



*Diabetes Federation of Ireland*

*Annual Report 2008*

## **Foreword**

As far as I can recall, this is the first written Annual Report ever produced by the Diabetes Federation of Ireland. However, in years to come, 2008 will not be remembered for this but will be remembered as the year the Government of the day finally made diabetes a key priority for service development. Still, it is only when you read this report that you realise just how much activity is undertaken by the Federation and how much people with diabetes, their families and indeed the wider community benefit from the many services available.

In November 2008, the Health Service Executive's Diabetes Expert Advisory Group launched its First Report setting out its vision for future diabetes services. The main element of this report was the development of integrated care between primary and secondary care for people with Type 2 diabetes. The proposed integrated care model proposes a programme of patient support geared at empowering the person with diabetes to self manage his/her condition.

Through its CODE programme the Diabetes Federation of Ireland is already providing this type of patient support and education. In 2008, the Federation's Regional Development Officer's ran 44 CODET2 programmes nationwide providing structured diabetes education to 590 people and 5 CODE T1 programmes attended by 91 parents of children with type 1 diabetes.

Through its local volunteer support groups, the Federation also held 27 public education meetings reaching a combined total audience of 2,863 people and by promoting these meetings through local media brought diabetes to the forefront of more than 1.3m people. The Health Awareness Exhibition in November 2008 had 2,400 attendees on the day. There were a range of other media opportunities such as a national diabetes symptoms and risk factors awareness advert run throughout the year reaching a further 1 million listeners.

As part of its Health Promotion initiative, the Federation also screened a total of 3,088 members of the public for diabetes, referring 171 (5.5%) for further testing. The Diabetes Lo-call Helpline received 6,145 calls in the year and its website saw 61,109 visitors spending on average 5.9 minutes in the site.

The Federation, in conjunction with the HSE, also developed and launched a self care guide for diabetes in 6 different languages, addressing the changing demographics of the existing

population, and acting as a useful resource for medical and general media enquiries throughout the year.

Two healthcare professional conferences were also held by the Federation with over 200 delegates attending. These conferences update delegates on diabetes medical developments. More than fifty presentations to a range of community groups reaching 2,530 people were also made in the year.

In terms of turnover, the Federation has never had it so good and funds are being used effectively to support the ever increasing diabetes community. The value of the 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 late 2008, the Diabetes Federation of Ireland has seen a decrease in its income year on year, especially in some of its annual fundraising initiatives. In the current economic climate the Federation is anticipating a significant decrease in its income for 2009.

Therefore, it's now more important than ever that pharmaceutical companies continue to support the Federation and that the Health Service Executive continue to provide grant aid to ensure that our many services can be maintained.

As a volunteer myself, I fully appreciate the efforts of the many volunteer branches nationwide and the difficulties faced in raising funds. However, in the current climate local branch fundraising is more important than ever, if we are to continue our community based services.

This report brings together all the work being done at local and national level and allows readers to see how well the Federation is serving the diabetes community.

Finally, I would to thank all our volunteers, members and staff for their continuing support and efforts in supporting the diabetes community in Ireland.

Jim Byrne  
Chairperson

# Table of Contents

<b>CHAPTER 1.....</b>	<b>1</b>
INTRODUCTION .....	1
<i>Diabetes</i> .....	1
<i>Types of Diabetes</i> .....	1
<i>Prevalence of diabetes</i> .....	3
<i>Pre-Diabetes</i> .....	3
<i>Causes of Type 2 Diabetes</i> .....	4
<b>CHAPTER 2.....</b>	<b>5</b>
DIABETES FEDERATION OF IRELAND .....	5
<i>Overview of Services</i> .....	5
Diabetes Support and Education .....	6
<b>CHAPTER 3.....</b>	<b>10</b>
COMMUNITY ORIENTATED DIABETES EDUCATION.....	10
Code Attendance.....	11
CODE Participants.....	11
Knowledge and Behaviours.....	14
Biomedical Measurements .....	14
Post attendance .....	15
Knowledge and Behaviours.....	15
Biomedical Measurements .....	16
Participants Views .....	16
Conclusion .....	17
<i>CODET1 - CODE Type 1 Parents Interactive Workshop</i> .....	18
Session 1 Overview (Food Choices in Diabetes) .....	18
Session 2 Overview (Impact of Diabetes on the Child and the Family).....	19
Evaluation .....	20
<i>Parents' Support Group</i> .....	21
<i>Family Events</i> .....	21
Sweetpea Kidz Club.....	22
Time to Talk Teen Support Group .....	22
<b>CHAPTER 4.....</b>	<b>23</b>
HEALTH PROMOTION.....	23
<i>Workplace</i> .....	24
<i>Community Talks and Presentations</i> .....	25
<i>Community Screenings</i> .....	26
<i>Schools</i> .....	27
<i>Professional Services</i> .....	28
<i>Media Reach</i> .....	29
<i>Volunteer of the Year</i> .....	29
<i>Diabetes Expert Advisory Group First Report</i> .....	30
<i>Diabetes Research</i> .....	31
<i>Finance</i> .....	32
<i>Conclusion</i> .....	33
<b>APPENDIX 1.....</b>	<b>34</b>
SESSION 1 OUTLINE.....	34
SESSION 2 OUTLINE.....	35
<b>ACKNOWLEDGEMENTS .....</b>	<b>1</b>

# **Chapter 1**

## ***Introduction***

Diabetes is a serious chronic illness with all types of diabetes being potentially life-threatening and can reduce quality of life. Diabetes is the global epidemic of the 21<sup>st</sup> century and is now the fourth leading cause of death in most developed countries. At present there is no cure. This global epidemic will affect everyone, everywhere.

This annual report describes the major activities undertaken by the Diabetes Federation of Ireland during 2008. Brief descriptions of projects and programmes are presented to provide an overview of the comprehensive range of activities. It has been the dedication and expertise of staff that has enabled such programs to be implemented in the diabetes community in a year of significant upheaval in the general health services.

