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出國報告（出國類別：參與研究會議）

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歐洲 FP7 糖尿病健康識能自我照護與教育計劃會議

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服務機關：臺北醫院
姓名職稱：張武修
派赴國家：愛爾蘭
出國期間：12 月 14 日~12 月 19 日
報告日期：12 月 30 日

附件一

一、摘要與會議目地與過程

此次會議為計劃主持人進行的臺灣糖尿病健康識能研究團隊於正式受邀加入歐盟科研第七期(European Commission Framework Programme 7; FP7)的糖尿病健康識能自我照護與教育(Diabetes Literacy; Self-management and Education)計劃後第一次參與的研究執委會議(Steering Committee)及團隊會議(Consortium), 也是歐洲糖尿病健康識能自我照護與教育整體計劃的第 12 個月及第 3 次會議; 會議自 12 月 15 日下午開始於愛爾蘭首都的都柏林市都柏林大學(University College Dublin; UCD)商學院舉行, 此次輪流承辦的地主是的商學系教授 Geradine DOYLE, 其他出席的計劃主持人專家與其團隊共 9 個計劃團隊, 共 24 位出席; 會議連續進行至 12 月 17 日下午結束, 詳見會議記錄;

主持人所進行的此項計劃為臺灣本年唯二新加入歐盟的醫衛研究團隊(另一為國家衛生研究院的奈米計劃), 對臺灣與歐盟的科技合作極具重要性, 而且是唯一公共衛生醫療服務研究計劃, 對於國內醫療照護提昇與歐盟各國間服務品質的比較, 更進一步於提昇我國醫療服務於品質與效能上, 能與歐盟主要國家的專家一起合作推動更重要效能與品質的提昇, 為此一計劃更中長程的目地.

*本項計劃於開始申請時主持人任職於臺北醫學大學, 計劃經國科會核定後自 11 月 1 日開始進行補助, 計劃主持人於 10 月 14 日正式借調至臺北醫院任職. 因此計劃於台北醫院執行. 預計執行至 2015 年 11 月, 期間每 6 個月於歐洲舉行一次研究會議.

二、 會議主要心得與成果

本項計劃於臺灣將同步至少進行數項子計劃, 於此次研究會議上已經確認邀請臺灣團隊同步參與**子計劃 3** (Global Survey), **子計劃 4** (Cost practice)和**子計劃 5** (heath literacy measurement)三部份, 將於 2014 年 1 月開始翻譯中文版與進行問卷調查; 近期將開始申請 irb 同意; 預期於 2014 年 6 月下一次研究會議時有具體成果.

三、會議出席相片

六、**附件**(此附件為研究計畫會議紀錄草稿，非經同意請勿引用)

附件二

出國報告審核表

出國報告名稱：		
出國人姓名 （2 人以上，以 1 人為代表）	職稱	服務單位
張武修	顧問醫師	衛生福利部臺北醫院
出國類別	□考察 □進修 ■ 研究 □實習 □其他＿＿＿＿＿＿＿＿＿＿（例如國際會議、國際比賽、業務接洽等）	
出國期間：2013 年 12 月 14 日至 2013 年 12 月 19 日	報告繳交日期：2013 年 12 月 30 日	

出國人員自我檢核	計畫主辦機關審核	審　　核　　項　　目
■	□	1.依限繳交出國報告
■	□	2.格式完整（本文必須具備「目的」、「過程」、「心得及建議事項」）
■	□	3.無抄襲相關資料
■	□	4.內容充實完備
■	□	5.建議具參考價值
■	□	6.送本機關參考或研辦
■	□	7.送上級機關參考
□	□	8.退回補正，原因：
□	□	（1）不符原核定出國計畫
□	□	（2）以外文撰寫或僅以所蒐集外文資料為內容
□	□	（3）內容空洞簡略或未涵蓋規定要項
□	□	（4）抄襲相關資料之全部或部分內容
□	□	（5）引用相關資料未註明資料來源
□	□	（6）電子檔案未依格式辦理
□	□	（7）未於資訊網登錄提要資料及傳送出國報告電子檔
□	□	9.本報告除上傳至出國報告資訊網外，將採行之公開發表：
□	□	（1）辦理本機關出國報告座談會（說明會），與同仁進行知識分享。
□	□	（2）於本機關業務會報提出報告
□	□	（3）其他＿＿＿＿＿＿＿＿
□	□	10.其他處理意見及方式：

出國人簽章（2 人以上，得以 1 人為代表）	計畫主辦機關審核人	一級單位主管簽章	機關首長或其授權人員簽章

說明：

一、各機關可依需要自行增列審核項目內容，出國報告審核完畢本表請自行保存。

二、審核作業應儘速完成，以不影響出國人員上傳出國報告至「公務出國報告資訊網」為原則。

Title	Minutes Diabetes Literacy M12 Consortium Meeting
WP	WP1
Deliverable / Milestone	MS15
Author	Gerard Van der Zanden
Dissemination Level	Project partners
Participants	Meeting participants

History

Version	Date	Author	Comments
0.0	23/12/2013	Gerard Van der Zanden	First draft to be circulated for feedback among participants

Minutes
Diabetes Literacy M12 Consortium Meeting
16-17 December 2013, Dublin, Ireland

Present:
Stephan Van den Broucke - UCL (chairperson)
Emily Carroll - NUID UCD
Peter Chang - TMU
Gerardine Doyle - NUID UCD
Loveness Dube - UCL
Kristin Ganahl - LBG
Sarah Gibney - NUID UCD
Ziv Har-Gil - CLALIT
Marie Housiaux - UCL
Caroline Lang - TUD
Diane Levin-Zamir - CLALIT
Courtney Lyles - UCSF
Ingrid Muller - SOTON
Jürgen Pelikan - LBG
Henna Riemenschneider - TUD
Florian Röthlin - LBG
Gill Rowlands - AU
Ali Rowsell - SOTON
Louise Schinckus - UCL
Peter Schwarz - TUD
Kristine Sørensen - UM
Helle Terkildsen Maindal - AU
Gerard Van der Zanden - UCL
Lucy Yardley - SOTON

Apologies:
Helmut Brand - UM Antje Lindner - TUD Gabriele Müller - TUD Dean Schillinger - UCSF

To avoid unnecessary overlap the original presentations (in PDF) of the M12 Consortium meeting are included as annexes to the minutes.

Monday, 16 December 2013

1. Welcome & Introduction

1.1 Welcome, Goal, Agenda, Documents

On behalf of the Dublin team Gerardine Doyle welcomes the Consortium to the UCD Quinn School of Business in Dublin with the Gaelic expression *céad míle fáilte*: a hundred thousand welcomes. She informs the participants about UCD, established by John Henry Newman in

1854 as first Catholic university in Ireland. In particular she congratulates Kristine Sørensen, as she defended her PhD dissertation on health literacy in November. She concludes with housekeeping messages.

