



The Way Forward 2006 – 2010



***Strategy of the
Diabetes Federation of Ireland***

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Foreword

I have been involved with the Diabetes Federation of Ireland for the past 10 years and in that time I have seen the organisation go from strength to strength. However, alongside that I have also seen a huge increase in the prevalence of diabetes in Ireland and with the World Health Organisation estimating a doubling of patients in the next 10 years the Federation must continue to actively work towards developing a healthier population.

In light of these forecasts, the Diabetes Federation of Ireland's dual role of supporting people with diabetes and their families and raising awareness of diabetes and fostering the early detection of diabetes becomes even more important.

Over the last five years, the Federation has developed numerous initiatives such as its diabetes helpline and informative bi-monthly magazine, children and adolescent camps for people of all ages with diabetes and a health promotion initiative that focuses on raising awareness of diabetes in the wider community. It has also become the voice of the diabetes community in terms of health service development and anti-discriminatory behaviour.

This strategy continues and builds on this work and over the next five years, I sincerely hope that the diabetes community continues to support the staff and volunteers as they strive to meet the aims of the organisation.



Dr Tony O'Sullivan
Chairperson

Section 1

1.1 Diabetes

Diabetes is a condition in which the amount of glucose in the blood is too high because the body is unable to use it properly. Normally, the amount of glucose is carefully controlled by the hormone insulin, which is produced in the pancreas. Insulin enables sugar in the blood to enter cells where it can be converted into energy. When there is a shortage of insulin or if the available insulin does not function correctly, glucose will accumulate in the blood and diabetes will develop. Poorly controlled diabetes over many years can lead to damage to the eyes, feet, kidneys and the heart.

There are two types of diabetes – Type 1 (formally known as insulin dependent) diabetes develops when there is a severe lack of insulin in the body because most or all of the cells, which make it, have been destroyed. This type of diabetes usually appears before the age of 40. The cause is not known, although viruses may play a part. It is treated by insulin injections and diet.

Type 2 (formally known as non-insulin dependent) diabetes develops when the body can still make some insulin, though not enough for its needs, or when the insulin that the body does make is not used properly. This type of diabetes usually appears in people over the age of 40. It is common among the elderly and overweight. The tendency to develop diabetes is passed from one generation to the next, although the development of the condition is not automatic. It is treated by diet alone or by diet and tablets or sometimes by diet and insulin injections.

Gestational diabetes is diabetes that is first diagnosed during pregnancy, usually around 26 to 30 weeks. It can result in increased growth of the fetus and problems with delivery. Diabetes usually resolves after the delivery but these individuals are at very high risk of developing type 2 diabetes later in life.

Diabetes may present with characteristic symptoms such as lack of energy, tiredness, excessive thirst, frequent passing of urine, blurring of vision, weight loss and recurrent infections. Often the symptoms are not severe, or may be absent, and consequently high blood glucose levels sufficient to cause complications may be present for up to ten years before a diagnosis is made.

1.2 Types of Diabetes

Type 1 Diabetes

The causes of type 1 diabetes are complex and still not completely understood. People with type 1 diabetes are thought to have an inherited, or genetic predisposition to the condition. It is thought that this genetic predisposition may remain dormant until it is activated by an environmental trigger such as a virus or a chemical. This starts an attack on the immune system that results in the eventual destruction of the beta cells of the pancreas and subsequent loss of insulin production.

Type 2 Diabetes

There is a global epidemic of obesity affecting all ages. Obesity is associated with Insulin Resistance. There is a strong association between **Obesity, Diabetes, Impaired Glucose Tolerance (IGT) and Cardiovascular Disease (CVD)**. Physical inactivity is independently associated with increased Insulin Resistance. Up until now, scientists mainly focussed on obesity due to lifestyle changes as being a cause of type 2 diabetes. However, new studies reveal that genetics, foetal history and, possibly, stress may also play a role in the development of the condition. There is firm evidence from genetic studies that the association of some genes is at the root of causing type 2 diabetes.

Low birth weight is recognised as another risk factor for type 2 diabetes with epidemiological studies reporting a higher incidence of type 2 diabetes in people who had a low birth weight. Animal studies confirm that poor nourishment of the foetus increases the risk of Type 2 diabetes later in life. Furthermore, postnatal over-feeding may aggravate the syndrome.

