

# 台灣糖尿病宣言

2007年11月18日

The Taiwan Declaration on Diabetes

18 Nov, 2007

*Diabetes concerns all of us!*





# The Taiwan Declaration on Diabetes

14 Nov, 2007

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## I Preface

The number of persons with diabetes in Taiwan has doubled in this decade, and has, for the time being, surpassed more than a million, as a result of westernized diet habit and inactivity. This has imposed a tremendous threat on the overall health of people in Taiwan. In coming years, the proportion of adolescents and children with obesity is expected to increase continuously. This increase, along with the growth of the aging population, will lead to a further increase in the population with diabetes, rendering greater threat on people's health and heavier burdens to Taiwan both economically and socially. With such a pressing issue bearing down upon society, it is important that we should learn to actively cope with it. Despite the fact that many relevant professional organizations have already been working on the issue for several years, the general public of Taiwan has barely recognized the seriousness of the threat of diabetes.

In comparison to countries around the world, the medical insurance system in Taiwan is unique for that it covers all of our nationals. The experiences we accumulate not only help us to tackle this very challenge but actually enhance our medical quality. We take pride that people with diabetes can now have the most favorable medical care with efforts invested from all spectra of the community. However, the general public is far from having in-depth acknowledgement towards diabetes, and, sometimes even misunderstanding. In fact, even medical professionals have not fully recognized the psychological needs of people with diabetes, not to mention the other walks of life. It is one of the reasons that relevant organizations are incessantly putting efforts onto the education of diabetes. As of such, our most urgent mission now is to raise public awareness about diabetes and to integrate relevant resources. We, therefore, believe that to make these commitments require the closest cooperation from relevant organizations to work in conjunction with government authorities in full-scale.

In view of the threat from diabetes, representatives from European countries met in St. Vincent, Italy in 1989 and jointly proclaimed the St. Vincent Declaration on Diabetes, which proclaims that all of the participating countries would work to help people with diabetes to achieve a similar health level both physically and psychologically to those without diabetes. Furthermore, several organizations and countries in the Western Pacific have put forth the Western Pacific Declaration on Diabetes in year 2000, and have proposed a compatible action plan in years 2000 and 2006. After the declaration was put forth, there has been significant progress in terms of medical care for people with diabetes for the area as a whole, and has achieved most of the initial objectives designated.

In year 2007, the Chinese Taipei Diabetes Association has, as a further act of care for

people with diabetes in Taiwan, invited the Taiwanese Association of Diabetes Educators, the Formosan Diabetes Care Foundation, the Catholic Sanipax Socio-Medical Service & Education Foundation, and other relevant organizations to put forth the Taiwan Declaration on Diabetes after several conference discussions with representatives from relevant institutes of our government, such as the Bureau of Health Promotion, Department of Health, Executive Yuan. It is resolved that such a declaration will be proclaimed during World Diabetes Day. Most importantly, the 2007 is the very first time the UN has participated in World Diabetes Day. It has since also become UN World Diabetes Day, which further emphasizes how diabetes is threatening the people all over the world.

In this booklet, you will find the Taiwan Declaration on Diabetes and our 5-year plan of action, including our strategy, implementation methodology, and indicator of accomplishment in order to achieve the objective as proclaimed in the declaration. We also focus on certain relevant authorities and action groups to make our proposition, hoping that our entreaties would help to awaken the attention of the general public for diabetes. It is hoped that in the future, people with diabetes can live in a friendly environment and can receive better medical care so that they enjoy a healthy life physically, psychologically, and socially.





## I Executive Summary

The Taiwan Declaration on Diabetes is jointly taken part in and put forth by the Chinese Taipei Diabetes Association, the Taiwanese Association of Diabetes Educators, the Formosan Diabetes Care Foundation, and the Catholic Sanipax Socio-Medical Service & Education Foundation. It is hoped that the declaration can help enhance the acknowledgement of the general public with regard to diabetes, prevent diabetes or delay onset of illness, avoid the occurrence of diabetes complications, and promote the quality of life for people with diabetes.

### Taiwan Declaration on Diabetes should constitute the followings:

1. Consider diabetes as one of the most important problems that threatens the national health, and to therefore strengthen its publicity, and actively prevent, screen, and conduct treatment.
2. Formulate and implement a nationwide project to promote a healthy lifestyle.
3. Formulate and implement a nationwide project to conduct screening of high-risk subjects.
4. Apply nationwide treatment guidelines and update them in a timely manner.
5. Investigate the social requirements of and satisfy the necessary psychological responses to diabetes; eliminate the disregard and discrimination against people with diabetes.
6. Strengthen publicity via school, family, and community education to direct children and adolescents to realize a healthy lifestyle.
7. Provide a nationwide health educational project on diabetes for medical professionals, people with diabetes and their family relatives.
8. Call upon the joint cooperation of the government, medical institute, patient group, and relevant organizations and other interest-related organizations.
9. Strengthen relevant fundamental and clinical research on diabetes, epidemiology, and medical care system.

