

The DWELL Project: Development and Evaluation of an Innovative Psychoeducational Programme for People with Type 2 Diabetes

Alice Chapman-Hatchett

Director, Health and Europe Centre
DWELL Lead organisation

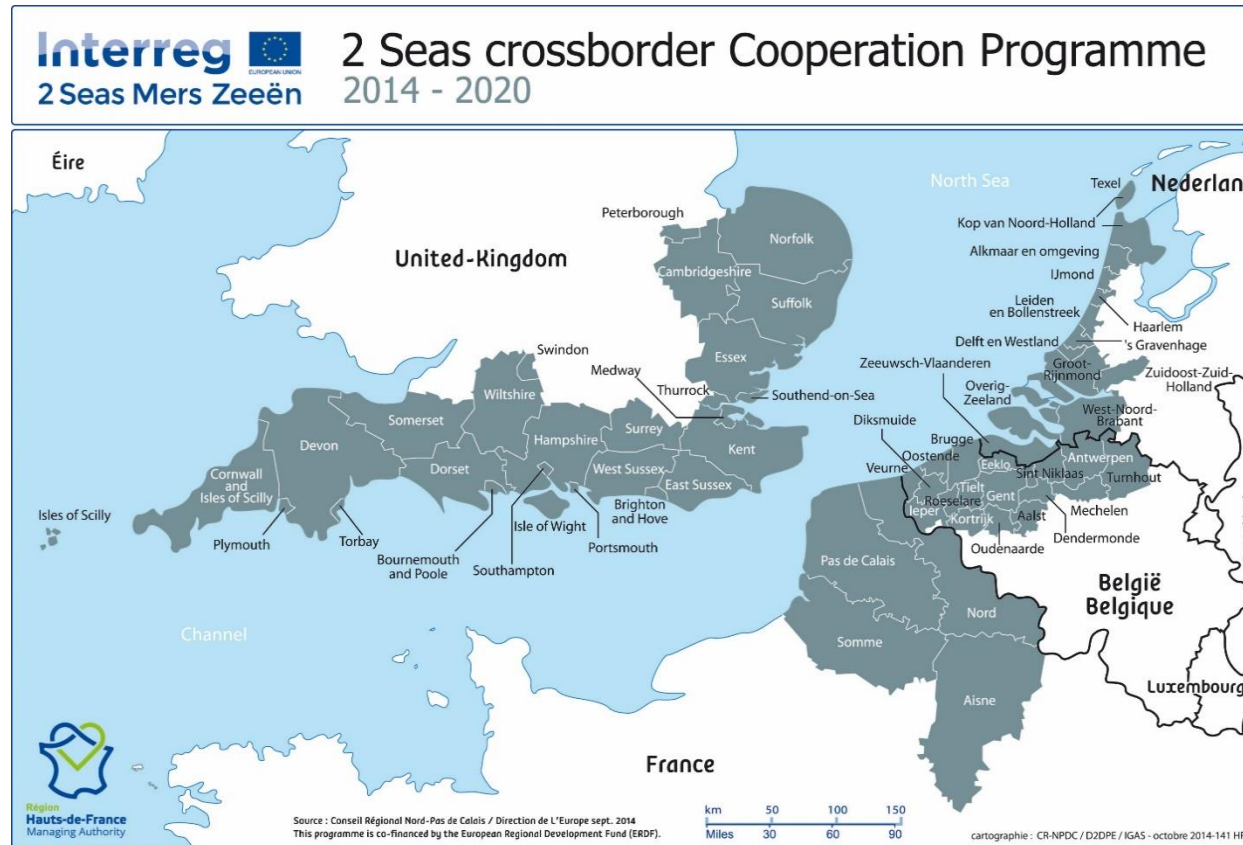


Diabetes and WELLbeing (DWELL) Project

8 Partner Organisations
from: UK, Belgium
The Netherlands,
France

EU-funded project:
more than €2.3 million
(£1.9 million) ERDF
funding

Developing a cross-
border approach to
tackling Type 2
Diabetes



Project Partners

Interreg 
2 Seas Mers Zeeën
DWELL
European Regional Development Fund



DWELL Project Aims

- To change the way people with Type 2 Diabetes are supported
- To improve their health and wellbeing
- To reduce economic costs of type 2 diabetes
- To empower patients to take control of their own lives
- To conduct evaluation of the intervention in 4 areas:
 - Patient Outcomes
 - Staff Training Evaluation
 - Cost Benefits Analysis
 - Process Evaluation

The DWELL Programme is delivering:

- A 12-week support programme for people with Type 2 Diabetes to 800 patients across 4 countries
- A training programme for staff to successfully deliver DWELL programme
- New tools to support patients during and post-intervention
- Comprehensive evaluation of the intervention

DWELL Final Conference October 2022



Diabetes Type 2 – Why DWELL Was Needed

Stephen D Cochrane MA, MSc, FFPH, Public Health Specialist, Kent County Council
Maarten PE Gijssels MSc, Clinical Health Scientist, Kinetic Analysis, The Netherlands



Diabetes Type 2 – A Public Health Issue



- Around 90% of people living with diabetes have type 2 diabetes.
- Since 2018 to 2022 type 2 diabetes has placed an increasing strain on national health expenditure
- Gives rise to a wide range of complications – CVD, kidney disease and failure, sight loss and diabetic foot disease and amputations.
- These complications account for 80% of the direct costs of type 2 diabetes
- between 1 in 6 to 1 in 4 hospital beds being occupied by people with type 2 diabetes.
- Sources: Diabetes UK/NHS data.



Diabetes Type 2 – A Public Health Issue



- People living with diabetes are twice as likely to suffer from depression.
- Diabetes and ethnicity and deprivation.
- You are more at risk if you live in a deprived area. Prevalence of Type 2 diabetes is 60% more common among individuals in the most deprived.(UK)
- The impact of Covid is greater on diabetic patients.
- An ever increasing number of European citizens living with diabetes and other chronic conditions will develop life threatening complications. Millions more on their way to developing the condition.
- Sources: Diabetes UK/NHS data.



Diabetes Type 2 – A Public Health Issue

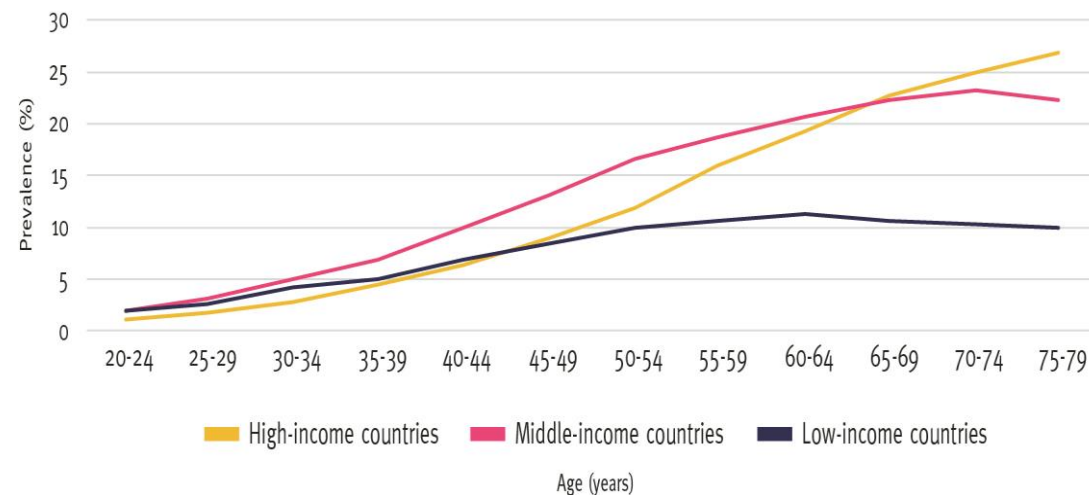


Diabetes in Europe

- 1 in 11 adults (61 million) are living with diabetes
- The number of adults living with diabetes is expected to reach 67 million by 2030 and 69 million by 2045.
- Over 1 in 3 (36%) adults living with diabetes are undiagnosed.
- 1.1 million deaths due to diabetes in 2021.

Source: IDF Diabetes Atlas 10th Ed. www.idf.org

Prevalence of diabetes
By age and income group (%), 2021



Source: IDF Diabetes Atlas 10th Ed. www.idf.org

Diabetes Type 2 – A Public Health Issue



Estimated Diabetes Prevalence in Four European Nations (IDF Factsheet 2021 Europe)

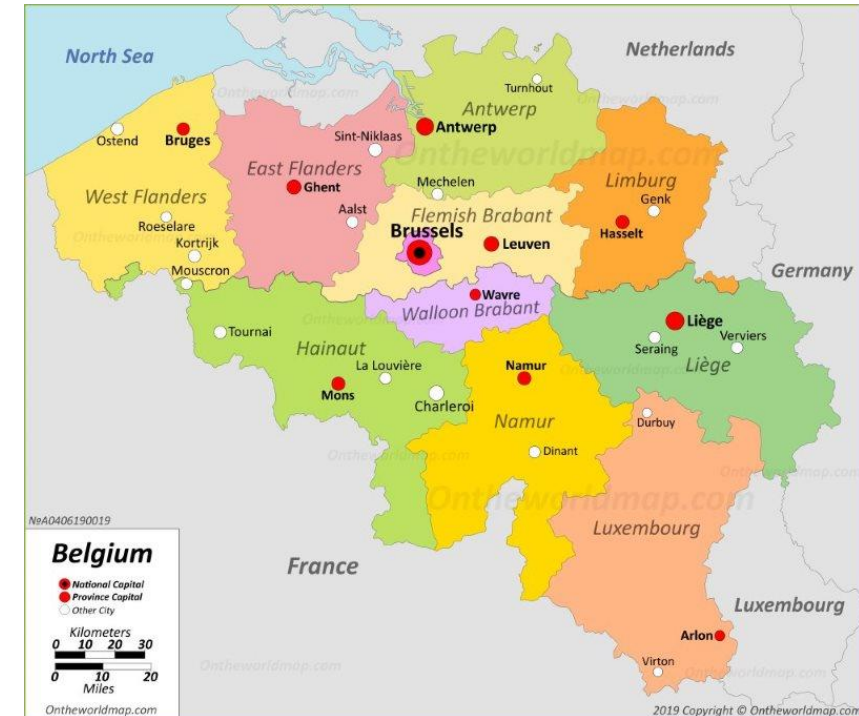
Prevalence in 20-79yrs adult population

Country	Prevalence	Age Adjusted Prevalence	Undiagnosed
Belgium	4.9%	3.6%	31.6%
France	8.6%	5.3%	27.8%
Netherlands	6.8%	4.5%	31.6%
UK	8.2%	6.3%	23.3%

Diabetes Type 2 – A Public Health Issue



- **Belgium:** (IMA-Atlas Socio-Economic, Health, Health Care, and Health Insurance Indicators Publication. Updated April 2022)
- In 2020, 6.6% of the Belgian population was diagnosed as living with diabetes according to the IMA-AIM Atlas. (www.atlas.ima-aim.be)
- However, more than one in three people living with diabetes is not aware of their diabetes, which sets the estimated true prevalence of diabetes at 10%.
- The prevalence of diagnosed diabetes is the highest in the Walloon region and the lowest in the Flemish region, despite the relatively higher age of the Flemish population.
- The relatively low diagnosed diabetes prevalence in the Brussels Capital region is probably the result of the younger age structure: when corrected for age, the diagnosed diabetes prevalence becomes higher than the Belgian average.
- The BELHES has also shown that in the Walloon region more people are unaware of their diabetes (eases/diabetes)



Diabetes Type 2 – A Public Health Issue



- France:
- Type 2 diabetes accounts for the vast majority of cases of diabetes(92%)
- Diabetes has had the highest prevalence among all Affection de Longue Durée (ALD) conditions, and the number of patients covered has doubled in the past 10 years. ALD is a major or long-term illness for which the State accepts responsibility for the patient's health costs.
- The French population living with diabetes is older (average age 65), majority male (54%), with a significant percentage of immigrants (23% born outside of France), compared to 8% of the general population)
- Sources <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-10-6#>: IDF Diabetes Atlas 10th Ed. www.idf.org



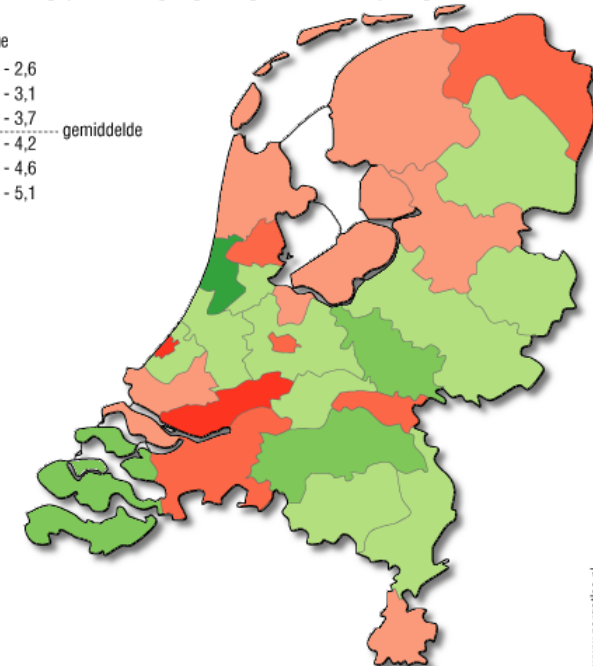
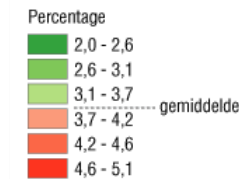
Diabetes Type 2 – A Public Health Issue



- The Netherlands:
- In 2018, 6.5% of the Dutch population was diagnosed as living with diabetes
- ~1M inhabitants
- The total economic burden in 2016 was found to be substantial, with an estimated total cost of € 6.8 billion.
- Changes in physical activity in people living with type 2 diabetes during societal lockdown are associated with changes in psychological factors such as perceived stress and emotional well-being.