Obesity has long been associated with diabetes, Impaired Glucose Tolerance (IGT) and Cardiovascular Disease (CVD). Lifestyle changes, including bad eating habits and physical inactivity all contribute to obesity. Finally, compelling animal evidence and mechanistic studies suggest a relationship between stress and insulin resistance leading to Type 2 diabetes.

1.3 Prevalence of diabetes

Diabetes mellitus is now considered to be the leading public health problem in all developed countries. It is now estimated that there are in excess of 200 million people with diabetes mellitus worldwide and is predicted to reach 333 million by 2025. These figures are consistent with 1994 projections of a doubling of the number of people with diabetes within ten years.

In Ireland, 200,000 people have type 2 diabetes and a further 100,000 have high blood glucose levels and will only be diagnosed with diabetes when they present with a complication of diabetes. This figure is expected to double in the next ten years due to the current trends of increasing obesity levels, a major risk marker for type 2 diabetes. Other factors that contribute to the increasing number of people with type 2 diabetes are reducing physical activity levels and an ageing population. Type 2 diabetes accounts for 90% of the cases of diabetes. There is currently no cure for diabetes but there are effective treatment options to reduce complication development.

1.4 Diabetes & Impaired Glucose Tolerance

Impaired Glucose Tolerance (IGT) (also referred to as pre-diabetes) is a condition in which blood sugar levels are higher than normal, but are not high enough to be classified as diabetes. IGT is a major risk factor for type 2 diabetes and a risk marker for cardiovascular disease. IGT is present in about 11% of adults. About 40-45% of persons age 65 years or older have either type 2 diabetes or IGT.

To plan for future needs it is relevant to give some indication of the number of people with impaired glucose/fasting tolerance as half of these will develop diabetes within the next 5 years unless they alter their lifestyle. In Ireland the estimated figure is 260,836 people (based on accepted international prevalence figures)

1.5 Causes of Diabetes

There are a number of known risk factors for type 2 diabetes. A person has a higher risk of developing diabetes if he/she has any of the following:

- A family history of diabetes
- Low physical activity level
- Poor diet
- Excess body weight (especially around the waist)
- Age greater than 45 years
- High blood pressure
- High blood levels of triglycerides (a type of fat molecule)
- Previously identified impaired glucose tolerance by a doctor
- Previous diabetes during pregnancy or baby weighing more than 10 pounds
- Certain ethnicities -- African-Americans, Hispanic-Americans, and Native Americans all have high rates of diabetes

In Ireland, as in most developed countries, the incidence of diabetes is increasing due to reduced physical activity levels of all age groups and the ingestion of more frequent meals/snacks especially convenience foods, which tend to have a higher content of saturated fat and refined sugar.

1.6 Obesity – Adults and Children

It is well documented that obesity levels are soaring and this is leading to a rise in diabetes. It's a deadly combination but one which can be prevented. Many of us are overweight, some are obese. Hand-in-hand with these excess pounds come a multitude of health complications, most notably Type 2 diabetes.

Obesity and diabetes are so intertwined that experts in the US have joined the two words to coin a new medical term: diabesity. Obesity rates are continuing to soar in Ireland. According to the North/South Ireland Food Consumption Survey, two out of five adults are overweight and one in five is obese.

Further research published in The National Health and Lifestyle Surveys reported that 42% of men and 27% of women were overweight in 2002, up from 40% and 25% respectively in 1998. Another 14% of men and 12% of women could be classed as obese, an increase from 11% and 9% four years earlier.

Little or no statistics on childhood obesity exist in Ireland but new research from Dublin City University reveals that 17% of 15- to 17 year-olds are overweight and a further 5% could be classified as obese. In other words, one in five Irish teenagers between the ages of 15 and 17 is overweight or obese.

In 2002, a total of 2,747 patients with a diagnosis of type two diabetes were discharged from hospital, an increase of 25% in the preceding two years. Even more worrying is that at least 60 to 70 Irish adolescents have Type 2 diabetes, which can be directly attributed to diet, exercise and lifestyle. In 1996, not a single teenager in the country had this form of the condition.

European data estimates that 6 to 6.5% of the population has diabetes but there is another 19% with impaired glucose tolerance. If you include them that's one in four people in Europe.

Europeans are following the American trend and Ireland is leading the European charge. In 1998 a study showed that, after the US, Ireland, Greece and Portugal had the highest prevalence of obesity and figures have increased since then. As it is, it's already well known that we have double the heart disease rate for the rest of Europe.

