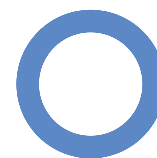


# Copenhagen Roadmap

## Outcomes of the European Diabetes Leadership Forum



TODAY, WE CAN CHANGE TOMORROW  
EUROPEAN DIABETES LEADERSHIP FORUM  
COPENHAGEN 2012

### 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 European Union 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.

The European Diabetes Leadership Forum took place on 25<sup>th</sup> and 26<sup>th</sup> April 2012 in Copenhagen, during the Danish Presidency of the Council of the European Union. The Forum gathered a variety of leading experts, policymakers, industry, NGO's and healthcare professionals 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.

High-quality research on diabetes will help to provide the evidence base to assess these initiatives and thus will contribute to better prevention, early detection as well as better management and control of diabetes.

### Prevention

*Type 2 diabetes is a largely preventable disease. Risk factors include overweight and obesity, an unhealthy diet and lack of physical activity. Promoting and facilitating a healthy lifestyle can prevent or delay the onset of type 2 diabetes, and is particularly effective when targeting those at high-risk as well as children, pregnant women, ethnic minorities and vulnerable groups. Central and local governments, including municipalities, the private sector, as well as non-governmental organisations all have a role to play.*

#### Use a cross-sectoral approach to promote healthy behaviour and create an environment enabling healthy lifestyle

- Raise awareness of type 2 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

- Make healthy choices attractive and affordable. Incorporate prevention of type 2 diabetes and its risk factors in relevant legislation and policy, including taxation, food labelling and advertising restrictions, for example towards children
- Encourage healthy cities through urban design. Incorporate opportunities for physical activity in the infrastructure, for example by 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 lifestyles

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

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

#### Implement prevention initiatives in vulnerable and high-risk populations

- Educate healthcare professionals, including diabetes specialist nurses, 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 type 2 diabetes. Establish awareness of risk factors for type 2 diabetes and encourage a healthy lifestyle, for example through community-based interventions

### Early detection and intervention

*Early detection and early intervention decrease the risk of complications. They provide a window of opportunity for action, which can improve the individual outlook and has the potential to decrease the economic burden on healthcare systems and society.*

#### Use national type 2 diabetes risk questionnaires

- Adapt validated type 2 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 care, community and workplace platforms. Risk questionnaires can motivate individuals to make healthy choices and may also facilitate targeted 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 type 2 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 primary care, community or workplace contexts. Encourage risk groups to attend health checks

### Ensure that intervention is provided as soon as appropriate

- Provide support, including diet and exercise programmes and lifestyle guidance, to those at high risk of developing type 2 diabetes and other chronic diseases
- Ensure early intervention for those detected with increased levels of blood glucose, indicating pre-diabetes or diabetes, in order to bring people into optimal control early on

## Better management and control

*People with well-controlled type 1 and type 2 diabetes will have better long-term outcomes. A people-centred approach that seeks to improve the entire diabetes pathway will keep people healthy and delay complications and co-morbidities for as long as possible. This will require a coordinated approach involving primary, secondary, tertiary care and the social sector, with the individual at the centre.*

### Deliver coordinated and high-quality care responses to address the needs of people living with diabetes

- Ensure that health care professionals are trained to respond adequately to the needs of people with diabetes and other chronic diseases. All nurses should be trained in chronic disease management
- Adopt a life course approach and create coordinated responses, mainly anchored in primary care, that support people with multiple morbidities, for example by designing Disease Management Programmes and encouraging medical teams to coordinate
- Ensure access to safe and effective treatments (including treatment combinations and best treatment pathways) which improve control, reduce long-term complications and prevent hospitalisation
- Increase awareness of the importance of adherence to treatment

### Empower patients through people-centred chronic care models

- Implement evidence-based guidelines for people-centred chronic care with a particular focus on individual needs assessment and target setting as well as patient empowerment
- Provide diabetes self-management education at relevant stages. Involve relevant professionals to educate and help individuals manage their condition(s). Promote patient empowerment through activities driven by civil society organisations and patient associations

- Promote and support the uptake of proven cost-effective tools and strategies, including telemedicine and e-health
- Improve equity of access and health outcomes by tailoring support to individual needs and by ensuring equal rights for people with diabetes

### Capture data to inform and drive decision making

- Collect data – including diabetes prevalence, outcomes, and costs – for example by using population-based national registries and surveys (including general practitioners' and hospital discharge databases)
- Use consistent and accurate diabetes indicators (on outcomes as well as processes) to monitor and set targets for quality of care within different healthcare settings, subnational jurisdictions, and across countries. Use indicators to establish and monitor individual patients' targets, and to reward healthcare professionals according to the quality of care
- Encourage shared care, for example by making electronic medical records accessible for patients

Diabetes can be considered a model disease for other chronic diseases; it shares risk factors with many other chronic diseases, a large proportion of people with type 2 diabetes have multiple chronic diseases, and 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 responsible for the Copenhagen Roadmap.

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 European region (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 endorsed by Business and Industry Advisory Committee to the OECD (BIAC), International Hospital Federation (IHF), International Social Security Association (ISSA), Assembly of European Regions (AER), HIMMS Europe, Pharmaceutical Group of the European Union (PGEU), SHE network, Danish Committee of Health Education. The Forum was supported by Novo Nordisk.

Download the Copenhagen Roadmap and learn more about the European Diabetes Leadership Forum by visiting [diabetesleadershipforum.eu](http://diabetesleadershipforum.eu)