Diabetes mellitus

totale bevolking, per GGD-regio, gecorrigeerd voor leeftijd en geslacht



Bron: CBS

www.zorgatlas.nl

Diabetes Type 2 – A Public Health Issue



- **United Kingdom:**
- Some 7% of the UK population are now living with diabetes
- Approximately one million people have undiagnosed type 2 diabetes
- Diabetes is responsible for 530 myocardial infarctions and 175 amputations every week.
- In the different UK nations: England circa 3,000,000: Scotland circa 275000: Wales circa 185,000: northern Ireland circa 85,000.
- Diabetes prevalence in the UK is estimated to rise to 5 million by 2025

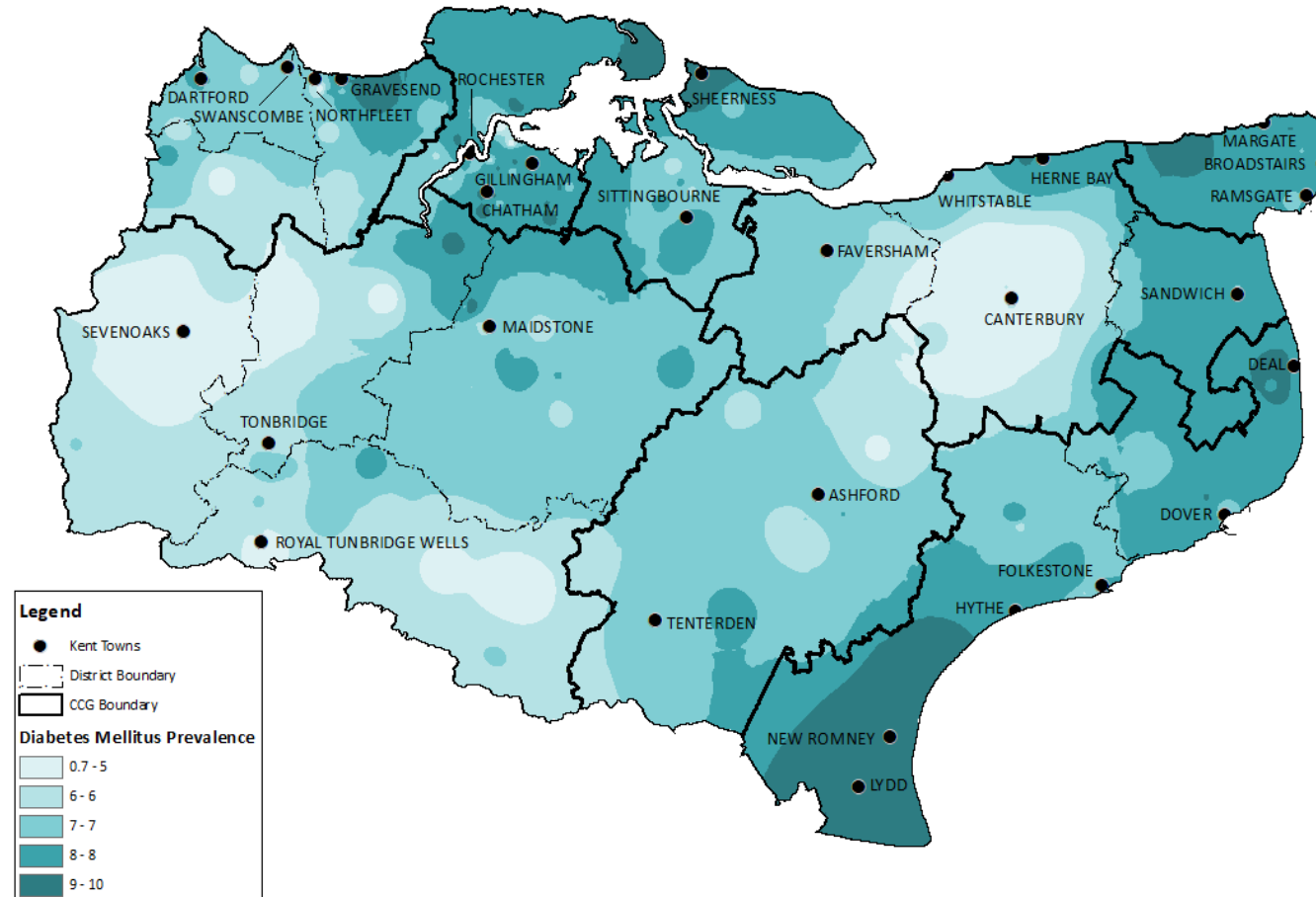


4.6 million
people are living with
diabetes in the UK

Diabetes Type 2 – A Public Health Issue



Diabetes Mellitus Prevalence: those aged 17 years and over and who are recorded as having diabetes mellitus, by GP, 2017/18



Source: QOF 2017-18, prepared by: KPHO (LLY), September 2019

Diabetes Type 2 – A Public Health Issue



- **United Kingdom: Case Study**


- Looked at prevalence at ICS Level K & M (Age 17+) ([Quality and Outcomes Framework, 2020-21 - NHS Digital](#))
19/20 **6.99%** (105,068 on registers for 198 GP practices)
20/21 **7.04%** (108895 On registers for 198 GP practices)


Top Ten Practices in various Primary Care Networks

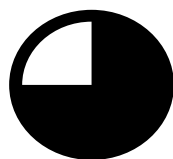
- | | |
|----------------------------------|--------------------------------|
| 1. Martello (Marsh) 11.74% | 6. Sheerness Med Centre 10.23% |
| 2. Rochester Road Surgery 11.70% | 7. Gun Lane Strood 9.79% |
| 3. Church Lane (Marsh) 10.49% | 8 Orchard House (Marsh) 9.54% |
| 4. St Georges Sheppey 10.60% | 9 Oak Hall (Marsh) 9.42% |
| 5. Parrock St. Gravesend 10.38% | 10 Summer Hill Ramsgate 9.32% |

Diabetes Type 2 – A Public Health Issue



 Diabetes reduces life expectancy in people aged 40-60 by av. 4-10 years

 Across Europe, 59 M adults were living with diabetes in 2019, of whom 32 million were in the EU.



About 75% of this expenditure is due to preventable complications of the disease.



It is estimated that 41% of European adults with diabetes were undiagnosed in 2019 (24.2 million).



In 2019, the total diabetes-related cost to healthcare systems in the EU was around €100bn = 9% of Health Expenditure

Diabetes Type 2 – A Public Health Issue



“With so many activity providers these days, patients like me can’t see the forest for the trees”



Gert de Jong - Ambassador

“Everybody is different. Find out what suits your personal needs. DWELL’s core pillars bring you outside of your comfort zone”


















Marin Elsen - Ambassador

Diabetes Type 2 – A Public Health Issue



- Overview of program providers in the 2 Seas area pre-DWELL

Program	Region	Focus	Structure	Peer-Support
Qismet	UK (national)		unstructured	No
Sophia	FR (regional)		Structured	No
Halt2Diabetes*	BE (Flanders)	  	Structured	Yes – *pre-diabetes
Cool	NL (national)	 	Structured	No
KeerDiabetesOm	NL (national)	   	Structured	No
	Local initiatives	   	Un-structured	
DWELL	UK/FR/BE/NL		Semi-Structured	Yes

What was missing:

- 1) personalisation / holistic focus 2) peer-support 3) cross-border approach

Diabetes Type 2 – A Public Health Issue



Thank
you

DWELL Virtual Final Conference: 13th October 2022

What is DWELL?

Julie Webster

DWELL Programme Lead
MCH, UK

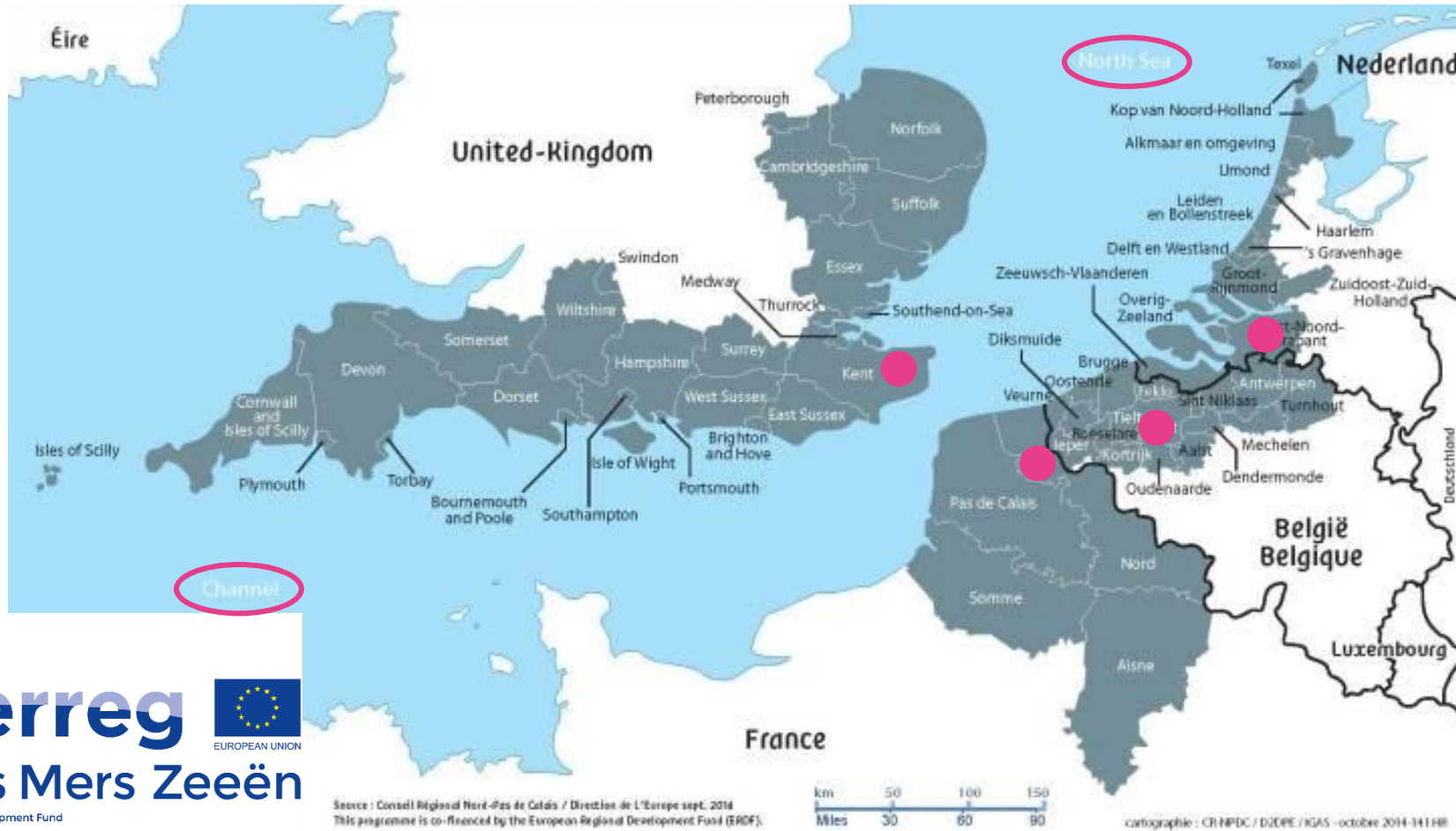
Nathalie Belmas

Development Manager
Blackthorn Trust, UK

Ruben Vanbosseghem

Researcher
Arteveldehogeschool, BE





What is DWELL?

- 1. Holistic 12 week programme:**
how it was developed and delivered
- 2. Staff training programme**
- 3. DWELL Ambassadors**
- 4. Q&A**

1. Holistic 12 week programme: how it was developed and delivered

DWELL Diabetes and Wellbeing

A holistic 12 week programme

How it was developed

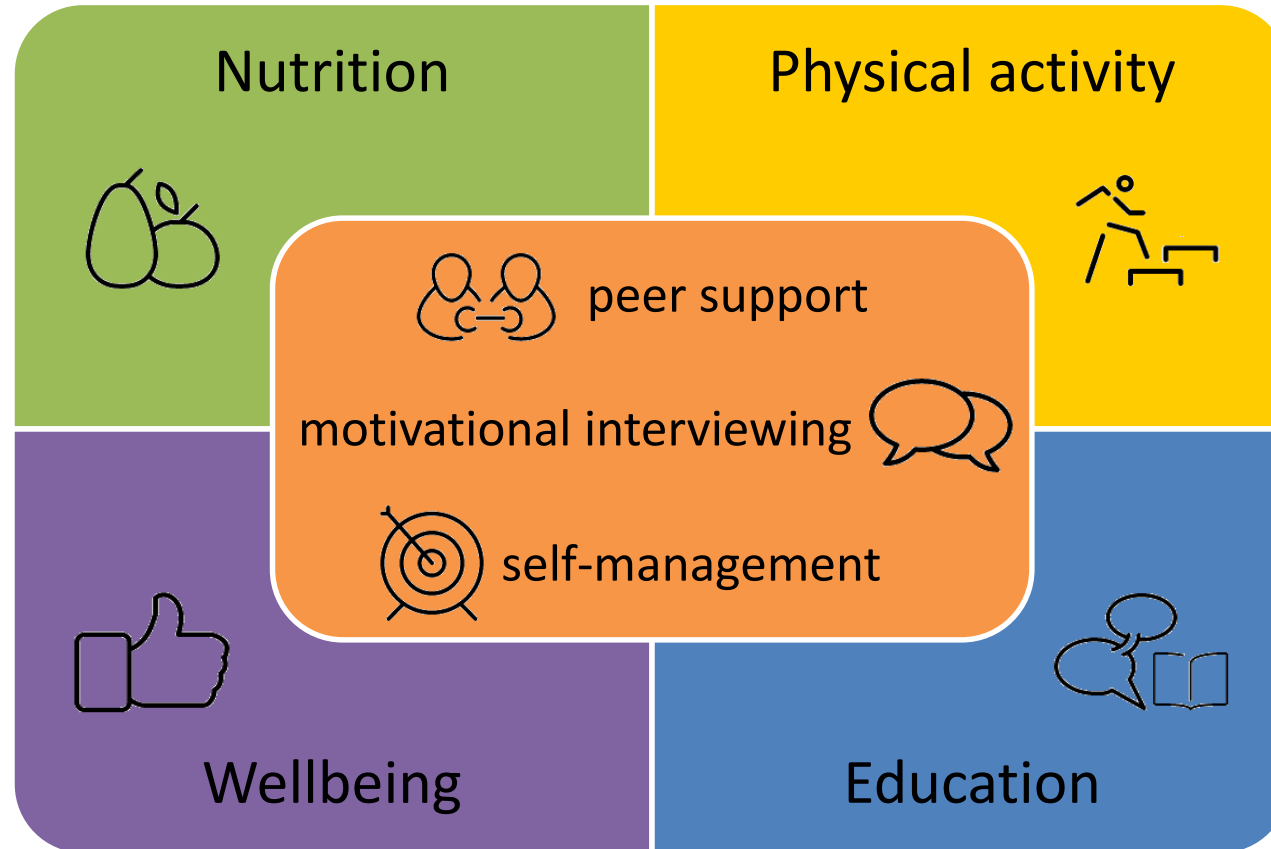
- Co-design
 - Involving participants from day 1: focus groups, co-creation sessions, conversations, meetings, etc.
- Cross border collaboration
 - Combined expertise of project partners

Aims

- Putting participants in the driving seat
- Identify intrinsic motivator
- Improving the lives of people with type 2 diabetes
- Motivating them to make long-term lifestyle changes to manage their diabetes successfully
- Dramatically reducing their risk of developing long-term complications



DWELL 12-week programme



Example activities

Nutrition

Cooking sessions, incl.
portion control
Shopping trip, incl.
reading labels

Physical activity

Walking group
Walking challenge
Gym access
Chair based exercise

Wellbeing

Mindfulness
Community choir
Music group
Alternative therapies
Support group

Education

Interactive group sessions
Quiz
Demo of products
Recommended resources
incl. website, apps, books

Example activities



Physical activity
Walking group
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Example activities



Wellbeing

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Example activities



Wellbeing
Mindfulness
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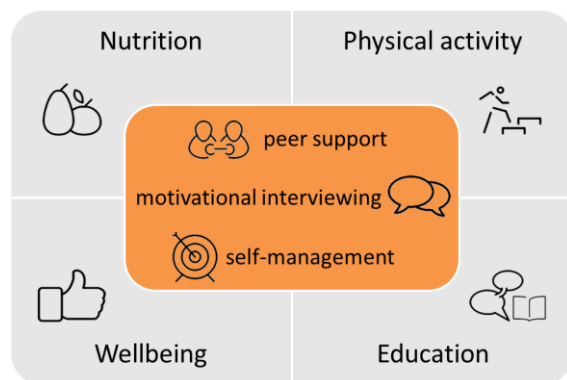


Example activities



1 to 1 motivational interview

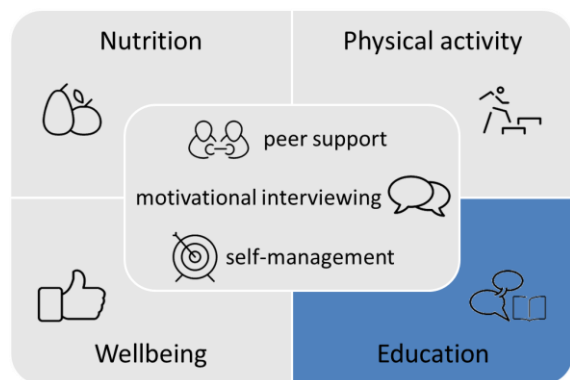
Participants undertaking motivational interviews will...



- Identify their **intrinsic motivator** for attending the 12 week programme (long term)
- gain an **understanding** of the **DWELL** programme content
- start to **build a relationship** with the DWELL team
- be able to **set their own goals**
- be able to **reflect on their journey**

Education

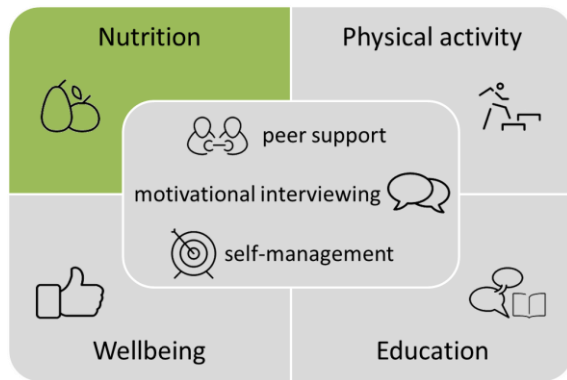
Participants completing this module will...