Health Promotion and education is the key to aggressively highlighting the benefits of a healthier lifestyle and warning of the dangers of an unhealthy lifestyle.

1.7 Lifestyle

Irish people's lifestyle contributes to the development of Type 2 diabetes. While they are following the American trend of a fat nation, Ireland is leading the European charge towards obesity. The Celtic tiger has contributed to a less active population that engage in more frequent eating of convenience foods, which are higher in saturated fat and refined sugar. Our eating habits and physical activity levels have changed rapidly. More disposable income gives access to the more pleasurable pastimes, which are often more fattening. The majority of families have two or more cars, and walking anywhere is becoming a thing of the past. The inclement weather and security risks are frequently cited as excuses but the fact remains that many people are not motivated to find the time to exercise. On the other hand, many people spend up to 3 hours a day watching TV. Computer games and television viewing are the pastimes of our younger generation. The loss of activity while relaxing in front of the screen is added to by the consumption of more frequent snacks. Sweets, crisps and fizzy drinks are part of the daily diet and not considered a treat to be enjoyed occasionally. Half of people over 45 years of age are overweight or obese. This percentage will only increase with our current lifestyle patterns.

1.8 Complications of Diabetes

The complications of diabetes may be acute or chronic. Acute complications are more common in type 1 diabetes and are due to low blood sugar (hypoglycaemia) or high blood sugar that can lead to ketoacidosis (accumulation of waste products of abnormal metabolism) – both conditions that can cause death if untreated. Chronic complications are due to vascular changes:

- (i) Macrovascular complications, where large blood vessels are damaged resulting in heart disease, cerebrovascular disease, and peripheral vascular disease.
- (ii) Microvascular complications, where the small blood vessels are damaged result in:
 - Diabetic kidney disease (nephropathy) which takes about 5 to 15 years to develop and can lead to end stage renal failure (ESRF) which is the most common reason for kidney transplantation in western Europe.
 - Diabetic eye disease (retinopathy) is present in up to 50% of persons at diagnosis with type 2 diabetes and in 40% to 50% of persons with type 1 at 10 years after diagnosis. Diabetes is also associated with cataract formation at an earlier age and with less favourable outcome of treatment than in people without diabetes.
 - Diabetic nerve disease (neuropathy) refers to damage to the nerves and is directly related to glycaemic control and duration of diabetes. Peripheral neuropathy contributes to the development of foot ulcers, gangrene and amputation.

It is generally accepted that the degenerative changes associated with diabetes mellitus are to a large extent preventable through blood glucose control.

The Diabetes Control and Complications Trial (DCCT) studied the effects of tight blood sugar control on complications in people with type 1 diabetes. The study was concluded earlier than planned, as there was unequivocal evidence that the tight blood glucose group had dramatically fewer cases of kidney disease, eye disease, and nervous system disease than the less-aggressively treated patients.

In the United Kingdom Prospective Diabetes Study (UKPDS), researchers followed nearly 4,000 people with type 2 diabetes for 10 years. The study monitored how tight control of blood glucose and blood pressure could protect a person from the long-term complications of diabetes. This study found dramatically lower rates of kidney, eye, and nervous system complications in patients with tight control of blood glucose. In addition, there was a significant drop in all diabetes-related deaths, including lower risks of heart attack and stroke. Tight control of blood pressure was also found to lower the risks of heart disease and stroke.

The results of the DCCT and the UKPDS dramatically demonstrate that with good blood glucose and blood pressure control, many of the complications of diabetes can be prevented.

Early detection and intensive interventions will delay or prevent complications, reduce the burden in terms of cost and improve quality of life for the patient. This strategy will reduce the personal and economic burden of diabetes.

Diabetes and the complications from diabetes are major causes of ill health and premature death. Diabetes is the leading cause of blindness in adults of working age in developed countries. Cardiovascular disease, including coronary artery disease, strokes and diseases of blood vessels, are 2 to 5 times more common in people with diabetes. People with diabetes are 17 times more prone to kidney disease.

The high cost of diabetes is caused largely by the treatment of complications of the condition, as they increase spending for the affected patient more than fivefold. Medical costs for a person with type 2 diabetes are on average 1.5 times greater than those of a person without diabetes. The presence of microvascular (eye and kidney) complications doubles the costs. The presence of macrovascular (cardiovascular) complications trebles the costs incurred, whilst the presence of both micro and macrovascular complications increases costs by more than 5 times. The costs impact on the lives of individuals, their families, the healthcare sector, government and society.