## **Diabetes**

Diabetes is a condition in which the amount of glucose in the blood is too high. 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 the blood cells where it can be converted into energy. When there is a shortage of insulin or if the available insulin does not function correctly, sugar will accumulate in the blood and diabetes develops. Poorly controlled diabetes over many years can lead to damage to the eyes, kidneys and the heart.

## **Types of Diabetes**

There are two types of diabetes:

Type 1 diabetes develops when there is a severe lack of insulin in the body because most or all of the cells, which make insulin, have been destroyed. This type of diabetes usually appears before the age of 40. Type 1 diabetes is treated by insulin injections which are titrated to dietary intake and physical activity levels.

Type 2 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 35. 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, tablets and/or 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 foetus 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.

#### Type 1 Diabetes

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. Insulin is a protein based substance and therefore can not be administered in tablet form.

#### Type 2 Diabetes

Type 2 diabetes was once called adult-onset diabetes. There is a strong positive relationship between body mass index and the risk for type 2 diabetes. Although type 2 diabetes typically affects individuals older than 35 years (average age 57 years), it has been diagnosed in children as young as 2 years of age who have a family history of diabetes.

For type 2 diabetes to develop, both insulin resistance and an insulin secreting defect must exist: All overweight individuals have insulin resistance, but only those with an inability to increase production of insulin develop diabetes

About 80% of patients who develop type 2 diabetes are obese. Because patients with type 2 diabetes retain the ability to secrete some insulin, they are considered to require insulin but not to

depend on insulin. Moreover, patients with type 2 diabetes often do not need treatment with oral medication or insulin if they lose weight.

### **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 225 million people with diabetes mellitus worldwide. This figure 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 (McCarty & Zinnet 1994).

In Ireland, it is estimated there are 200,000 people with diabetes of which 50,000 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 (North/South Food Consumption Study 2001). 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 ninety per cent of the cases of diabetes. There is currently no cure for diabetes but there are effective treatment options to reduce complication development.

### **Pre-Diabetes**

Pre-diabetes, a condition also known as impaired glucose tolerance or impaired fasting glucose is present in about 11% of the population. People with pre-diabetes have increased levels of blood glucose, although not to the point of actually having diabetes. Not all people with pre-diabetes will go on to develop type 2 diabetes, but they do have a higher risk than those without pre-diabetes of developing the disease. Diabetes prevention programmes show that progression to clinical diabetes among these people at risk could be largely prevented through lifestyle changes.

Pre-diabetes, in particular, post prandial high blood sugar levels (impaired glucose tolerance - IGT) is a cardiac risk marker.

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).

## **Causes of Type 2 Diabetes**

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

- A family history of diabetes
- Low 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 type 2 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. Diabetes and its complications are responsible for a tremendous personal and public health burden of suffering at the present time.



## Chapter 2

### *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 a helpline, website, magazine, journal and meetings;
- Delivering 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 has actively looked to improve access to peer support, education and information.

The Diabetes Federation of Ireland support people with diabetes thorough 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 23 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.

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 2008, 27 public education meetings were held which a combined audience of 2,863. The breakdown of the meetings were:

<b>Area:</b>	HSE North East	HSE Mid Leinster	HSE South	HSE West
<b>Number:</b>	5	8	6	8

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, evaluation of these meetings are extremely positive and will need to be maintained for 2009.

In November, a Health Awareness Exhibition in Cork was attended by 2,400 people. It was held in conjunction with the Asthma Society of Ireland and the Health Service Executive Cardiovascular Public Health Nurses. The aim of the day was to provide the latest information and support to people with diabetes, asthma and heart disease and for their families and friends. It also helped to raise awareness of these three conditions among the general public. Attendees on the day availed off free testing, interactive workshops, lectures and access to a range of healthcare professionals and other exhibitors.

Evaluation of the event showed a high level of satisfaction from the general public with 35% of the public coming with an interest in the three topics, 37% were there for diabetes information, 14% for heart health information and 14% for asthma information.

Ms. Margaret Humphreys, Clinical Specialist in Nutrition, Cork University Hospital commented:  
*“The dietitians were glad to be able to support the Federation in this unique event, it was extremely busy but a good opportunity to reach a wider audience and to offer education and support to the diabetes population and their families”.*

### 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 local helpline which can be accessed from anywhere in Ireland and for any duration for €0.25 cent.

In 2008, there were 6,145 callers to the helpline with many requesting and receiving literature about the management of diabetes. The helpline team are kept abreast of breaking news issues by healthcare professional staff and are advised on appropriate responses to the general public.

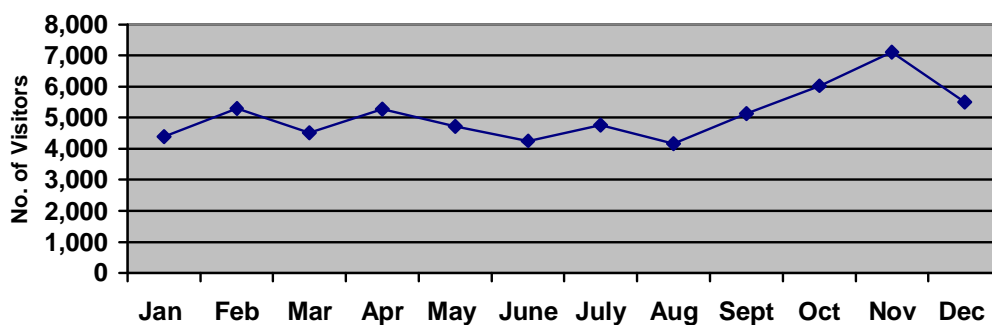
In 2008, there was a notable increase in calls to the helpline (especially newly diagnosed) from people who were referred by their GP or practice nurse. This may be the result of raised awareness of the Federation as a source of information because of the extended availability of the CODE programme in the community.