- have **knowledge** about type 2 diabetes and to **increase confidence** in self-management
- **understand** its complications, treatment, rights and entitlement
- know how to **prevent acute and chronic complications**
- know **when to seek and access additional medical help and services**
- be able to **identify their barriers** for healthy lifestyle and define how to **overcome** these barriers
- be able to **set their own goals** for achieving a healthy lifestyle

Nutrition

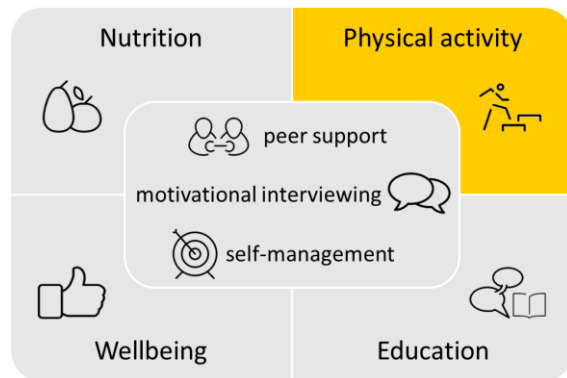
Participants completing this module will...



- know and apply the **recommendations, standards and benefits** of healthy nutrition
- be able to **cook a healthy meal**
- be able to **make healthier choices** when buying food in a grocery store or supermarket
- be able to **read and understand food labels** correctly
- be **aware** of their **eating pattern** and **habits** in daily life

Physical activity

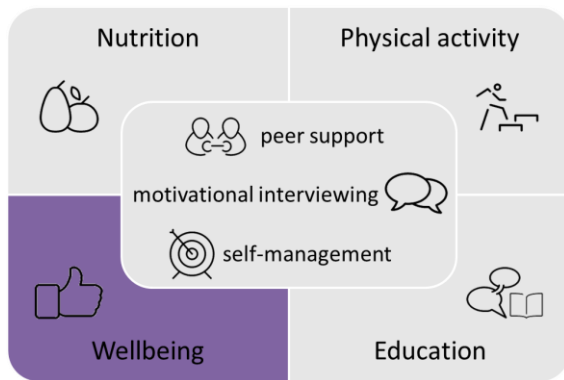
Participants completing this module will be able to...



- know and apply the **recommendations, standards and benefits** of physical activity
- **assess** their physical activity and compare their activity to what is recommended
- set a daily physical activity **goal**
- list their **strengths and barriers** and find **solutions** to overcome these barriers
- safely increase physical activity levels to improve physical and mental well-being

Wellbeing

Participants completing this module will be able to...



- **explore their own feelings** related to diabetes and non-diabetes challenges in their life
- describe their own **strengths, talents, barriers and pitfalls** to self-manage their diabetes successfully
- feel **confident, supported and empowered**
- explore their relationship with food

- Value, positive self regard, how to implement change, self compassion, resilience

2. Staff training programme

DWELL staff training

Everyone delivering DWELL is assessed against core competencies to identify training needs:

- Developed and measured against skills competency framework
- Understand and apply the philosophy of the programme: change from medical to holistic approach - **‘The DWELL Approach’**: *Travel alongside the participants in their journey*
- Good understanding of diabetes
- Group facilitation skills
- Motivational Interviewing techniques
- Professional competencies (cooking, therapy, etc.)

3. DWELL Ambassadors

Why DWELL Ambassadors

- Putting the participant in the driving seat
- Delivered in the community
- Co-design of the programme from the start

- Empowerment
- Power of the Ambassadors
- Support the DWELL programme

How DWELL Ambassadors are involved

- Recruitment of DWELL participants
- Marketing of the DWELL programme
- Continued peer support
- Testing apps
- Set up WhatsApp group
- Contributing to meet & greet
- Organising activities e.g. walking group, craft group
- Contributing to the design of the website
- Part of the design and development of the programme

Challenges

Depending on

- Culture
- Organisation structure / type of organisation
- Investments (time & resources)
- People, availability, skills,...
 - Meaningful & safe for ambassadors
 - Training & supervision

**"I THINK IT IS ONE OF THE MOST
WORTHWHILE 12 WEEKS I HAVE
EVER SPENT IN MY LIFE."**

- DWELL PARTICIPANT

Any questions?

PRELIMINARY RESULTS OF DWELL EVALUATION STUDY

*Prof Eleni Hatzidimitriadou, Sharon Manship,
Dr Julia Moore, Thomas Thompson*

**Faculty of Medicine, Health & Social Care
Canterbury Christ Church University**



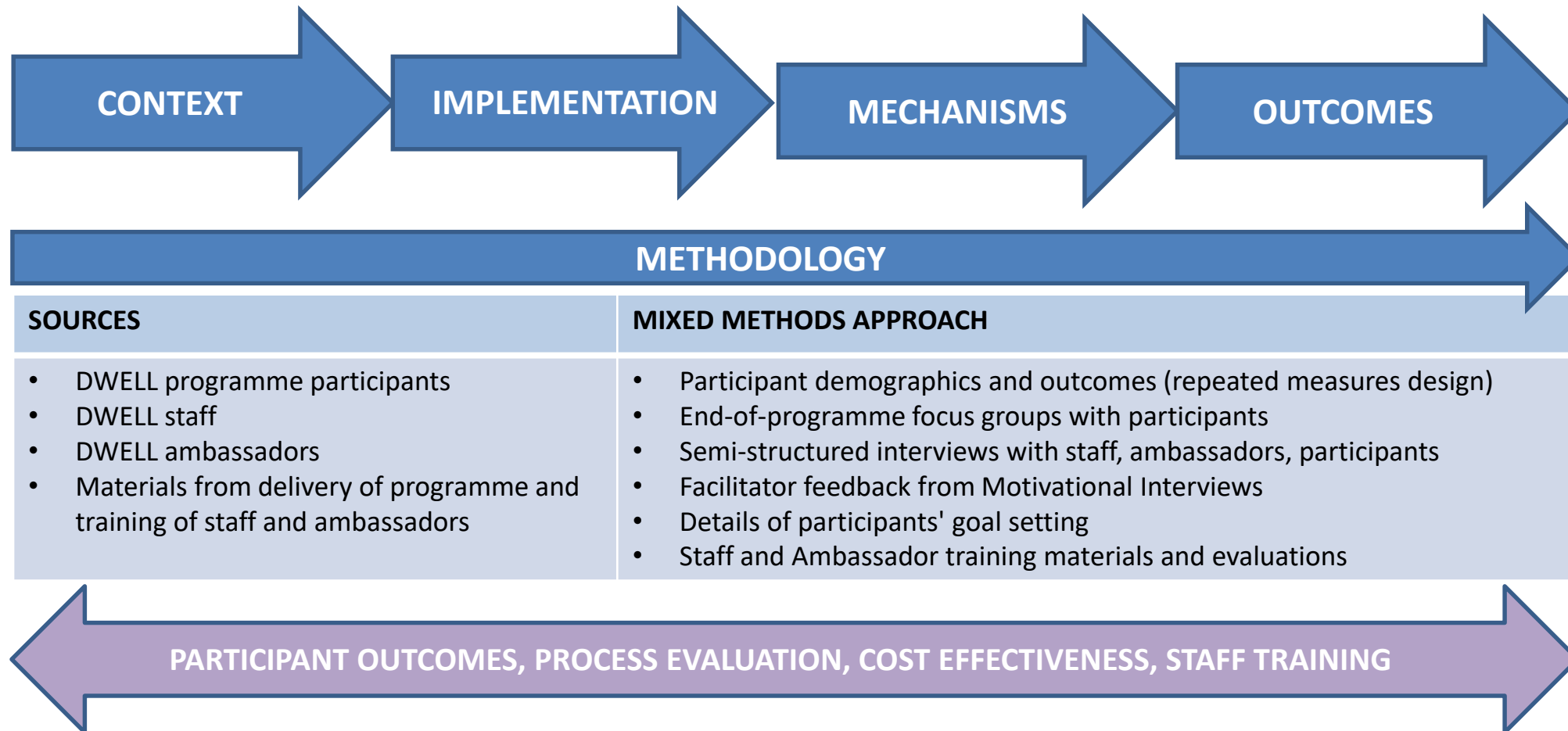
Evaluation of DWELL programme

Aim: to assess outcomes and impact of the 12-week programme for people with type 2 diabetes (T2DM).

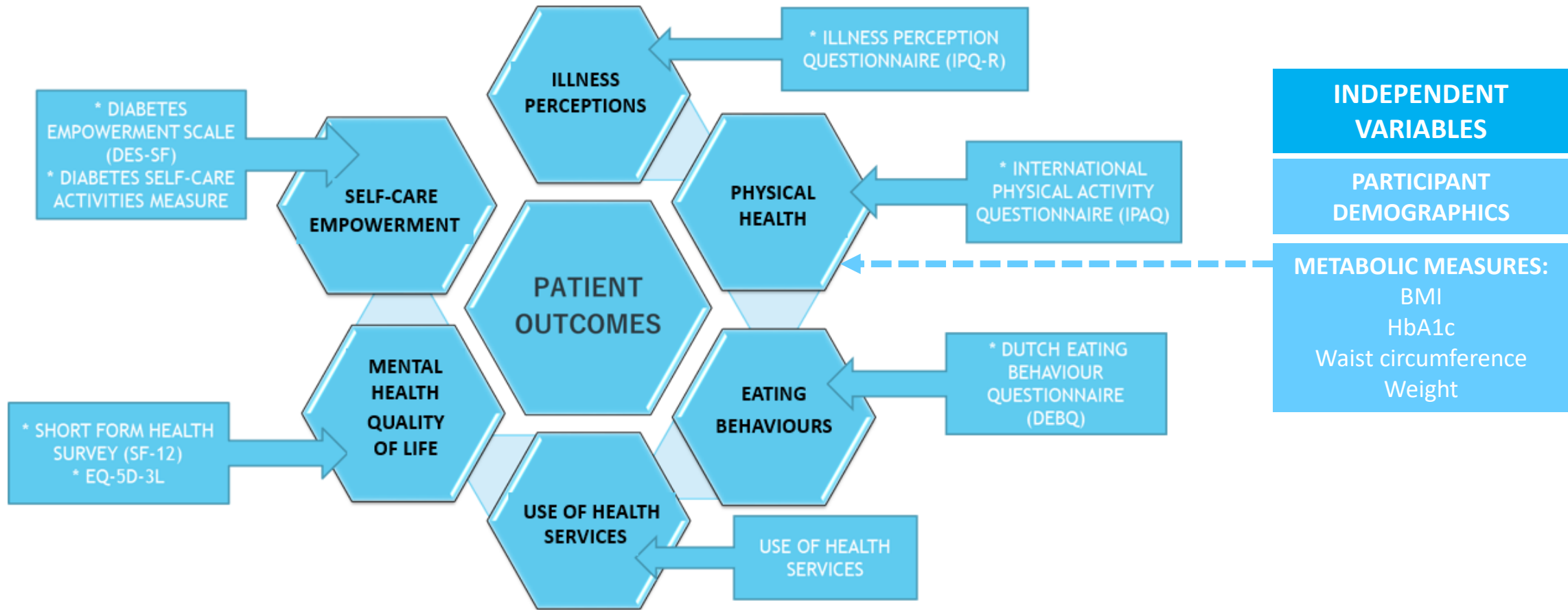
Research questions:

1. What is the impact of the DWELL programme in terms of metabolic health, quality of life, empowerment, physical activity and self-care for people with T2DM?
2. What is the impact of the programme on self-management of diabetes in terms of participant attitudes and behaviours?
3. How do participants/staff/ambassadors view their experience with the DWELL programme?
4. What are the cost benefits of the DWELL programme?

Evaluation Study Design



DWELL Tool



Evaluation Data Collected (2018-2022)

590
participants at
baseline (T0)

549 participant
goals (T0)

62 cohorts
across 5
delivery sites

58 end-of-
programme
focus groups

42 interviews
with DWELL
staff

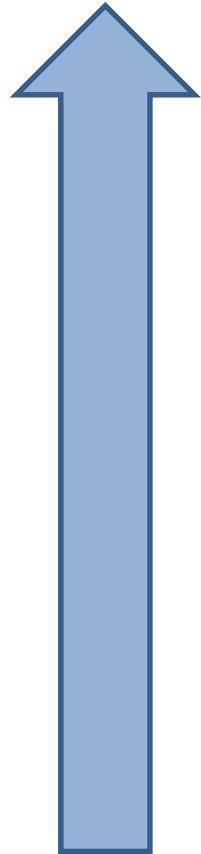
18 interviews
with DWELL
ambassadors

15 'legacy'
interviews with
participants

Evaluation Study Sample

Delivery Sites	DWELL PARTICIPANTS (at baseline)	DWELL STAFF	DWELL AMBASSADORS
UK1	150	6	4
UK2	135	2	4
France	202	7	6
Belgium	48	4	-
Netherlands	55	14	4
TOTAL	590	33	18