1.9 Lack of Awareness

It is generally accepted that there is a reduced awareness of both the incidence of diabetes and the seriousness of the condition. In the general population this has resulted in:

- diabetes being considered as only a sugar problem;
- perception that diabetes treated primarily by adherence to diet changes, that it is a mild condition and that additional medication is seen as a progression of seriousness;
- people not being diagnosed until they have a complication of diabetes
- people with diabetes being labelled as “disabled”;
- discrimination of people with diabetes due to lack of knowledge e.g. children not being allowed to go on field trips, or pursue their career choices etc.;
- people being put at risk of complications of diabetes through a lack of access to basic resources e.g. people not allowed to carry food on their person, therefore putting them at risk of “hypos”.

At Government level, there has also been an apathy at the increasing prevalence and seriousness of the condition in that:

- (i) diabetes has been dismissed by repeated governments as an insignificant health hazard to warrant major investment;
- (ii) diabetes was almost excluded from the Government’s Cardiovascular Strategy despite the relationship between cardiac disease and diabetes
- (iii) the Department of Health and Children signed up to the St. Vincent Declaration in 1989 but failed to endorse what it agreed to i.e. the setting up of a diabetes framework with the objective of:
 - reducing new blindness cases due to diabetes by one third or more;
 - reducing numbers entering end-stage diabetic renal failure by at least one third;
 - reducing by one half, the rate of limb amputations for diabetic gangrene;
 - cutting morbidity and mortality rate from coronary heart disease in the diabetic by vigorous programmes of risk factor reduction;
 - achieving pregnancy outcome in the diabetic woman that approximates that of the non-diabetic.

Section 2

Diabetes Federation of Ireland

Since 1967 the Diabetes Federation of Ireland has been dedicated to helping people with diabetes. Through its network of local support branches throughout the country, people who have an interest in diabetes are dedicated to sourcing and sharing information on diabetes and related matters.

2.1 Mission and Aims

Mission

To provide a quality service in improving the lives of people affected by diabetes, and working with others to prevent and cure diabetes.

Aims

- (i) To provide support, information and motivation for people with diabetes, their families and friends
- (ii) To raise awareness of diabetes in the community and foster programs for early detection and prevention of diabetes
- (iii) To support and encourage advances in diabetes care and research.

The Diabetes Federation of Ireland provides a range of services that include:

- Patient Support via its telephone lo-call helpline and local support branches;
- Information via leaflets, videos, information packs, website, “Diabetes Ireland” magazine;
- Support for children and parents with diabetes via the Sweetpea Kidz Club; children and adolescent adventure camps, family weekends, parent support groups;
- Direct health education for patients; Type 1 and Type 2 patient conferences, Young Adult weekends;
- Financial services; negotiated motor and health insurance rates;
- Advocacy and liaison; with clinics, services, the Department of Health and Children and the Health Service Executive;
- Anti-discrimination activity; Insurance industry;.
- Professional support; Professional Services Section, major annual multi-disciplinary conference, regional professional meetings, practice support packs and Diabetes Professional magazine;
- Public awareness campaigns;
- Health Promotion initiative including schools awareness, workplace awareness, early detection and prevention initiatives, diabetes screening;
- Funds research through the Phil Vizzard Fellowship Award.

2.2 *Achievements*

- Some of the numerous achievements of the Diabetes Federation of Ireland include:
- Continually helping, supporting, educating and motivating thousands of people with diabetes, their families and carers since 1967.
- Successfully lobbied for all diabetes medication and related high cholesterol and hypertensive medication to come under the Long Term Illness Scheme.
- Winner of the inaugural International Diabetes Federation “Diabetes Association of the Year Award” in 2000.
- Developing and producing a comprehensive range of literature including a bi-monthly magazine “Diabetes Ireland” and a quarterly magazine “Diabetes Professional”.
- Been the first diabetes support organisation to successfully bring a group of people with diabetes to the top of Kilimanjaro showing that there is no bar to people with diabetes from participating in arduous physical activity.
- Being the first organisation in Europe to have in place a Specified Illness & Whole of Life Insurance scheme specifically for people with diabetes.
- Successfully lobbying for the removal of blanket motor insurance premium loadings.
- Hosting, organising and facilitating International Health Conferences.
- Continually organising public and health professional education workshops and meetings for the diabetes community.
- Providing an ongoing national health promotion scheme to promote awareness and early detection of diabetes.
- Funding diabetes research in Ireland.
- Receiving an Irish Pharmaceutical Commendation Award for a project focussing on improving patient care in 2002.
- Winning the 2004 Irish Pharmaceutical Award for best public awareness initiative for its “Life Under 7” campaign, supported by sanofi-Aventis.