### Website Support

Electronic support continues to become more common and the Diabetes Federation of Ireland has responded by updating their website [www.diabetes.ie](http://www.diabetes.ie) with more user friendly links.

During 2008, 61,109 people visited the website spending on average 5.9 minutes on the site. The site was revamped and made more user friendly in the autumn. The sections most visited beside the homepage were: Current News, Frequently Asked Questions, Educational Articles, About Diabetes and the Diabetes Dictionary. Increases in visitors was notable at times of the year that the Federation had increased national coverage on radio and through public events (see graph 1)

**Visitors to Diabetes Website 2008**



### 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 2007, the Federation with an educational grant from Merck Sharpe Dohme developed a booklet in plain English for use by low literacy groups and those whose first language is not English. To further develop this useful resource and in conjunction with HSE staff and funding, the booklet was translated into French, Spanish, Polish, Russian, Chinese and Romanian in 2008.

Each translation was validated by the diabetes patient association of the homeland country to ensure that the translation was culturally sensitive and appropriate.

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, a pdf copy of a range of them is available on [www.diabetes.ie](http://www.diabetes.ie).

To aid people who require background information about diabetes, diabetes services and management in Ireland, a section of [www.diabetes.ie](http://www.diabetes.ie) was devoted to downloadable reports recently published. Using this approach, it is now possible to download a variety of national publications related to diabetes from a central point.

To further aid in raising public awareness, the professional staff of the Federation regularly assist journalists of national media organisations with background information on their articles, programmes and to clarify technical issues related to diabetes. In addition, some publications have commissioned articles and publish these with details of how to access further information /support. In June 2008, a diabetes supplement was included in the Irish Independent with a total target audience of 350,000.

#### Diabetes Ireland & Diabetes Professional

In 2008, 4 issues of both Diabetes Ireland and Diabetes Professional were disseminated. Diabetes Ireland is distributed to all members while Diabetes Professional is distributed to all healthcare professional members plus a range of allied healthcare professionals.

## Chapter 3

### *Community Orientated Diabetes 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 based on the philosophy that it is people with diabetes who make the decisions concerning their own care on a daily basis. Empowerment acknowledges that individuals have different capabilities and their diabetes goals must reflect that capacity.

CODE is a programme which delivers general information about diabetes and acknowledges that diabetes education must be a continuous and methodical process. 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.

CODE is a dynamic process with sufficient flexibility to permit people with diabetes to talk in a supportive atmosphere about their own diabetes for the benefit of all in the group. It is up to the person themselves to evaluate the benefits and drawbacks of any action or inaction. It is through this personal evaluation that inner motivation is reinforced by the perception of having a choice. The aim is to achieve behavioural change through a mutually agreed course of action. It is accepted that behavioural change will vary among individuals and that goals must reflect the variability of individual capacity and desires.

The CODE programme for people with Type 2 diabetes (CODET2) targets people with diabetes who receive their care at primary care level and who have limited access to diabetes specialist professionals. The programme is delivered over three successive weeks with a telephone support session at 10 weeks and a follow-up support/appraisal session at 26 weeks.

### Code Attendance

During 2008, 44 CODET2 programmes were delivered throughout Ireland to which 559 people attended (See Table 1).

**Table 1 Code Attendance in each HSE region.**

HSE Region	Number of participants	Number of programmes
Mid-Leinster	116	8
NorthEast	90	7
Southern	187	16
West	166	13
Total	559	44

### CODE Participants

The average age of participants was 64 years ( $m = 64.44$ ,  $SD = 10.66$ , range 25-89 years) of which 6% were less than 50 years of age, 19 % in their 50's, 34 % in their 60's, 26 % in their 70's, and 5% were greater than 79 years of age (see Table 2).

**Table 2 Characteristics of participants.**

<b>Characteristic</b>	<b>N</b>	<b>% of sample</b>
Gender		
Male	305	55%
Female	254	45%
Age group		
25-49	48	6%
50-59	72	19%
60-69	191	35%
70 -79	144	26%
>80	23	4%
Not stated	61	10%
Diabetes treatment		
Diet and Exercise	74	14%
+ medication	362	64%
Insulin therapy	66	12%
Not Known	57	10%

Duration of type 2 diabetes ranged from newly diagnosed to 38 years but the majority of people (89%) had diabetes for less than 13 years with the average duration being 6.15 years (SD=6.18).

Sixty people reported smoking cigarettes which was not significant for gender but was for age ( $p=0.14$ ). Older people were more likely to report smoking than younger people.

Individuals were asked if they had another medically diagnosed illness and if yes to name the most serious. Over two thirds of people (68%) reported having another serious illness which was reported as heart related by one third of this group.



Half of participants reported attending a hospital based specialist for their diabetes care (49.8 %). For the majority of people, their diabetes was treated with tablets (64%) while 14% were using diet and exercise alone to manage their diabetes and 12% were on insulin therapy.

Almost two-thirds (60%) were completely happy with how they were managing their diabetes and for those who were not happy, only a quarter (24%) agreed that they knew which parts of managing their diabetes, they were unhappy with.

Just over two-thirds (73%) had goals for managing their diabetes and of which almost two thirds (65%) had converted those goals into a plan to manage their diabetes. However, ten percent of those people who reported having goals reported not agreeing or disagreeing with the comment “I can use my goals to create a plan to manage my diabetes”.

Almost two-thirds (60%) reported sometimes experiencing barriers to achieving their diabetes goals and of which over half (52%) agreed that they were able to try different things to overcome those barriers.

Two hundred and seventy (57%) people reported feeling “bad” sometimes about their diabetes and of those only 42% reported being able to find ways to feel better about having diabetes. However, 14% did report not having strong feelings about this. In addition, one third of participants (37%) reported finding diabetes stressful with only one hundred and one people (26%) being able to describe positive action they take to handle the stress.