Highlights from Preliminary Findings

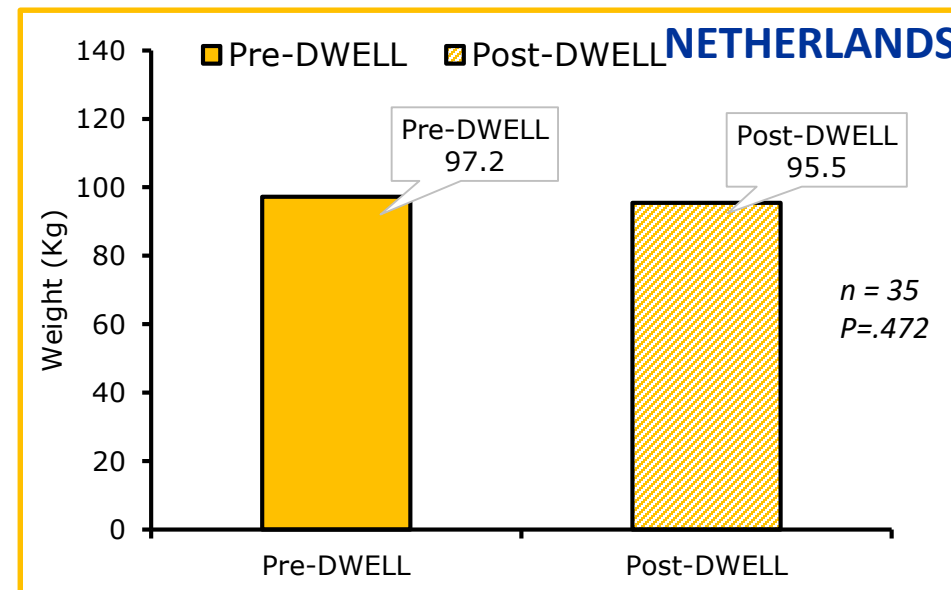
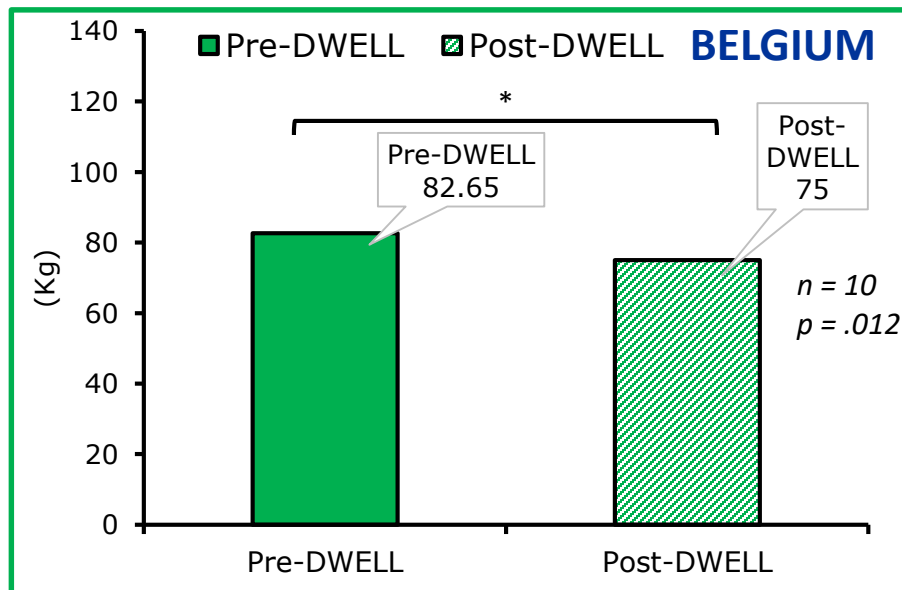
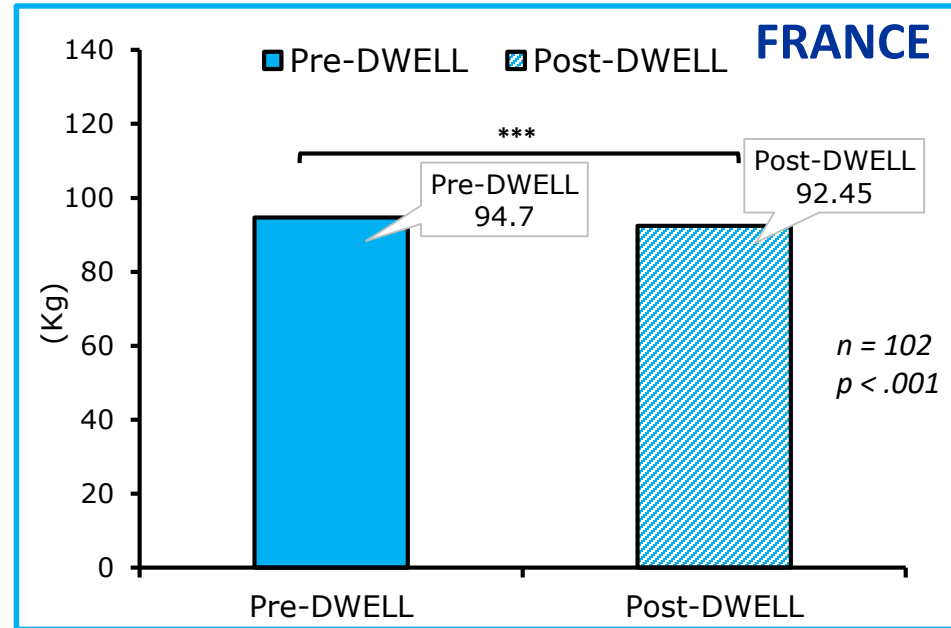
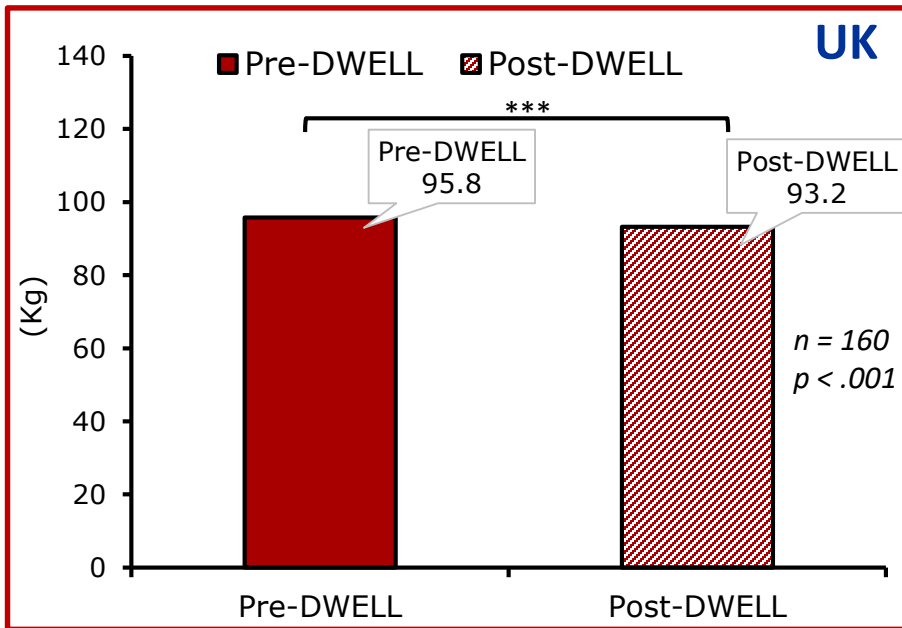


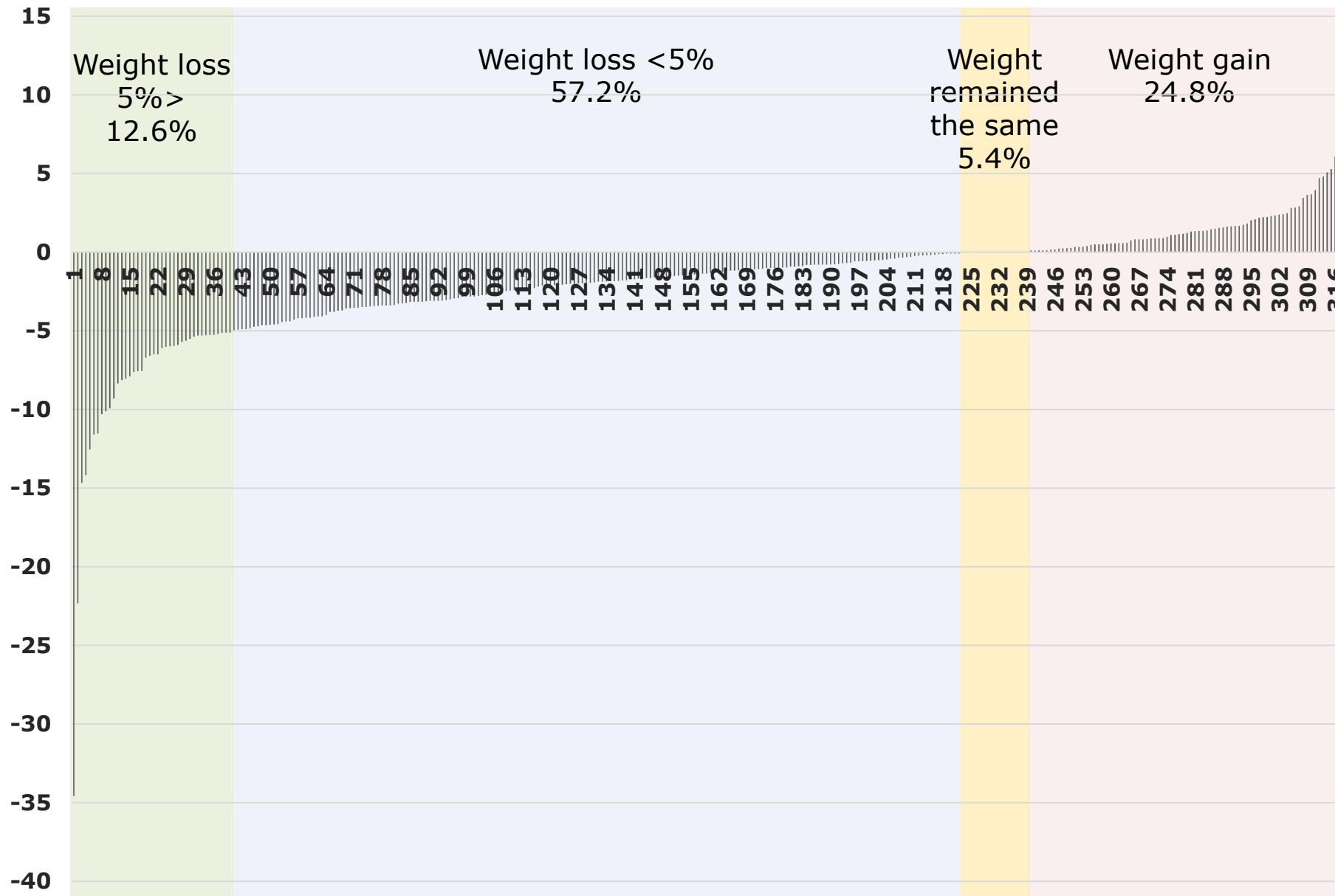
- Improvements in **metabolic health**
 - ✓ Reductions in weight, BMI, waist circumference, HbA1c
- Enhanced **empowerment**
- Improved **management of diabetes**
 - ✓ Greater perceived personal control and understanding of diabetes
 - ✓ Decrease in negative feelings associated with diabetes
 - ✓ Increase in optimism for treatment and long-term prognosis of diabetes
 - ✓ Decrease in *eating in response to emotions and external cues*
 - ✓ Increase in *restrained eating*
- Improvement in **physical and mental health**
- Improved **quality of life**

Age, Gender and Ethnicity of Participants

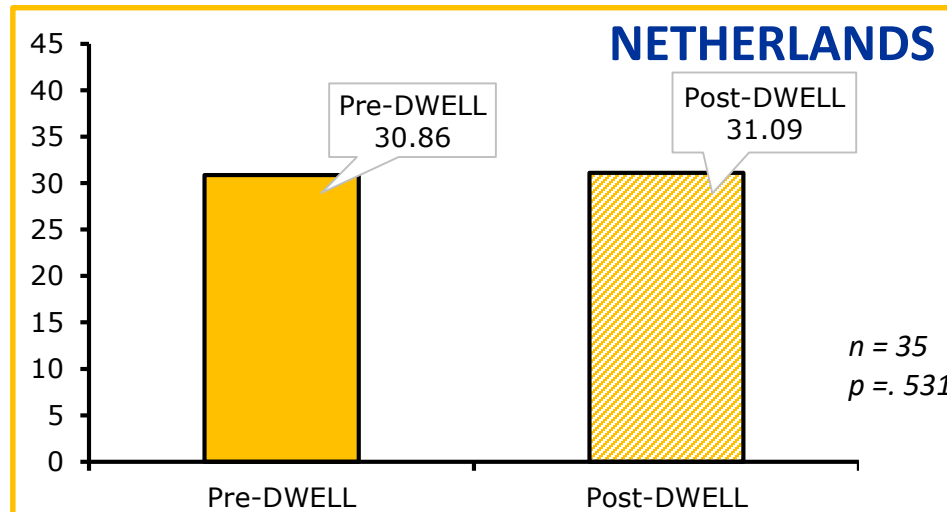
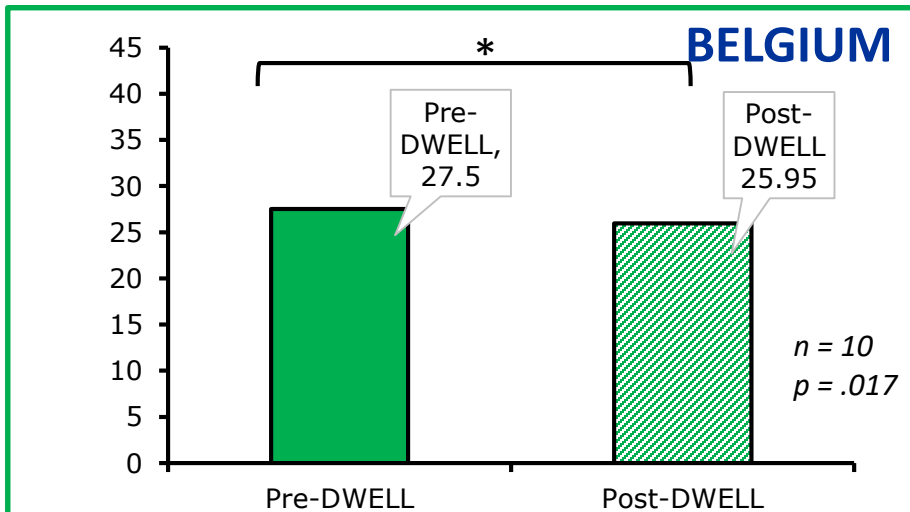
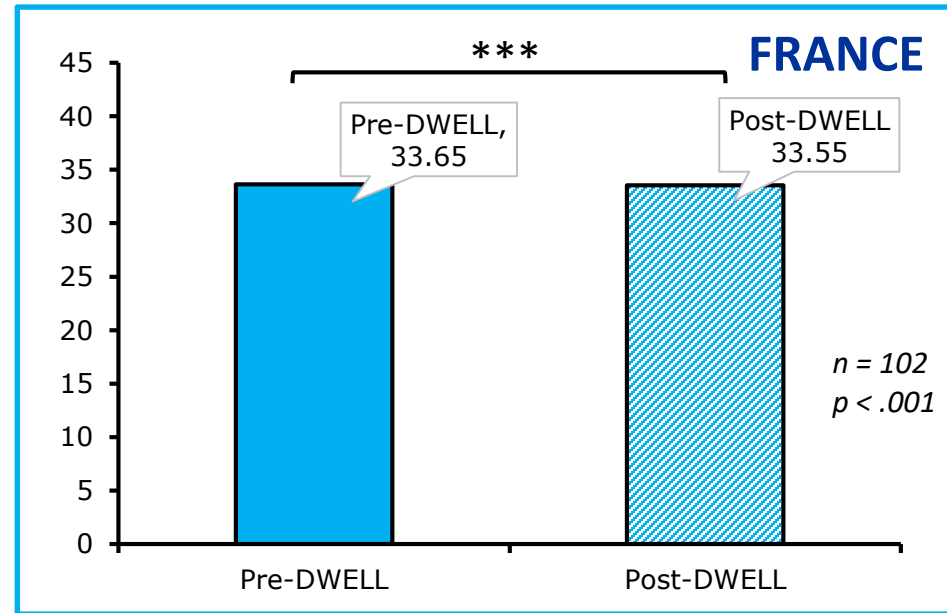
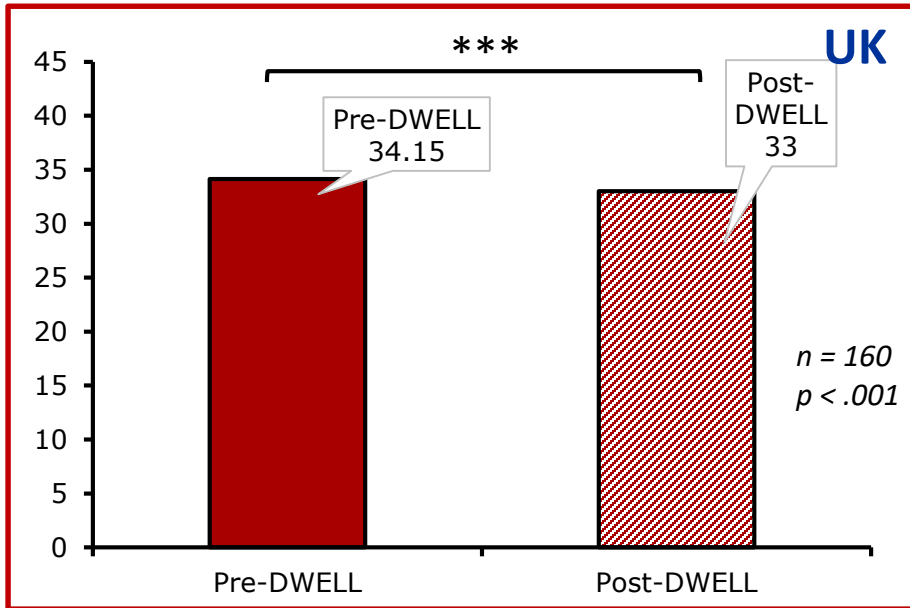
	UK	France	Belgium	Netherlands
Age (years)	<i>N</i> = 215 Mean: 61.84 SD: 10.99	<i>N</i> = 154 Mean: 63.29 SD: 9.409	<i>N</i> = 45 Mean: 64.24 SD: 8.363	<i>N</i> = 55 Mean: 60.4 SD: 11.06312
Age Bands	≤ 19: - 20– 29: 1 (.5%) 30 – 39: 5 (2.3%) 40 – 49: 24 (11.2%) 50 – 59: 56 (26%) 60 – 69: 69 (32.1%) 70 – 79: 55 (25.6%) > 80: 5 (2.3%)	≤ 19: 1 (.6%) 20 – 29: - 30 – 39: 1 (.6%) 40 – 49: 6 (3.9%) 50 – 59: 36 (23.4%) 60 – 69: 75 (48.7%) 70 – 79: 31 (20.1%) > 80: 4 (2.6%)	≤ 19: - 20 – 29: - 30 – 39: - 40 – 49: 1 (2.1%) 50 – 59: 15 (31.3%) 60 – 69: 17 (35.4%) 70 – 79: 10 (20.8%) > 80: 2 (4.2%)	≤ 19: - 20– 29: - 30 – 39: 3 (5.5%) 40 – 49: 4 (7.3%) 50 – 59: 16 (29.1%) 60 – 69: 23 (41.8%) 70 – 79: 9 (16.4%) > 80: -
Gender	<i>N</i> = 227 Male: 102 (44.9%) Female: 125 (55.1%)	<i>N</i> = 153 Male: 77 (50%) Female: 76 (49.4%)	<i>N</i> = 45 Male: 20 (41.7%) Female: 25 (52.1%)	<i>N</i> = 55 Male: 36 (65.5%) Female: 19 (34.5%)
Ethnicity	<i>N</i> = 221 White: 198 (89.6%) Asian: 14 (6.3%) Black/African/Caribbean: 8 (3.4%) Mixed ethnic group: - Other ethnic group: -	<i>N</i> = 153 White: 145 (94.2%) Asian: - Black/African/Caribbean: 4 (2.6%) Mixed ethnic group: 4 (2.6%) Other ethnic group: -	<i>N</i> = 45 White: 42 (87.5%) Asian: 2 (4.2%) Black/African/Caribbean: 1 (2.1%) Mixed ethnic group: - Other ethnic group: -	<i>N</i> = 55 White: 50 (90.9%) Asian: 1 (1.8%) Black/African/Caribbean: - Mixed ethnic group: 2 (3.6%) Other ethnic group: 2 (2%)