Chairperson Stephan Van den Broucke formally welcomes the participants to the third meeting of the Diabetes Literacy Consortium. On behalf of the colleagues he thanks Gerardine, Sarah and Emily for their hospitality and preparations. This meeting was preceded by a Steering Committee this morning. He notices that we have an important agenda and busy days to come.

1.2 Introduction of new members

The members that participated in an earlier meeting briefly introduce themselves. New members and guests (indicated below *in italic*) are invited to introduce themselves.

Stephan Van den Broucke is Professor of Health Psychology & Intervention at the Université catholique de Louvain (UCL) in the French speaking part of Belgium. He is coordinator of Diabetes Literacy and Principal Investigator of WP1, WP2 and WP7.

Gerard Van der Zanden is a Dutch social scientist, working at the Psychological Sciences Research Institute (IPSY) of UCL. He is the project manager of the Diabetes Literacy project.

Courtney Lyles is Assistant Professor and health services researcher at the University of California San Francisco, USA. She represents Dean Schillinger who, due to illness, is not able to participate in this meeting.

Lucy Yardley is Professor of Health Psychology at Southampton University in the UK. She has a special interest in e-health interventions, and is leading WP8.

Ingrid Muller is a Research Fellow at the University of Southampton in the UK working with Lucy and Ali on WP8.

Ali Rowsell is also working at the University of Southampton in the UK and a researcher for the qualitative research in WP8.

Caroline Lang from the University of Dresden will start working in the project from the 1st of January on Wp3 and WP9. She is a research assistant also working with Prof. Schwarz in the EU research project Manage-Care.

Peter Schwarz is Professor of Prevention and Care of Diabetes at the Department of Internal Medicine III of the Technical University Dresden. He is Principal Investigator of WP3 and WP9.

Henna Riemenschneider is a researcher in the Department of General Medicine at the University Hospital in Dresden will also start working on WP3 and WP9 from the 1st of January.

Kristine Sørensen from the Department of International Health of Maastricht University is responsible for WP6. She sends greetings from Helmut Brand, who follows the project closely.

Peter Chang is physician, professor of Public Health at TMU in Taiwan and Director of one of the affiliated hospitals of TMU in Taipei.

Emily Carroll has an Australian background and completes her PhD at University College Dublin (UCD) Quinn School of Business in Ireland. She is a researcher in WP3.

Sarah Gibney is Post Doc at University College Dublin (UCD) Quinn School of Business in Ireland with a background in public health and economics. She is a researcher in WP3

Gerardine Doyle is a pharmacologist and chartered accountant and academic at University College Dublin (UCD) Quinn School of Business. She is Principal Investigator of WP3.

Marie Housiaux is Post Doc at the Psychological Sciences Research Institute (IPSY) of UCL. She is a research psychologist, research coordinator in WP1 and researcher in WP2.

Kristin Ganahl is research assistant at the Ludwig Boltzmann Institute for Health Promotion Research in Vienna. She is researcher in WP5.

Louise Schinckus is a psychologist, PhD Fellow at the Psychological Sciences Research Institute (IPSY) of UCL in Louvain-la-Neuve, Belgium. She is a Researcher in WP7.

Loveness Dube, originally from Zimbabwe, is a public health researcher from Pretoria in South Africa. She is PhD Fellow collaborating with UCL and will do Diabetes Literacy research in South Africa.

Ziv Har-Gil, originally from Canada, has a health promotion background and is working at Clalit Health Services in Israel. She is coordinator for the contribution of Israel to the project.

Diane Levin-Zamir is National Director of the Department of Health Education and Promotion of Clalit Health Services in Israel, and lecturer at the Haifa University School of Public Health. She is Principal Investigator in this project,

Florian Röthlin is PhD Fellow at the Ludwig Boltzmann Institute for Health Promotion Research in Vienna, Austria. He is a Researcher in WP5.

Jürgen Pelikan is Professor emeritus for sociology at the University of Vienna in Austria. He is Director of the WHO-Collaborating Center for Health Promotion and Health Care. He is principal investigator of WP5 on cost-effectiveness of diabetes self-management programs

Gill Rowlands, guest in this meeting, is a researcher and teacher in health literacy. General Practitioner in London by background she joined the Public Health Department of Aarhus University in Denmark mid 2013.

Helle Terkildsen Maindal, guest in this meeting, is head of section for health promotion and health services of the Public Health Department of Aarhus University. She is a researcher and teacher in the field of health promotion, prevention and behavioural medicine.

Four persons have sent their apologies for the meeting. Helmut Brand, Professor of European Public Health and Head of the Department of International Health at Maastricht University (WP5). Gabriele Müller and Antje Lindner, both researchers in WP3 and WP9 from the Technical University in Dresden, and Dean Schillinger from UCSF

1.3 Schedule & Logistics

Stephan explains the agenda of the meeting. Participants agree with the agenda and no other business was added. Participants agree that the meeting will be taped.
Agenda documents have been numbered in the right column of the agenda. Documents were distributed through consecutive e-mails. Documents were uploaded to the partner section of the website. The updated agenda and major documents are in the meeting folder.

2. Minutes 2nd Consortium Meeting of 6-7 June 2013

The minutes of the 2nd Consortium meeting were e-mailed after the meeting and feedback from partners has been processed. With correction of a few typos, the minutes are approved.

3. Steering Committee: Outcome Meeting 16-12-2013

Stephan explains tasks of the Steering Committee (SC). The SC is in charge of all managerial issues of the project and will prepare what is necessary for the Consortium meeting. In this agenda item major issues in the SC meeting of today will be communicated. He invites Gerard Van der Zanden to summarize the main agenda items and decisions.

3.1 Main agenda items & decisions

The main agenda item was the evaluation of the progress of the project. Details will follow in item 3.2 First the SC looked back and ascertained that TMU is a formal full partner in the project now by an Amendment of the GA. Unfortunately the amendment took some time. The activities of TMU have been added to the DOW. This updated version has been distributed among the members and is available at the partner section of the website.

Ethical approval was discussed in particular in relation to WP3 and WP5. It was noted that approval for the global survey of WP3 is expected in January. The ethical approval is an important issue in WP5 as also other partners will use the research protocol. In this meeting the protocol will be finalized on main points, and the approval preparations for the research phase can start. There are differences between countries; it seems that in the UK one has to go through a very detailed process. Ethical approval was also discussed in relation to the time-schedule, as some partners have to wait for selection of interventions. The survey of WP3 will start later than planned. This will be discussed in this consortium meeting. The SC agreed that in this meeting we have to make the necessary decisions about the WP5 protocol as this is an important basis for the work in the Consortium in the next months.

