



Diabetes Federation of Ireland

Annual Report 2010

Supported by



Foreword

The Diabetes Federation of Ireland had a very busy and successful year specifically in the areas of advocacy, health promotion, education, management of diabetes at school, provision of services and research. The Diabetes Federation of Ireland is now represented on the HSE Diabetes Working Group and at the centre of policy making process for the development of diabetes health services in Ireland.

The success of the HSE Diabetes Working Group in obtaining substantial funding for the development of a national foot and eye screening diabetes service was the highlight of 2010. This followed the setting up of Diabetes Action which proved the launch pad for highlighting the scant resources in diabetes services and the detrimental effect that this was having on members of the diabetes community in terms of quality of life. The direct benefit of these services will not be seen by people with diabetes until late into 2011, but after years of campaigning by the Federation, I very much welcome the positive approach by the HSE and we are very grateful to them for committing €5m to these new services.

Important research on diabetes has been conducted as a result of support provided by the Federation. The Diabetes Ireland Research Alliance/Juvenile Diabetes Research Foundation partnership met its fundraising target of €50k which was divided equally between the D-GAP project in the UK and allowed us to set aside seed funding for an Irish Type 1 diabetes project in 2011.

The 3 year Federation/MRCG/HRB funded research study “Adipocyte and Type 2 diabetes – a study of patients having bariatric surgery” was completed in 2010 with the findings generating much publicity and further raising the profile of diabetes in Ireland. We plan to build on this excellent start and identify a Type 1 project and apply for MRCG/HRB funds in 2011 on a matching fund basis.

Despite the economic gloom, the Federation continued all its patient support services and launched a new 5 year strategy that set out specific targets which if achieved will no doubt enhance the lives of people with diabetes. The CODE Type 2 programme is fast becoming a highly valued structured education programme. Both CODE Type 1 and CODE Type 2 are very successful national programmes and provide community based education and empowerment for people with diabetes and their families in a community setting close to home. More healthcare professionals were trained to become CODE educators in 2010 and with their help the Federation was able to increase patient access to the programme by 45%.

Even with the year on year reduction in income, steps to reduce expenditure in 2009 saw the Federation realise a small profit in 2010. A positive step was reinstating staff to full time hours but in the longer term we will have to be cognisant of the impact of the economic downturn on the Federation and its ability to maintain its services.

I would like to thank our President Professor Gerald Tomkin and the National Council for all their help and support and I would like to congratulate and thank the CEO, Mr Kieran O'Leary, and all the staff for their tremendous hard work, achievements and dedication. We gratefully acknowledge our thousands of generous supporters and fundraisers who are helping us to support people with diabetes and fund diabetes research. It is a great honour to have been elected as chair of the Federation and I shall work to further improve the excellent work being done by the Federation. With your continued support, I am very confident that we can maintain the current level of services we provide and continue to extend them to meet your needs.

Professor Hilary Hoey
Chairperson

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The Diabetes Federation of Ireland is committed to achieving the standards contained within the Statement for Guiding Principles for Fundraising.

Chapter 1

Diabetes Federation of Ireland

The Diabetes Federation of Ireland (formerly Irish Diabetic Association) has been established since 1967 as a registered charitable organisation. It is dependent mainly on voluntary donations, contributions from our corporate partners and grants from the Health Service Executive to fund the delivery of its health promotion initiatives, diabetes education programmes and other services.

All activities of the Federation stem from its' mission which is:

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

The organisation has three aims and they are:

- To provide support, education and motivation to people with diabetes, their families, and friends;
- To raise awareness of diabetes in the community and foster programs for early detection and prevention of diabetes;
- To support and encourage advances in diabetes care and research.

Overview of Services

The Federation supports all people with diabetes and those at risk of developing diabetes, through:

- Providing objective, reliable and evidence based information via its helpline, website, magazine, journal and leaflets;
- Delivering direct diabetes education services to professionals and communities;
- Increasing awareness of diabetes and its symptoms in the wider community;
- Giving voice to those denied their rights because of diabetes;
- Funding research to prevent, cure and manage diabetes.

These services are streamlined as Support and Education, Health Promotion, Awareness, Research and Discrimination.

Diabetes Support and Education

Support

With increasing prevalence of diabetes and pre-diabetes, the Federation actively look to improve access to peer support, education and information.

The Diabetes Federation of Ireland support people with diabetes through a wide range of services including face-to-face contact, literature provision, helpline and website support. Inherent in any supportive interaction is promotion of health and for many people with diabetes; this means the provision of diabetes education.

Local Branch Support

There are 19 branches of the Diabetes Federation situated around the country. Their role is to promote the aims of the Federation and provide a local support network for people of all ages with diabetes and their families. The Regional Development Officers (RDOs) of the Federation work closely with the local branches calling on their local knowledge to promote events and work with them in organising public meetings and other similar events. Branches are run on a voluntary basis and are always seeking people willing to help with local events.

One of the key activities of a branch is to provide opportunities for its local community to come together to share their experiences and hear from a range of diabetes healthcare professionals on all aspects of effectively living with diabetes on a daily basis.

In 2010, 27 public education meetings were held which a combined audience of 4,275 attendees. The breakdown of the meetings were:

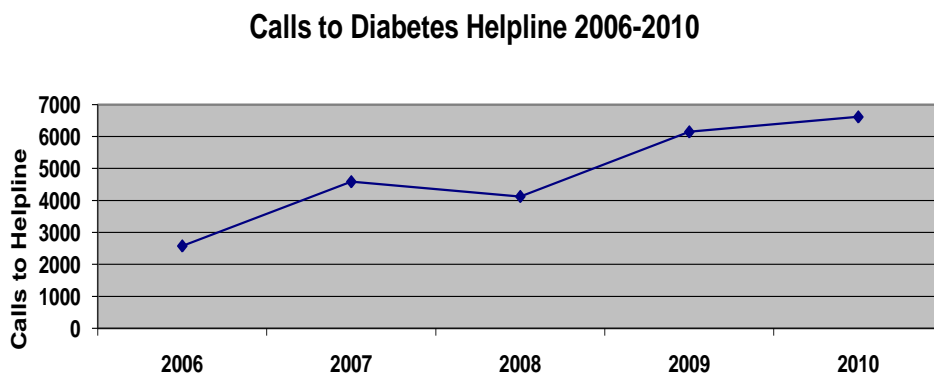
Area:	HSE North East	HSE Mid Leinster	HSE South	HSE West
Number:	2	6	5	14

Evaluation of each meeting is undertaken in order to ascertain the best vehicle for promoting each meeting locally and identifying topics of particular interest for future meetings. Overall, evaluations of these meetings are extremely positive and will be maintained for 2011.

Helpline Support

One of the main support mechanisms for people with diabetes is immediate access to up to date quality information. The Diabetes Helpline is a national lo-call helpline which can be accessed from anywhere in Ireland and for any duration for €0.25 cent.

In 2010, there were 6,557 callers to the helpline. More than 75% of those callers were sent written diabetes information following their call.