Metabolic Health pre- and post-DWELL: Weight

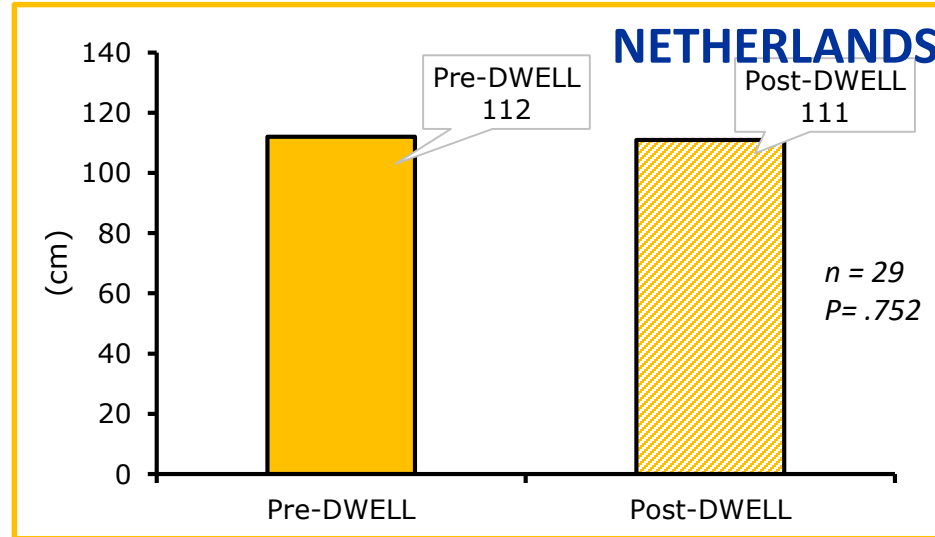
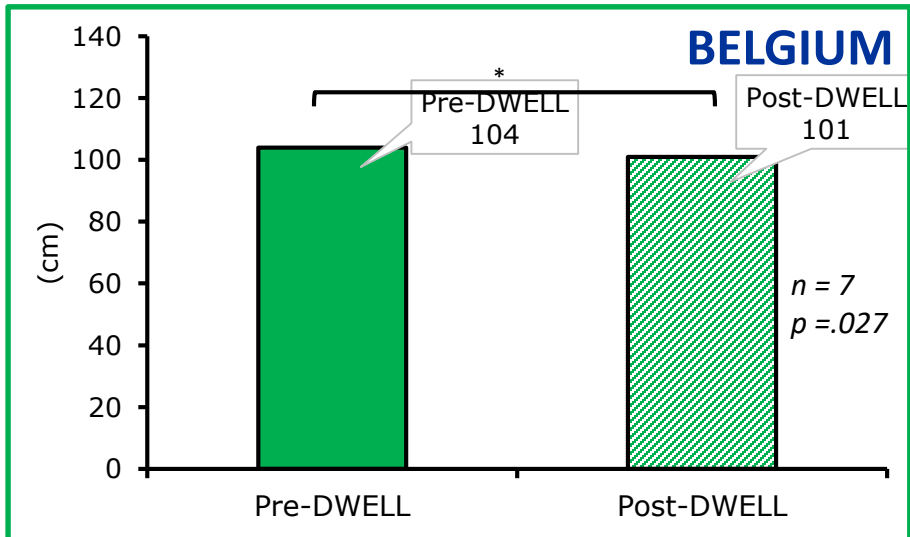
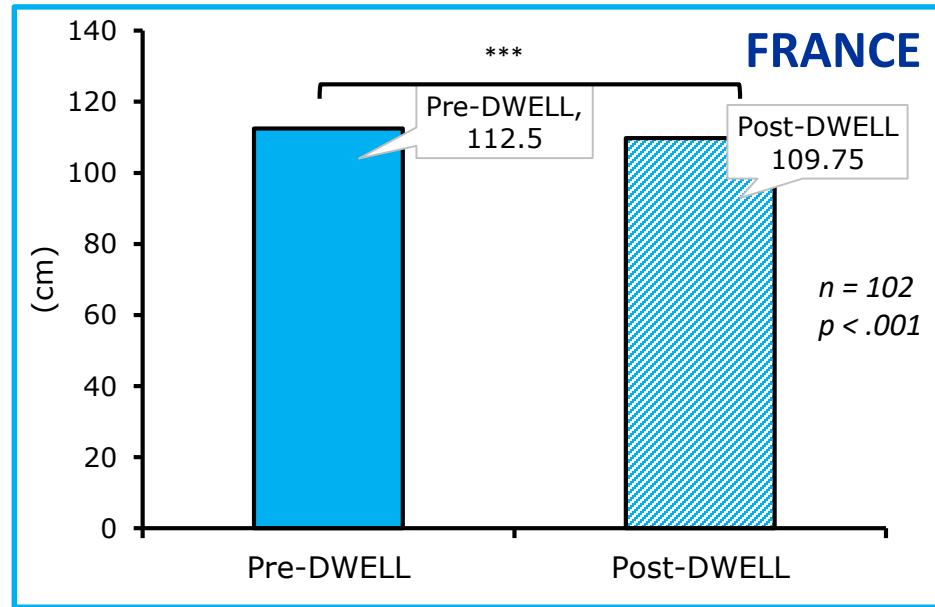
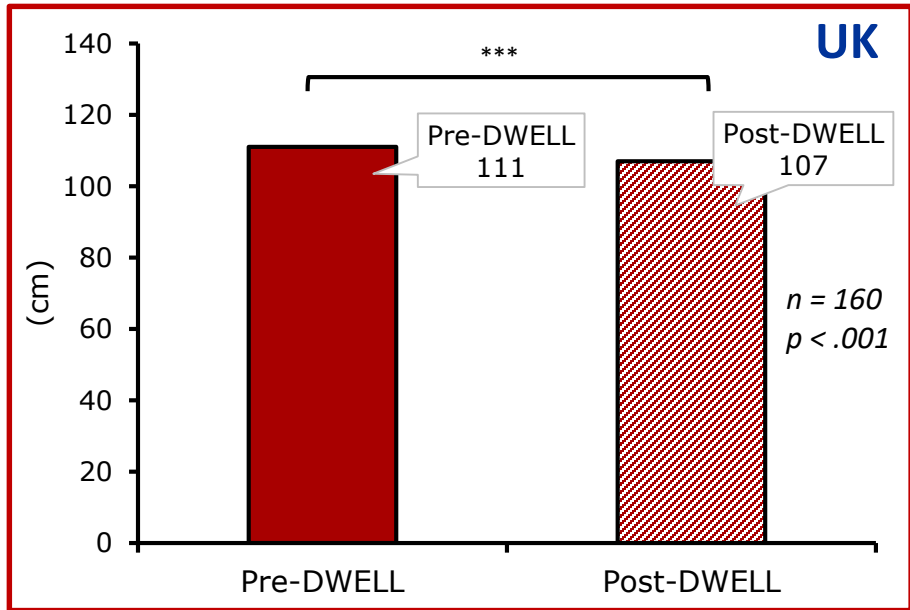




Participant weight changes at the end of the DWELL programme



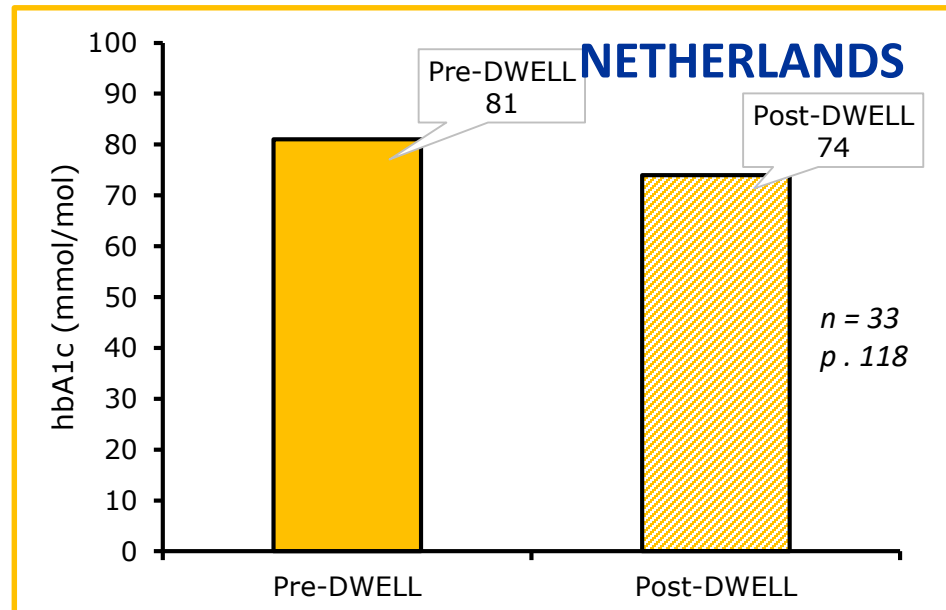
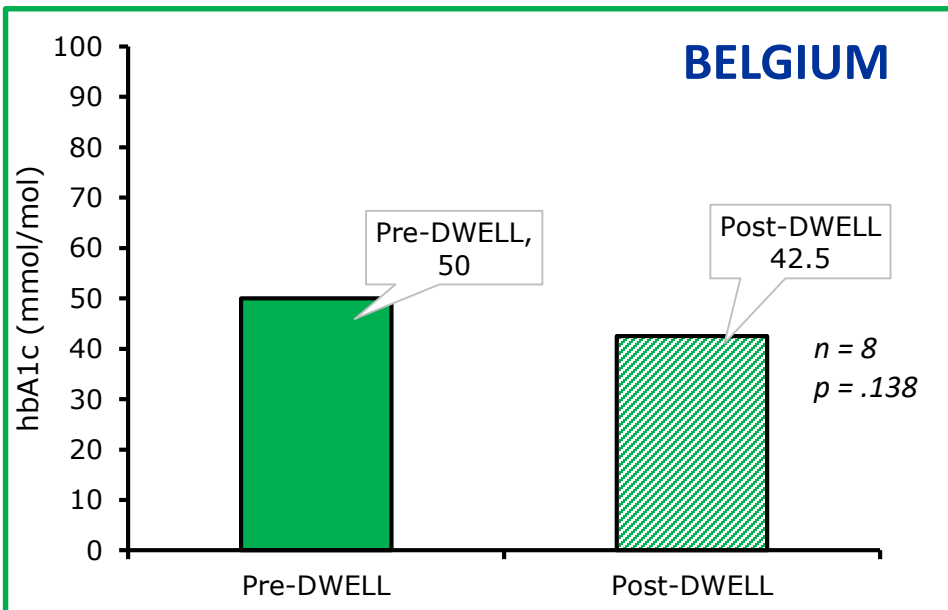
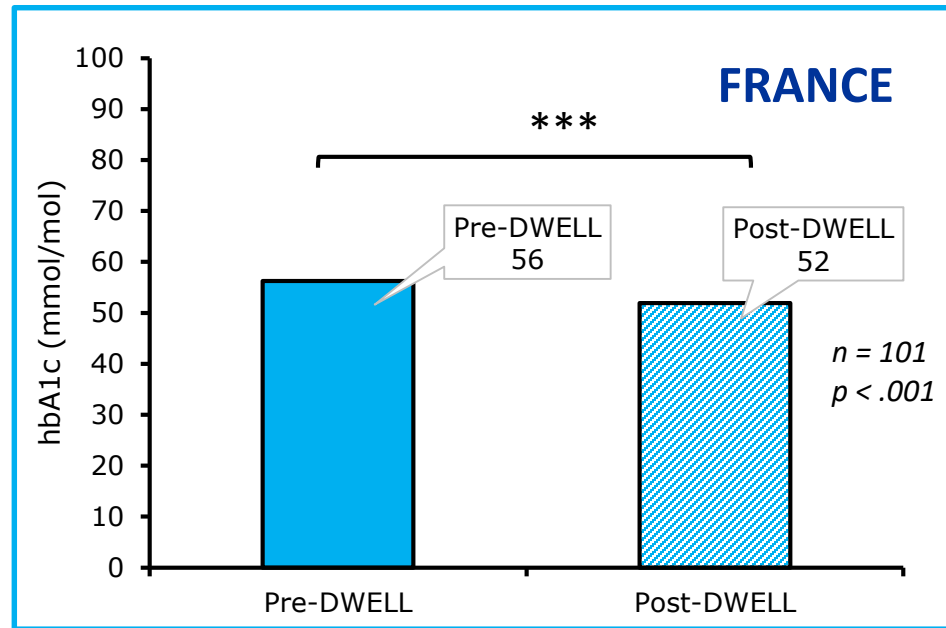
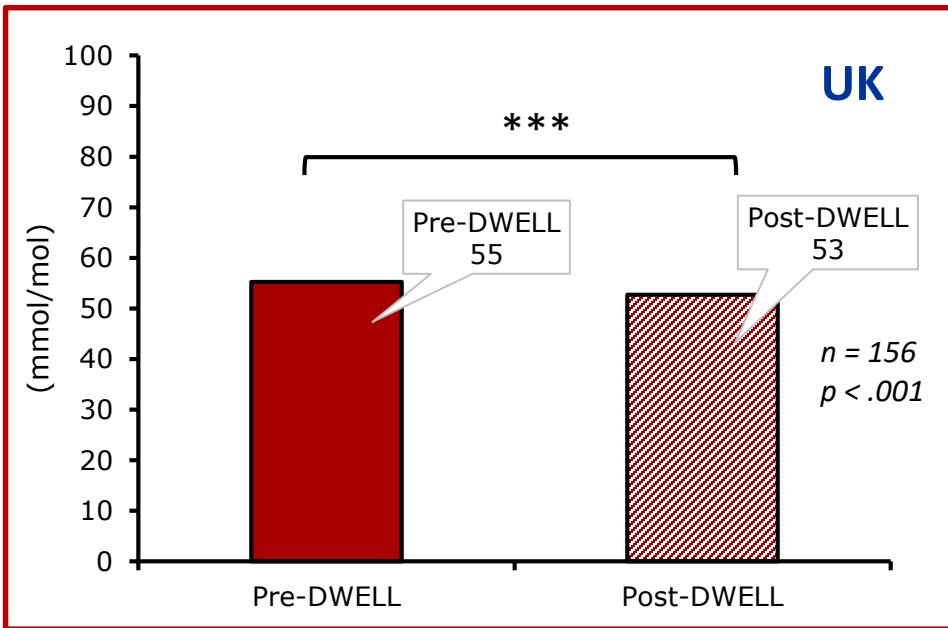
Metabolic Health pre- and post-DWELL: BMI