Another issue was the possible collaboration of the Consortium with Aarhus University. Two guests from Denmark will arrive this morning. Possible options for collaboration were explored and it was decided to have an open discussion during this meeting, followed by decisions about specific elements of such cooperation.

A further important issue was a discussion about the Publication Policy. It was confirmed that for scientific publications that are output of the project, we will follow strictly the Publication Policy as agreed in the Dresden meeting. We will follow the Vancouver criteria and include as author those who contributed significantly and sufficiently to the publication. Every paper will be reviewed by at least two Consortium members before submitting or publishing. Depending on their input, reviewers can be asked to become a co-author. The SC will oversee that reviewers rotate. The SC believes it is important to involve non-PI members in the Consortium, such as the PostDocs, as much as possible in reviewing and publishing.

3.2 Project Progress

The major element in the SC meeting was monitoring and evaluation of the progress of the project. Every partner has captured the main activities, human resources investments and research costs in the last half year in the M12 Monitor. During the meeting the members explained details. In general the SC is happy with the progress and appreciates the results that were achieved in the last six months. Most WP's are well on track and produced high quality reports of their activities. In particular the SC appreciated the work of WP5, as their output is also important for other work packages at this moment. There was some concern about the global survey in WP3. Peter Schwarz explained that TUD unfortunately had major staffing problems, however all technical elements are in place. Planning is to start the survey at the end of January; this is about 2,5 months later than planned. The outcomes of the survey (number and type of interventions) are important for progress. Peter suggested some options to catch up. From the 1st of January TUD will work again with full staff.
WP4 and WP8 explained their progress and output. Both WP's are very well on track and within financial boundaries. WP6 explained that planned activities are in the final stages, but documents will follow in January. The activities of WP7 are well on track. A tool has been developed and is in piloting stage. WP2 will present the evaluation plan in this meeting. WP1 on project coordination is on track and keeps the activities within the financial boundaries. The partners from the US and Israel explained their activities, among others in giving feedback. The partner from Taiwan started on November 1.

The time schedule for the coming months was discussed. The start of the WP3 survey is important, as knowledge of interventions is important for WP4, WP5, WP6 and WP7. In this meeting we will discuss options to have the time schedule updated. WP1 will distribute an update Gann Chart of activities in 2014 and later.

3.3 M18 Consortium Meeting & Scientific Board

It was formally decided to have the 4th Consortium Meeting (M18) in Vienna, Austria on Thursday/Friday, June 5-6 2014, hosted by the colleagues from the Ludwig Boltzmann Institute.
The meeting of the Scientific Advisory Board, originally planned for today, had to be cancelled because of absence of two members. The Board has four members representing complementary expertise: Jeremy Bray (health economics), Ilona Kickbusch (health literacy), Martha Funnell (diabetes self-management) and Sophie Peresson (IDF Europe). A meeting will be planned during the 4th Consortium meeting in Vienna.
There was a general discussion about possible meeting venues for the 5th meeting. UM has premises in Brussels and is opting for organizing the last meeting. Members were happy that Clalit would consider having the meeting mid November 2014 in Israel. Also TMU would consider being venue for a meeting. However because of EC financial regulations, this can only be realized with financial support from non EC funds.

4.3 WP 2-9 – Update by WP Leaders

All partners are invited to present a general picture on the state-of-the-art of the WPs and/or activities in the last months.

WP2 on evaluation
WP2 could finalize the evaluation plan that will be presented in this meeting. Marie has formulated draft process and outcome indicators for different tasks of every work package.

She will ask feedback from WP's, followed up by decisions about indicators together with the WP teams. The small delay reported in the previous meeting has been catch up.

WP3 on the comparative analysis of national diabetes strategies
Peter Schwarz explains that TUD had major staffing problems in the months after Dresden. WP3 has all technical issues in place. The work package is about 2,5 month behind schedule. In this meeting we will discuss several options to accelerate the survey output.

WP4 on cost analysis of diabetes strategies
Gerardine Doyle explains the tasks for this WP. The literature review is completed and distributed. UCD is also working on a parallel study of costing practices in dementia and information could be shared. Task 2 is about archival data collection of existing costing practices. The study design and protocol is completed and distributed. At this meeting she will ask all countries to use the protocol to collect data in their country before the M18 meeting. Task 3 is the assessment of existing costing practices. A framework will be proposed in this meeting. Task 4 is the quantitative and qualitative analysis of cost per patient. The study design and research methods have been developed and circulated. Ethical approval in Ireland is granted. In this meeting it will be proposed to collect patient level data in Germany, USA, Israel and Taiwan

WP5 on the effectiveness of different type of interventions
Jürgen Pelikan explains that activities initially have concentrated on the outcome model. The model has been circulated and initial feedback has been received. In the second phase the team worked on the study protocol, which will be a central issue in this meeting. Related to the protocol, instruments and tools were collected and distributed. In fact the challenge of this WP is the level of ambition in the project. Starting in the Dresden meeting WP5 has tried and will try to make the design, data collection and analysis, feasible and realistic. The WP did not yet invested in publications; however the materials for it are there.

WP6 on the impact of health literacy and organization of care
Kristine Sørensen explains that one of the tasks of this WP is to support WP5 in health literacy measurement. This will be discussed in this meeting. Another WP strand is on the organisation of care. A literature study was finalized, a model developed and the questionnaire is being built. It was not possible to distribute the written documents before. This will follow in January and feedback will be asked. Furthermore there is the task of a joint protocol for the non-person level research. Arrangements for it will me made in this meeting.

WP7 on implementation fidelity
Louise recalls that WP7 had started with a systematic literature review of implementation fidelity (IF) models which is completed. The task in the last months was the development of a tool to assess IF of DSM programs. It should be a common, easy-to-use measure to assess the core IF components across multiple programs. The draft tool is completed and will be presented. At the moment she is piloting the tool in Belgian practice settings

WP8 on web-based support
Ingrid Muller explains the objective for WP8 to develop and trial web-based support suitable for people with lower levels of health literacy. The web-based materials have been developed in English and will be completed in German early next year. The qualitative study of user views of the materials has been completed in the UK, and has started in Ireland and USA, followed by Germany and Austria. Diane Levin and Peter Chang express their interest for a translation in their languages. The team will present outcomes of the UK qualitative study. Also a major issue for this meeting is the discussion about outcome measures for the trial.