Three major objectives in the action plan for declaration are: to prevent or delay the onset of diabetes, to strengthen the medical care of people with diabetes, and to establish a comprehensive decision-making system to enhance the medical care for diabetes as a whole.

Based on these objectives, we have formulated 7 concrete action plans to be implemented: 1. National diabetic surveillance (outcome monitoring) project; 2. National Type 2 diabetes risk assessment project; 3. Children and adolescents diabetic prevention project; 4. Diabetes education project; 5. Project for monitoring individuals with high risk of diabetes; 6. National diabetic quality improvement project; 7. Project for acknowledgement of the psychological requirement of people with diabetes.

Cooperation by the general public and relevant organizations is required to achieve these goals. Therefore, we put forth the following appeals:

- Call on government authorities to increase resources on the prevention, medical care, and development of a national monitoring project in keeping with UN Resolution on Diabetes. Enforce on legislation, education, and publicity to promote healthy diet and physical activity, and request accurate labeling of food ingredients so as to reduce the population of obese children and to facilitate people with diabetes to receive sufficient information and access to medical care.
- Appeal to medical institutes and relevant professionals to reinforce updated knowledge on diabetes, to participate actively in diabetes education and screening of high-risk subjects, to integrate cross-departmental diabetes management, to provide quality and comprehensive prevention and medical care, and to strengthen the study of diabetic prevention.
- Appeal to the general public that one must have a healthy diet and exercise regularly to maintain a normal weight. Should one has any preexisting risk factors of diabetes, one should receive physical examinations regularly. A friendly social environment should be provided for people with diabetes so that they can obtain equal rights and opportunities as of other individuals.
- Appeal to parents and teachers so that schools and families can work closely together to provide an equal and friendly environment that reinforces the understanding among children and adolescents on diabetes and dietary intake and to cultivate the habit of exercising. One should understand the essentials of taking care of people with diabetes, and help children and adolescents with diabetes to control their illness so that they can enjoy the same growth and learning capability as do healthy children.
- Appeal to people with diabetes to be responsible for their own health, and acknowledge the fact that though diabetes is incurable, it can be controlled. This requires the close cooperation between doctors and professional educators who are familiar with all treatment target levels such as blood glucose, blood pressure, blood lipid, weight, and waist circumference. People with diabetes should participate in patient groups, and must monitor their diet, exercise, drug treatment, and blood glucose, and should quit smoking and reduce the consumption of alcoholic beverages. In this way, their blood glucose level can be under control and have fewer complications, and they can enjoy a healthier life.
- Appeal to enterprises to assist employees with health promotion plans to prevent the onset of diabetes, and to encourage employees to have physical examinations to identify diabetes as early as possible. Employers can provide equal work and promotion opportunities for people with diabetes, and create a friendly working environment with convenient access to sympathetic medical care.

## I The Taiwan Declaration on Diabetes

### The Strategic Alliance



The Chinese Taipei Diabetes Association, a member of International Diabetes Federation, is founded in 1980. Its goal is to enhance the cooperation among hospitals, research centers, and associated organizations in Taiwan; to improve medical care, education, and research of diabetes mellitus; and to facilitate international interaction. Its members included physicians, nurses, nutrition specialists, and researchers from hospitals, clinics, and associated organizations in Taiwan.



The Taiwanese Association of Diabetes Educators (TADE), established in 1996, is a professional association to promote and enhance knowledge and technique of diabetes education. Its members cover physicians, nurses, dieticians and related diabetes care professionals. TADE provides various comprehensive education programs, workshops as well as a diabetes educators qualification (CDE) system.



The Formosan Diabetes Care Foundation, expanded from the Diabetes Care Alliance, is established in 1997. The foundation advocates "Frequent Monitoring, Early Discovery, Active Management, and Regular Follow-Up", in order to promote the living quality of subjects with diabetes and to reduce the social costs of the disease.



Catholic Sanipax Socio-Medical Service & Educational Foundation (KungTai), was founded in 1983 as a long-term support to the young persons with diabetes and their families. A summer camp for those young persons with diabetes and their families is held by the "KungTai Diabetic Youth Club" every year. "KungTai Blood Sugar Control Club", an adult group focuses on promoting the concept of self-responsibility for their own condition. Through the mutual help of the club members, the persons with diabetes are able to maintain their blood sugar level so that the complication rate may be reduced, and it is more likely to have a happier and healthier life. KungTai also strongly supports the setting up of local diabetic associations around Taiwan to build up the support network among the persons with diabetes.

### Vision

1. Increase public awareness of diabetes mellitus.
2. Prevent or delay the onset of diabetes.
3. Reduce preventable diabetic complications.
4. Improve quality of life of people with diabetes.