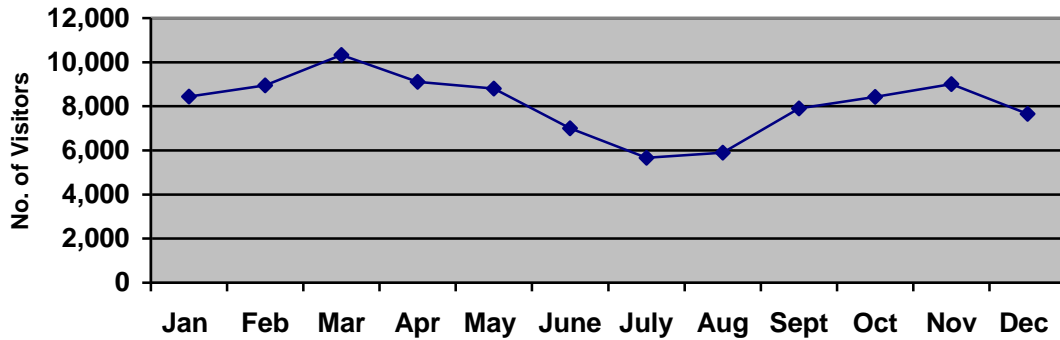


Website Support

Electronic support continues to become more common and the Diabetes Federation of Ireland has responded by updating their website www.diabetes.ie with more user friendly links.

In 2010, 90,229 (84,501 in 2009) people visited the website spending on average 7.88 minutes on the site which most likely reflects the increased use of the web as an information source. Monthly increases in visitor numbers was notable at times of the year that the Federation had increased national coverage on radio and through public events.

Visitors to Diabetes Website 2010



A Federation Facebook events page was also developed in 2010. In 2011, www.diabetes.ie will be completely revamped to make it more user friendly.

Literature Support

People with diabetes require access to information that is easily accessible and appropriate to their needs. The Federation acknowledge that literature is time specific and due to the evolving nature of diabetes management and changing technologies, all literature needs to be updated regularly and new written information leaflets/booklets need to be developed as funding permits.

In conjunction with Safefood and the Diabetes Interest Group of the Irish Nutrition and Dietetic Institute, 70,000 copies of the “Healthy Eating for People with Type 2 diabetes” booklet were printed and issued to all GPs and diabetes teams for direct dissemination to their patients.

In partnership with the HSE, the Federation developed and disseminated a patient leaflet explaining the pending new changes on HbA1c readings which come into effect from 1 January 2012. A further media awareness initiative highlighting the changes will be undertaken in 2011.

10,000 copies of a diabetes friendly Christmas recipe leaflet was produced with Splenda and disseminated to all members in December 2010.

The Federation has an extensive range of information leaflets about diabetes and related areas. In order to facilitate people and professional healthcare workers accessing these publications in a timely fashion, pdf copies of a range of them are available on www.diabetes.ie.

With the increasing media profile of diabetes, the Federation regularly assist journalists of national media organisations with background information on their articles, programmes and help clarify technical issues related to diabetes. In addition, some publications have commissioned articles from the Federation and publish these with details of how to access further information /support.

Diabetes Ireland & Diabetes Professional

In 2010, four issues of both Diabetes Ireland and Diabetes Professional were issued. Diabetes Ireland is distributed to all members while Diabetes Professional is distributed to all healthcare professional members plus a range of allied healthcare professionals interested in diabetes.

Chapter 2

Patient Education:

In 2007, the Diabetes Federation of Ireland launched its patient education programme, Community Orientated Diabetes Education (CODE). Part funded by the HSE, the programme is delivered at local level throughout Ireland by trained healthcare professionals.

CODE is a structured diabetes education programme for people with type 2 diabetes (CODET2) and for families living with type 1 diabetes (CODET1). CODE supports and supplements care from the individual's own diabetes team so that knowledge and skills are reinforced and the taking of responsibility for personal self-management of diabetes is gradually strengthened.

See Appendix 1 for a lay summary of the 2010 CODET2 programme results.

The CODE programme developed in 2006 has continued to develop into a national structured diabetes education programme available to people with type 2 diabetes throughout the Republic of Ireland. Evaluation of the 2007, 2008 and 2009 programmes have all demonstrated positive effects from attendance at CODE and positive feedback from participants and their diabetes teams. In 2007, the focus of the programme was evaluation to ensure the programme was meeting people's needs. In 2008, the focus was formalising the curriculum, audit tools and quality assurance process. In 2009, the focus was the development and piloting of the CODE Educators training programme (with support of an unrestricted educational grant from MSD Ireland) so that local healthcare professionals were trained and supported in delivering CODE to their own patients.

The CODE Educators training programme consists of attendance at a two-day facilitation skills training, a two-day CODE training programme and mentored delivery of a CODE programme. CODE educators are certified as fully trained CODE Educators on successful completion of a quality assurance review of their 3rd delivered CODE.

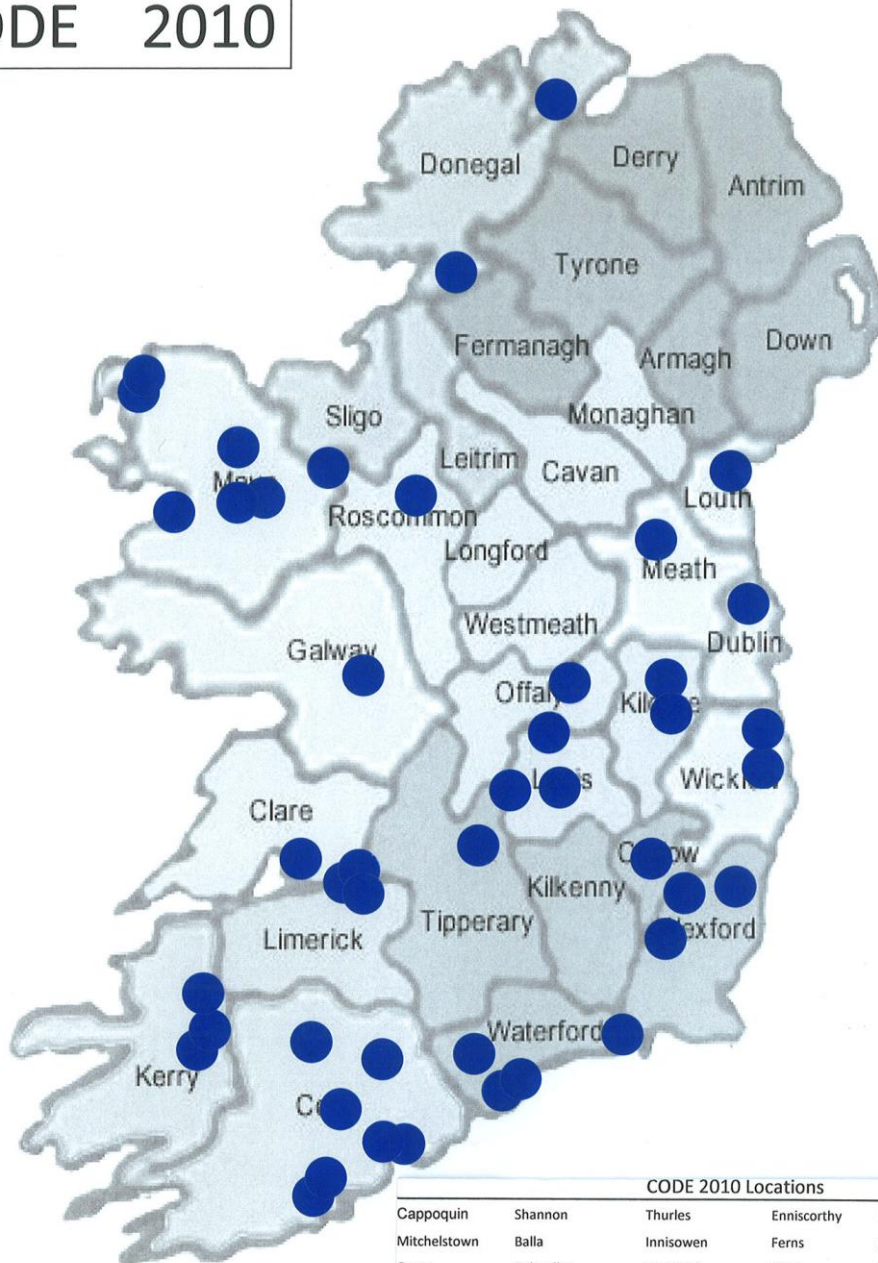
During 2010, the CODE training programme was made available to interested healthcare professionals with a recognised diabetes qualification. Thirty-one professionals availed of the facilitation skills training of which 21 completed the CODE training and of which 15 had delivered

their first programme by the end of 2010 with the remaining 6 commencing programmes in 2011. The increased number of CODE educators is reflected in the increasing number of CODE programmes available nationwide.

