

**International Diabetes Federation (IDF)
North America and Caribbean (NAC) Regional Workshop**

**Supporting the Implementation of the United Nations (UN) Resolution on
Diabetes (61/225) in the North America and Caribbean Region**

30 March 2009



**International Diabetes Federation
North American Region**

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Background

In March 2009, members of IDF North America and Caribbean Region met to review progress on tackling diabetes in the region. The aims of the meeting were to assess the impact and achievements made in implementing the United Nations Resolution 61/225 on diabetes, determine the gaps that still exist and to develop a cohesive action plan to address the key challenges in prevention, treatment and care for people with diabetes.

Diabetes in the North America and Caribbean Region

Diabetes represents a significant healthcare issue in the North America and Caribbean region. The IDF reports that in 2007 prevalences ranged from approximately 7% in Antigua and Barbuda, Belize and Haiti to more than 11% in Dominica and Trinidad and Tobago. The three largest countries in the region, the United States, Mexico and Canada, had a prevalence of approximately 9% in 2007. The prevalence of diabetes is expected to increase by at least a full percentage point across the entire region by 2025.

Implementation of the United Nations Resolution in the North America and Caribbean Region

Where are we now?

The UN Resolution has been a catalyst for change in many countries throughout the region. Education and awareness programmes have been stepped up and patient and professional associations have increased the lobbying of governments for action on type 2 diabetes. Many countries are making successful use of the media to communicate key messages on diabetes, community outreach programmes are engaging people in schools and churches, and World Diabetes Day is being recognized more widely.

However, many gaps in prevention, treatment and care remain and full implementation of the UN Resolution can only proceed once the current needs have been identified and addressed. The IDF meeting in Ocho Rios provided diabetes associations across the region with an opportunity to reflect on the progress they have made and formulate a plan of action.

Countries from the regions identified the following as key challenges:

- Training and education
 - The appropriate audience (healthcare professionals, people with diabetes and other stakeholders) should be matched with key tasks
 - Healthcare professionals must be made aware of the UN Resolution goals
 - Greater, focused engagement is required with medical schools to educate trainee doctors about diabetes management
 - People with diabetes should be educated to take responsibility for their own health
- Sharing of best practice between countries
 - Successful programmes in one country should be shared and expanded to other countries
 - Countries with a well-developed diabetes infrastructure should share resources with other countries
- Retention of specialists
 - Initiatives to reverse the 'brain drain' of healthcare experts from the Caribbean region should be explored
- Inconsistencies in quality and delivery of care
 - People with diabetes from across the region are not yet receiving an optimum standard of care and many remain undiagnosed
 - HbA1c goals should be common to the entire region
 - The lack of psycho-social support should be addressed
- Lack of government support
 - Significant gaps remain in government knowledge and information about the scope of the diabetes epidemic
 - Government funding does not reach all people with diabetes, many of whom are uninsured
 - Improved collaboration is needed between government and diabetes patient associations
- Monitoring and evaluation
 - Current programmes are not being appropriately evaluated to assess success and areas for improvement

Action plan: to achieve implementation of the UN Resolution and national diabetes programmes

Developed by IDF NAC, the following action plan represents the regional response to the United Nations Resolution on Diabetes, with a focus on practical and achievable outcomes to improve the prevention, treatment and care of diabetes.

Collaborate with governments on key diabetes issues

- Demonstrate the burden and cost of type 2 diabetes
 - Provide solutions in terms of primary and secondary prevention programmes
- Highlight government role and responsibility in implementing a national diabetes plan
 - Educate politicians and their advisors on the type 2 diabetes epidemic
 - Raise awareness of the issues related to type 2 diabetes at a national and regional level
- Survey politicians on their understanding of the UN Resolution and Millennium Development Goals
- Review current legislation on diabetes and campaign for new legislation or better implementation of existing legislation
- Address the need for improved access to treatment and achieve the standards of care that are recommended in current guidelines
- Campaign for legislation on nutritional labeling on foods
- Increase collaboration between government and non-governmental organisations (NGOs) such as the IDF and Pan American Health Organisation (PAHO)
- Identify and develop 'diabetes champions' to advise the government and media and encourage discussion and education of key diabetes issues

Addressing treatment and care of diabetes

- Ensure patients are treated to evidence-based standards including testing of HbA1c and treatment to evidence-based goal levels
- Health centres to provide integrated care which will include home visits and standard tools for consultations
- Ensure availability and access to sufficiently effective, safe, affordable and easy-to-use medications
- Provide access to specialist care for all people with diabetes:
 - Podiatrist
 - Ophthalmologist
 - Nutritionist and dietician
 - Exercise programme
 - Psychological consultation