### The Taiwan Declaration on Diabetes

1. Recognize that diabetes mellitus leads to healthcare implications and socio-economic burdens that makes it one of the most important healthcare issues. Enhance education to promote awareness and allocate resources for active prevention, diagnosis and management.
2. Develop and implement a national plan to promote healthy lifestyles for the effective prevention and treatment of diabetes and related life-style diseases.
3. Develop and implement a national pilot plan for periodic screening of high risk groups for early diagnosis.
4. Implement and keep up-to-date national guidelines for care delivery to improve disease management through optimal glycemic control and effective screening for complications.
5. Focus resources to understand and address the emotional and social needs of patients. Strive to eliminate the public's ignorance and prejudice.
6. Prevent diabetes in children and youth through better education and promotion of healthy lifestyles in schools, families and communities.
7. Promote effective methods of diabetes prevention and glycemic control in patients through national educational campaigns targeted at healthcare professionals, patients and their families.
8. Promote cooperation between government, hospitals, patient groups, auxiliary organizations and other stakeholders to maximize the effectiveness and efficiency in diabetes prevention and management.
9. Allocate sufficient resources to carry out diabetes-related research at levels of scientific, clinical, epidemiological and healthcare systems management.



## I The Threat of Diabetes

Diabetes has become one of the most common non-infectious diseases nowadays, and its prevalence has already been reckoned as the most challenging and critical health issue in the world. The tremendous burden brought on by diabetes and its complications will be devastating for individuals and the society in the 21<sup>st</sup> century and time to come.

According to the predictions from International Diabetes Federation (IDF), the diabetic population should grow with significant magnitude in the future. In 2007, it is estimated that the diabetic population around the world reaches 246 millions of people, and by 2025, it is expected that the population should increase to 380 millions of people worldwide, with mainland China, South Asian region, Africa, and Southern America to be the areas with the most expeditious growing population of diabetes.

Though studies show diabetes is more common in developed countries than developing ones, the latter are strongly impacted by the ever increasing prevalence of such disease, mostly because of urbanization of living environment, westernized diet, and economic growth. As has been well indicated by research literature done with respect to ethnic groups living in various areas, the common occurrence of diabetic adults has reached 7% to 25%. In addition, numerous nations have reported the juvenilization of Type 2 diabetes, even to the extent that some children have been known to have diabetes. Such a trend would, undoubtedly, speed up the early occurrence of complications and intensify the burden brought about by diabetes.

According to the 2006 statistical data from the Department of Health, Executive Yuan of Taiwan, the high prevalence rate of diabetes in Taiwan has continued to rise. It is estimated that the prevalence rate of diabetic group is about 4.3% (about 5-9% for those aged above 20 and 11-13% for those aged above 40), which is calculated as around 1 million Taiwanese people with diabetes. In addition, diabetes is ranked as the forth most critical cause of death among the ten leading causes since 2002. In 2006, a total of 9690 people died of diabetes in Taiwan, in other words, 27 people per day or 1 person per 54 minutes 14 seconds died because of diabetes.

Also, the common prevalence of prediabetes such as impaired glucose tolerance (IGT) and impaired fasting glucose (IFG) should, as well, be given as much attention as possible because one-third of IGT patients are diagnosed with Type 2 diabetes within 10 years. Development of macrovascular lesions should also be prevented because they oftentimes accompany high blood glucose in the prediabetic phase. It is estimated that in 2003, the number of people with IGT had already reached 314 millions (amounting to 8.2% of the

adult group) and by 2025, the number of people with IGT will reach 472 millions (amounting to 9.0% of the adult group).

Diabetes is a chronic disease that lasts a lifetime. It requires appropriate discipline and strong willpower to prevent unnecessary complications. Three-fourths of the cost in caring for people with diabetes is spent on reducing complications such as cardiovascular diseases, renal failure, blindness, and nerve damage. Currently, the important task is to reduce the financial burden of expenses on curing complications, and to monitor the trend of gradually increasing cases of diabetes. Unless we take precautionary measures immediately, it will surely increase the burden on health care systems worldwide. In light of this, we are certain that diabetes will be the most challenging health issue of the 21<sup>st</sup> century.

Most importantly, if we don't take appropriate actions now, the threat of diabetes will become one of the most serious disease in a very short period of time.

**This is the critical moment in time for us to take action hand-in-hand, and solve the diabetes dilemmas.**



## I Plan of Action (2008-2013)

### Goals

This Plan of Action has been formulated to fully realize the spirit of the Taiwan Declaration on Diabetes by achieving three major 5-year objectives. The Plan is comprehensive and laid out to develop with and be promoted with the challenges brought upon by the disease.