WP9 on dissemination
Peter Schwarz explains that most activities of WP9 will be later in the planning. They depend for a part on the results of WP3 and the activities of all other partners. During the project there are dissemination activities, such as the website, publication policy etc, which are taken up in coordination with project management.

Courtney Lyles explains that UCSF provided feedback and advice across all work packages. They also completed the recruitment for the think aloud study of WP8. The eight participants did not mind the English accent and provided the necessary results.
Diane Levin reports the activities of Clalit. Clalit provided in particular content expertise for WP3 and WP8. The survey and Wiki materials were translated in Hebrew. In Clalit a support group for this project has been established to have the basis for further initiatives. Thinking about the WP8 website, this could be delivered in English and German, as many people in Israel speak German. There is a question for WP8 about the health literacy level. Lucy confirms that the website can be used by all health literacy levels. There is no HL-screening for using it. Partners probably will know where to find persons with low health literacy.
Peter Chang points out that formally TMU started in November, although there was a period of preparation. The next half year TMU will select the elements to contribute and start implementing them. He hopes in this meeting he will get the indications for TMU's future activities in the project.
Loveness Dube explains that she will contribute to the project by implementing the research activities in South Africa, or one or more provinces. She has started a literature study on the project issues for developing countries, and is adapting main project elements to South African context.

5. Survey on Diabetes Strategies – WP3 (TUD)

Peter Schwarz starts the discussion on WP3. First he sends the best regards from Gabriele and especially from Antje, who recently became mother of Lina Sophie and Nick.

Task of WP3 is to assess national diabetes strategies in the European member states involving stakeholders representing different groups. A further task is to assess the variation of diabetes education programs. This will be the basis for an annotated compendium of DSME programs in the 28 EU MS. This survey will be based on the Global Diabetes Survey (GDS) technology. The Dresden meeting and later communication with project partners resulted in agreement about the questionnaire and database items. The survey and related Wiki will be distributed as wide as possible. This strategy will be complemented by semi- structured interviews with experts. The survey is about persons, the Wiki about programs. Everyone can access information about existing diabetes programs and will be able to add and edit information. Changes made by individuals will be recorded in the system.

Ethical approval for the survey was a discussion point in the Dresden meeting. It was decided to request approval. Such a survey was new to the Dresden commission; there were questions, but hardly any concerns. It is expected that the approval will be granted at the end of January. The instruction for participants is available in German, English, French, and Spanish, as are the questionnaires and Wiki items. There is some discussion about back-translation. The technological infrastructure has been finalized. Every user is able to open the questionnaire and do changes or additions as often as he/she wants to. The average length to complete the questionnaire is about 7 minutes. A program that will be mentioned in the questionnaire will be added to the Wiki. A participant can go online to the Wiki and add additional information about the program. Peter shows in a number of slides how the survey looks like on the internet. Url: www.globaldiabetessurvey.com.

The conclusion about a discussion on ‘do not know’ versus ‘no answer’ is that there will be efforts to distinguish both categories. The GDS experience shows that about 7% of the respondents will not deliver a complete questionnaire. As title of programs will be in the national language, also the English name will be identified. Probably there will be many Wiki changes for popular programs which slightly differ in practice. Peter invites all partners to test the application, preferably in different browsers, and give feedback to the Dresden team.

After ethical approval the Dresden team will distribute an invitation e-mail. This has to wait as potential participants should be able to assess the questionnaire at the moment they receive the invitation. The e-mail will be distributed to the 2400 European GDS participants, the 1800 European Network participants and to 2800 researchers. There will be reminders. An effective method is also to post the invitation for about a week on national diabetes websites.
The Dresden team has a good relationship with the IDF and will make use of their infrastructure. However many national organisation are not an IDF member. Potential participants should also find information on the Diabetes Literacy website. Objective is to have 1 questionnaire on 100.000 persons with diabetes in a country. However the distribution of respondents is an essential element. All groups should be represented.

The presentation and discussion is followed by a brainstorm about the time-schedule and the cooperation of the Dresden team with all partners. As the planning of the survey is about 2,5 months behind schedule, options to catch up are discussed. The conclusions can be formulated as follows:

- Partners will start testing the application and give feedback on it to the Dresden team;
- Minor feedback on the content of questionnaire, Wiki and interview can still be delivered;
- TUD will start the survey after ethical approval, probably at the end of January 2014;
- TUD will have ethical approval for a global survey with data storage on German servers. This means that partners do not need specific ethical approval for their own activities;
- At the same time partners will e-mail invitations to their network. An invitation text will be provided by TUD;
- The 28 MS have been divided among partners. In addition to TUD efforts, every partner will have the responsibility to invite participants for the survey and the interviews for their own countries and for about 3 or 4 other countries. TUD will confirm this division.
- For the patient category: invitations will go to patient organisation not to individual patients; thus avoiding possible ethical issues in some countries;
- The Dresden team will have probably two reminders after about one week and some weeks. Partners are advised to follow also this procedure;
- There will be a split procedure: a Fast (FT) and a Long Track (LT);
- The FT will concentrate on the European countries involved in WP5 and related work packages. The LT is about all member states and Taiwan;
- TUD will give regularly feedback about the participation in the WP5 countries and about programs in the WP5 countries.
- In the FT for reasons of quality control, partners will invite a number of experts to validate the questionnaire and especially the Wiki information;
- Starting in March the interviews will be held with key-informants in all countries in addition to the literature review on national strategies. Goal is to get information/confirmation about national strategies and about the completeness of national programs.
- Interviews will be held by TUD and by the project partners. TUD will deliver a list of 250 European experts; however partners may search for other experts. Two or three interviews (in English) per country will be sufficient;
- For the FT an optimal point in time for selection will be chosen. We need to know programs as quickly as possible to make a selection and these should have been validated. More is better, but waiting to long will be problematic for the WP5 schedule and for the ethical approval procedure;

- When selection starts in the FT, the LT can go on for months for the other countries;
- TMU and TUD will discuss Mandarin translation, perhaps also for other Asian countries;
- Partners will have access to the raw data from their own country and probably to the whole dataset, in order to be able to analyse data and to have a national deliverable.
- The TUD analysis will concentrate on qualitative differences between programs. Probably also national profiles will be possible and some benchmarking. At the organisational level this necessitates cooperation with WP6 as this is also understood as a task of WP6.
- TUD will provide project partners with a detailed document on what will be expected from them: the what, when and who of the survey and interviews in the FT and LT, including a detailed time-schedule.

