

From practice and research to large-scale implementation: *the 3rd DAWN summit*

☒ The DAWN International Expert Advisory Board

The Diabetes Attitudes Wishes and Needs (DAWN) programme was launched in 2001 with the global DAWN study. Initiated by Novo Nordisk in partnership with the International Diabetes Federation (IDF) and an international expert advisory board, the DAWN programme aims to respond to shortcomings in diabetes care; less than half of the people who are diagnosed with diabetes worldwide reach optimal health and quality of life. The 3rd DAWN summit, which was held recently in Florence, Italy, gathered 900 experts, people with diabetes, policy-makers and professionals from 64 countries to set the stage for large-scale initiatives to improve treatment outcomes through patient-centred self-management and psychosocial support strategies.



The objective of the DAWN study in 2001 was to explore the many non-medical barriers to improving the health and quality of life of people with diabetes. The findings exposed the gap that exists between the psychosocial and self-management challenges of

living with the condition and the available healthcare resources – even in advanced and well resourced settings.

The first two DAWN summits, held in 2002 and 2003 in the UK, were key components in the programme's role

as catalyst for a practical worldwide response. At the 2nd DAWN summit, which brought together leaders in the field of diabetes and organizations from 31 countries, the worldwide DAWN call to action was made: to put the people behind the condition at the centre of care (see *Diabetes Voice* Special Issue 2004).

The 3rd DAWN summit

The focus of the 3rd DAWN summit, held in Florence, Italy, in April 2006, was on setting the stage for the implementation of practical and research-oriented initiatives. The aim of the meeting was to review the progress to date in implementing the DAWN call to action, share best practices, build networks and partnerships, showcase practical solutions and strategies and present new initiatives.

The meeting opened with the announcement of a national Novo Nordisk DAWN initiative in Italy, which will be overseen by the Italian Ministry of Health. Novo Nordisk also



The 3rd DAWN summit, held in Florence, Italy, in April 2006, focussed on translating practice and research into implementation.

announced its commitment to a new global DAWN initiative in partnership with IDF and the International Society for Pediatric and Adolescent Diabetes to be focused on youth worldwide with all types of diabetes.

A panel of experts from around the world discussed regional progress, successful models and future priorities for improving patient-centred diabetes care. The results of a 2006 DAWN Expert Survey covering 18 countries revealed that despite positive developments in many countries, the majority of people with diabetes do not receive optimal care. There was wide agreement on the need to call for further international support for the large-scale implementation of the DAWN call to action and further definition of the elements of patient-centred care.

Communication, dialogue and advocacy – central to improving the treatment and quality of life of people with diabetes – were highlighted throughout the

meeting. For healthcare providers, self-reflection and coaching by peers was considered key elements in adopting new and effective ways of facilitating patient autonomy. People with the condition were encouraged to act as diabetes ‘ambassadors’ and active agents for change, sharing their experiences with peers, healthcare providers and the community at large to the benefit of all. Several initiatives to enhance communication, dialogue and advocacy were introduced during the event.

Tools for supporting action

A number of tools and systems have been developed to facilitate the delivery of therapeutic diabetes education and psychosocial care. Tools to facilitate patient self-determination and the quick identification of individual treatment needs were among those presented, as well as integrated satellite, internet, and mobile phone systems.

The DAWN Monitoring Individual Needs of People with Diabetes (MIND) research programme was

introduced in Florence. The DAWN MIND protocol supports people with diabetes and their carers in addressing the psychosocial obstacles that arise in the development of individual care plans and promotes personal involvement in the care process.

In communities where there are high levels of illiteracy, the use of illustrations in didactic material can support the education and thus the empowerment of people with diabetes. The winner of the 2005 DAWN International Award is a fine example. Assistance to Youngsters with Diabetes in Egypt enhances the health and quality of life of children with diabetes through the provision of structured therapeutic health education and carefully developed illustrated booklets (see *Diabetes Voice*, June 2005).

Several IT systems and computer programs were displayed at the conference, which aim to facilitate the systematic use of DAWN questionnaires in daily diabetes care. The inclusion of DAWN tools in diabetes ‘passports’ was another example of various country-wide initiatives. The successful tools that were submitted by conference delegates will be disseminated through future DAWN events and publications.

Enhancing communication

About half of the 900 delegates reported receiving training in patient-centred care. However, few had received feedback on their own consultation techniques. Such feedback is effective in promoting self-awareness and reflection – essential for sustained behaviour change. Team workshops were proposed as a key way to implement the DAWN call to action locally.

Coaching in counselling skills for healthcare providers should begin already in medical school and examples of use of the DAWN study in curricula in medical schools were highlighted. Coaching in self-management for people with diabetes is perhaps one of the most critical aspects of diabetes education. A new DAWN initiative in the USA was introduced where people with diabetes are trained to coach other people with diabetes to maximize outcome of their visits with their doctors.

Influencing the decision-makers

In a world of competing healthcare agendas and contrasting social and economic priorities, convincing governments to address diabetes is a major challenge. Of the 200 or so countries in the world, less than 10 have national guidelines with clear recommendations on psychosocial diabetes care. Even where these guidelines exist, there is no guarantee that practice reflects theory; political support and investment in resources are essential.

Initiatives are underway in the EU, Eastern Europe and globally – at the UN – which provide an opportunity to highlight the human burden of the disease. A practical framework was described in

Florence to raise the political profile of an issue such as the need for changing how we care for diabetes:

- clearly define the urgency of the problem
- demonstrate a feasible, valid policy solution
- scan the broad political environment to effectively address the politics of the issue.

The UK and Germany were two examples of countries that have adopted patient-centred evidence-based guidelines. The continued involvement of all stakeholders through a common vision is vital to the successful implementation of such national guidelines.

Teamwork

The importance of partnership was stressed throughout the conference. Effective partnerships should be sought at all levels: from the unions of people with diabetes and their care teams, to the concerted efforts of a wide range of stakeholders in developing evidence-based, appropriate and updated guidelines.

Disparities affecting health

There is a growing focus on the health disparities that exist between regions and countries. In some parts of Africa, insulin is available only 22% of the time; in the Eastern Mediterranean and the Middle East, 33% of the population accounts for 85% of health expenditure. These discrepancies also exist within national borders – among minority populations, such as elderly people or immigrant groups.

Financial restraints represent only one of the core problems. But disparities in care do not arise due to economics alone;

factors such as illiteracy, stress and a lack of access to culturally sensitive support often conspire to interfere with people's ability to self-manage their diabetes.

The DAWN Award 2006 was announced to reward new promising initiatives to support people in disadvantaged minority populations to better manage their condition with available resources (see *News in brief* page 7).

Global problems, local solutions

The IDF-led campaign for a UN Resolution on diabetes, which is supported by key organizations around the world, aims to send a clear signal that diabetes affects around a billion people worldwide – a situation that will deteriorate unless appropriate steps are taken. Delegates at the DAWN summit saw many examples of effective advocacy resulting from the gathering of stakeholders from all parts of the world and from all walks of life.

The DAWN journey towards better health and quality of life for all people with diabetes has just begun; we have a long road ahead. The majority of the summit delegates concurred that the level of self-management support and psychosocial care received by people in their region was on average 'minimal'. But major progress is being made. There was agreement on the need to include well-being as an additional indicator of the quality of care, and the importance of improving self-management and psychosocial support to reduce the economic and human burden of the condition.

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