### Objectives

This Plan of Action is given with three major objectives in mind:

- I. Prevent or delay the onset of diabetes.
- II. Reinforce medical care service for diabetics.
- III. Establish a comprehensive medical decision-making system, and enhance medical care for people with diabetes.

All of these three objectives carry equal importance in the Plan of Action and each of them is indispensable.

#### I. Prevention or Delaying Diabetes

In view of susceptible subjects, each and every kind of prevention and education program is held underway as a means to help reducing the presence of possible risk factors of diabetes and to lower the prevalence of extant risk factors, in the hope of preventing or achieving an onset delay of diabetes.

##### ● Major Approaches:

- Address diabetes a priority health issue and actively strive for resources.
- Collect epidemiological information on diabetes for setting a comprehensive database and to identify possible high-risk subjects for screening and confirmation.
- Establish or facilitate a nationwide prevention and education program to reduce the risk factors and to enhance the public awareness towards diabetes.
- Provide training to all levels of medical professionals and to facilitate them on the prevention plan.
- Regularly monitor the progress of implementation, review the results, and evaluate the effect of plans carried out and the expenses utilized.
- Disclose every item of the health plans and anticipated results to further facilitate preventive and treatment.

##### ● Indicators of Implementation:

- Increase the public recognition on diabetes.

- Collect information on the prevention and the delay onset of diabetes for use in the implementation of the plan and for research purposes.
- Reduce the prevalence and incidence of modifiable diabetic risk factors.
- Measure the prevalence and incidence of diabetes accurately.

- **Anticipated Results:** When diabetes prevention plan has implemented comprehensively, it is expected that it can help lower or render the incidence of diabetes and its complications in Taiwan.

#### II. Favorable Medical Care for Diabetics

Provision of favorable psychiatric and medical care for people with diabetes will not only actively prevent or delay the development of diabetes complications, but also help to maintain the physical condition of people with diabetes. It will also eliminate misunderstanding and prejudice among the general public towards people with diabetes and increase their mental wellbeing and increase their quality of life.

##### ● Major Approaches:

- Enhance the attention and recognition of the general public towards diabetes complications.
- Consider diabetes as a priority health issue and improve patients' access to medication, medical equipment, medical care, medical education and other relevant resources. Aside from prevention or delay of the occurrence and development of diabetes complications, efforts should be made to adjust their psychological needs and to improve their quality of life by satisfying their psychological requirements.
- Establish a data collection mechanism for compilation of information on diabetes complications, psychological needs, physical requirements, misunderstanding, bias, and other relevant information towards people with diabetes.
- Provide training to medical care professionals for better caring service.
- Provide necessary information and the planning results to researchers, review results, and evaluate the cost effective analyses of implemented plans.

##### ● Indicators of Implementation:

- The increase of public recognition on diabetes.
- Implementation of effective data collection and research results for diabetes medical care plan.
- Establishment of benchmarks that represent the standard target measure of medical care, such as glycated hemoglobin (HbA<sub>1c</sub>), retinal screening rate, microalbuminuria screening rate and others.
- Prevalence and incidence of blindness, end-stage renal disease, amputation, stroke, coronary heart disease and other complications of diabetes.
- The mortality rate of diabetes.



- Establish data on satisfaction of psychological needs among people with diabetes.
- Establish data on public misunderstandings and prejudice of diabetes.

#### ● Anticipated Results:

- Reduce diabetes-related blindness.
- Reduce diabetes-related end-stage renal disease.
- Reduce diabetes-related amputation.
- Reduce diabetes-related stroke.
- Reduce diabetes-related coronary heart disease.
- Reduce mortality rate of diabetes.
- Enhance the attention and satisfaction of the psychological needs of people with diabetes.

### III. Medical Decision-Making System of Diabetes

Establish a nationwide medical decision-making system, reinforce diabetes-related medical, educational, and research work, and provide better prevention and health care service for diabetes.

#### ● Major Approaches:

- Form an organization or committee to facilitate nationwide medical health insurance plan or treatment guidance so as to prevent the development of diabetes and its complication, and to provide satisfaction to the physical and psychological needs of people with diabetes.
- Establish a collective mechanism of information. Compile a list of risk factors, complications, psychological requirements and other relevant information on diabetes.
- Promote medical care, equipment, and intervention quality. Facilitate the accessibility to medical care.
- Obtain relevant resources for research, enhance the knowledge and understanding towards diabetes, facilitate academic progress and clinical application of diabetes, and convert these research results into feasible policies.

#### ● Indicators of Implementation:

- Formulate nationwide medical health insurance plan or treatment guideline, and follow the adherence rate of the plan or the treatment guideline.
- Collect risk factors, complications, psychological needs, and other related information of diabetes.
- Integrate medical care resources and improve access to medical care so that people with diabetes can have convenient access to comprehensive medication treatment, medical care facilities, health care, and educational service.
- Follow up with domestic research progress in terms of diabetes prevention, treatment, and medical care.