2.3 Key Services

The Diabetes Federation of Ireland provides a range of services for people with diabetes and the general public. Services include:

Patient Support

Being told you or a family member has diabetes can be a terrible shock and often it is difficult to take in and understand everything you are told at diagnosis. The Federation provides support and information to individuals. Access to services is via the following:

➤ Telephone lo-call helpline

The lo-call diabetes helpline is open from 9am-5pm Monday – Friday and provides information on a range of issues ranging from general information on diabetes, complications of diabetes, discrimination in the workplace/school and by the insurance industry, symptoms of diabetes, peer support in relation to a diagnosis of diabetes and coming to terms with the lifestyle change on both the individual and their family. We are also seeing the service used increasingly by allied health professionals such as GPs and pharmacists particularly in the area of patient education. In 2004, 3,700 calls were received, up from 3,589 in 2003 and 2,500 in 2002.

➤ Website

The Federation has an excellent website resource at www.diabetes.ie for people looking for information on all aspects of diabetes. In 2003, 62,500 users spent on average 8 minutes in the site (23,500 in 2002). In 2004, 107,500 users spent on average 9 minutes in the site.

➤ Local support branches & offices

The Federation has 3 regional offices plus 24 local support groups. The local support groups, run on a voluntary basis, provide local support to the diabetes community via public education forums and diabetes awareness campaigns. Regional offices provide the full range of Federation services in their locality.

The Sweetpea Kidz Club is specifically for children with diabetes and their siblings with no strict age limit. The aims of the Club are to provide an opportunity for children with diabetes and their families to meet in a fun environment, provide information and support for families with diabetes.

With so many negative aspects to the condition, the Club offers some light relief for all involved and it is hoped that providing a club at such a young age may encourage children to continue their involvement in the Federation at youth level.

Activities are aimed at children up to the age of twelve years but children are welcome to remain on as members of the club until they feel that they have outgrown the Club's activities. The activities organised by the Club range from parties to day-trips and family education weekends.

The Federation also holds annual children and adolescent adventure camps with the aim of encouraging participants to engage in adventure activities in a fun environment and make new friends. A Youth education weekend that discuss issues specific to this age group is also held annually.

➤ ***Information***

People with diabetes, their families, friends and the wider public all need simple and available information. The Federation provides written information on all aspects of diabetes. Its bi-monthly magazine "Diabetes Ireland" keeps people up to date on latest developments, in diabetes, healthy eating, exercise, events local and national and many other issues.

Detection and Prevention

➤ ***Public awareness***

The Diabetes Federation of Ireland has being at the forefront of raising awareness of diabetes in Ireland in the past 5 years. It organises annual public awareness campaigns on the symptoms and prevention of diabetes, the benefits of healthy eating, exercise and living a healthier lifestyle. National and local campaigns are run throughout the year.

➤ ***Diabetes Promotion***

The Diabetes Federation has a detailed Health Promotion initiative in place that includes raising awareness of diabetes and its symptoms in schools, workplace and community care settings. Early detection and prevention initiatives such as diabetes screening days are also held throughout the country.

The initiative also provides educational support to healthcare professionals working in the diabetes area. Through its Professional Services Section a major multi-disciplinary conference is held annually along with regional professional meetings. A quarterly magazine "Diabetes Professional" is also produced.

➤ ***Diabetes Counselling***

The Diabetes Federation of Ireland has set up a diabetes educational module for accredited counsellors. The psychosocial impact of diabetes can create a heavy burden on individuals and families. It is acknowledged that the medical

team attempt to address these issues. However, the makeup of medical teams in Ireland aside from those with specialist psychosocial support, have had little or no formal training in counselling, stress management or behaviour modification. The course was designed to help counsellors gain an understanding of day-to-day living with diabetes.