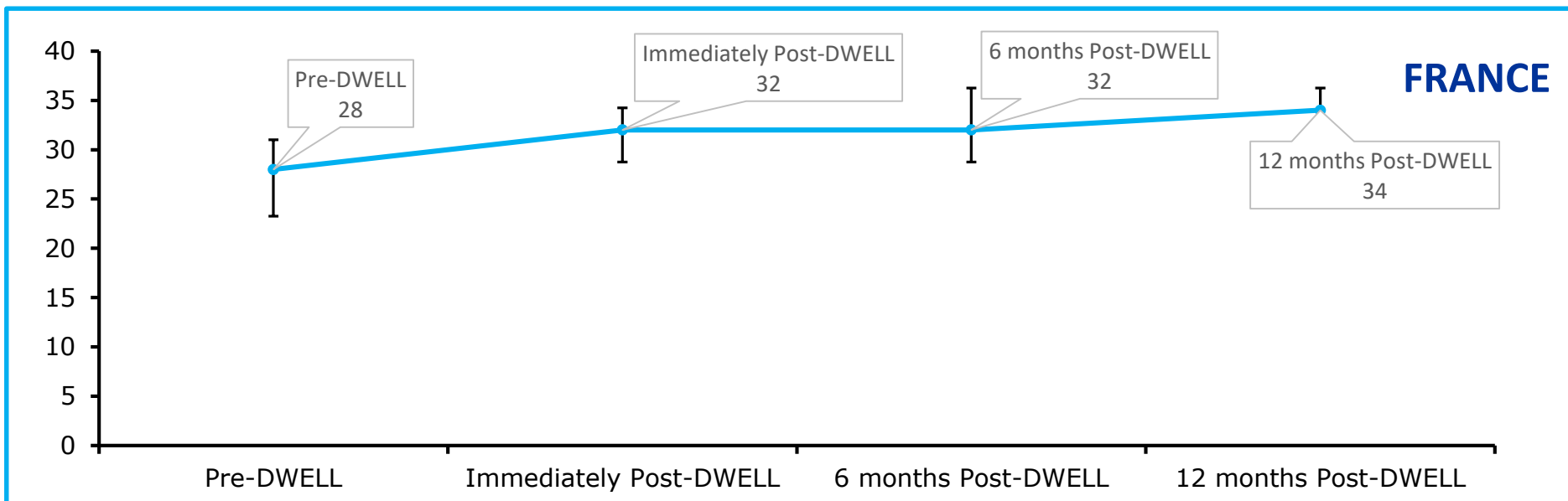
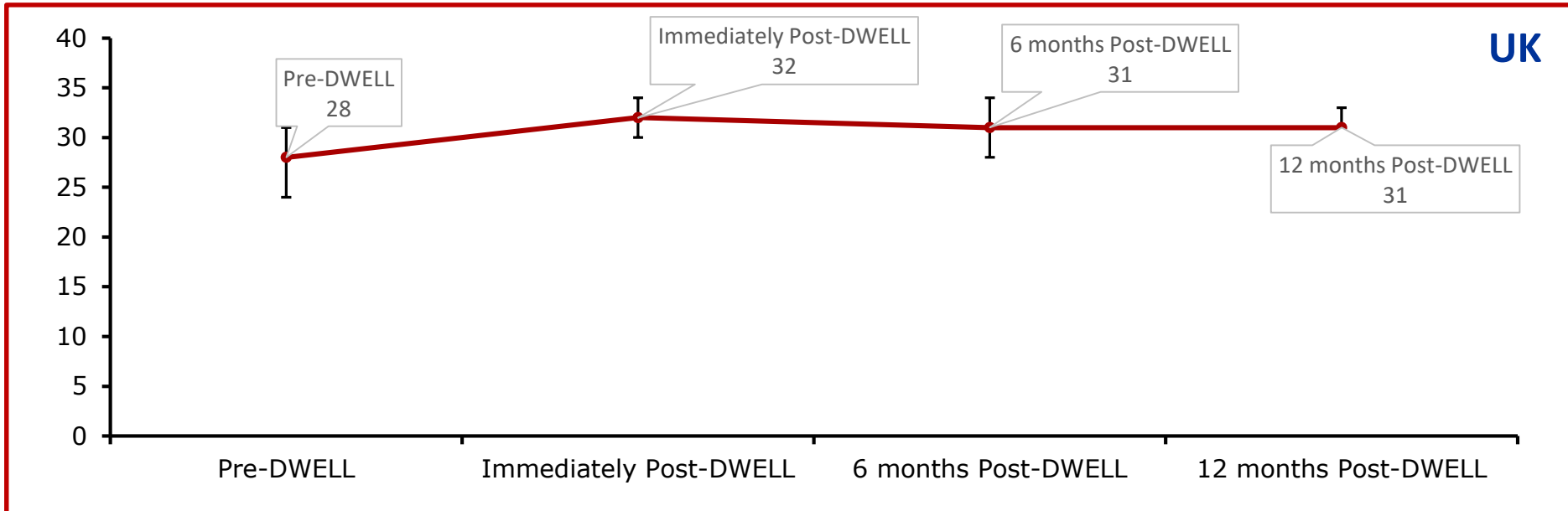


Metabolic Health pre- and post- DWELL: Waist Circumference

Metabolic Health pre- and post- DWELL: HbA1c

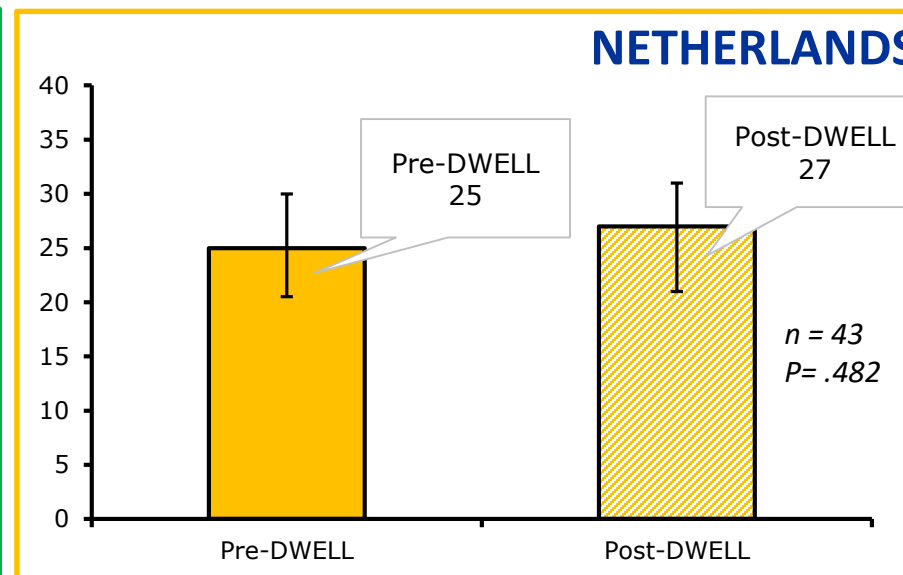
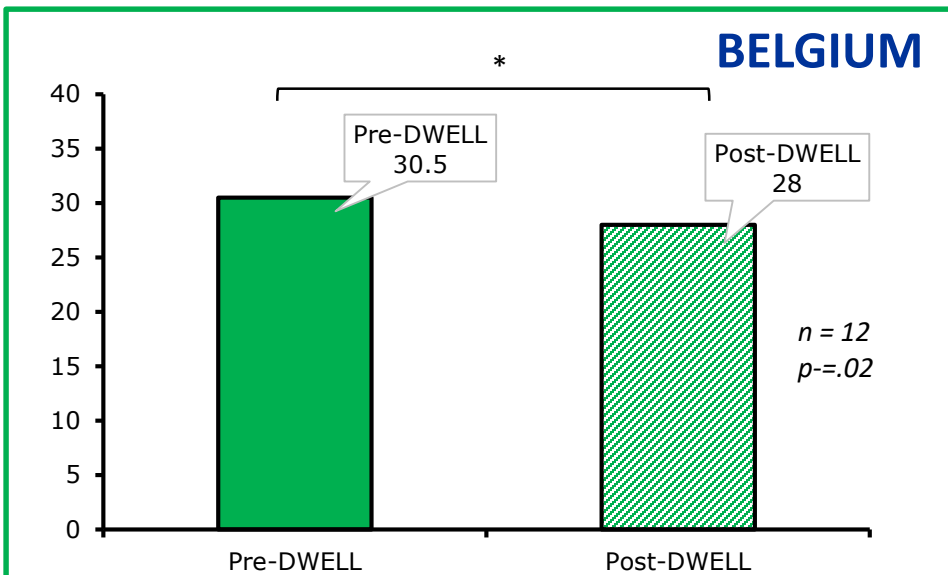
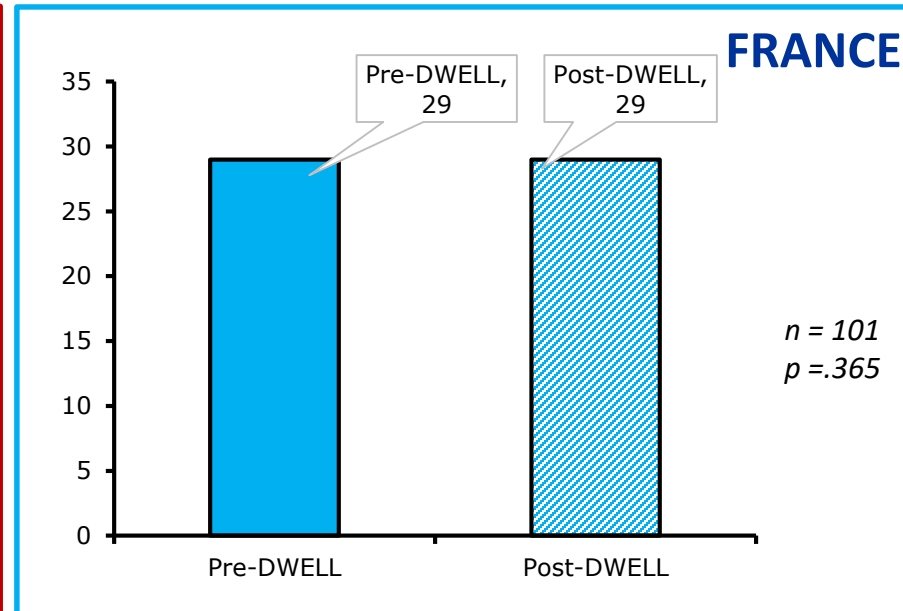
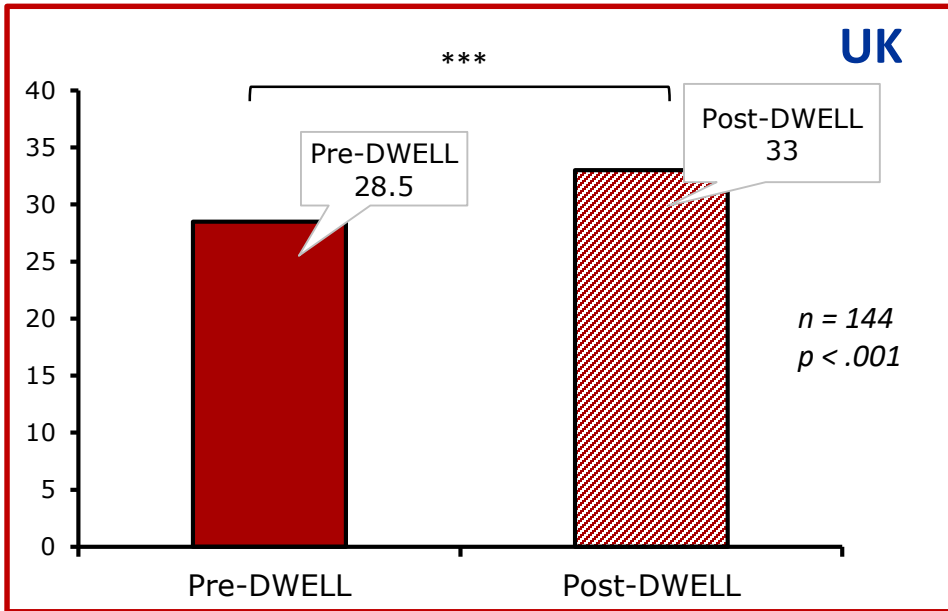
*“I am down one Gliclazide, down one Metformin, and my bloods are just above pre-diabetic. And I’ve lost 17kg in 15 weeks”
(UK focus group participant)*





Changes over Time in Patient Empowerment/ Self-Efficacy

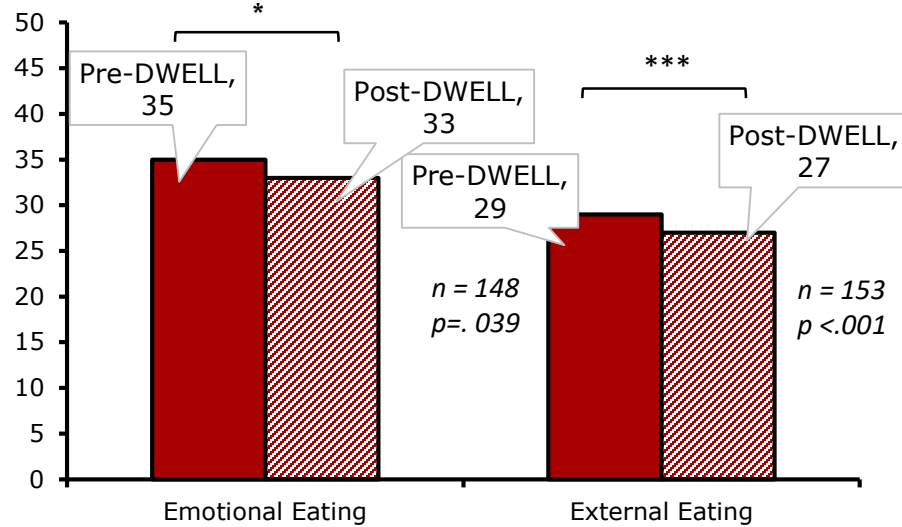
Eating Behaviours: Restrained Eating (expected increase)



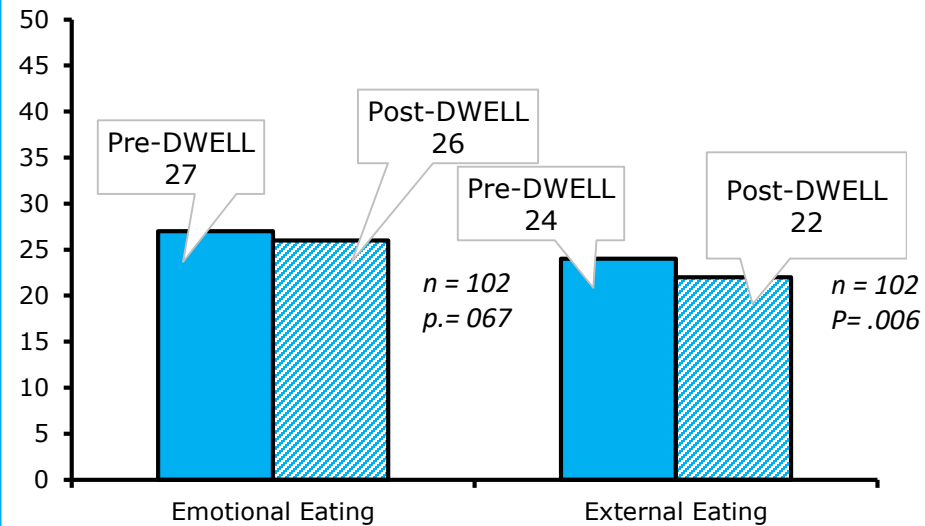
“Until New Year I was really picking at night-time on my own. Since I’ve been on this course, I haven’t. Once my dinner is gone, that’s it. So that’s a big habit I’ve kicked”
 (UK focus group participant)