Over half of the participants (56%) felt they needed support to manage their diabetes with only less than a tenth (9%) reporting not being able to motivate themselves to care for their diabetes. However, only 392 participants (73%) reported knowing what they need to do to manage their diabetes.

### Knowledge and Behaviours

Knowledge was assessed using six basic questions such as what effect does eating brown bread have on blood sugar levels, raises them, no effect, lowers them and don't know. The average score was 3.93 (SD=1.4, range 0-6) for the 490 participants that completed this questionnaire.

The majority of people reported taking a fairly healthy diet with moderate amount of fat intake and low in sugar. Almost a fifth (16%) reported not being active.

### Biomedical Measurements

In general, women were less healthy than men having a higher body mass index ( $p=.038$ ), higher total cholesterol ( $p=.00$ ) and higher LDL ( $p=.02$ ) as shown on Table 3.

**Table 3 – Group biomedical markers compared by gender using independent t-tests**

	Gender	N	Mean	Std. Deviation	Sig. (2-tailed)
Body mass Index	Male	264	30.702	5.0243	.038*
	Female	229	31.858	6.9766	
Cholesterol	Male	171	4.069	1.0820	.000*
	Female	141	4.595	1.1257	
LDL	Male	135	2.1753	.78882	.002*
	Female	116	2.4966	.83343	
HDL	Male	122	1.1063	.26835	.000*
	Female	110	1.2959	.39485	
Triglycerides	Male	135	1.7413	1.23849	.962
	Female	121	1.7479	.95356	
HBA1c	Male	173	7.071	1.2722	.103
	Female	134	7.333	1.5333	

\*significant at  $P \leq .05$  \*\*significant at  $P \leq .01$

### Post attendance

The number of people reporting feeling happier about their diabetes had increased to 86% which was also reflected in a reduction in the number of people who sometimes reported feeling bad about their diabetes.

Attendance at the programme had helped people to identify goals for managing their diabetes and increased motivation to achieve these goals.

	Yes pre-attendance	Yes post- attendance	Sig
Are you completely happy with how you manage your diabetes	60%	86%	.003*
Do you have goals for managing your diabetes	73%	87%	.003*
Do you sometimes experience barriers to achieving your diabetes goals	60%	51%	.264
Do you sometimes feel bad about having diabetes	57%	45%	.063
Do you find diabetes stressful	45%	54%	1.0
Do you sometimes need support for your diabetes	58%	54%	.60
Can you motivate yourself to care for your diabetes	91%	97%	.02*
Do you know what you need to do to manage your diabetes	87%	98%	.001**

\*significant at  $P \leq .05$  \*\*significant at  $P \leq .01$

### Knowledge and Behaviours

At six months knowledge had increased from 3.9 (SD=1.4) to 4.7 (SD=1.2) indicating a general trend in improved understanding of diabetes ( $p=.000$ ).

Attendance at the programme helped people to improve their lifestyle behaviours with more people reporting eating a more healthy diet ( $p=.001$ ) by reducing their intake of fat ( $p=.008$ ) and an indication that people reduced their intake of sugar ( $p=.058$ ).

### **Biomedical Measurements**

People had lost weight from pre-attendance ( $M= 86.99\text{kgs}$   $SD= 18.8$ ) to post-attendance ( $M= 85.78$   $\text{kgs}$ ,  $SD= 17.5$ ) ( $p=.004$ ) with a similar reduction in body mass index ( $M= 31.2$ ,  $SD= 6.4$ ) pre-attendance and ( $M=30.74$ ,  $SD= 6$ ) post attendance ( $p=.007$ ).

There was a trend towards reduction in overall cholesterol levels and LDL levels which did not prove significant, however the reduction in triglyceride levels approached significance ( $p=.052$ ).

Glycaemic control did improve for the number of people who had A1c levels recorded ( $n=168$ ) with an overall reduction in A1c levels from pre-attendance ( $M= 7.5\%$ ,  $SD= 1.7$ ) to post-attendance ( $M= 7.1\%$ ,  $SD= 1.7$ ) which proved significant ( $p=.003$ ).

In summary, people who attended CODET2 in 2008, gained better understanding of their diabetes and put this into practice by improving their dietary habits and setting targets for their diabetes management resulting in feeling happier and more motivated about their diabetes and improving their general health as shown through improved biomedical markers.

### **Participants Views**

Participants who attended the programme were asked to give any feedback that could be used to further develop the programme. Typical comments included:

*“CODE was a great help. I have learnt and understand more about my diabetes. I am more aware now and I have learnt to read food labels properly” Achill participant.*

*“You learn from others experiences. I was aware of the importance of exercise and take regular exercise but it is good to have it discussed in the group. The group “gelled” well together. The meetings were very informative and enjoyable with a nice pace and it was easy to be part of the group” Western area participant.*

**Conclusion**

The demand to deliver CODET2 increased dramatically in 2008, to such an extent that some areas had to have 3 programmes delivered to meet demand. In other areas, it was not possible to meet demand and these areas are prioritised for 2009. The outcome evaluation shows that people learned more about diabetes but more importantly their understanding of diabetes and their motivation to improve their self-management increased. This was further established through an increased number setting goals for themselves. There was a significant improvement in biomedical markers although not as marked as in 2007 but this may be a reflection of the fact that in 2008 the participants doctor was asked to supply results with no method of control to ensure they were immediately pre and post-attendance outcome.

Participants' views on attending the course were very positive which was further supported by the poor attrition rate.

## **CODET1 - CODE Type 1 Parents Interactive Workshop**

In 2008, as a result of requests from parents to meet and talk to other parents outside the healthcare environment, the Diabetes Federation of Ireland developed a CODE T1 workshop to meet the needs of parents of children with diabetes.

