same theme, Petronella Geelhoed-Duijvestin (*The Netherlands*) said that 40–60% of diabetic patients had psychological problems, highlighting the need for psychosocial guidelines.

Russell Glasgow agreed with Frank Snoek about the value of CCM tools. The problem was implementation. Innovations related to DAWN priorities and goals ought to be researched in ways that were practically relevant to policy makers, clinicians and patients and would make their adoption more likely.

**David Matthews closed an excellent meeting by saying how the ideas coming out of the DAWN programme were helping to give HCPs a new sense of commitment to tackle a disease that, in the words of a mother of a diabetic child, ‘can eat you from the inside out’.**

*Report by James Wroe,  
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