During 2010, 45 programmes were delivered (see figure 1) which is a 45% increase on the number of programmes delivered in 2009. Using the CODE curriculum, the programme is delivered over three successive weeks with a 10 week support telephone call and a 26 week follow-up appraisal/support session.

Figure 1 Locations of CODE programmes in 2010

CODE 2010



CODE 2010 Locations				
Cappoquin	Shannon	Thurles	Enniscorthy	Portlaoise
Mitchelstown	Balla	Innisowen	Ferns	Cork
Gorey	Belmullet	Westport	Kells	Middleton
Carlow	Castlebar	Belmullet	Mallow	Arklow
Wicklow	Farranfore	Castlebar	Limerick	Mountrath
Laois	Youghal	Youghal	Killarney	Kinsale
Limerick	Dundalk	Tullamore	Waterford	Limerick
Ballinasloe	Swords	Kildare	Kinsale	Cork
Limerick	Swinford	Roscommon	Donegal	Kildare

A total of 591 people attended the CODE programme during 2010 with on average 14 people attending each programme (range 8-18). As part of their induction into the programme, participants signed consent for collection of data to further develop the CODE programme and had the following details recorded:

- demographic details
- diabetes care location
- method of diabetes management
- presence of other illness
- weight
- height
- waist circumference if Body Mass Index (BMI) between 25 – 29.9
- diabetes quality of life (WHO-5)
- diabetes empowerment (modified DES-SF)
- knowledge of understanding living with diabetes (Knowledge Quiz)

In addition, practice based blood cholesterol, HDL, LDL, triglycerides and A1c results were recorded if recent results were available (within past month) on as many participants as possible.

Data (completed questionnaires) was available on 530 participants for evaluation. Details of the participants are outlined in Table 1.

Table 1 Characteristics of participants

Characteristics	n	% of sample
Gender		
Male	290	55%
Female	240	45%
Age Group		
≤ 39	19	4%
40-49	46	9%
50-59	106	20%
60-69	192	36%
70-79	117	22%
≥80	28	5%
Not stated	22	4%
Diabetes Treatment		
without medications	58	11%
with oral medications	380	72%
with insulin	68	13%
not known	24	4%
Source of Diabetes Care		
Hospital	51	10%
Primary Care	246	46%
Both Hospital / Primary Care	207	39%
Not answered	26	5%

More men (290, 55%) than women (240, 45%) attended the programme. The age of participants ranged from 23 years to 88 years (mean = 63.14 years, SD= 10.76). The majority of participants are in the 50-70 age group (56%) but compared with previous years there are an increasing number of younger participants in their 20's and 30's. Participants ranged from newly diagnosed to living with diabetes for 37 years. However, most people had diabetes for on average 6 ½ years i.e 40% of people stated they had diabetes for between 4 and 11 years.

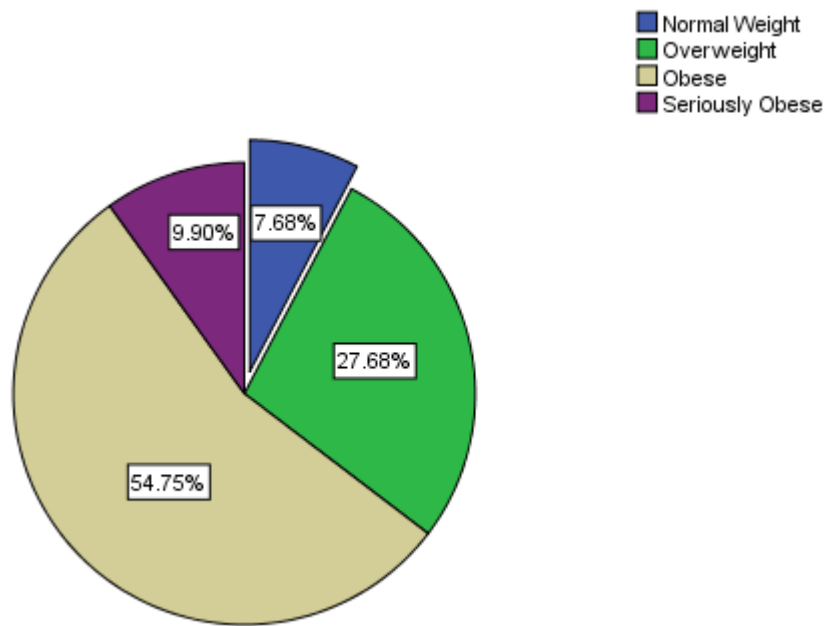
More than one-eighth (75, 15%, n= 510) indicated that they smoked which was not related to gender, age, obesity level or part of the country the person resided in. 47 men and 28 women smoked. Although not statistically significant ($p=0.09$), 44 (56%) people that reported smoking also reported the presence of another illness besides diabetes.

More than two-thirds (348, 71%, n=493) reported the presence of another illness with most people stating that a heart related illness was the most serious. Only 50 (14%) reported their most serious other illness to be diabetes related.

The majority of people (380, 72%, n=506) are on oral hypoglycaemic agents with only small numbers on no diabetes medications (58, 12%) or on insulin (68, 13%). Although there was no relationship between gender and diabetes treatment, of the 37 people in the normal weight group, 32 were taking diabetes medication, more men (20) than women (6) were on oral hypoglycaemic agents ($p= 0.06$). However, this may be the result of the small numbers in this group and the ratio of men (24) to women (13) in the group. The small sample size did not permit any relationship to age to be excluded.

The average weight of people pre-attendance at the programme was 89.84 kgs (SD= 18.70, range 45-178 kgs) which was reflected in the average BMI of 32.11 (DS=5.98, range 17-60). Only 38 (7.7%, n=495) participants were of normal weight for their height, 137 (27.7%) were overweight with the majority 271 (55%) being obese and a further 49 (10%) being morbidly obese i.e. so obese that their health was seriously compromised, see figure 2.

Figure 2 Weight of Participants



Participants who had a BMI of between 25 and 29.9 i.e. were considered to be overweight and had their waist circumference measured to determine their body shape. The average waist circumference for men in this group was 98.44 cms (SD= 6.9) and for women 94.30 (SD=8.4) indicating that participants who were overweight were apple shaped.

At a group level, all of the blood results recorded were within acceptable ranges for the majority of people, see table 2.