CODET1 is a supportive interactive workshop for parents who have children with type 1 diabetes. An initial meeting held in Cork attended by 34 parents was used to formalise the content and sessions.

Parents report inordinate amounts of stress coping with the complex diabetes regime of insulin, diet and exercise and intrusive nature of diabetes management<sup>1</sup>. Diabetes intrudes emotionally and practically upon all aspects of their lives<sup>2</sup>. Parents report seeking more information on dietary food choices so that their child with diabetes can have a consistent carbohydrate intake but still have similar choices to his/her peers. A diagnosis of diabetes leads to losses for parents, who experience a grief reaction similar to that commonly associated with bereavement. Recent research on children with type 1 diabetes and their families suggest that sustaining parental involvement and minimizing parent –child conflict are essential for improved health outcomes<sup>1</sup>. The Parents Interactive workshop involves a session with the Dietitian/ nurse and a session with a counsellor/nurse (see Appendix 1).

### **Session 1 Overview (Food Choices in Diabetes)**

The key focus of this session is highlighting the importance of making healthy food choices for all children in the family, not just the child with diabetes. The session allows parents to explore the particular challenges facing the child with diabetes, in particular understanding the significance of carbohydrates for energy and in managing blood sugars. It encourages parents to look at portion sizes and the impact this can have on good blood sugar control. The role of exercise in managing diabetes control is also addressed and the necessary food or insulin adjustments required.

---

<sup>1</sup> Bradley, C. & Speight (2002). Patient perceptions of diabetes and diabetes therapy: assessing quality of life. Diabetes Metabolic Research Review 18 Suppl 3: S64-9.

<sup>2</sup> Wolpert, H. A. and B. J. Anderson (2001). "Management of diabetes: are doctors framing the benefits from the wrong perspective?" British Medical Journal 323(7319): 994-6.

### **Session 2 Overview (Impact of Diabetes on the Child and the Family)**

The sessions permits parents to explore their feelings about living with diabetes, facilitates parent's expressions of their emotions in a supportive environment. It focuses on understanding the normal process of accepting a diagnosis of a chronic condition by the child, adults and siblings. At the end of the session, parents have gained an understanding of coping mechanisms for diabetes stress.

In 2008, following a grant from Halifax Bank of Scotland (Ireland), the Federation ran 5 CODE T1 programmes in the following venues

<b>Venue</b>	<b>Event</b>	<b>Attendance</b>
Drogheda 24/05/08 Full day	<b>Type 1 CODE</b>	21
Castlebar 13/09/08 Full day	<b>Type 1 CODE</b>	21
Letterkenny 11/10/08 Full day	<b>Type 1 CODE</b>	18
Drogheda 19/11/08 and 26/11/08 2 evening sessions	<b>Type 1 CODE</b>	15 attended on both evenings
Portlaoise 29/11/08 Full day	<b>Type 1 CODE</b>	16

## Evaluation

Some evaluation feedback on CODET1 and what needs were met for the parents

*'A great refresher on all aspects of diabetes especially sick days, school, holidays and carbohydrates'*

*'Meeting parents in a relaxed venue, made me more positive on how to manage diabetes'* Cork  
Parents Interactive Workshop 11/05/08

*'To open up and say things that I might not have said before and knowing other people have difficulties too'*

*'Meeting other parents to be able to discuss how we are coping with our children's condition and reduce feeling of isolation'*

Drogheda Parents Interactive Workshop 24/05/08

*'Listening to other people and exchanging ideas'*

*'Talking to others in the same position and meeting other parents to discuss how we are coping with our children's condition'*

Castlebar Parents Interactive Workshop 13/09/08

*'Sharing feelings and listening to other parents cope in the same situation'*

*'Good food choices and snacks'*

Letterkenny Parents Interactive Workshop 11/10/08

*'Talked about how we feel and also how to get on with it'*

*'Informative and enjoyable'*

*'Great to speak with other parents'*

Portlaoise Parents Interactive Workshop 11/10/08

Parents were very appreciative of the opportunity to learn more dietary information and to openly discuss their concerns for their child with diabetes. The feedback was extremely positive. During open discussion in the sessions parents expressed a desire to be able to meet on a regular basis for peer support. Facilitation of the meetings could be by any member of the group as the core aim was to support one another.



An outcome from the programme was to facilitate this for parents and where specific issues were identified by each group, the Federation's RDOs took appropriate steps either by organising a further meeting of the group bringing in the appropriate guest speakers or arranging a public meeting as required.

### **Parents' Support Group**

Parents of children living with diabetes continue to receive support from the Federation through the helpline and website and in particular, from other families living with diabetes in the form of peer support. There is active Parents' Support Groups in Galway, Cork and new groups started in Drogheda, Castlebar and Clare.

The Galway Parents Support group is in existence for many years and continue to meet on an informal basis once a month to provide peer support and enjoy a social gathering. From these meetings, the parents hear of events that are taking place that are both educational and fun, for example public meetings being held and children/adolescent outings. Whilst practical advice from other parents is invaluable, there is also something comforting about receiving understanding and support from a parent who has experienced the same.

The Cork Parents Support Group has been in existence for over twenty years.

The group organises a number of activities during the year for children and their families including a Christmas Pantomime, Christmas Party for the whole family, Teddy Bears Picnic for the younger children (under 8yrs) a summer trip (Oysterhaven) for the older children (over 8yrs) and an autumn family weekend away.

In 2008, with the help of the local healthcare professional staff, the Group organised a series of workshops on different topics of interest to parents of children living with diabetes which run from September 2008 to June 2009.

### **Family Events**

During July and August 2008, the Federation held children and adolescents summer camps. These events took place over designated weekend stays in Co. Donegal.

The Donegal Branch also had a family weekend for branch members and their families in April 2008.