7. Comparison of Self-Management Programs – WP5

Jürgen Pelikan presents the activities of WP5 in the last half year. The Vienna team has produces four documents. 1) A document on the development of the Diabetes Self-Management Outcome Framework (DSMOF); 2) The Protocol for the pre-post evaluation on effectiveness of existing DSM Programs; 3) The Instrument for the pre-post evaluation study; and 4) The Participant questionnaire for the research on effectiveness of DSM Programs.

Jürgen recalls that the Vienna team performed a literature review on effectiveness evaluation of DSM Programs. It became clear that in order to proceed, consensus on an outcome model is necessary. An outcome model has been developed on the basis of an existing one, however with further development. After the Dresden meeting a paper on the DSMOF development has been distributed. Some partners already gave feedback, in particular
asking about the relationship between issues in the report and specific literature. As other issues have priority, we will not discuss this in this meeting. Partners will receive the document with the feedback with a request for further feedback. Partners compliment the Vienna team with this document as a high quality basic model for the project.

Priority for this meeting is the discussion of the Protocol document, as the protocol should be decided upon as a basis for the activities in the next months. Jürgen explains that the protocol is less ambitious as originally planned. In the Dresden meeting it was already confirmed that a RCT for this project is not realistic. However we need a pre-post design.
The suggestion is to go through the protocol and discuss feedback that was already given and related issues.

Primary aim #3 is based on the hypothesis from literature that individual education is more effective than the others channels. This comparison is a feasibility option in case we do not find enough programs in all channels. Related to this aim there is a discussion about the differentiation between usual care and individual education. Probably what is called individual education in literature is often usual care. There is a definition of a program in the WP5 document; we need to have special attention for the wording. It is probably unlikely that a person will have education from two channels at the same time, as insurance will pay only one at a time. Another issue is the measurement on individual level of earlier educational interventions. We measure patient exposure to the intervention (dose-response) at patient level. It is decided that there will be a question whether a participant wants to take part in a WP4 focus group. WP6 and WP7, except for the measurement of health literacy, do not need this kind information on patient level.

There is a discussion about the way we will measure health literacy. Do we need a specific health literacy measure for diabetes? Will a single item measurement do, or do we need a scale? There are several options discussed. The outcome is that we choose for a validated measure that will give information about the health literacy dimensions: the HLS-EU-Q16.

An option to be considered is to add a limited number of specific diabetes questions. Also possible measurement of self-efficacy will be considered.

WP6 will take the lead for a working group to formulate the combined protocol for the organisational level (WP4, WP6, and WP7). This was not yet accomplished because the results of the survey could have helped the formulation of it. Also WP5 will be involved as there should be a link between the two protocols. A first step will be to check what data the WP's will need and combine these in a draft protocol.

The paragraph on Aggravated Risk Aim in the protocol document is a plan B option. As we will be dependent on program activities of others, we are not in control. In this option we make still progress and produce useful outcomes for policy, however on a less ambitious level. By pooling these types of programs the study will be a two-arm one, in stead of four- arm: individual versus non-individual. This option is realistic when there will be no sufficient programs at the right moment. As we are already delayed, we cannot wait for a very long period. WP4 adds a possible 5th arm: usual care versus additional diabetes education. In WP4 data will be available for it. At analysis level this is not a real complication, however it is not described in the DOW for all countries and no resources are foreseen. It is decided that this can be an option at national level. There is some doubt that many countries will find self-help programs specific for diabetes. Programs that do exist, target mostly chronic diseases in general. We have to wait for results of WP3.

Related to the Study Management paragraph (8) it is confirmed that diabetes diagnosis standards in the specific country will be followed. This will add to the 'real life' character of the study. Probably most countries will follow the general accepted standards for it.
It is concluded that the preferred time-span between baseline and follow-up data collection would be six months. However with regard to the project timeline and the expected date of selection of programs, feasibility is a major concern. It could mean we have to go for a three months time-line. In the paragraph Definitions of DSM programs minimum criteria have been formulated for selection of programs. It is decided that the national team will select programs based on the WP3 survey on the basis of common clear criteria, formulated in WP5.

As discussion of the WP5 protocol is also on the agenda of tomorrow's meeting, the chair concludes the discussion for today by expressing appreciation for everyone's constructive involvement.

8. Partnership University of Aarhus (DK)

Gill Rowlands and Helle Maindal start their presentation by thanking the Consortium for the invitation to discuss today about a possible partnership with the Department of Public Health at Aarhus University in Demark. Gill Rowlands is a researcher and teacher in health literacy. General Practitioner in London by background she joined Aarhus mid 2013. She has (co-) authored over 50 publications in peer-reviewed journals and co-edited 'Health Literacy in Context: International Perspectives'. Helle Maindal is head of section for health promotion and health services. She is a researcher and teacher in the field of health promotion, prevention and behavioural medicine. She is interested in method development within complex interventions especially in diabetes

Aarhus University is a vibrant University with over 43,000 students and highly ranked in the World top 100. The university is committed to international co-operation. The Department of Public Health is carrying out research and teaching in many areas: from nursing, sports science to health promotion and health economics. There is a departmental focus on diabetes prevention and diabetes management. Health literacy is a cross-cutting theme.

There are good links with the Danish Diabetes Association and with other Nordic countries through the Nordic Health Literacy Network. Helle presents the section for Health Promotion and Health Services in more detail. There are four main research areas: Assessing health services and population health; Effectiveness and efficiency of the health professional; Determinants for behavioural change, and Health promotion and prevention interventions. Denmark is an interesting country to add to the Consortium. The epidemiological infrastructure is excellent, as wel as the level of community education programmes. An example are the peer-led motivational groups. At this moment it is of interest that Danish government offers grants for preparatory work with a view to be participant in selected international research. Running since 2011 it is now extended to Horizon 2020 bids.

In the discussion partners express their appreciation for the perspectives Aarhus has sketched about possible cooperation. The possibility of a preparatory traject for a Horizon bid funded by Danish government is indeed an option as follow-up for this project. As probably we will meet in Aarhus this Spring we have possibilities to discuss Horizon 2020 cooperation.

9. Closing of Day 1

Stephan Van den Broucke closes the first day of this meeting. It was a fruitful day. Among others we were able to detail the survey procedures to catch up the delay. Stephan thanks everyone for the involvement and wishes the participants a nice evening program.

Tuesday, 17 December 2013

10. Opening Day 2

Stephan Van den Broucke opens the meeting by thanking the Dublin team for their hospitality for the evening program. This morning we will join the charity coffee event of the institute. He explains the program for today. He suggests discussing WP5 again for an hour this morning, and then having the other WP's on the agenda.