Table 2 Blood results pre-attendance at programme

Blood Test	Average Result	Range	Standard Deviation
Cholesterol	4.14	2.20 – 8.60	0.93
LDL	2.25	0.80- 5.50	0.82
HDL	1.17	0.40 – 2.94	0.34
Triglycerides	1.68	0.30-6.89	0.95
A1c	7.24	5.0- 14.1	1.39

514 people completed sufficient parts of the knowledge quiz¹ to be included in the data analysis. The average score was 6.84 (SD= 3.1, n= 514). However, a small percentage (9, 2%) scored zero or less and almost one third (32%) scored five or less. Women (mean = 7.14, SD = 3.12) had better knowledge and more understanding than men (mean = 6.58, SD= 3.06) which proved significant (p=0.05).

All participants completed the WHO-5². The average total score was 66 (SD=19, n=466) indicating moderate psychological well being for most participants. However, almost one fifth (19%, n= 466) scored less than 52 which is the cut-off point for warranting clinical depression assessment. The one response with the lowest average score was over the last two weeks, "I have felt active and vigorous" with one fifth (97, 20%) of participants indicating that they had felt this way less than half the time in the previous two weeks. Women reported less wellbeing than men, mean= 63.11 (SD= 19.26) for women compared with mean = 68.82 (SD= 18.49) for men (p=0.001).

Diabetes empowerment was also measured in the majority of participants³. Total empowerment scores were on average 3.97 (SD=0.61) indicating reasonable belief in their ability to self-manage diabetes. The highest score (mean = 4.29, SD= 0.75, n=491) for the individual statements was for "I can find ways to feel better about diabetes" and the lowest score (mean =3.84. SD= 0.91, n=477) was for "I can describe what helps me stay motivated to care for my diabetes". Gender, age or obesity did not influence empowerment.

¹ The quiz was twelve statements regarding understanding of diabetes which participants were asked to indicate as true or false, for example, freshly squeezed fruit juice has no effect on blood sugar levels. A correct answer was awarded one point while a wrong answer had one point deducted to avoid guessing bias. The possible score was minus 12 (very low understanding) to plus 12 (good understanding).

² The WHO-5 is a measure of psychological well-being (positive mood, vitality and interest in things) pre-attendance at the programme. Five statements are presented which participants indicate their frequency of feeling that way in the last two weeks. For example, "I have felt cheerful and in good spirits". Possible responses range from "All of the time" to "At no time". The possible total score for each statement were 0-5 which were then totalled and multiplied by 4 to give a maximum total score of 100. Anyone scoring below 52 would be considered depressed and would warrant more complete assessment.

³ Diabetes empowerment (self-belief in ability to manage diabetes) was assessed using an easy reading version of the DES-SF. Participants are asked to indicate their agreement to eight individual statements about their own ability to manage diabetes. Agreement can range from "strongly agree" to "strongly disagree". Possible scores are 1 to 5 for each statement or for the total score with higher numbers indicating more empowered people.

Post Attendance

As previously stated, the CODE programme comprises of 4 group sessions. Missing any of the sessions would be a 75% attendance rate and as most courses ask for 80% attendance to state a person has completed the course, it was deemed appropriate to include only participants who attended all four group sessions and completed the post-attendance questionnaire to be included in the pre-post evaluation.

337 (64%, n=530) completed the four sessions and the post-attendance questionnaire. The area of the country a person attended CODE influenced attendance ($p=.008$). Participants in the Western HSE area (72%) were most likely to attend all sessions when compared to the other HSE regions – South (62%), MidLenister (55%) and NorthEastern (55%). Attendance was unrelated to gender. Similar to 2009, although not statistically significant, there was a tendency for people in the obese groups in Week 1 to not attend all sessions i.e. attendance rate 71% for normal weight individuals, 72% for overweight individuals, 64% for the obese group and 57% for the seriously obese group.

Data was collected post-attendance on:

- weight
- height
- waist circumference if Body Mass Index (BMI) between 25 – 29.9
- diabetes quality of life (WHO-5)
- diabetes empowerment (modified DES-SF)
- knowledge of understanding living with diabetes (Knowledge Quiz)

In addition, practice based blood cholesterol, HDL, LDL, triglycerides and A1c results were recorded if recent results available (within past month) on as many participants as possible.

Paired samples t-tests⁴ were conducted to compare pre and post-attendance knowledge, empowerment and quality of life scores. Cross tabulation were used to identify differences between groups. The statistical significance of all tests was set at 0.05 which allows that only in 5% of cases could the finding happen by chance alone. Therefore, any finding reported here with a $p \leq 0.05$, can be considered significant.

⁴ Paired samples t-tests allow for comparison of individual pre and post-attendance test results and reports the results at a group level.

At a group level, participants post-attendance had lost weight from an average weight pre-attendance of 89.18 kgs (SD= 17.80) to post-attendance mean = 88.68 kgs (SD=17.63, $t(304) = 2.32$, $p= 0.02$) indicating that on average people had each lost 0.5 kgs.

On a more individual level, of the 146 (28%) participants who lost weight, over one-fifth (22%) has lost less than 1kg, one-fifth (21%) had lost between 1-2 kgs, one-eighth (13%) had lost between 2-3kgs, one-seventh (15%) had lost between 3-4kgs and almost a third (29%) had lost more than 4 kgs. The highest weight loss was 32kgs by a man with a starting weight of 118 kgs which for this individual brought his BMI from seriously obese at 35 to just overweight at 25.4. However, 130 (25%) gained weight while 28 (5%) maintained their weight over the 6 month period.

At a group level, knowledge had increased from pre-attendance mean of 6.77 (SD= 3.03, $n=287$) to post-attendance mean of 8.12, (SD= 2.84, $t(286) = 7.56$, $p=0.00$). These results suggest that on average people had increased their knowledge and understanding of living with diabetes by 20%. In addition, the difference in diabetes knowledge scores between men and women statistically significant in the pre-attendance data was no longer statistically significant in the post-attendance data.

At an individual level, one fifth of people (64, 22%) had decreased their knowledge score, one sixth (53, 18%) remained unchanged but the majority (170, 60%) had increased their knowledge score by 1-10 points. People who had decreased the most were those who scored the highest pre-attendance e.g. a person who had answered all statements correctly pre-attendance contributed the largest decrease post-attendance. However, the relationship between Week 1 and Week 26 showed that the number of major changes in scores were small. These results suggest that the majority of participants at the CODE programme learned significant understanding of basic knowledge about daily living with diabetes.

Quality of life measured as general well-being had also increased post-attendance from mean = 66.86 (SD= 18.61, $n=244$) to mean =70.74 (SD=16.66 $t(243)=3.42$, $p=0.001$) which shows that most people had improved their general wellbeing post- attendance at the CODE programme. Each component of wellbeing had significantly improved post-attendance except for feeling calm and relaxed. Post attendance, people reported that in the previous two weeks, they had felt more cheerful and in good spirits ($p = 0.17$), felt more active and vigorous ($p=0.00$), felt they woke up more fresh and rested ($p=0.01$) and that their daily life was filled with things that interested them ($p=0.01$) than they had reported pre-attendance. The difference in lower well-

being among women compared to men reported pre-attendance was maintained post-attendance.

Diabetes empowerment scores had also increased post-attendance from mean = 4.04 (SD= 0.59, n=247) to mean =4.06 (SD=0.67 t(246)= -0.40, p=0.67) which indicates that people increased their belief in their own ability to manage their diabetes but this was not statistically significant. The correlation between pre and post-attendance scores was low (r=0.36) indicating that those people who had higher scores pre-attendance did not necessarily have high scores post-attendance. Examining the quartiles suggests that at an individual level, there is an indication of a very modest improvement (see Table 3).