**Sweetpea Kidz Club**

The Sweetpea Kidz Club/Cork Parent's Support Group family weekend took place in April with over 200 people (43 families) attending. The club also had its annual Summer Family picnic in July and Christmas parties in Dublin and Cork in December 2008.

**Time to Talk Teen Support Group**

The Time to Talk Teen Support Group has been running in Cork and is now in its third year. The group is co-facilitated by Ms Orla Jennings, Senior Social Worker at Cork University Hospital and Ms Pauline Lynch, Development Officer. The group meets monthly and is attended by 10 to 12 teens at any one time. The teens now have the opportunity to attend a therapeutic group, where through discussion and small groups, they focus on their attitude and approach to their diabetes.

They also undertake activities such as bowling, soccer, basketball, canoeing and other physical activities. The group has also enjoyed making a video in conjunction with a local college. This again gave the teens an opportunity to share their experience of living with diabetes.

## Chapter 4

### *Health Promotion*

Health promotion is the process of enabling people to increase control over, and to improve, their health<sup>3</sup>. The focus of the Federations initiatives is based on health education with the ultimate aim to develop in people a sense of responsibility for diabetes and other health conditions for themselves as individuals and their families. This type of health promotion not only has an immediate effect on the recipients of such intervention but it also ensures that future generations will benefit from the supportive environment and enhanced capacity of a community which is supported in taking control of their own health. The benefit of such health promotion is not just about the absence of physical ill health but it also ensures positive mental health and social benefits.

The Diabetes Federation of Ireland health promotion programme 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 looks at risk of developing diabetes, heart disease and certain cancers and includes family history, lifestyle (weight, exercise) and age (for women - diabetes during pregnancy and/or having large babies (>10lbs)) . The Diabetes Risk Assessment assists people in identifying their own risk factors 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.

Screening for type 2 diabetes and pre-diabetes is considered to be justified because of the high and apparently increasing prevalence of the conditions, the convincing clinical trial evidence of reducing risk of progression from IGT to type 2 diabetes by lifestyle measures and the presumed likelihood of reducing risk of complications by early detection and treatment of those with undiagnosed diabetes.

Screening for type 2 diabetes is not known to be associated with any significant physical or psychological harm<sup>4</sup>. Screening for diabetes involves a capillary blood sample which is tested for

---

<sup>3</sup> [WHO/Europe - Ottawa Charter for Health Promotion, 1986](#)

<sup>4</sup> New Zealand Guidelines Group (2009) [http://www.nzssd.org.nz/position\\_statements/screening.html](http://www.nzssd.org.nz/position_statements/screening.html) Accessed January 25th 2009.

glucose. Any result above a predefined level is referred to a primary physician for formal diabetes testing.

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).

During 2008, forty two workplaces hosted a diabetes awareness day giving the following results:

<b>No. of employees screened</b>	<b>No. with raised blood glucose</b>	<b>No. with raised blood pressure</b>	<b>No. with Body Mass Index &gt;30</b>
1492	59 (4%)	142 (10%)	298 (20%)

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.

Some of these recommendations included the provision of healthy food options in the canteen, plenty of health reminders such as posters in strategic positions around the office promoting and maintaining healthy lifestyles, encouraging smoking cessation – advertise smoking cessation programmes and helpline, supporting the “Less is more” campaign from Health Promotion Unit to curb excess alcohol and ensure there was time allowed for employee work breaks and exercise

## Community Talks and Presentations

The Diabetes Federation of Ireland aims to help to raise awareness of diabetes, the risk factors for developing type 2 diabetes and diabetes complications alongside the signs and symptoms of diabetes in the community. It is known that people may have type 2 diabetes for up to twelve years before diagnosis with many diagnosed only when complications of diabetes are present. The risk of developing type 2 diabetes can be reduced by 30-58% when people are aware of their risk factors and take appropriate measures to reduce those risks. Therefore raising awareness in the community is vital.

Talks and presentations were held throughout the regions during 2008, attended by over 3,000 people the majority of whom would be in the high risk category for developing type 2 diabetes or had diabetes.

Community groups that availed of the information included: Active retirement groups, Ladies Clubs, Training facilities for carers, Travellers community support groups, Cheshire homes, Wheelchair association, Rehabilitation staff and service users, Intellectual ability groups, National learning centre network, schools, and cardiac support groups. The presentations in these areas with supportive literature were tailored to the needs of the group. The breakdown of presentations by region were:

<b>Region</b>	<b>No of Presentations</b>	<b>Number attended</b>
Mid Leinster	11	277
North East	9	270
Western	17	944
Southern	21	1659
<b>TOTAL</b>	<b>58</b>	<b>3150</b>

In addition, during February 2008, the National Tea 4 Diabetes Ireland (T4DI) initiative, supported by Splenda, was launched. 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. Almost 200 Federation members/supporters became T4DI coordinators and held parties of 5 up to parties of 400 people reaching an estimated 4,597 people throughout the country.

In addition, 95 companies/community groups had parties reaching an estimated further 13,475 people. In total, this initiative reached an audience of approximately 18,000 people.

### **Community Screenings**

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 re signs and symptoms of type 2 diabetes;
- A random glucose check if required with a letter of referral to 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:

<b>Region</b>	<b>Number</b>	<b>Number attended</b>
Mid Leinster	6	138 with 8 referred to GP
North East	2	53 with 4 referred to GP
Western	3	246 with 3 referred to GP
Southern	17	1,159 with 97 referred to GP
<b>TOTAL</b>	<b>28</b>	<b>1,596 and 112 referrals</b>

## **Schools**

Children with diabetes require medical care to remain healthy. The need for medical care 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 2008, the Federation was contacted on 20 occasions by parents who were experiencing problems in having their child with diabetes supervised in school. In conjunction with the parties involved in each case, the Federation worked to reassure the parties and agree a care plan for each child.