- **Anticipated Results:** Using the nationwide medical health insurance plan or treatment guideline as a reference for setting a directional approach on diabetes prevention plan in Taiwan.

### Key Factors and Steps in Developing Plan of Action

#### Key Factors of Success to the Plan of Action

- Diabetes has imposed a tremendous threat to the general public and each of the diabetes prevention and treatment projects oblige the efforts of all nationals to work together as a whole before these projects can be accomplished.
- The spectra of the plan of action should encompass industry, government, academic and other related organizations. The success of plans would require not simply guidance and participation of diabetes-related medical associations and government authorities, but also the indispensable support and assistance from the Bureau of National Health Insurance.

#### Important Development Steps in Plan of Action

1. Confirm immediately the responsible organizations or authorities for implementing the plan of action.
2. Appoint a steerable commission or consultation committee.
3. Establish objectives of action.
4. Indicate priorities, strategies, implementation and evaluation methods for plan of action.
5. Allocate assignment.
6. Establish support mechanism for plan of action.
7. Implement plan of action.
8. Monitor effects of implementation and share results.



### Plan of Action

#### 1. National Surveillance (Outcome Monitoring) Project

- **Objective:** Evaluate the Taiwan Declaration on Diabetes Plan of Action once executed.
- **Strategy:** Collect relevant information on diabetes that based on national diabetes database, and conduct periodic analysis of:
  - expenses utilized
  - prevalence of diabetes
  - incidence of diabetes complications
  - other indicators of medical care quality of diabetics



- **Responsible Authorities:** The Chinese Taipei Diabetes Association and the Taiwanese Association of Diabetes Educators. These associations would work closely together with the Bureau of Health Promotion, the National Health Research Institutes, and the Bureau of National Health Insurance in sourcing the relevant information.
- **Evaluation Standards:** Results will be analyzed and reported to each of the relevant authorities so further evaluation is conducted and action will be taken.

## 2. National Type 2 Diabetes Mellitus Risk Assessment and Intervention Project

- **Objective:** Actively identify the high-risk susceptible subjects so as to provide early prevention as well as medical intervention services.
- **Strategy:** Conduct a national screening plan on abnormal glucose metabolism and evaluate the risk of Type 2 diabetes in adult in the next 10 years.
- **Methodology:** Consider applying risk score systems, such as FINnish Diabetes Risk Score, after its applicability and reliability has been certified by relevant authorities. The certified questionnaire can then be considered as a survey study for adult physical examination, or it can incorporate into the school physical check-up program for newly enrolled students. Furthermore, standardizing the procedures for screening, educational intervention, and medical care can provide essential caring and educational service to the high risk subjects. The standard procedure will then be implemented with research proposal and support from relevant research organizations.
- **Responsible Authorities:** The Chinese Taipei Diabetes Association and the Taiwanese Association of Diabetes Educators, and should work closely with the Bureau of Health Promotion.
- **Evaluation Standards:** Conduct analysis and evaluation based upon the national database of diabetes.

## 3. Children and Adolescents Diabetic Prevention Project

- **Objective:** Identify high-risk subjects of diabetes with focus on children and adolescents, and provide diet control or physical activities and other medical intervention service.
- **Strategy:** Project of blood glucose screening for students.
- **Methodology:** Implement urine glucose screening among students nationwide. Take consideration on



urine screening for grade 4 students in elementary school, grade 1 in junior high school, grade 1 in senior high school, and the first year students in universities in coordination with health examination of newly enrolled students. Blood glucose test should be provided for those with abnormal urine screening results. Measurements of height, weight, waist circumference, and other obesity indicators are also to be taken into consideration.

- **Responsible Authorities:** The Chinese Taipei Diabetes Association, and other relevant enforcement authorities should work with the Ministry of Education and the Bureau of Health Promotion Student Health Commission.
- **Evaluation Standards:** Based on the database from the Bureau of Health Promotion for analysis and evaluation.

## 4. Diabetes Educational Project

- **Objective:** Promote diabetes knowledge to students in elementary school, junior high school, and senior high school as well as teachers, and community residents.
- **Strategy:** Health educational project on diabetes.
- **Methodology:** Arrange programs to educate diabetes-related knowledge, such as reading of the ingredient labels of food nutrients, and the cause and treatment of diabetes so as to enhance the knowledge towards diabetes. Work in conjunction with the Ministry of Education, the Department of Health Promotion and Health Education, National Taiwan Normal University, and the Taiwan Joint Commission on Hospital Accreditation to develop teaching materials of diabetes, provide educational projects for teachers, and hold competition games for students.
- **Responsible Authorities:** The Taiwanese Association of Diabetes Educators should work closely with the Ministry of Education, the Bureau of Health Promotion, and the Taiwan Joint Commission on Hospital Accreditation.
- **Evaluation Standards:** Determine the level of knowledge among students towards diabetes in elementary school, junior high school, and senior high school in the coming 5 years .