Table 3 Total Empowerment Score Difference Pre-Post attendance.

Total Empowerment Score	Minimum score	Quartile 1	Quartile 2	Quartile 3	mean	Maximum score possible
Week 1	1.6	3.8	4.0	4.3	4.0	5
Week26	1.4	3.9	4.1	4.4	4.1	5

Blood results for the entire group were reasonably good pre-attendance but post attendance had improved further (see Table 4).

Table 4 Blood Results pre- and post- attendance.

	N	Pre-attendance	Post-Attendance	t	Significance (2 tailed)
Cholesterol	216	4.14 (0.97)	4.09 (0.99)	0.73	.468
LDL	186	2.23 (0.84)	2.19 (0.86)	0.79	.432
HDL	189	1.14 (0.34)	1.17 (0.34)	-2.25	.025
Triglycerides	198	1.78 (0.99)	1.73 (0.98)	0.94	.348
A1c	221	7.16 (1.20)	7.04 (1.19)	1.89	.060

The significant increase (p=.03) in HDL further supports the positive effects of the lifestyle behaviour changes some individuals undertook through attendance at CODE. Although not statistically significant for the whole group, there was an indication of improvement in blood glucose control which for the participants who had lost weight was significant (p=.011).

Participants views' from attending CODE

In order to gauge people's views of their attendance at the CODE programme, 10 names were selected at random for the 591 participants using the web based random number generator. These participants were contacted by telephone and requested to take part in a 10 minute telephone interview on their experience of attending the Code programme. One person declined because of holiday commitments and 2 were unavailable. The telephone interviews were transcribed and random numbers from 1-20 assigned to the transcript. Common themes were elicited from the interviews and are outlined below.

Personal Invitation

People are informed about the availability of CODE by a standard letter/invitation sent out through their local primary care provider, the hospital or through the Federation database. There was a general feeling that the letter was a personal invite for them rather than a general letter informing them about the programme availability. Most of the participants contacted felt that the personal invite to attend the programme meant it was part of their healthcare and therefore was important to attend.

"It was the nurse that asked me" (Respondent 3)

"my doctor put in my name and I felt lucky – delighted to have got a place" (Respondent 13)

To get more information

It was stated on the invitation letter that the programme was educational. However, there was a feeling from participants that they had received educational interventions previously but that more was needed.

"I had education before from the nurse in the hospital and the doctor but I felt this was different"(Respondent 8)

"I was mixed up with the information I had got before" (Respondent 5)

"It was to get more information on how to deal with diabetes. You might call me lazy but it was to get help. I knew I was not dealing with it properly. I would cut out sweets and other things but I wasn't really. The doctor knew that so he sent me the details" (Respondent 17)

Liked programme format

Participants were asked to outline what they liked or disliked about the programme, the contents of the format of the programme. All of the participants had positive views on the way the programme and the information contained in it were delivered.

“ it was comfortable, friendly and in familiar surroundings” (Respondent 14)

“ it was great to have the basics explained in my own language- even having the diagrams of the body. Also the foods were all basic everyday stuff and we got to put the ones with sugar together. I did not know there was sugar in flour or that it would end up as glucose”

(Respondent 1)

It was like being back in school but it was exactly what I needed, well at least for me. It was great, verbally, visually, just great” (Respondent 3)

Meeting as a social outlet

Social support is acknowledged as an important consideration in managing any chronic condition. Research on peer support through group meetings is accepted as a means of segmenting current social networks. No research has previously identified current structured education programmes as an alternative to specific peer support meetings. Participants attending the CODE programme alluded to the social benefit to attending.

“Had nothing else on and though it would benefit me” (Respondent 10)

“It benefited me from a social aspect as well as educational” (Respondent 8)

“I was embarrassed and shy about talking about diabetes before, but it is much easier now to talk to the doctor” (Respondent 3)

“The social aspect, the informality ... it was definitely a point of contact, both the people who attended with me, the person who ran the course” (Respondent 8)

“Meeting other people” (Respondent 14)

“This is a small town and I knew a lot of people on the programme with me – very well but I did not know they had diabetes and it is good to be able to share” (Respondent 1)

No improvement necessary

Participants could not think of any positive ways to improve the programme other than extending the length and scope of the programme.

“Was not long enough, weekly meetings would be great” (Respondent 1)

“Maybe other people should be allowed to view what is happening in the room... I think it would give others a good insight” (Respondent 9)

“Not really, I don’t think it could be better” (Respondent 14)

Conclusion

Overall, almost two thirds (64%) of the 591 people who signed up for the CODE programme completed the full four sessions and pre- and post- evaluation. 95% of participants completed three or more sessions but for evaluation purposes only full attendance and completion of the pre and post questionnaire was permitted. Evaluation shows that quality of life and knowledge significantly improved post-attendance at the CODE programme. Furthermore, there were positive trends in weight loss, diabetes empowerment, blood sugar control and blood profile especially for HDL cholesterol.

When asked about their experience of attending a CODE programme, participant’s views were very positive and they all felt they had benefited from attending. Many particularly referred to the social aspect of attending the programme and felt they benefited from the shared experience of other people. They liked the comfortable surroundings and the informality of how the programme was delivered whilst appreciating the common language and props used throughout the programme.

Recommendations

The results of the 2010 evaluation reflect those of 2007, 2008 and 2009. Therefore the question must be raised as to the trade-off point of burdening the participant filling out questionnaires and the benefit of having annual results. Whereas, an integral part of any structured programme is the audit of results, the repetition of annual audit is burdensome for participant, the educator delivering the programme and for the financial cost to the programme. However, if the questionnaires were not collected, the information can not be collected retrospectively and would this have implications on fulfilling the audit requirement and what implications would that have?

Given that the blood results for a 3rd year running show an indication towards improvement which did not prove statistically significant which may be partly due to the results at Week 1, is it worth while continuing this aspect? If the collection of blood results were stopped, this would not have major implications because the blood test results are independent of the programme and would still be available in the medical records of the participant should they be required. The programme could still empower individuals to seek their results from their diabetes team but not include those in the evaluation of the programme.

Fall-off in attendance at structured education programmes is accepted as a general problem. The 60% full attendance is good given that attendance at all 4 sessions and completing the evaluation was necessary to achieve this but it is of concern that 40% fail to attend all sessions. This should continue to be monitored and investigated. With practice nurses now delivering CODE, people may be more likely to complete the full programme when it is viewed as an integral part of their diabetes care. The Federation is already working with a Phd student who is specifically examining the factors that influence attendance of participants at CODE. However, it is unlikely that these results will be available until 2014.

CODET1 - CODE Type 1 Parents Interactive Workshop

During 2010, four type 1 parents' interactive workshops were held with 74 parents attending. As in previous years, the response to the workshops was extremely positive as they are deemed to be a great way for parents to openly discuss with other parents their trials and joys of managing diabetes. A further 4 parents support type 1 follow up meetings were held with 71 parents attending.

A national parents conference, open to invited parents of children with Type 1 diabetes who had interacted with the Federation through its CODE Type 1 programme or who had joined local Parent Support Groups was held in October 2010. The purpose of the meeting was to identify the needs of parents and families of children with type 1 diabetes, agree practical steps that could be developed by the Federation, to support families through an informal Parents Support network within the Diabetes Federation of Ireland.