In order to prevent this regular occurrence, Diabetes Federation of Ireland staff are available to provide a teleconference call and 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.

Following new guidance on this issue becoming available in the UK, the Federation will be working to bring appropriate stakeholders together to develop similar guidance for Ireland in 2009.

In addition, the Regional Development Officer for the HSE South developed and delivered a diabetes awareness programme to teachers in the Cork area in partnership with the Cork Education Centre. This enabled the Federation to provide advice and support to teachers and all school staff in fully caring for the child with diabetes.

The issue of special needs assistants for children with diabetes is frequently raised and in order to clarify the Federation's position regarding the use of additional personnel to safeguard children with diabetes during school hours, a position statement was developed with healthcare

professionals. The full position statement is available on [www.diabetes.ie](http://www.diabetes.ie) and is used to respond to questions that arise.

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 2008, the Federation worked with a number of individuals who felt they were discriminated on the basis of their condition in the workplace. The Federation will continue to work on behalf of such people in 2009.

A particular issue in 2008 was the issue of guaranteeing access to mortgage protection for people with type 1 diabetes. The Federation submitted a proposal to the Financial Regulator for consideration and will continue to work on this issue in 2009.

### **Professional Services**

The 2008 Professional study day was held in Croke Park in April with 128 attendees including medical physicians, general practitioners, nurses, dietitians, pharmacists and podiatrists. The focus for the day was on options to enhance diabetes management with guest speaker Professor Frank Snoek from the Netherlands delivering a thought provoking presentation on the psychological issues faced by people with diabetes along with some practical pointers to assist clinical practice.

The paediatric study day was held in the Crowne Plaza, Dublin on May 17<sup>th</sup>. Thirty paediatric professionals from all over the country met informally with an expert panel for a lively question and answer section on the Friday night. The Saturday programme focusing on "Utilising New Technology and Practices to Optimise Type 1 Diabetes Management" proven informative and was very well received by the 80 professionals present.



## **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 2008, the Federation looked to increase the knowledge and awareness of diabetes and its symptoms of at least 2 million people per annum through the media. This was achieved through a range of media activities. These were:

- in November 2008, to celebrate World Diabetes Day, the Diabetes Federation of Ireland ran a diabetes symptoms and risk factor radio advert on RTE, The radio advert reached 2.2m listeners and generated 300 calls to the diabetes helpline. The cost of this campaign was €12,000
- an associated radio advert promoting the joint Diabetes, Asthma and Cardiovascular Health Awareness Exhibition in Cork reached 743,800 listeners and 183,842 readers throughout the HSE (South) area.
- media advertising for each of 27 public education meetings held in the year reached a combined audience of 1.3m at local level.

Other diabetes related media stories saw journalists contact the Federation for clarification and/or further information to supplement their articles. This happened on 50 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 7 nominations, all of whom were heavily involved with their local Federation branch. The 2008 winner was Charlotte Pearson from the Cork Parents Support Group. In making their decision, the judging panel were most impressed with the achievements and strong outcomes from Charlotte's efforts. Charlotte was the driving force behind a concerted lobbying effort by the Federation to improve staffing levels and services for paediatric diabetes care in the local hospitals which has benefited many families of children with diabetes in the local area.

Local parents, Patricia O'Donoghue and Anne Quirke who nominated her said:

*“Charlotte has a wonderful understanding of the needs of children with type 1 diabetes and recognises that despite the need to deal with daily management issues, our kids need to have fun. She is keenly aware that our kids need to interact with other kids with diabetes because in that circle there is no need for explanations about blood sugar readings and injections”.*

*“Charlotte has a warm friendly and non-judgemental personality. She works hard for and with people and keeps smiling through all situations. She is a great leader because she brings people together and her manner helps to lift those around her”.*

The judging panel also presented a Merit Award to teen Eric McNulty from Wicklow to acknowledge his willingness to stand up and let everyone know that he has diabetes and for the way he has viewed his diabetes in a positive manner to raise funds for the Federation.

### **Diabetes Expert Advisory Group First Report**

This year will be remembered as the year the Government finally made diabetes a key priority for service development. In November 2008, the HSE's Diabetes Expert Advisory Group launched its First Report setting out its vision for future diabetes services.

The main element of this report was the development of integrated care between primary and secondary care for people with Type 2 diabetes. The proposed integrated care model proposes a programme of patient support geared at empowering the person with diabetes to self manage his/her condition.

In 2009, the Federation's focus will be 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.

## **Diabetes Research**

Since its establishment, the Diabetes Federation of Ireland has actively supported diabetes research in Ireland. Formally, supplementary funding for established projects were given through the Phil Vizzard Award which amounted to €25,000 annually.

In 2005, the Diabetes Federation of Ireland joined with the Medical Research Charities Group and lobbied the government for matched charity funding through National Funding.

In 2006, the first funding became available through the Health Research Board which via the Federation (Diabetes Federation of Ireland/ Medical Research Charities Group/Health Research Board) was awarded to Dr. Donal O'Shea, St Colmcille's Hospital for his study "The adipocyte and Type 2 diabetes – a study of patients having bariatric surgery" with funding of € 181,375.00 over three years.

Twenty-six people with diabetes and twenty-six without diabetes from the Dublin based obesity clinic were recruited into this study prior to having surgical intervention as a treatment for their obesity. Surgical intervention allowed for the omentum (visceral fat) to be more closely examined.

Initial results of this study suggest that future health may be better predicted by examination of visceral fat cells rather than fat quality or quantity. In this study, the diabetes group had larger fat cells and initial indications are that these cells being unable to accommodate any more fat allow the overflow of fat to be laid down in the liver and muscles causing insulin resistance. In addition, local inflammation is present which has led researchers to examine the lymph system of the omentum. The overflow of fat and local inflammation may play a role in cancer development. Obesity may result in a significant compromise to the immune system as well as the metabolic system.