## 5. Project for Monitoring Individuals With High Risk of Diabetes

- **Objective:** Ensure appropriate follow-up and service provided to high-risk diabetes subjects after health examination (working in conjunction with adult health examination service, integrated community screening, and the screening tests for high blood pressure, glucose and lipid).
- **Strategy:** Follow up high-risk subjects of diabetes.



- **Methodology:** Establish tracking and monitoring mechanism.
- **Responsible Authorities:** The Chinese Taipei Diabetes Association and the Taiwanese Association of Diabetes Educators in coordination with the Bureau of Health Promotion in aspects of implementation.
- **Evaluation Standards:** Analyze and evaluate the national database of diabetes mellitus.

## 6. National Diabetic Quality Improvement Project

- **Objective:** Enhance the service quality of joint medical care for diabetes within the country.
- **Strategy:** Establish national full medical care system for diabetes.
- **Methodology:**
  - Build a diabetes shared-care system (in progress).
  - Offer a diabetes pay-for-performance scheme (in progress).
  - Implement Type 2 diabetes treatment guideline and provide program to elaborate on it. Communicate with relevant professionals and authorities of health insurance censorship according to the guideline.
- **Responsible Authorities:** The Chinese Taipei Diabetes Association and the Taiwanese Association of Diabetes Educators.
- **Evaluation Standards:** Analyze and evaluate the adherence rate to Type 2 diabetes treatment guideline based on national diabetic database.

## 7. Project for Acknowledgement of the Psychological Requirement of People With Diabetes

- **Objective:** Enhance the effect of education for people with diabetes.
- **Strategy:** Medical professionals should have in-deep understanding of the psychological impact the disease might have caused and should provide professional psychological assistance to take care of their social and psychological needs.
- **Methodology:** Provide a continuous medical educational project on psychological health for relevant medical professionals on national scale.
- **Responsible Authorities:** The Chinese Taipei Diabetes Association and the Taiwanese Association of Diabetes Educators.
- **Evaluation Standards:** Provide physical and psychological satisfaction survey for people with diabetes.

## Plan of Action (2008-2013) - Our Message to Key Stakeholders

### To Government and Policymakers

- Statistics has indicated that diabetes will become one of the most prevalent diseases in the next 20 years, and it is well documented in the UN Resolution on Diabetes that the control of diabetes prevalence will be a major priority among countries of the world. Diabetes is the fourth highest cause of death in Taiwan, and the prevalence of diabetes has soaring in the last decade, giving us a warning that immediate action should be taken.
- Diabetes and its complications are, in fact, preventable. Research studies indicated that resource allocation for prevention and medical care of diabetes can not only help save on medical expenses, but also enhance quality of life as well as lower diabetes-related deaths.
- Working in conjunction with the UN Resolution on Diabetes, we should, therefore, reallocate some resources for the purposes of prevention, medical care, and development of a national monitoring project.
- In view of the fact that obesity is closely related to the occurrence of diabetes, we should attempt to control high-calorie foods and educate a healthier diet to lower the rate of obesity among children. This requires legislation that calls for publicity campaigns focused on children, education of youth on correct proper diet guidelines and programs to encourage children to take physical activities.
- Legislation and compulsory regulations should be promulgated to stipulate that food labels must indicate ingredients and calories per serving.
- We must assure that people with diabetes have accurate information and access to medical care to control the illness and to prevent occurrence.

### To Medical Institutes and Healthcare Professionals

- It is our joint mission to render our services to high-risk subjects of diabetes, people with diabetes, and other people already suffering from relevant complications.
- We should integrate cross-departmental management for diabetes so as to provide favorable and comprehensive preventive and medical care services.
- Through education, legislation, and compulsory school education, obesity can be conveniently reduced in social environments. The general public, especially children that need to be aware of obesity, should be armed with proper dietary information to prevent metabolic diseases that cause obesity.
- Require patients and their families to self-monitor their blood glucose level. Furthermore, relevant educational activities should be provided by communities.
- Provide funding to encourage new technological developments by research team (such as genetic treatment, new agents, artificial pancreas and many others).
- Learn incessantly and share knowledge on the prevention of obesity, diabetes, relevant complications, experiences, and applied techniques.