Forty one parents attended the Parents conference from a wide geographical spread. The day consisted of a mixture of presentations and workshops which gave attendees an opportunity to hear from the healthcare professionals but more importantly from each other.

Speakers on the day included Consultant Paediatric Endocrinologists Dr Colm Costigan OLHSC, Crumlin and Dr Edna Roche AMCH, Tallaght who covered the issues of paediatric diabetes services and the HSE's proposed centres of excellence plus current and new technologies that could enhance a child's diabetes management respectively.

Consultant Clinical Psychologist, Ms Nicola Doherty from Belfast Health & Social Care Trust covered the issue of understanding and identifying everyday childhood developments issues as opposed to diabetes related issues.

Through four facilitated group workshops, parents also contributed their ideas in relation to identifying current deficits regarding day to day living with diabetes and what the Federation might be able to provide to help them.

A lot of suggestions were made on the day and an outcomes report was prepared and is available on www.diabetes.ie. A priority for 2011 was to develop the Conversation Energiser initiative so that it would allow parents to initiate local peer support groups as a starting point. Other issues raised were the need to develop a campaign specifically to differentiate between Type 1 and Type 2 diabetes and the need to advocate for diabetes paediatric health service development.

Family Events

The Donegal Branch held a family weekend for branch members and their families on 14th – 16th May 2010 (44 families with 50 children attended). Families of young children with type 1 diabetes and families living with type 2 diabetes came together on the Friday night for fun, networking, some work but most of all to support one another. Over the course of the weekend a series of informative presentations were provided. Dr Eoin O'Sullivan, Senior Specialist Registrar, Regional Hospital, Galway gave a very comprehensive talk on Diabetes in General and changes in measuring HbA1c 's and Ms Fiona Hegarty, Dietitian, Letterkenny Hospital presented on "Carbohydrate Awareness" which was supplemented with a practical session on Carbohydrate Counting and information on new foods available by Ms Anne Mullan, Dietitian, Diabetes Federation of Ireland. Children attended workshops with the diabetes nurses from Letterkenny General Hospital.

National Teen Activity Day

On Friday 16 July 2010, the Federation held its second National Teen Activity Day. The event, held simultaneously in 5 outdoor adventure centres country wide, was attended by over 70 teens from 10 to 16 years of age. Feedback from the event was extremely positive with participants getting the opportunity to meet their peers in an informal and fun setting. A report on the day was published in the autumn edition of Diabetes Ireland.

Sweetpea Kidz Club

The Sweetpea Kidz Club/Cork Parent's Support Group family weekend took place in April with over 130 people (40 families) attending. The club also had its annual Summer Family picnic in July but unfortunately had to cancel its planned Christmas party due to adverse weather conditions.

Time to Talk Teen Support Group

The Time to Talk Teen Support Group has been running in Cork and is now in its sixth year. The group is co-facilitated by Mr. Mark Fenton, Senior Social Worker, the Paediatric Team at Cork University Hospital and Ms. Pauline Lynch, DFI Southern Regional Development Officer. The group meets regularly at the Southern Regional Office and is attended by approximately 10/12 teens at any one time.

The group works both on a therapeutic and social level, where through discussion in small groups, the focus is on attitudes and approaches to diabetes. The social group continues with activities such as, bowling, soccer, horse riding, canoeing and other physical activities.

It is believed that the mix of social and therapeutic interaction is the best forum to reach the teens on a level that suits them. This has been initiated as a result of experience and constant evaluation methods that elicit the view of parents and teens.

A recent activity proved very popular with the teens, where they spent an afternoon cooking with the student trainee professional chefs at Cork Institute of Technology. This unique project helps to educate the teens about healthy food in a fun environment and also has the benefit of educating the trainee chefs on cooking for people with Diabetes.

Candidates for the program are formally referred through the Paediatric Department of Cork University Hospital (CUH) and Ms. Pauline Lynch states that *'without doubt, the reason the group has been so successful is that it has been run with the cooperation of the hospital. This co-working of the Federation and CUH Social Work Department has proved very beneficial to all concerned'*.

Health Promotion

Health promotion continues to play an important role in the Federation activities, with the focus to increase awareness that diabetes is a serious illness that can be managed effectively provided diagnosis is prompt and treatment regimes including lifestyle behaviors are implemented.

The Diabetes Federation of Ireland health promotion programme in community locations has a diabetes risk assessment and screening protocol. Assessment focuses on the preventative role people can play in delaying or preventing the onset of type 2 diabetes. The assessment tool is a pen and paper exercise to help individuals identify their own risk factors for the development of type 2 diabetes with modifiable risk factors (e.g. weight) being targeted for professional interventions. People identified at high risk of undiagnosed type 2 diabetes are screened for diabetes using a capillary blood sample.

Screening for type 2 diabetes and pre-diabetes is justified because the current epidemic of type 2 diabetes is exacting a staggering toll on individuals, families, and communities, the convincing clinical trial evidence that the incidence of type 2 diabetes can be reduced and the importance of early detection and treatment of those with undiagnosed diabetes.

The Diabetes Federation of Ireland health promotion initiatives focus on the workplace, the community and schools.

Workplace

The Health Promotion in the Workplace Initiative was developed by the Diabetes Federation of Ireland, to raise awareness that unhealthy lifestyle habits increase the risk of developing type 2 Diabetes and heart disease. The aim of this initiative is to:

- a) Alert employees to their possible risk of developing type 2 Diabetes, heart disease and other health related issues.
- b) Promote healthy behaviour to help individuals prevent, if not postpone, the development of illness.

The format of the day is flexible to meet the needs of the company but can include, presentations, assessments, screening and individual consultations (body mass index, waist circumference, blood pressure and diabetes risk assessment).

In 2010, 13 companies requested diabetes screening for its employees. Where they were held numbers attending were high with 680 being screened for their risk of having undiagnosed type 2 diabetes and 21 of those being referred for further testing.

Each person attending received a written feedback and additional health promoting literature as required. The company hosting the day received a report on key issues important to the health of their employees.

Community Screening

Throughout the year diabetes screening days were held throughout the regions. These days are generally held in pharmacies, shopping centres, or public areas. The purpose of these screening days again are to raise awareness of diabetes and its signs and symptoms amongst the general public and also to provide an opportunity for people to have a personal diabetes risk assessment/ screening. Each person is offered:

- A brief diabetes risk assessment
- Discussion and literature on the signs and symptoms of type 2 diabetes
- A random capillary glucose check if required with a letter of referral for formal assessment to the GP if necessary
- Discussion and literature on healthy eating guidelines and physical activity
- Those with queries regarding diabetes are also welcome to attend.

The breakdown of screenings days held and the results by region were:

Region	Number	Number attended
Mid Leinster	4	148 with 30 referred to GP
North East	3	410 with 19 referred to GP
Western	9	1,260 with 43 referred to GP
Southern	32	1,947 with 183 referred to GP
TOTAL	48	3,765 and 275 referrals

Community Talks and Presentations

Talks and presentations were held throughout the regions during 2010, attended by over 2,500 people the majority of whom would be in the high risk category for developing type 2 diabetes or had diabetes. The breakdown of presentations by region was:

Region	No of Presentations	Number attended
Mid Leinster	7	1,052
North East	16	384
Western	7	497
Southern	20	628
TOTAL	50	2,588

Groups that availed of this free service included schools, women's groups, retirement groups, carers training, mental health groups and their professional staff, disability groups, staff of network groups and their service users. Each event allowed for the promotion of the Federation literature, services and availability of support if ever needed.