Prevention through awareness and education in local communities

- Reduce the stigma associated with diabetes
 - Encourage people with diabetes to talk about their disease
 - Organize educational events in schools
 - Involve the media to help raise awareness of diabetes
- Tailor education packages for use in communities throughout the region acknowledging local language and culture
 - Provide different formats (e.g. audio) to maximize reach
 - Offer educational materials to lay-educators and provide communication and promotional tools to encourage community involvement
- Work in communities to raise awareness about type 2 diabetes and self-management
 - Form groups to discuss issues affecting people with diabetes and help self-management
 - Reach out to people with self-management training via:
 - Schools (training teachers to pass key messages to students to filter through to parents)
 - Churches/faith organisations
 - Community groups

Optimizing education and communication

- Educate medical professionals on the benefits of patient education and patient self-management
- Engage with medical professionals through peer-to-peer educational settings
- Encourage medical schools to place more emphasis on diabetes
 - Create diabetes educator courses specifically for nurses
 - Create links with other educational institutions to facilitate better access to their courses
- Work with medical associations to distribute and communicate diabetes guidelines and protocols
- Support the creation of a Caribbean congress on diabetes, with two-way relationships with US and Canadian congresses

Increased collaboration and coordination of diabetes associations

- Increase collaboration among the country associations in the region
 - Share information, expertise and resources where appropriate e.g. best practice on engaging the media
- Work towards establishing a regional IDF office with a structure that can provide IDF representation across the region
- Support grassroots activism to raise awareness and lobby for action on diabetes issues

IDF NAC Patient Charter

Endorsed by member associations of IDF NAC at their Council Meeting in Jamaica 2009, the Patient Charter has been developed to outline the rights of people living with type 2 diabetes and encourage them to seek the standard of care they deserve.

Diabetes patients should:

- Have access to established testing of HbA1c
- Be treated to achieve evidenced-based standards in HbA1c
- Have availability and access to sufficiently effective, safe, affordable and easy-to-use medications
- Have access to regular eye, dental and feet check ups
- Have access to psychological consultation on diagnosis
- Have affordable access to self-management tools (strips, BGM, medications – oral and insulin)
- Have access to nutritionists and dieticians to help manage their diabetes

International Diabetes Federation (IDF), North America and Caribbean Regional
Meeting
Participants List

Lurline Less – IDF North America Regional Vice Chair
Lynette Rogers – Anguilla
Vivian James – Antigua and Barbuda
Lorencia Geerman – Aruba
Bradley Cooper – Bahamas
Eugene Thurston – Bahamas
Grace Holder-Nelson – Barbados
Noreen Merritt – Barbados
Anthony Castillo – Belize
Roselia James-Dawson – British Virgin Islands
Serge Langlois – Canada
Kurt Kroesen – Canada
Rosalind Alexis – Grenada
Glynis Alonzo Beaton – Guyana
Philippe Larco – Haiti
Owen Bernard – Jamaica
Cuthbert St. Juste – St Lucia
George Eugene – St Lucia
Ellie Sneep – St. Maarten
Charlotte Peterson – St. Maarten
Carlton Phillip – Trinidad and Tobago
Ann Albright – USA
Linda Cann – USA
Professor Jean Claude Mbanya – IDF representative

This consensus was led by the International Diabetes Federation North America and Caribbean Region and supported by Merck & Co, Inc.

Appendix – IDF NAC Case Studies

1. British Virgin Islands (BVI)

The British Virgin Islands Diabetes Association conducted an educational campaign 'Project Healthy Lifestyle', developed following the results of a survey which identified high rates of childhood obesity in the BVI. The pro-active campaign directly targeted young people with educational information. A pilot phase completed in November 2008, involved school visits to educate children on chronic diseases particularly focusing on the development of diabetes and prevention strategies. Through the pilot, 750 children and their teachers were targeted with information. An evaluation of a selection of the pilot schools confirmed that a change in eating habits resulted from the campaign. Additional schools requested visits and the project is continuing with 12 further schools now involved.

2. St Lucia

St Lucia Diabetic and Hypertensive Association conducted a community outreach programme aimed specifically at the prevention and management of diabetes. The programme employed a multidisciplinary approach involving a range of disciplines including: physicians, nurses, podiatrists, fitness experts, dieticians, diabetes educators etc. The programme aimed to raise awareness of the far reaching effect of uncontrolled diabetes, for example leg amputations and end-stage renal failure; and the benefits of a healthy lifestyle, especially related to prevention and control of diabetes. The programme resulted in significant number of requests for foot assessments and tests for creatinine and microalbumuria.