**Eating Behaviours:
 External and
 Emotional Eating
 (expected
 reduction)**

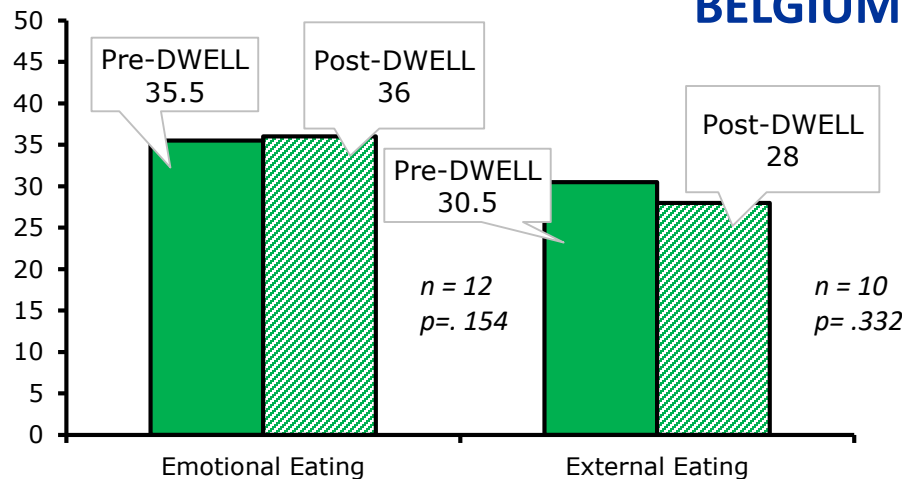
UK



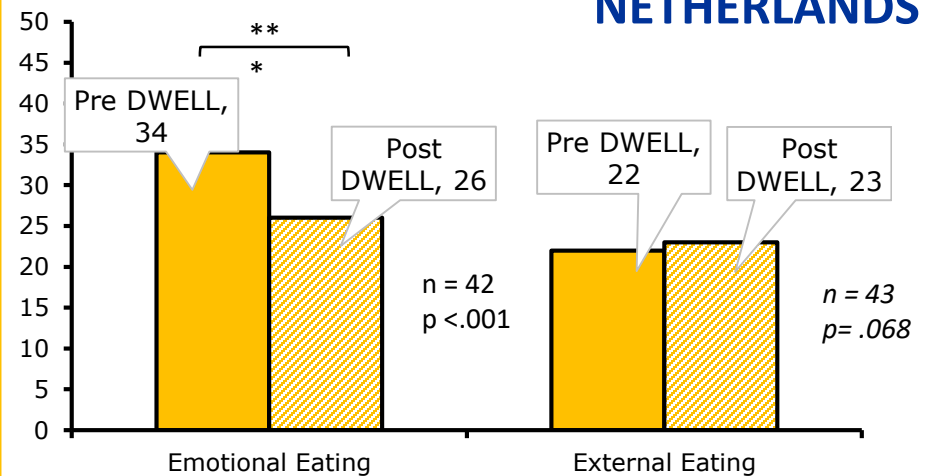
FRANCE



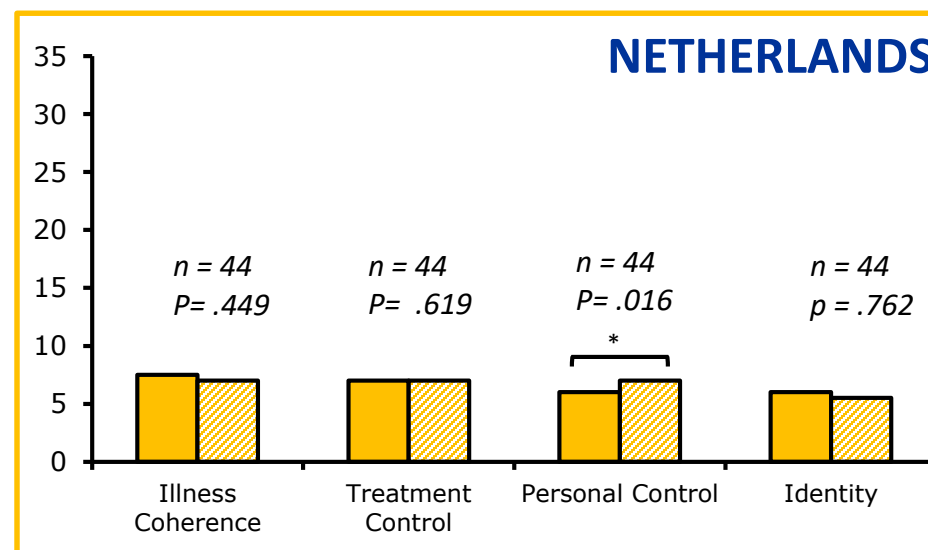
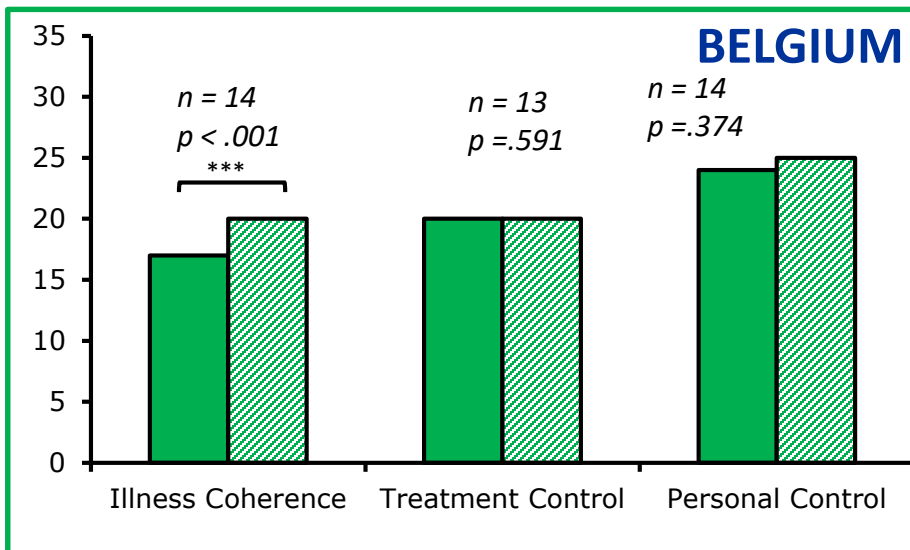
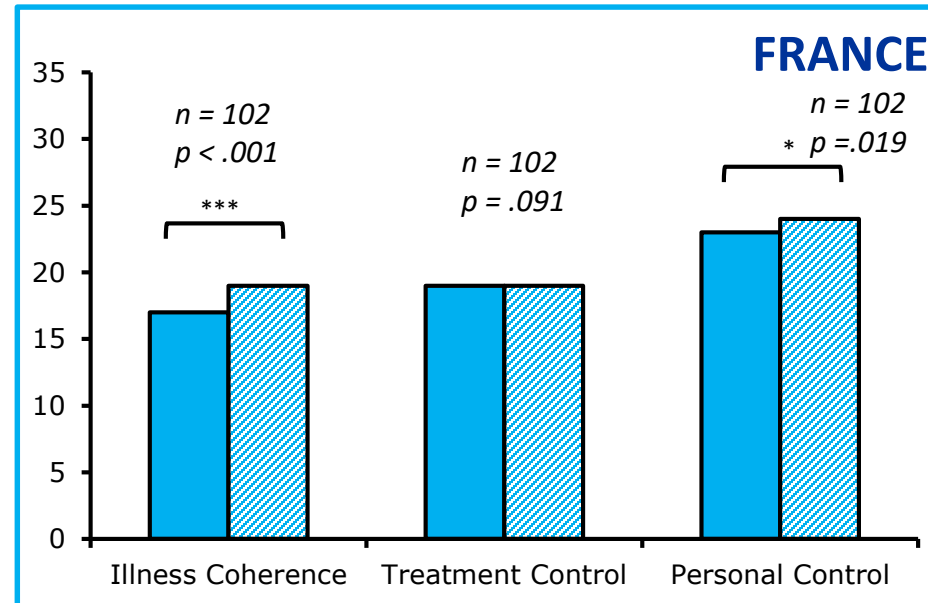
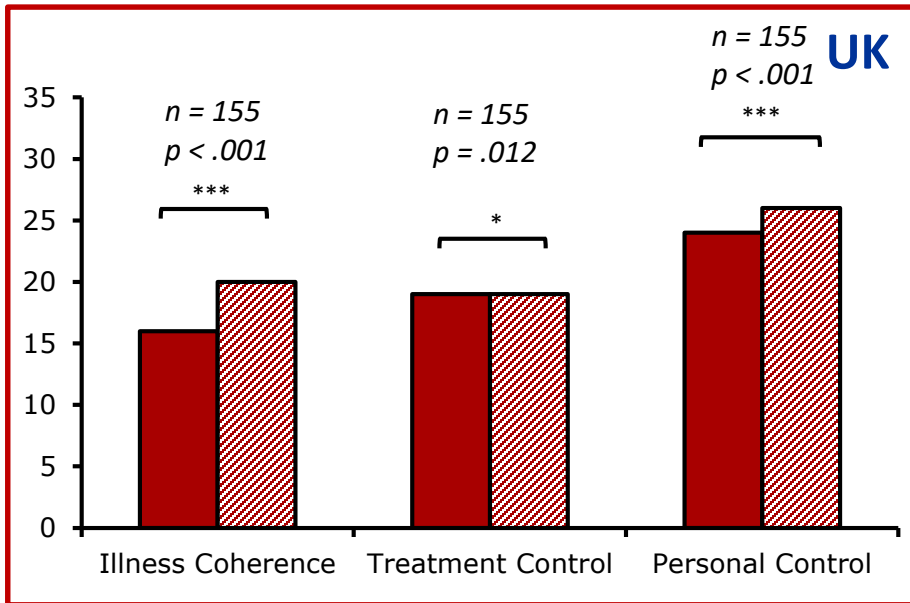
BELGIUM



NETHERLANDS



Perceptions of Illness

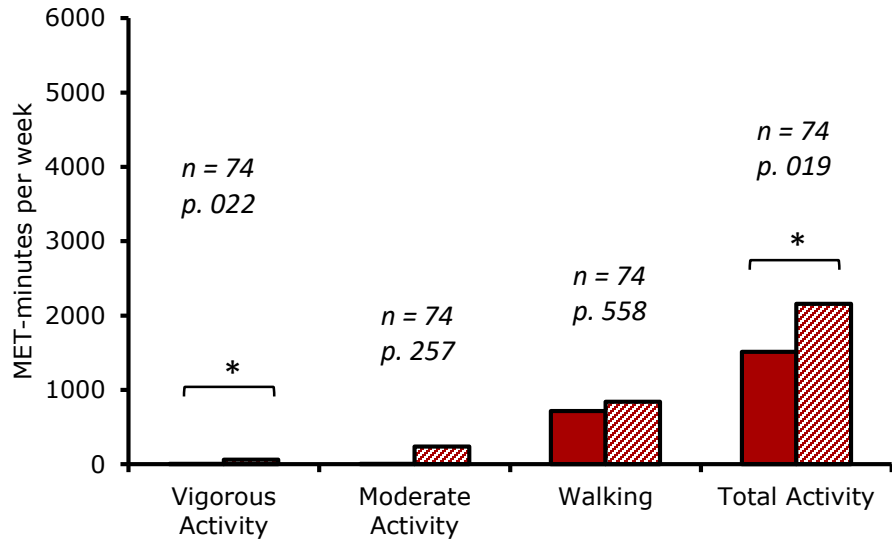


“Afterwards you have to take charge yourself...You are given the tools to work with, then it’s up to you to sharpen the tools and make them last a long time”
 (France focus group participant)

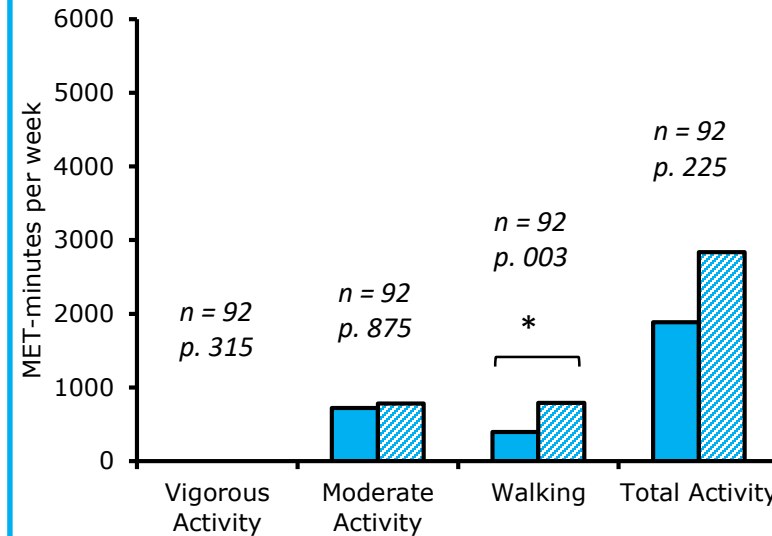
Physical Activity

“Although I am not usually one to exercise, I am now trying...I walk up the stairs to my flat...I am using a floor cycle...I have been into town on the bus, which I hadn't done for two years. I'm setting goals for myself, like walking back from the group”
 (UK focus group participant)