### To Our Community

- To share accurate knowledge towards the prevention of diabetes, and identify early abnormal blood glucose.
- Improve lifestyle, intake balanced diet, and exercise appropriately to prevent obesity.
- For high-risk subjects of diabetes, they should, aside from above-mentioned favorable lifestyle, monitor their blood glucose, blood pressure, and blood lipid, and the following are considered to be of high-risk subjects of diabetes:
  1. Having a family history of diabetes.
  2. Central obesity: waist circumference of male larger than 90 cm, female larger than 80 cm, or body mass index exceeds 27 kg/m<sup>2</sup>.
  3. Patients with chronic disease: such as hypertension, high triglycerides, and others.
  4. Middle-aged and the aged: it is more likely to have diabetes due to aging.
  5. Those who had gestational diabetes.
  6. Those who has the habit of smoking or alcohol consumption.
- Though diabetes cannot be fully cured, one can still maintain favorable quality of life as long as blood glucose is under control. Therefore, everyone should act in accordance to cultivate a friendly social environment and give support and concern to people with diabetes. In such a way, they can enjoy equal rights and opportunity like any other individual.
- Assist your relatives and friends to prevent diabetes accurately and have a proper treatment for diabetes.

### To Our Parents and Teachers

- Westernized diet and frequent use of computers and television has led to insufficient amount of physical activity and increased prevalence of obesity among children. Obesity is not only a major cause of diabetes, it also increases the risk of stroke and cardiovascular disease. In order to have a healthier future generation, teachers and parents should work closely together to provide fair and friendly environments that reinforce health education among children and youth with regard to obesity and diabetes. Furthermore, schools and families should provide diet and lifestyle guidelines to children of all age groups. It is crucial to have a health conscious concept of balanced diet and a habit of physical exercise from early age to reduce the occurrence of obesity and thereby prevent onset of diabetes.
- Children with diabetes may find it's relatively difficult to understand the treatment of diabetes. It therefore takes more patient parental guidance and teacher instruction to help them with medication dosage and disease control. As children grow up, parents and teachers have to educate them properly on diabetes and its treatment and self-care steps. As long as the disease is under control and with suitable assistance, the growth and learning capacity of these children can be as good as the healthy ones.

### To People With Diabetes and Their Family Relatives

- Increase multiple susceptible factors to diabetes complications, such as blood glucose, blood pressure, blood lipid, body weight and waist circumference.
- Recommend people with diabetes should be familiar with the following goals of treatment:
  - HbA<sub>1c</sub> should be lower than 6.5% (the indicator reflects the control of blood glucose within recent 2 to 3 months).
  - Blood pressure should be lower than 130/80 mmHg.
  - Total cholesterol should be lower than 174 mg/dl (4.5 mmol/l).
  - High-density lipoprotein cholesterol (HDL-C) should be higher than 40 mg/dl (1.0 mmol/l) for male, and 50 mg/dl (1.25 mmol/l) for female.
  - Low-density lipoprotein cholesterol (LDL-C) should be lowered than 100 mg/dl (2.5 mmol/l).
  - Adult waist circumference should be smaller than 90 cm for male, and 80 cm for female.
- People with diabetes should be responsible for their own health, and acknowledge the fact that diabetes cannot be fully cured but is controllable, and should not accept any unorthodox prescription.
- People with diabetes should work closely with doctor and diabetes educator so as to establish goals for their treatment.
- People with diabetes should not merely rely on medication to achieve the goals of treatment; they should adjust their lifestyle as recommended by doctor and diabetes educator, exercise regularly, and participate in patient group in order to achieve the goals of treatment.
- Quit smoking and reduce drinking can help lower the risk of diabetes complications. People with diabetes are responsible to resort to healthy lifestyle in order to achieve the goals of treatment.
- Related family members are also high-risk subjects of diabetes, and they should be patient and supportive. They should also learn with people with diabetes and implement the knowledge with regard to the prevention of diabetes and its complications.

### To Our Industrialists and Employers

- Employees are the most important assets of enterprises. It is the responsibility of enterprise to improve the working environment and the health of employees.
- Encourage employees to take physical examination regularly in order to identify diabetes at the early stage, and closely monitor the progress with active treatment.
- Provide equal work and promotion opportunities to people with diabetes, and create a friendly working environment and a convenient medical care.
- Invite medical care professionals for seminars, and encourage more enterprises to participate in the prevention activity on diabetes.



## I Conclusions

Diabetes has imposed most critical threat to the mankind. It is our most urgent task now to effectively prevent the risk and damage caused by diabetes. The Taiwan Declaration on Diabetes, jointly formulated and proclaimed by the Chinese Taipei Diabetes Association, the Taiwanese Association of Diabetes Educators, the Formosan Diabetes Care Foundation, and the Catholic Sanipax Socio-Medical Service & Education Foundation, is our commitment to fight diabetes, and it should act as the guiding principle and goals of efforts for the entire nationals to work jointly for the prevention and better care of diabetes. The Taiwan Declaration on Diabetes, put forth at this moment of time, should be reflected in the UN Resolution on Diabetes so that Taiwan can link itself with the rest of the world in terms of prevention and management. This demonstrates our determination and strength in actively meeting the challenge posed by diabetes.