11. Comparison of Self-Management Programs - Continued

Jürgen raises the question about number of programs per country. It is difficult to decide now as we do not know what to select. However, the number of patients is as important as number of programs. General strategy should be as many programs as possible. WP5 has set minimum criteria for it. Certain countries will not find all type of channels. We can only document what is possible. In case there are two types of programs in a country a comparison can be made at national level. The procedure is that after selection every partner will collect data for all WP's in their country. A criterion for selection is that we will be able to have the pre-post design. These will be most recurrent programs that will start and finish in a fixed time-span. We will probably miss a program that will start in 6 months. We may ask in the interviews about programs that will start in future , not for selection but to add them to the database. For every program the focal point has to be described. A responsible person for a program should be available. That can also be a staff member from the project.
A discussion about the definition of programs follows. We have defined a program, and the term "structured" is a main element in it. But will programs only be group based? Probably the patient education of many nurses will be unstructured, although they will follow national guidelines. We have to wait for the results of the global survey. It will be important to have clear guidelines and follow the protocol.

There is a detailed discussion about persons eligible for the selected programs. Should they be new diagnosed patients? Persons who did not follow a course in the last three months? Does initial medical treatment interfere with the educational component in recent diagnosed patients? Weighting several arguments it is decided to have new diagnosed patients and that it is not necessary to exclude patients who have a follow-up educational intervention. However their first intervention should be at least 3 months before. This will be measured at patient level. It is unlikely that patients will follow two programs at the same time, as the health insurance will only pay one intervention. We will search for outcome criteria that will not interfere directly with medical variables. This discussion on selection of patients will be detailed in the final protocol. WP5 will also deliver the methodology for a unique ID with a country, program and person code to be applied by the other partners.

A short discussion about financial incentives follows. Although incentives are a tool to prevent dropout and probably keeping the not-so-motivated in the research population it is concluded to be not realistic. There is no budget for it. This has to be argumented in the protocol as probably this will effect participation of low literacy participants.

The sample size causes much debate. The calculation of WP5 is about 140 persons per arm per country in order to be able to calculate national differences between the four communication channels. That counts up to a total of 560 persons per country. Members consider this a challenge even in an optimal environment for diabetes education. The calculated effect size is based on the median of a number of patient studies that use quality of life measurement. If we would expect a higher effect sample size could be down and that would be more feasible for partners. About 50 persons per arm raise the risk but make it more feasible. There is also an ethical approval argument. If we mention 560 persons per country probably one is not allowed to stop unless that number of persons has been reached. An important argument is that this sample size is needed for national comparison of the four arms. In case we pool persons at international level the sample size would be more than enough. There are doubts whether one can find enough type of programs in every country. The added value of an international project is that we can pool data. Partners decide that related to sample size the ambition of the project has to be lowered and we will go for an international comparison with the target to have 50 persons per arm per country. Those partners who are motivated and able to have a bigger sample may well do so.

Also the type of administering the questionnaire is a discussion issue, in particular delivering the post-questionnaire. WP5 suggests self-administration. There are several options for this: by postal services, in the waiting room etc. Another option is a telephone interview. All options have pre and cons. Many partners share a rtain scepticism about a postal questionnaire, especially for persons with low literacy. It is decided that WP5 will have a short questionnaire to partners about the conditions in participating countries for this.
Valid measurement of educational level is number of school years. WP5 will look into the validity of measurement of the socio-economic variables for all participating countries including Taiwan. WP5 invites all partners to have a check of the document on instruments and give feedback on it to the Vienna team.

Stephan concludes this issue on the agenda. Discussion about the analysis will be on the agenda of the next meeting. WP5 already prepared this. He thanks everyone for their cooperation. This was an important item. We had already a common basis for this, but thanks to the discussion we are more common than before.

12. Cost Practices – WP4 (UCD)

Sarah Gibney and Gerardine Doyle recall the three objectives of WP4: Document the existing practices for costing T2D care in each participating country; Propose a best practice

patient level costing (PLC) method for T2D care at national level; and Apply PLC methods in selected countries in order to perform a micro-cost analysis of existing T2D care.
Recently there is a paradigm shift in healthcare financing which calls for a fundamental shift in cost analysis behaviour from more detailed cost allocation to analysis of activity and resource consumption. Activity based costing (ABC) is the model for this. ABC means: products consume activities & activities consume resources; ABC allocates direct/indirect costs to activities. This costing model is flexible for costing integrated care pathways which differ by context and over time. Adopting the ABC principles will support the development of a dynamic, patient level costing method for type 2 diabetes care

The task in this WP of national costing practices will mean to profile each country in terms of existing costing practices including cost object and level (e.g. patient, hospital, region), identify how cost data is used at the national level, and compare existing costing practices with best practice patient level costing identified in the literature (ABC method). Prevalence and mean expenditures per person differ worldwide and in Europe. For example Germany has a prevalence of 8,27 and Taiwan 8,30. The mean expenditures per person (in US) are for Germany 4.718 and for Taiwan 1.129

Patient level costing is based on detailed, bottom-up costing processes rather than a process of top-down averaging. PLC is best supported by activity and cost of resources data. WP4 will use mixed methods. Complementary to review existing sources, qualitative expert interviews will be held, and well as collecting costing survey data of cost allocation methods. The expert interviews in Ireland include senior management from the ministry and other financial experts at national level, as well as a sample of heads of finance in 15 hospitals. Interviews will be recorded and there will be thematic analysis. Ethical approval was granted in October 2013. The topic guide includes current accounting practices and data sources, current data uses and further development of existing practices.

The framework for the costing survey will be the Materiality and Quality Score (MAQS) from the UK which is sufficient in scope to capture variation specific to T2D care activities and resource use. In the first months of 2014 a modification process will start. WP teams will be requested to access material for this and to give feedback. After completion each WP team will administer the survey to relevant national bodies

A further task involves the application of PLC costing method. Exemplar categories of patients will be identified with their care pathways. Patient level cost of type 2 diabetes care for different exemplar patient categories will be identified. The approach with exemplar patients is new to most consortium members and this innovative method is appreciated. The methodology for this consists of a case study approach of exemplar patient profiles and a human capital approach to non-medical and intangible costs. The data-collection will follow a five step approach: activity time estimates and mapped care pathway will be reviewed by a lead consultant, patient level activity costs will be collected, as well as patient-borne costs. Data collection instruments will be (semi-structured) interview guides and focus group topic guides. To illustrate the methodology Sarah and Gerardine presents a flowchart of geriatric assessment representing a first visit of an exemplar patient within the hospital setting.