In addition, the annual National Tea 4 Diabetes Ireland (T4DI) initiative, supported by Splenda, was held. People with diabetes used their own knowledge to educate their family friends, work colleagues about diabetes and the need to move to a healthier lifestyle over a cup of tea. The Federation provided general information literature and a knowledge quiz to stimulate debate around diabetes. More than 4,100 people attended parties throughout the country.

Schools

Children with diabetes require supervision to maintain their diabetes management and to remain healthy. The need for diabetes management does not end while the child is at school. Thus, while at school, each child with diabetes must be allowed to do blood sugar checks, treat hypoglycemia with emergency sugar, inject insulin when necessary, eat snacks when necessary, eat lunch at an appropriate time and have enough time to finish the meal, have free and unrestricted access to water and the bathroom and be allowed to participate fully in physical education and other extracurricular activities including field trips.

Sometimes, because of misconceptions about diabetes management, the requirements of a child with diabetes are neglected. In order to prevent repetition of this occurrence, Diabetes Federation of Ireland staff are available to provide a general overview of best practice guidelines when there is a child with diabetes attending the school and healthy lifestyle recommendations for all pupils attending the school.

With the increased prevalence of type 1 diabetes and the increased incidence in the under 5 age group, school issues for children with diabetes are becoming more common and more complex.

Since 2009, the Federation has been working with other stakeholders, namely Brainwave the Irish Epilepsy Association, Asthma Society of Ireland and Anaphylaxis Ireland, to develop a unified set of guidelines to help teachers and parents to understand, discuss and decide on how best to manage a child with a chronic condition in school thus providing a safe environment for the child throughout his/her school life.

In 2010, the group circulated a draft document to all relevant health and education partners to review the content. The resource document sets out:

- Guidance for schools on developing or updating their Chronic Medical Condition policy
- Practical information on each condition for teachers
- Standardised healthcare plans and template forms and letter that can be adapted to each school's information need to ensure the safety of pupils with a chronic condition
- Responsibilities of parents and teachers to aid expectations of both parties in managing the child on a daily basis
- Safe storage and safe disposal of medication guidance at school.

At the request of the INTO, the group will be developing an online educational DVD on each condition.

This primary aim of this initiative is to provide support guidelines and best practice advice on managing children with a chronic medical condition in school thus providing a safe environment for the child.

By all the stakeholders working together to develop this resource document, it is envisaged that it will help standardise the way children with a chronic medical condition are managed during their school life for many years to come thus significantly reducing or eliminating conflict between teachers and parents. It is planned to disseminate the document to all primary schools in 2011.

The Federation continues its efforts to foster positive attitudes towards diabetes thereby reducing discrimination of persons with diabetes so they can have the potential to live a full and normal life. This can be best facilitated by raising awareness of the wider community that diabetes is a condition that with personal attention and proper management will not curtail the individual's activities. This will help eradicate discrimination of individuals on the basis of having diabetes.

In 2010, the Federation worked with a number of individuals who felt they were discriminated on the basis of their condition. In particular, direct intervention by the Diabetes Federation of Ireland at a European level resulted in a 17 year old youth getting his boxing licence from the Irish Amateur Boxing Association. He is now permitted to train and box with medical approval from his consultant endocrinologist rather than enduring a lifelong ban because of diabetes. The Federation will continue to work on behalf of people with diabetes in 2011.

Professional Services

The Professional Study Day was held in Croke Park on March 11th 2011 with 150 attendees including medical physicians, general practitioners, nurses, dietitians, pharmacists and students. The focus for the day was on enhancing cost effective management and reducing diabetes related complications with guest speaker Professor Richard Holt from the University of Southampton in the UK addressing the topic of Diabetes and Depression. The day included updates on current research in Diabetes medications and expenditure in this area, peer support in type 2 diabetes and body image and intimacy. Feedback evaluation was very positive with

many attendees stating they would use information from the study day to change their practice when working with people with diabetes.

Media Reach

Effective use of the media is imperative if the Federation is to raise awareness of diabetes and its symptoms to the wider community and raise the Federation's profile among the diabetes community both at national and local levels.

In 2010, the Federation continued efforts to increase the knowledge and awareness of diabetes and its symptoms through the media. This was achieved through a range of media activities. These included:

- As part of the T4DI initiative, an appearance by a Federation representative on the Afternoon Show (RTE TV programme) reaching 250,000 viewers.
- Federation representatives also appeared on TV on 4 other occasions in the year where living with diabetes was broadly discussed as a serious health issue reaching a combined audience of 2 million viewers.
- Federation representatives also participated in 46 radio interviews on diabetes in 2010 reaching a combined audience of 2.7m listeners
- in November 2010, to celebrate World Diabetes Day, the Diabetes Federation of Ireland ran a radio advert promoting its Diabetes Health Awareness Exhibition which reached 1.4m listeners and it ran a radio advert raising awareness of the signs & symptoms of diabetes in September 2010 reaching a further 1.4m listeners.

Other diabetes related media stories saw journalists contact the Federation for clarification and/or further information to supplement their articles. This happened on 85 occasions throughout the year with a mixture of national and medical media seeking help on a wide range of issues.

Volunteer of the Year

There are many well deserving people who work tirelessly to ensure that people living in their locality are given the opportunity to meet, share experiences and learn from each other about living life with diabetes.

The volunteer of the year award, sponsored by Roche Diagnostics, recognises the tireless efforts of volunteers throughout Ireland in supporting, educating and motivating people with diabetes, raising awareness of diabetes in the community and in promoting the interests of people with diabetes.

This year, there were two nominations with the 2010 winner being Collette McLoughlin for her trojan work with the Sweetpea Kidz Club and families dealing with a recent diagnosis of diabetes over many years.

Diabetes Advocacy

Following publication by the HSE's Diabetes Expert Advisory Group of its First Report setting out its vision for future diabetes services, the Federation continued to advocate for implementation of this report so that all people with diabetes regardless of where they live will receive the high quality service they deserve.

In the latter part of 2009, the Federation, the Irish Diabetes Nurse Specialist Association and the Irish Endocrine Society set up a tri-partite diabetes advocacy group, called "Diabetes Action", with pharmaceutical, healthcare-professional and patient representation to advocate for implementation of the First Report and raise awareness of diabetes symptoms and risk factors among the general population.

In September 2010 Diabetes Action launched a structured advocacy campaign called 'Half the Services – Half the Care'. The 2 year initiative highlights the lack of health services in critical branches of diabetes care and management in Ireland, while advocating for practical and affordable policy changes to secure improved and targeted diabetes services. Diabetes Action

aims to influence health policy on diabetes by building consensus and support for particular policy approaches, which the Diabetes Federation of Ireland wished to advance.

Diabetes Action ran its first full campaign on podiatry / foot-care between September-December 2010. Through a specially designed advocacy campaign web-site, the diabetes community and the public generally were able to contact politicians about the local impact of diabetic foot disease. Over 5,500 personalised e-mails, putting forward targeted local and regional facts and figures, were sent to TDs and Senators asking them to approach the HSE requesting resources for podiatry service development. The strength of the arguments put forward and the volume of e-mails sent to politicians by the diabetes community, ensured that considerable pressure was brought to bear for policy changes. After just three months the campaign secured €1 million initial funding for a national diabetes foot-care screening programme. This funding will be used to employ 16 podiatrists across Ireland to screen feet and to provide care for diabetic foot conditions. In conjunction with HSE South, a further 6 community podiatry posts will be created by the Federation in 2011.