Nineteen counsellors completed the pilot course in Dublin in 2004 and a further fifteen completed the course in Cork in 2005 and are now available in the Munster area to offer a private service to person with diabetes. It is planned to hold the course in more locations around the country and make the service available nationally.

➤ **Anti-discrimination activity**

The Diabetes Federation of Ireland actively lobbies on behalf of people with diabetes in areas where they have been discriminated. It has been successful in getting medication for high cholesterol and high blood pressure on to the Long Term Illness booklet for patients. It is supporting the addition of Legend care socks, as a preventative of foot complications, to the scheme.

It is also actively advocating against discrimination in the workplace and in schools and for the removal of employment blanket bans in those professions that have them.

➤ **Financial Services**

Insurance cover is a major issue for people with diabetes and the Diabetes Federation of Ireland advocates for its members equal access to insurance cover similar to those people who do not have diabetes. The Federation has in place a range of preferential insurance schemes for members. These are:

- (i) a Specified Illness/Group Life scheme which allows people with diabetes aged between 18 and 60 years and parents of children with diabetes under 18 to obtain cover without providing any medical information and without the burden of extra premiums due to their condition.
- (ii) a motor insurance scheme for members with preferential premiums with no loadings for people with diabetes and a 5% discount on normal standard ratings.
- (iii) an annual multi-trip insurance travel policy that is not modified because of the presence of diabetes
- (iv) specially negotiated Personal Accident Protection Plan for members and their families that provides a high level of protection in the event of an accident.
- (v) a Household Insurance Scheme with enhanced features for members.
- (vi) mortgage and mortgage protection cover offering competitive rates to members.

➤ **Advocacy**

The Diabetes Federation of Ireland actively seeks to develop partnerships with all parties involved in providing a quality service for people with diabetes. These include links with acute sector diabetes clinics, primary health care providers, the Department of Health and Children and its health boards, other voluntary and healthcare professional organisations and the International Diabetes Federation.

➤ **Research**

The Diabetes Federation of Ireland supports research to improve treatments and to find a cure or prevention for diabetes through its Phil Vizzard Research Fellowship Grant which is awarded each year to research projects in Ireland.

Section 3

Future Challenges

3.1 Patient Support

Access to appropriate information and support at the time of need is vital in an individual's efforts to effectively manage their condition.

➤ **Telephone Lo-call helpline access**

The further development of internal IT systems so that all regional offices can provide telephone support via the Lo-call number will be undertaken. To provide up to date and correct information, access to the associated information glossary is also required by regional offices.

➤ **Website**

The Federation's interactive website www.diabetes.ie will be developed with the aim of becoming the number 1 diabetes information website in Ireland. This will include the development of an on-line payment facility that will allow users to become a member and access Federation products.

➤ **Regional office(s)**

Where there are regional officers, the Federation has been able to provide enhanced services in those regions. The Federation's objective would be to have at least 1 resource & development officer in each region of the new Health Service Executive regional structure.

3.2 Detection & Prevention

Early detection of diabetes is a major factor in preventing/reducing complications i.e. microvascular and macrovascular problems in later life. The Diabetes Federation of Ireland will improve early detection of diabetes by using a combination of public awareness initiatives and targeted screening programmes.

(a) **Public Awareness Campaigns**

The Diabetes Federation of Ireland aims to raise public awareness of diabetes and its symptoms and the benefits of living a healthier lifestyle.

The Federation will continue to organise annual national and local publicity campaigns regarding symptoms and prevention of diabetes; promotion of exercise/healthy lifestyle programmes in conjunction with the awareness of the risks of not following such a lifestyle. National campaigns will include World Diabetes Day initiatives and the Diabetes Health Awareness

Exhibitions and local campaigns will be run by local support branches and regional offices in conjunction with public information meetings.

The Federation will also develop public awareness strategies for use nationally and locally and produce standardised public awareness strategies/information packs on diabetes and each related issue for use at national and local level.

(b) Targeted screening programmes

The Diabetes Federation of Ireland will target neglected areas for diabetes detection, specifically families of people with diabetes and long-stay institutions and other community care settings with limited healthcare access.

The Federation will undertake at least 20 diabetes screening events per annum in local pharmacies, shopping centres and other appropriate settings. It will also undertake diabetes risk assessment/ health promotion days in 10 community care settings per annum

3.3 *Diabetes Promotion*

The Diabetes Federation of Ireland will also focus on people who are not managing their condition properly due to lack of information and therefore being vulnerable to developing complications later in life, those who may have the condition and are not yet diagnosed and those who may have pre-diabetes (IGT).