The next steps in WP4 will be the publication of the literature review to be drafted in January. The report will be made available for Consortium members. The MAQS instrument will be developed till the end of March 2014. The draft literature review has been made available earlier to the Consortium. In the meeting pack for this M12 meeting are the first versions of the National Costing Practices Research Protocol & Report, and the Patient Level Costing Research Design and Protocol. Furthermore the ethical approval document is available.

All countries will use the protocol to collect data about cost practices in their country before the M18 meeting. WP4 proposes that a selection of countries will deliver data on patient

level: Ireland, Israel, US, Germany (or Austria) and Taiwan. The time frame for this is important. Partners will discuss their participation with WP5.

13. Organisation of Care & Health Literacy – WP6 (UM)

Kristine Sørensen was not able to circulate documents before the meeting. Her activities are on track, but she missed one month to finalize documents and proposals. Her suggestion is to distribute the PowerPoint on the state-of-art of her WP through project management. In January she will finalize documents on the literature review that she has done; the document on the suggested model and the related questionnaires. She will request feedback of the members on these documents. Furthermore, as a result of this meeting, she will be coordinating the joint non-patient level protocol to be developed with WP4 and WP7 and in coordination with WP5. Partners agree with these proposed WP6 steps.

14. Implementation Fidelity – WP7 (UCL)

Louise Schinckus presents the state of art of WP7 on Implementation Fidelity (IF). As part of the meeting pack she has delivered a questionnaire on adaptation and implementation fidelity of health education interventions which will be the basis for the WP task to develop a tool on implementation fidelity. A first English translation has been added. Furthermore there is a document explaining the questionnaire.

Louise recalls the tasks in WP7. She started with a systematic literature review of IF models and frameworks. The review is completed. Four questions were central in the literature review: 1) How is IF conceptualized (adherence, content, frequency, duration, coverage) and what are the moderators? 2) How is IF measured (observation, self-reported measures) 3) How are the different components of IF assessed?, and 4) Is there a relationship between IF and intervention outcomes? The answers can be find in the submitted publication.

At this moment the task is to develop a tool to assess IF of DSM programs. After concept based operationalization of each component, she is piloting the tool in Belgium. Next step will be the evaluation of IF of DSM programs in a selection of relevant existing programs, and the assessment of IF for each program by document analysis, interviews and questionnaires with key staff and patients. The last step will focus on the impact of IF on effectiveness of programs. The objective for tool development is to develop a common, easy-to-use measure to assess the core components of IF across multiple programs. The structure of the tool consist of: Description of the intervention (content, form, implementation, recipient, provider, assessment); Adherence of the provider to: content, frequency, duration and coverage, and Potential moderators. For tool validation focus group and interviews with diabetes educators will be used. The tool will be translated in English and there will be a primary test (factorial analysis and internal consistency, inter-respondents agreement, stability test and criterion validity (by observation of a DSME session). The tool will be integrated in the joint protocol.

To prepare further piloting a selection of existing diabetes self management interventions in the French speaking part of Belgium have been mapped: INAMI/RIZIV conventions, a Self-management education program, a “Care path” program and the Diabetes passport program. Louise expects that it will be necessary to search for more existing interventions.

11. WP8 Web-based Support for Patient Self-Management Education

Ingrid Muller recalls the main objective for WP8 to develop and trial web-based support suitable for people with lower levels of health literacy. Tasks are to select components of

web-based self-management support, to develop web-based materials for all participating countries, qualitative studies of user views of web-based materials, and quantitative trials of web-based materials and tools. The web-based materials have been developed in English (UK, Ireland, and USA) and the German website will be complete early next year (Germany and Austria). The qualitative study of user views of the materials has been completed in the UK, and has started in Ireland and USA, followed soon by Germany and Austria. This will probably result in country specific changes.

Ali Rowsell explains that the research question for the qualitative study is how people with varying levels of health literacy experience different online formats. 35 'Think Aloud' interviews with participants have been held as well as post interview questions and the HLS-EU-Q16 questionnaire. Their HL level was: 6 low HL, 13 medium HL and 16 high HL. The analysis resulted in 9 main themes (e.g. finding motivation, reactions to website content, and perceptions of humor) with 42 sub themes with few differences across themes between HL groups and time of diagnosis. General conclusions are that participants like the website and its interactive features, and it is possible to make a website aimed at people with low HL that is not patronising to people with higher levels of HL.

Lucy Yardley discusses the outcome measures for the trial. These need to be as brief as possible. The aim is to test the effect of interactive website versus static materials, not to develop effective diabetes self-management. At baseline there will be measurement of age, gender, time since diagnosis, age left full-time education, ethnic origin and the single item HL measurement. These data will enable drop-out analysis. The control will be exactly the same text information as on the website but without any interactivity.
As there is a chance we find no group effects it was decided to have a before/after measure which will indicate whether the website will change person's attitudes or intentions towards physical activity. It is proposed to use 2 items per construct although we know from experience that this irritating for participants. Post intervention outcome measures include patient enablement and website satisfaction, a diabetes knowledge scale based on the quiz-items of the website, and the HLS-EU-Q16.

In the discussion the primary outcome is discussed. Intention is measured before and after. An advantage is that data from (the probably quite a lot of) drop-outs will be available, as reviewers will otherwise say that there are not enough data for the outcome measures. If completion would be an outcome measure there are 100% data. Measurement of physical activity level as a moderator is another issue. This is not in proposal at this moment. Among others the arguments are the validity of measurement and the number of questions that should be restricted. There are several opinions on the possible significance for measuring it. The conclusion is that WP8 will check and ask advice on measurement. A valid and brief measurement could then be added. She adds that we have to be aware that measurement at baseline can influence the intervention effect (queueing). Another item discussed is the stage of change. Lucy explains that self-efficacy and intentions/behaviour will be measured at baseline. Website satisfaction measurement is another issue. Diane has experiences with such a measure and/or items and she will inform WP8.
For Courtney there could be two primary outcomes. The first one is related to all data about the website use. The other, more important for her are the attitudes, intentions and knowledge about diabetes. Lucy initial choices were the intentions. Because of the dropout problem she became more positive about engagement with the website, also because we want to know something about the interactivity of the website.
Stephan mentions the items we will develop for specific diabetes literacy. Will these be in? Lucy explains that we also have the diabetes knowledge scale and cannot have more questions. In stead of the HLS-EU-Q16 it is possible. However, partners do now want to loose that one. Moreover HL in this research is not an outcome variable. It is concluded that in the Vienna meeting we will have all qualitative data. Late summer recruitment for the trial pilot can start.

