### Introduction

- The DAWN2 study explored the perceptions of PWD, HCPs and HCPs in 17 countries across four continents.
- Psychological aspects of diabetes related to care, treatment, education and training, as well as perceptions needed in these areas for HCPs, PWD and HCPs were explored in DAWN2.
- Findings were considered as benchmarks for psychological indicators related to the management of the impact, burden, dose and depression experienced by PWD, through improved diabetes management, education and support.

### Aim

The aim of this paper is to explore results from the desk research of national regulations of diabetes-related policies and strategies in the 17 countries.

### Methods

- Briefly, DAWN2 is an international, interdisciplinary, multistakeholder study conducted in 17 countries across four continents.
- DAWN2 was conducted in accordance with the relevant ethical guidelines.
- The DAWN2 survey methodology regarding PWD, HCPs and HCPs participation and needs concerning diabetes education and training are published elsewhere. The methodology includes the recruitment of PWD, HCPs and HCPs across the 17 countries, and the use of validated and newly adapted questionnaires specific to diabetes education participation. Global (over-50) scores were represented with country variations expressed as minimum to maximum mean % range.
- The desk research and country policy/briefings were undertaken in five steps:
  - Scoping review process: document searches on relevant databases.
  - Desk research through literature review and synthesis: guided by topic areas (patient involvement, equal access to care, self-management education and psychosocial support).
  - Identifying country-specific and regional policies and programmes (L. Dorneuf) and identifying key stakeholders (Y. Zebata). Interviews were conducted with country stakeholders to identify key stakeholders (patient organizations, HCPs, diabetes education) to government policymakers.
  - Ranking of performance on each indicator in each country: experts rated 28 diabetes and education indicators across countries using a ranking scale from 1 to 10, and categorized as: 1 (no information available), 2-4 (poorly programm in place), 5-7 (poorly/program in place but not enforced), and 8-10 (poorly/program in place and enforced).
  - Validating research by matching findings with interview data and expert committees.

### Results

- Survey results of experiences and perceptions of 6,003 PWD were previously published. As were perceptions of 4,705 HCPs regarding treatment, care, education and supports for patient management.
- Twenty-eight key policy and strategy indicators were identified from the desk research situational analysis with each of the 17 countries.
- Three of the 28 were selected for discussion in this paper based on their relevance to diabetes care.

#### 1. Reimbursement of diabetes self-management education

- Results of the 2012 situational analysis of country policies pertaining to this indicator suggested that:
  - all countries had reimbursement policies for diabetes education (Table 1), but 73.1% indicated no training in patient-centred care was available to diabetes HCPs.
  - 10–15% of diabetes HCPs were trained in patient-centred care, but just over one-third expected that the role of families and caregivers would be highlighted.

### Conclusions/ recommendations

- The 2012 situational policy desk research proved useful for identifying national public policies responsive to diabetes education and training, but those did not align with survey participation rates for diabetes education and training as reported by PWD, HCPs and HCPs.

- In the 2012 situational analysis of national policies, it was found that making education accessible, reimbursed and part of management, whereas care did not result in higher diabetes education participation rates for PWD, HCPs and HCPs. Further research on policies and diabetes education programmes is needed to understand why participation rates are low.

- Policies are needed to support education for PWD in a way that has been shown in other studies that PWD who participated in diabetes education reported fewer psychological problems and enhanced self-management compared with those who had not participated in any educational programme.

As a part of this call to action, each country has a report that makes recommendations in diabetes education and training access, standards or certification, and reimbursement, all of which promote active stakeholder involvement and improved diabetes care and outcomes.

### References


### Abbreviations

- DAWN2: Diabetes, Attributes, Health, and Wellness (study); DAWN2, second Diabetes Attributes, Health, and Wellness (study): HCPs, family members; HCPs, healthcare professionals; IAPO, International Alliance of Patients’ Organizations; IDI, International Diabetes Federation; IPC, International Public Policy Committee; PWD, people with diabetes.

### Acknowledgements

- The DAWN2 study is a global partnership of leading organizations, including the IDF, the APO and the Diabetes Care Tier, including Societies.
- The study was led by the DAWN2 Study Group.

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**Figure 4.** Percent of HCPs in each country indicating what education training they have taken and wanted more training in.

**Figure 6.** Percent of PWDs from each of the countries regarding education attendance and benefit.

**Figure 7.** Country scores from 1–10 regarding policies and programmes for diabetes education and training, reimbursement, HCP education certification and FM policies and programmes.