The Federation will improve diabetes awareness in the workplace, schools and other settings:

➤ **Workplace**

Develop a Diabetes Health Promotion programme to educate the wider community on the diabetes and its symptoms and organise 1 day education programmes in Corporate companies in Ireland. The Federation will aim to hold 24 programmes per annum targeting employees and their families.

➤ **Schools**

The Diabetes Federation of Ireland will provide interactive primary school teacher seminar(s) that educates teachers on coping with their student with diabetes.

➤ **GP Surgeries and Health Centres**

In conjunction with GP Health Centres, the Federation will hold 10 education seminars for patients with diabetes attending individual health centres targeting areas with limited diabetes services.

➤ **Counselling Service**

The Federation will also provide more qualified counsellors with an education in diabetes nationwide in order to effectively provide counselling services to the diabetes community.

It will run its Counsellors Diabetes Education module in each Health Service Executive region so that local access to suitably qualified counsellors is available regardless of age and location.

3.4 Discrimination

The Diabetes Federation of Ireland aims to remove blanket bans and other barriers that prevent people with diabetes from undertaking their chosen careers and having easy access to all forms of insurance cover without penalties. It will do this by looking to educate, liaise and work with appropriate stakeholders in order to remove existing barriers.

3.5 Advocacy

The Diabetes Federation of Ireland will continue to advocate for the development of diabetes services in Ireland at national and local level.

The Federation will actively promote the recommendations of the Diabetes Service Development Group on the development of diabetes services in Ireland. It will work with all parties involved in providing a quality service to all members of the diabetes community regardless of age and location.

3.6 Research

The Diabetes Federation of Ireland will continue to fund Irish based diabetes research on an annual basis and will work to increase funding diabetes research in Ireland. It will aim to raise the annual award to €75,000 by 2010. It will also look to fund projects on a two or three year roll over basis.

3.7 Training/Education

In providing support, motivation and education to people with diabetes and their families, the Diabetes Federation of Ireland will:

➤ **Public**

through its offices and branch support network, the Federation will organise in the region of 40 public information meetings per annum.

➤ **Family**

Organise annual family education event/weekends and parent education workshops, hosted by the Sweetpea Kidz Club.

➤ **Type 2**

Organise Type 2 regional education workshops for people who are recently diagnosed or who wish to manage their condition more effectively.

➤ **Type 1**

Organise Type 1 education conference for young people with type 1 diabetes. The Federation will also support those centres providing DAFNE (Dose Adjusting for Normal Eating) courses for people with Type 1 diabetes.

3.8 Communications

➤ **Branch**

The Diabetes Federation of Ireland will continue to support local support branches in order to provide peer support to all people with diabetes regardless of age and location.

➤ **International**

The Diabetes Federation of Ireland will support the International Diabetes Federation and other similar organisations in promoting awareness of diabetes and developing diabetes services at a global level.

➤ **Health Care Professionals**

Through its Professional Services Section, the Diabetes Federation of Ireland will hold an annual conference plus a number of regional education meetings for healthcare professionals. A quarterly healthcare professional magazine will also be produced highlighting developments in diabetes care.

➤ **Parent's Support Network**

Develop a National Parent's Support Section within the organisation whose remit will be to ensure that the needs of this section are being fully met.

➤ **Health Administrators**

The Diabetes Federation of Ireland is committed to delivering a co-ordinated message, focusing on the positive aspects of the condition but will also highlight the seriousness of diabetes and the potential complications of diabetes, where it is appropriate.

Conclusion

Services provided by the Diabetes Federation of Ireland significantly impact on the cost of care for people with diabetes in Ireland. The provision of local peer support throughout the country encourages and educates the person with diabetes on managing their condition more effectively.

Effective public awareness campaigns targeting the wider community and a heightened awareness among community healthcare professionals will certainly impact upon the delay in diagnosis experienced by most people.

The Federation's Health Promotion initiative encourages earlier diagnosis and better understanding of diabetes thereby reducing the prevalence of diabetes related complications requiring hospitalisation.

Services provided by the Diabetes Federation of Ireland will continue to support, educate and motivate the diabetes community in Ireland.