This work may lead to treatments that help fat to function more efficiently and thus improve diabetes control and cholesterol levels. The study is ongoing until 2010.

In 2008, another call for research applications resulted in 7 applications seeking funding up to €75,000 per annum for three years. After an international peer review and internal committee selection, a clinical based research project was selected for funding of €217,572 over three years.

The funded study is estimating the prevalence and incidence of diabetic foot disease in the West of Ireland and the financial and personal burden of foot ulceration. It is hoped that results of this study will inform practice guidelines and national policy.

A community based podiatrist (chiropody expert) is training and supporting practice nurses attached to up to 15 GP practices to carry out foot examinations on people with diabetes with immediate access to specialist services as needed.

This funded study is delivering a service which was not previously available thereby having immediate benefits to people with diabetes. The study will confirm the number of people having diabetes related foot problems and will provide information on the cost of these foot problems to the health service. Results will be used to lobby for investment in community service delivery of specialist diabetes care as a model of cost effective use of resources.

## **Finance**

The latest available annual audited accounts to 30 June 2008 show income of €1,628,533 for the 12 month period and expenditure for the same period of €1,550,429, giving an operating profit of €78,104 for the period. Added to operating profit was bank interest of €25,204 giving a profit of €103,308 for the period. The balance sheet showed a reserve of €632,855 at 30 June 2008.

The decline in the economy in the latter part of 2008 has impacted on the Federation with reductions seen across the various income streams. The 2009 outlook is also gloomy with potential reductions in resources and services anticipated in the second half of 2009.

## **Conclusion**

Overall, 2008 was extremely successful in terms of delivering key services aimed at delivering each of the Federation's objectives. The continuing support of members and active volunteers in each local community is vital if we are to maintain the level of service reached in 2008.

It is clear to see that funds are being used effectively to support the ever expanding diabetes community in Ireland. The value of the 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.

At the end of 2008, the Diabetes Federation of Ireland has seen a decrease in its income year on year, especially in some of its annual end of year fundraising initiatives. In the current economic climate the Federation is anticipating a significant decrease in its income for 2009. Therefore, it's now more important than ever that pharmaceutical companies and other corporate partners continue to support the Federation and that the Health Service Executive continue to provide grant aid to ensure that our many services can be maintained.

If not, the potential impact of the current economic may see a reduction of services as we go on into 2009.

# Appendix 1

## **Session 1 Outline**

### **Goal**

The aim of the session is to give parents the tools to allow their children with diabetes more flexibility in dietary behaviour and to understand the variables that influence blood sugars.

### **Overview**

The key focus of these workshops is highlighting the importance of making healthy food choices for all children in the family, not just the child with diabetes. The workshop will then allow parents to explore the particular challenges facing the child with diabetes, in particular understanding the significance of Carbohydrates for energy and in managing blood sugars. It will also encourage parents to look at portion sizes and the impact this can have on good blood sugar control. It will also discuss the role of exercise in managing diabetes control

### **Objectives**

- To understand the variables that affect blood glucose levels
- To become more familiar with carbohydrates and portion sizes
- To understand the digestion of Carbohydrate and the factors that influence it

The session will be delivered in a format which facilitates group discussion and encourages participants to share their own experience and existing knowledge

### **At the end of the session the facilitator should:**

- Create a supportive atmosphere where parents feel able to share their ideas and experiences
- Enable the participants to identify the role of diet, exercise, portion sizes and CHO content on blood sugar control
- Enable the participants to find practical ways to encourage healthy eating and good blood sugar control
- Enable the parents to have greater flexibility with food types and food choices while maintaining the basis principles of their child's diabetes care

### **At the end of the session the participants will have gained some understanding of:**

- The principles of healthy eating for all the family
- The role of Carbohydrate in providing energy and its effect on blood sugar control
- The significance of portion sizes on blood sugar control
- The effect of physical activity on blood sugar control

### **At the end of the session the participants will have had an opportunity to:**

- Share their own experiences
- Discuss the challenges in providing a healthy diet for diabetes
- Find practical solutions to real situations including school events, exercise and special occasion
- Find new ideas for increasing variety and flexibility at meal times
- Discuss portion sizes and types of carbohydrate in the diet
- Gain support from each other and the health professionals/facilitators involved.

## **Session 2 Outline**

**Goal** to explore parent's psychological perceptions of diabetes and their emotions regarding living with diabetes in the family

**Overview** The sessions will permit parents to explore their feelings about living with diabetes, facilitate parent's expressions of their emotions in a supportive environment. It will focus on understanding the normal process of accepting a diagnosis of a chronic condition by the child, adults and siblings.

### **Objectives**

#### **At the end of the session the facilitator should:**

- Create a supportive atmosphere where parents feel comfortable in expressing their emotions
- Enable the participants to identify normal reactions to the diagnosis of diabetes for the young person and adults
- Provide an opportunity for the parents to explore and identify their own feelings about having a child with diabetes

#### **At the end of the session the participants will have gained some understanding of :**

- Reactions to the diagnosis of a chronic illness
- Other parents emotions regarding diabetes
- Coping mechanisms for diabetes stress
- Family dynamics including the normal transition from parental dependency to independency

#### **At the end of the session the participants will have had an opportunity to:**

- reflect critically on how they are coping with diabetes
- give feelings about diabetes a common language
- evaluate available resources/support from other parents
- understand the effect of living with diabetes and suggest debriefing strategies to facilitate adaptive coping.
- identify reasons why younger adults are especially vulnerable to fluctuating blood sugar levels and mood swings
- understand and practice how to effectively be a role model for their family
- identify practices that encourages self-esteem and self care appropriate to their child's age level. Identify practices that discourages overprotection / over-indulgence of their child with diabetes

## Acknowledgements

The Diabetes Federation of Ireland wish to thank their corporate partners