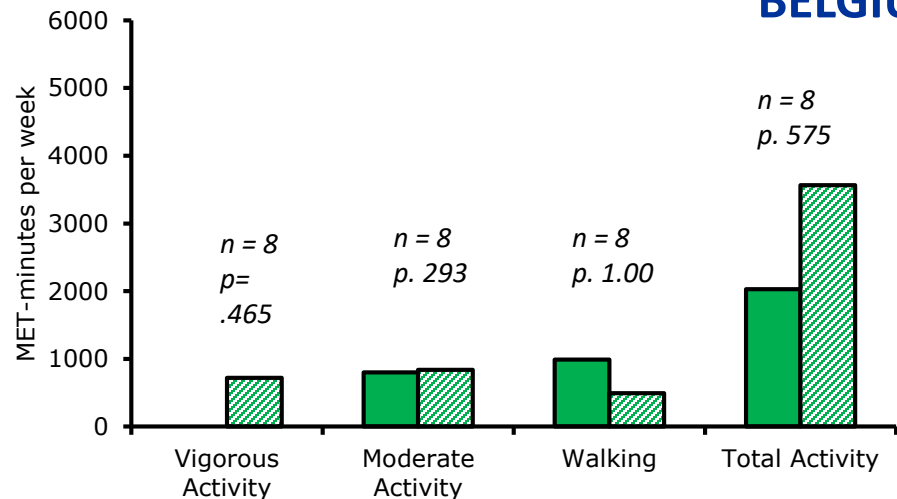
UK



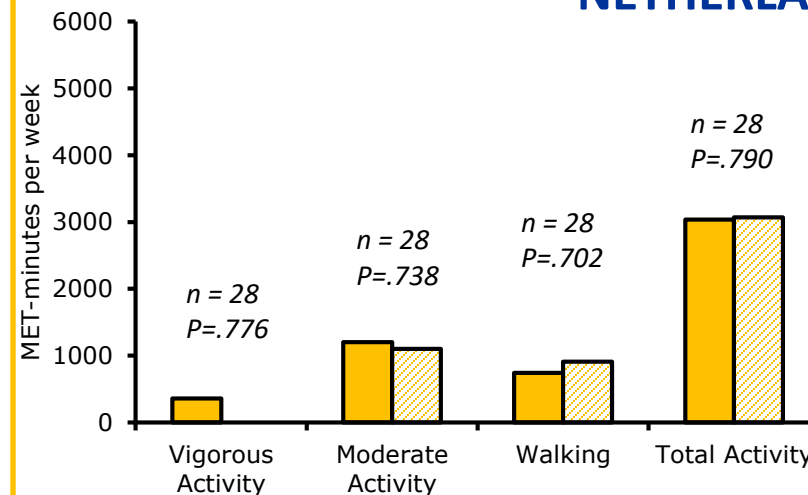
FRANCE



BELGIUM

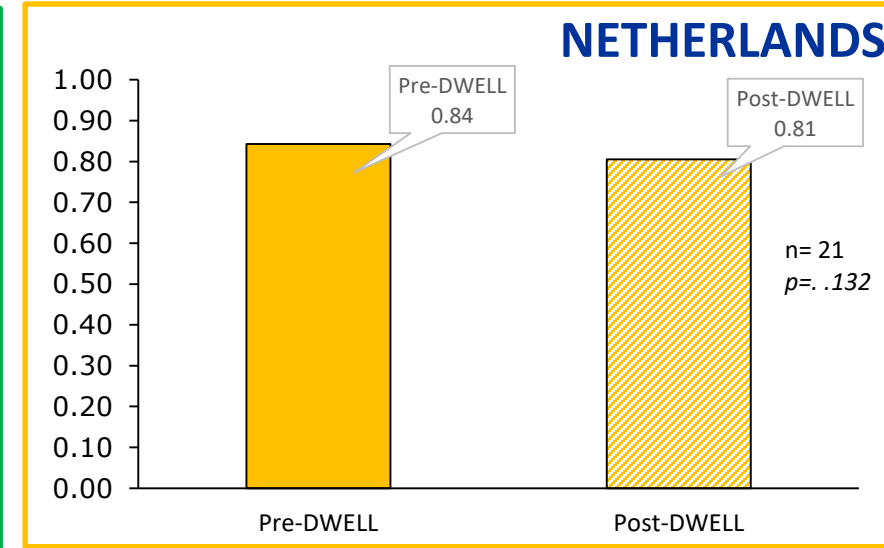
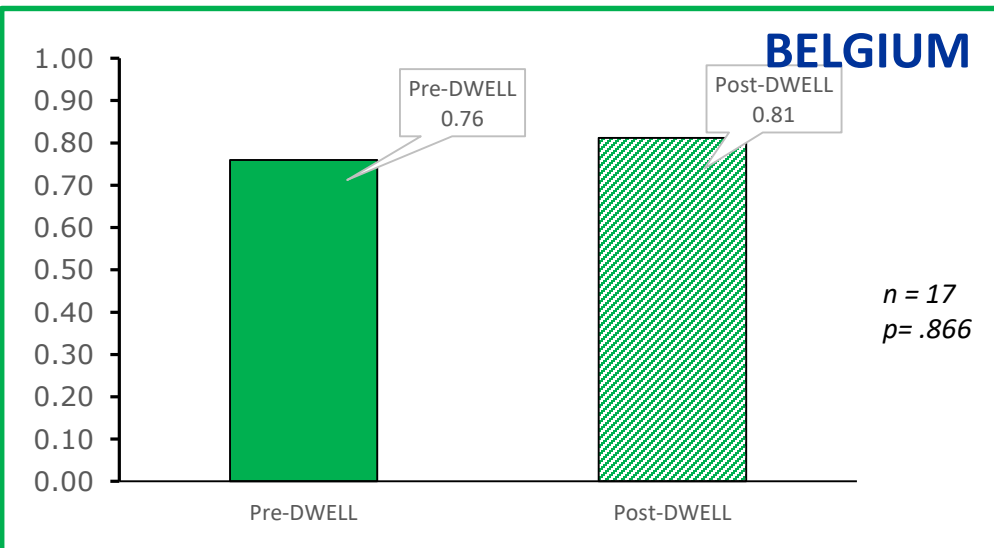
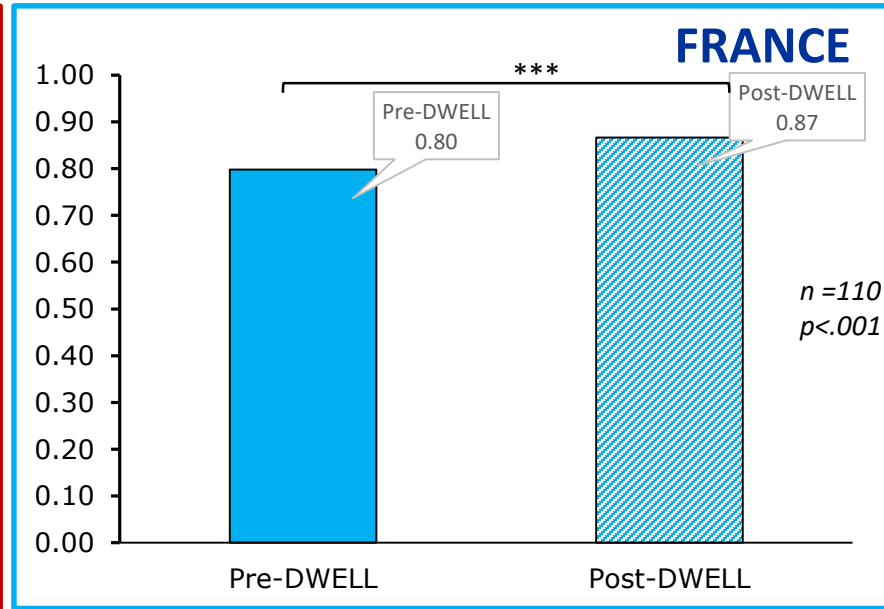
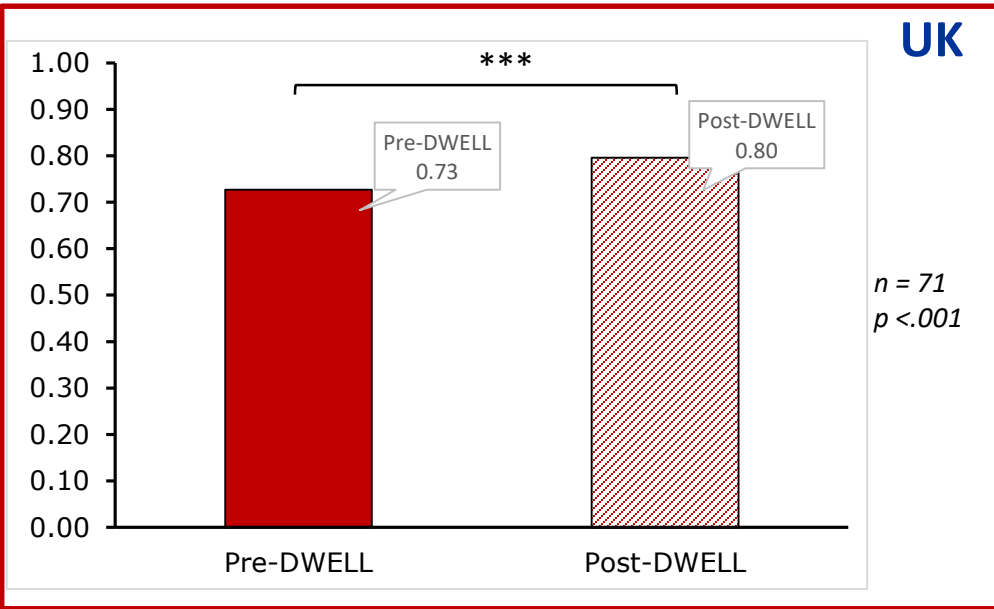


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Health Related Quality of Life

“It has changed my life completely...I have taken control - I am now looking after myself, give myself time and do things for myself, and as a result I am also more able to support others in my life”
 (UK focus group participant)



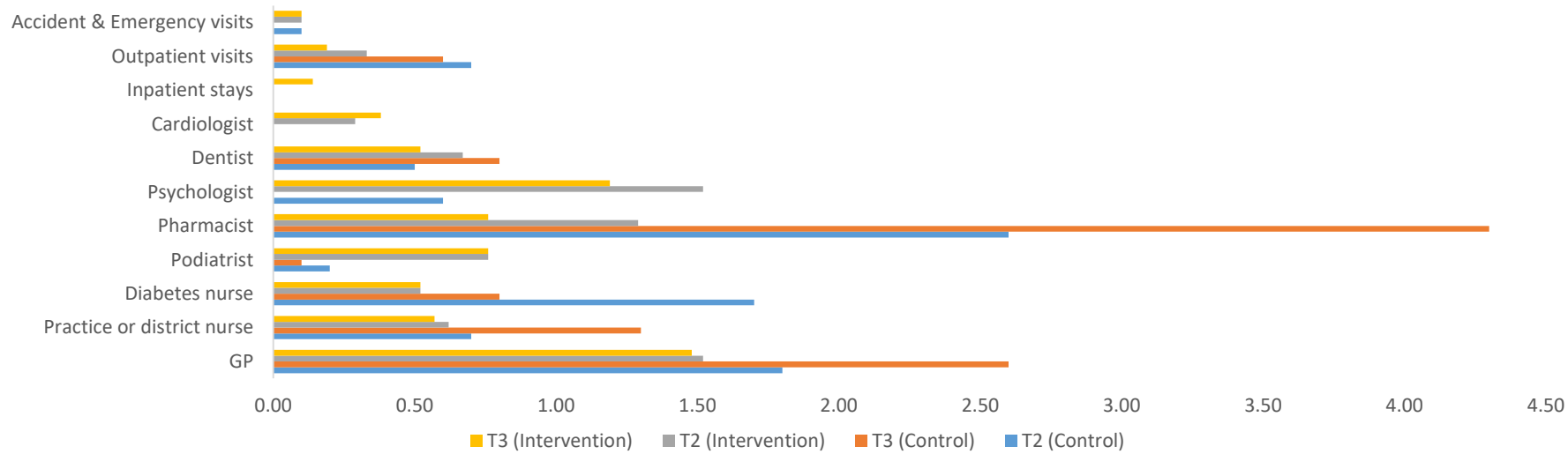


Figure 1: health resource use (UK)

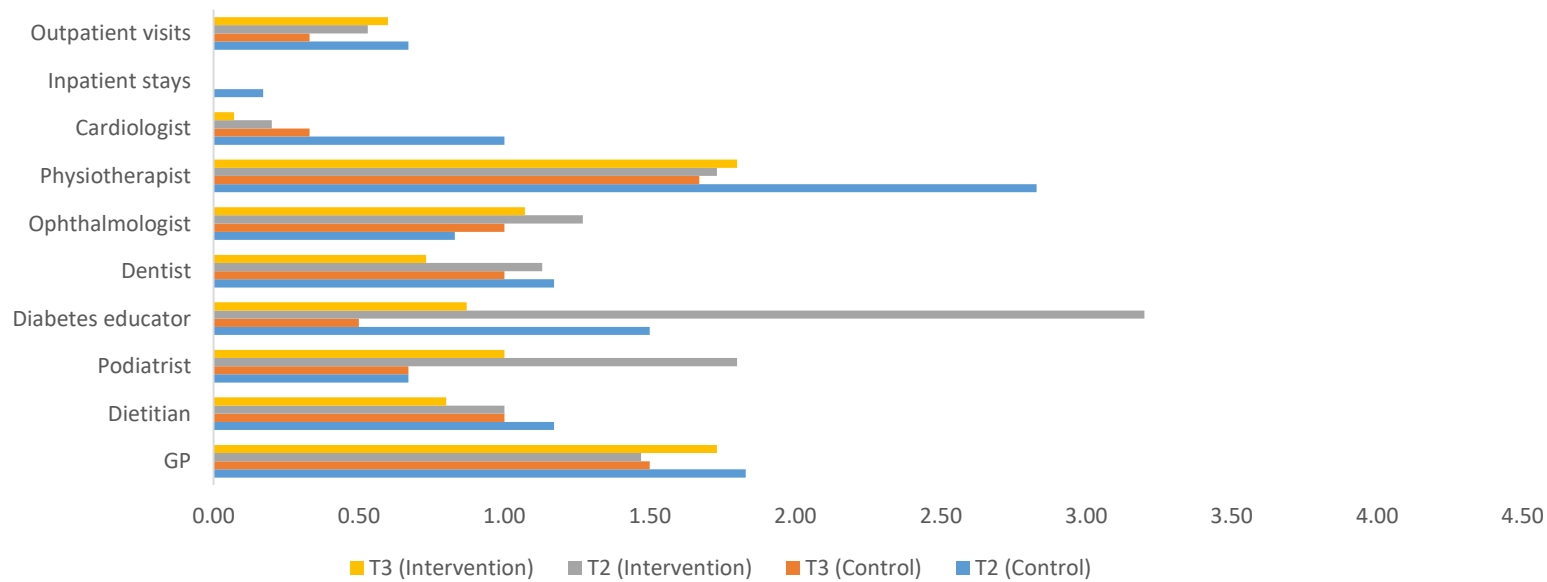


Figure 2: health resource use (Netherlands)

Cost Effectiveness Analysis

Delivery Site	Types of costs for programme delivery	Total cost per participant
UK1	Expert staff, admin staff, supervision, equipment, educational material, cooking ingredients	£464 (€530) <i>group of 10</i>
UK2	Expert staff, supervision, equipment, venue hire, educational material	£460 (€525) <i>group of 10</i>
Belgium	Expert staff, facilitator, equipment, venue hire, materials	£367 (€419) <i>group of 12</i>
France	Expert staff, supervision, educational resources, cooking ingredients	£181 (€206) <i>group of 20</i>
Netherlands	Expert staff (inc. specialist nurses), activity providers, equipment, promotional material	£429 (€489) <i>group of 40</i>

**Cost Effectiveness -
 estimates of
 programme delivery
 costs per site**

Staff training

- DWELL staff competency framework addresses training needs of those delivering the programme
- Cross-border co-developed core training delivered to DWELL staff across 5 sites (including training on evaluation tools) (n=15)
- Additional site specific training, e.g. HbA1c testing, Good Clinical Practice (UK)
- Training evaluations and interviews with DWELL staff highlighted value of training:
 - **Positive feedback regarding content and efficacy of training**
 - **Participants reported increased skills and knowledge about diabetes care**
 - **Reports of changed practice due to the application of new skills**

Participant experiences of DWELL

Motivation

- Better understanding to manage T2DM and health
- Negative experiences

Facilitating factors

- Feeling supported
- Programme content and set up

Challenges

- Operational/logistical barriers

Outcomes

- Enhanced health literacy and self-management
- Lifestyle changes and addressing habits
- Wellbeing and social outcomes

Long-term impact of DWELL programme

Progress since completing the DWELL programme

"Life gets in the way"- individual circumstantial experiences
Wide spectrum
Progress is not a linear journey
Empowerment and autonomy

"There are times when it goes completely out of control. And then I sort of pull it back in...I know what I need to do, it's just a matter of doing it" (UK1, 2020 cohort)

Impact of the COVID-19 pandemic

Impact on lifestyle
Mental wellbeing
Access to healthcare

"[Shielding] wasn't made clear to us at all, so we just kept our heads down. And now...do I keep myself isolated to some degree? Do I wear a mask?...I got into a state of paranoia watching the figures and everything...my bounce has gone...I'm petrified of going anywhere" (UK1, 2019 cohort)

Opportunities for future programmes

Follow-up support
Online or blended delivery

"One of the biggest things for me was the usefulness of being with other people because diabetes can be a very isolating thing, and it's great to be in a room with lots of other people that are in the kind of similar position...the camaraderie, if you will, was I thought perhaps the most important thing that helped" (UK2, 2019 cohort)

Participants n=16

Lessons from implementation of DWELL

Facilitating factors

- Peer support
- Holistic, tailored approach
- Delivery style
- Nutrition element
- Environment

Barriers

- Resources
- Recruitment
- Challenges incorporating physical activity
- Wellbeing element

"We are there together, we progress together. The notion of 'professionals' disappears and we are just companions."
(DWELL team member, France)

Any questions?

For queries relating to the DWELL evaluation please
contact dwell@canterbury.ac.uk