In late December 2010 the HSE allocated €4 million to the development of a diabetic retinopathy screening programme under the aegis of the National Cancer Screening Service (NCSS), which has experience in operating a number of similar population-based national screening programmes.

As a result of Diabetes Action's campaigns to date the Head of Health Promotion and Research, Dr. Anna Clarke, and Dr. Diarmuid Smith, Chair of the Advocacy Group, were invited to join the National Working Group on diabetes. This has placed the Diabetes Federation of Ireland at the heart of the policy making process for the development of diabetes health services in Ireland.

The success of the advocacy initiatives has depended entirely on the involvement and participation of volunteers from the Diabetes Federation of Ireland. No effort to secure influence in the formation of diabetes health care policies is possible without demonstrating that the Diabetes Federation of Ireland has a mandate from a large, engaged and focused membership. Through the campaigns run to date the diabetes community has begun building strong awareness of diabetes health issues among politicians and policy makers by demonstrating the personal, local and national impact of under-resourced diabetes services.

Diabetes Research

2009 saw the setting up of the Diabetes Ireland Research Alliance (DIRA), a subsidiary of Diabetes Federation of Ireland, to focus more on developing and funding diabetes research in Ireland.

2010 saw the completion of the first wholly Federation/MRCG/HRB funded research study. The “Adipocyte and Type 2 diabetes – a study of patients having bariatric surgery” overseen by Professor Donal O’Shea, Loughlinstown Hospital with results presented at the Spring Meeting and published in Diabetes Professional. A press release on the findings generated much publicity and facilitated Professor O’Shea’s appearance on TV further raising the profile of diabetes and the Federation. The other Federation funded study is the Galway Diabetic Foot Study which commenced in July 2008 and has helped to dictate national policy on the development of podiatry services for people with diabetes nationwide.

In 2009, the Diabetes Ireland Research Alliance entered into a partnership agreement with the Juvenile Diabetes Research Foundation (JDRF). During 2010, the partnership was further solidified by Diabetes Ireland Research Alliance raising €50,000 which was split equally between the JDRF funded D-GAP project in the UK and an Irish Type 1 diabetes project to begin in 2011.

Three open research meetings were also held in early 2010, in Galway, Cork and Dublin respectively. More than 400 people attended and heard updates on research topics from DGAP to the Artificial Pancreas for children as well as presentations on Neuropathy and the Psychosocial Factors that impact on people and their families following a diagnosis of diabetes. Feedback on the meetings was very positive with the content and speakers extremely well received.

Dublin Moonwalk

In June 2010, more than 300 people participated in the Federation’s inaugural 30Km night walk through the streets of Dublin. Starting at 10pm on Saturday 25th June, raising vital funds for a range of Federation services.

Strategy 2011 -2015

In November, the Federation launched a new 5 year strategy with the aim of building on past work specifically in the areas of education, advocacy, health promotion and research. The strategy set out specific targets which if achieved will no doubt enhance the lives of people with diabetes nationwide. The document can be downloaded on www.diabetes.ie.

Finance

The latest available annual audited accounts to 30th June 2010 show income of €1,267,009 for the 12 month period and expenditure for the same period of €1,120,683, giving an operating profit of €146,326 for the period. When bank interest was added, the profit for the period was €162,917. The balance sheet showed a reserve of €767,682 at 30th June 2010.

In July 2010, all staff returned to full working hours, after having their hours reduced in 2009. Speaking at the AGM in November 2010, Honourary Treasurer, Mr Leonard O'Connor drew attention to the continuing drop in recurring income which could impact on services in the years ahead.

Conclusion

The Federation continued to deliver key services throughout 2010. The continuing support of members and active volunteers at local community level were vital in the period.

With more and more people with diabetes being left to manage their own condition, the expansion in the number of CODE Trainers is a huge step forward. The value of this and many initiatives can be measured in terms of the number of people with diabetes who were supported by the Federation, the number of people detected early and the increased awareness of diabetes among the wider community.

In the current climate, the work of the Diabetes Advocacy Group is proving vital in ensuring that diabetes remains a key priority area for development by the HSE.

The financial outlook is a concern as it will dictate the level of services provided by the Federation. Therefore, it is important that we all work together to ensure services are maintained in 2011 and beyond. If not, the potential impact of the current economic will see a reduction of services.

CODE 2010 Lay Summary

In 2010, a total of 591 people attended a CODET2 programme in their local community. Locations for the 45 programmes held during the year were nationwide. On average, there were 14 participants in each programme.

Similar to other years, more men than women attended the CODET2 programme. More than half of the participants (56%) were between 50 and 69 years of age.

Almost three-quarters of people of participants (72%) managed their diabetes through dietary intake, exercise and taking tablets. One in every 35 participants continued to smoke and these people were more likely to state they had other health problems besides diabetes.

Less than 10% of CODET2 participants were of normal weight for their height. Over half were obese, that is carrying so much excess weight as to be putting themselves at risk of other health problems.

In general, the blood results of people attending CODE were good which probably is due to the number of medications people take. Two-thirds of people had another illness which was most often reported as heart related.

Some people had very poor understanding of diabetes before attendance at the programme with a small number not being able to state if any of 12 statements were true or false.

One out of every five participants reported poor wellbeing or at least their response to questions would warrant that they be assessed properly for depression.

Most people had a reasonable belief in their own ability to manage diabetes but had some concerns about their ability to stay motivated to manage their diabetes.

Over half of the participants attended all sessions of the CODET2 programme and completed all parts of the questionnaire before and after attendance. There was a general indication that the highest attendance rates were in the HSE West, followed by the South, Mid Leinster, North Eastern areas. As with other years, the complete attendance rate may be related to weight with more overweight people being likely to stop attending.

Participants had lost weight during the six months with one man losing 32kgs. His weight on starting the programme was 118 kgs which for him meant that he was putting his health at a serious risk. However the weight loss brought his weight into very acceptable levels and reduced his health risk.

Participants had gained 20% more knowledge and understanding of living with diabetes through their attendance. Most participants could give the correct response to between 1 and 10 of the 12 true/false statements than before attendance.

Participants also reported better quality of life after attendance than before the programme. The only area not improved was for feeling calm and relaxed. They had increased their belief in their own ability to manage their diabetes but in actual fact those participants who might have scored high before attendance in this area did not necessarily do so afterwards.

Ten participants were randomly selected by the computer and were asked their views on the programme through a telephone interview. Most of them made comments which could be broadly classified as (1) had received a personal invitation to attend, (2) wanted more information, (3) meeting was a social outlet, (4) liked the format and only improvement necessary might be to extend the length of it.

Acknowledgements

All the participants and attendees at our events who gave freely of their time to complete the evaluation tools.

Healthcare Professionals. Diabetes Federation of Ireland staff and volunteers for their support and assistance with our many initiatives.

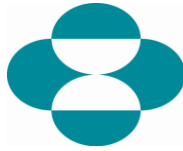
The volunteers of INCA (Institute Numerical Computation and Analysis) for given so freely of their time to assist with the analysis of CODET2 data and for their guidance and patience with novice researchers. The Federation would like to extend its sincere thanks Professor Denis Fitzgerald, Institute for Numerical Computing and Analysis, Dublin, Ireland for his assistance with the statistical analysis of CODE 2010 data.

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