In the Taiwan Declaration on Diabetes, it discloses the importance on the diabetes prevention, monitor, and education. Despite the fact that diabetes cannot be fully cured, diabetes and its complications can be prevented or delayed, by comprehensive health care. However, the prevention, management, and monitoring of diabetes are considered to be very challenging, since it requires the collaborations with several professional expertises. The crux for success lies at the support and participation of the industry, government, and the academic circle as well as the close cooperation between the organization and individual. Since the aspects of the plan of action for the next 5 years encompass screening, monitoring, education, medical care, psychological needs, and others, we would like to call upon the entire nationals and relevant groups to participate, to develop, and to facilitate several nationwide cross-departmental and professional projects, and to integrate our resources from all walks of life so that the prevention and care of diabetes can have received widespread recognition and effective implementation. As of such, we can reverse the prevalent trend of diabetes and bring the proliferation and harm of diabetes to a standstill, ultimately leading to an improvement of the health of our nationals.



## I Appendix

### Taiwan Declaration on Diabetes Committee (in alphabetic order)

Chang, Ching-Chung	Attending Physician, Division of Endocrinology and Metabolism, National Taiwan University Hospital; President, The Endocrine Society of The Republic of China
Chang, Hung-Yu	Attending Physician, Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital
Chen, Ching-Chu	Director, Division of Endocrinology and Metabolism, China Medical University Hospital
Chen, Jung-Fu	Director, Department of Internal Medicine and Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital
Chen, Liang-Chuan	Director, Catholic Sanipax Socio-Medical Service & Education Foundation
Chou, Chien-Wen	Director, Division of Metabolism and Endocrinology, Chi Mei Medical Center
Chuang, Lee-Ming	Professor, Division of Endocrinology and Metabolism, National Taiwan University Hospital; President, The Chinese Taipei Diabetes Association
Ho, Low-Tone	Director, Department of Medical Research and Education, Taipei Veterans General Hospital
Huang, Yu-Yao	Director, Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital
Jiang, Yi-Der	Attending Physician, Division of Endocrinology and Metabolism, National Taiwan University Hospital; Secretary General, The Chinese Taipei Diabetes Association
Juang, Jyuhn-Huang	Attending Physician, Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital
Kwok, Ching-Fai	Attending Physician, Division of Metabolism & Endocrinology, Taipei Veterans General Hospital
Lai, Mei-Shu	Professor, Institute of Preventive Medicine, College of Public Health, National Taiwan University
Li, Hung-Yuan	Attending Physician, Division of Endocrinology and Metabolism, National Taiwan University Hospital; Deputy Secretary General, The Chinese Taipei Diabetes Association
Lin, Boniface J.	Consulting physician, Division of Endocrinology, Cardinal Tien Hospital; Professor Emeritus, National Taiwan University College of Medicine and Fu Jen Catholic University College of Medicine
Liu, Rue-Tsuan	Director, Division of Endocrinology and Metabolism, Chang Gung Memorial Hospital
Sheu, Wayne Huey-Herng	Chairman, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan; President, The Taiwanese Association of Diabetes Educators
Su, Shih-Li	Director, Body Weight Control and Osteoporosis Center, Changhua Christian Hospital
Tai, Tong-Yuan	Director General, Taipei Jen-Chi Relief Institution; President, The Formosan Diabetes Care Foundation
Tsai, Shih-Tzer	Attending Physician, Division of Metabolism & Endocrinology, Taipei Veterans General Hospital; COO, The Formosan Diabetes Care Foundation
Tsan, Kun-Wu	Attending Physician, Division of Endocrinology and Metabolism, West Garden Hospital
Tu, Shih-Te	Superintendent, Changhua Christian Hospital Lukang Branch
Wang, Chih-Yuan	Director, Department of Internal Medicine, Far Eastern Memorial Hospital
Yu, Neng-Chun	Administrator, Neng-Chun Diabetes Clinic

### Taiwan Declaration on Diabetes Consulting Committee

Hou, Sheng-Mou	Minister, Department of Health, Executive Yuan, Republic of China
Hsiao, Mei-Ling	Director General, Bureau of Health Promotion, Department of Health, Taiwan
Wu, Shiow-Ing	Deputy Director-General, Bureau of Health Promotion, Department of Health, Taiwan
Shiu, Ruel-Shiang	Director, Division of Adult and Elderly Health, Bureau of Health Promotion, Department of Health, Taiwan
Hsieh, Yu-Chuan	Section Chief, Division of Adult and Elderly Health, Bureau of Health Promotion, Department of Health, Taiwan



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## The Taiwan Declaration on Diabetes

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Compiler: The Diabetes Association of the Republic of China

Copyright holder: The Diabetes Association of the Republic  
of China; Representative: Chuang, Lee-Ming

Publisher: The Diabetes Association of the Republic of China

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Printer: EMD Life Science Holding Limited Taiwan Branch

Published date: December, 2007

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