17. Other Activities

17.1 Evaluation Framework – WP2 (UCL)

Marie Housiaux explains the status of WP2 on evaluation. The objective is to support the project by delivering feedback data. There are two main questions. The first one is on process and implementation: Is the project implemented as intended? The second question is on outcomes and effectiveness: To what extent does the project achieve its objectives? The evaluation will follow the three stages in the project: Phase 1, the inventory of WP3. Phase 2, the assessment related to most WP's, and Phase 3, the DSME materials. In the 1st phase the evaluation plan will be developed and there is baseline measurement. In the 2nd phase there is monitoring, and in the 3rd phase there is performance measurement. WP2 will report every 6 months to the Consortium.

The tasks of WP2 relate to 1. Evaluability assessment, 2. Evaluation questions, 3. Evaluation indicators, 4. Methods and procedure. Evaluability assessment is based on desk research resulting in the identification of key components such as resources/inputs, activities, outputs and outcomes. These were pictured in a logical model, which Marie presents on a slide. It is also in the accompanying document. The evaluation questions are on quality of the implementation and on success of the project. Examples of questions on quality of the implementation are: Is the project implemented as intended and why or why not? What are we trying to accomplish? Are the activities taking place? Who is conducting the activities? Examples of questions on the success are: To what extent does the project achieve its objectives? Did the intended outcomes occur? Were the outcomes due to project activities - as opposed to something else? For WP3-9 an indicator table will be developed with qualitative and quantitative indicators on the different tasks for process and result. These indicators should be at smart level (specific, measurable, achievable, realistic and time limited). The development of the indicators will be a joint activity of Marie and WP leaders/team. The evaluation data (method) will come from multiple sources: project reference documents, progress documents, minutes, presentations, documents and reports, and possibly questionnaires and interviews with stakeholders and partners

Next steps for this WP2 will be the collection of feedback on the evaluation indicators from every WP. Furthermore baseline data will be collected by interviews & documents review, and the interim evaluation report 1 (which is a milestone) will be produced.

17.2 Publications & Dissemination.

Gerard Van der Zanden explains that in this FP7 project we have to list products in the Participant Portal, the online system for FP7 of the European Commission. The request to all members is to inform project management of all publications & dissemination activities, in order to comply with the requirements of the Commission.

We have to list or upload deliverables, publications and dissemination activities. The Portal identifies 5 types of publications: Peer reviewed publication, Paper in proceedings of a conference/workshop, Article/Section in an edited book or book series, Thesis/Dissertation, University Publication/Scientific Monograph. The Publication Policy of our project, as it is again confirmed in this meeting, refers to these types of publications, and project management will upload them to the portal.
Dissemination activities are not that strictly defined. There are 18 types of dissemination activities: Publication, Organisation of Conference, Organisation of Workshops, Web sites/Apllications, Press releases, Flyers, Articles published in the popular press, Videos, Media briefings, Presentations, Oral presentations to a wider public, Oral presentation to a

scientific event, Exhibitions, Thesis, Interviews, Films, TV clips, and Posters. It is proposed that every member or WP team will decide themselves whether an activity can be understood as dissemination for the project. When there is doubt the SC can decide. When a partner has completed dissemination activities the request is to inform project management, preferably with a copy of the dissemination item. A list of publications and dissemination activities in the Participant Portal will be made available at Consortium meetings and an updated version will be in the partner section of the website.

12.4 M18 Meeting with Other Projects

Gerard Van der Zanden explains that one of the tasks of the Diabetes Literacy project is to have a joint meeting (mini-conference or symposium) with related projects funded in FP7-Health. In orientation for this task it was decided that the option to embed a meeting in a general event should be the preferred one. On 10-11 April 2014 the 2nd European Health Literacy Conference will take place in Århus, Denmark. After initial contact in principle the organizers of the Conference welcomed our initiative and were in favor of a pre-conference. A contact with one of the other projects, the Irohla project on ageing and health literacy, confirmed their interest in a joint initiative. In checking with the EC Scientific Officer it turned out that the EC has planned to organize a workshop on EC projects related to social innovation, ageing and literacy in Brussels in June 2014. This means that a possible event in Denmark will not have the objective to implement Task 3 of WP 9.

Just before this meeting there was a new contact with Irohla and we agreed in principle to have a pre-conference (one morning) to exchange views and experiences regarding health literacy and self-management, on the basis of research conducted in both projects. Three themes were identified. 1) Conceptual models. 2) Best practices: Both projects perform inventories of best practices. 3) Adherence or implementation fidelity. The pre-conference will have the character of a workshop with plenary and sub-group discussions.

Partners welcome a joint pre-conference of the two FP7 projects. An organizing group is appointed (Jürgen Pelikan, Diane Levin, and Stephan Van den Broucke). The members agree in principle with a possible option for external funding. Possible funding should be transparent to participants and if possible should come from more than one source. If a conference participant wants to participate in a pre-conference the person will pay an additional Euro 30 for the added expenditures of the organizers. An advantage is that the pre-conference will be on the same day (morning) as the start of the conference (afternoon). Consortium members will be invited but should decide themselves whether or not to participate.

18. Any other business

Members are requested to give feedback on this meeting on an evaluation form that is in the meeting folder. There is no request to discuss any other business.

19. Closing of the M12 Consortium Meeting

Stephan Van den Broucke thanks everyone for their active participation in the meeting. We have made an important step forwards. Stephan specially thanks the Dublin team for hosting this Consortium meeting. He wishes everyone a safe trip back and a good start of 2014.

Minutes – Actions *) **)
Diabetes Literacy M12 Meeting

	Decision / Action	Content	Who
1	Publication policy	Conformation that the policy will be strictly followed	All
2	Update Gann Chart	An updated Gann Chart of activities in 2014 and later will be distributed	WP1
3	Consortium Meeting	The 4th Consortium Meeting will be in Vienna on June 5-6 2014	All
4	Scientific Board	A meeting of the Board will be planned during the 4th meeting in Vienna	WP1
5	Global Survey	The Global Survey will start after ethical approval at the end of January	WP3
6	Division of countries	TUD will confirm the division of countries per partner for survey implementation	WP3
7	Global survey cooperation	Partners will receive a document on their activities in selected countries to distribute the survey parallel with WP3	WP3 & All
8	Global survey tracks	The survey implementation will have a Fast Track (partner countries) and a Long Track (other EU)	WP3 & Partner countries
9	Quality control of the survey	In the Fast track partner countries will invite experts to validate survey and Wiki data	WP3 & Partner countries
10	Interview	Partners will have interviews with about 3 persons in selected countries	All
11	Survey data	National data, and probably the whole dataset, will be available for detailed analysis of partners	WP3 & Partner countries
12	Health literacy measurement	HLS-EU-Q16 has been chosen to measure health literacy and its dimensions	WP5, WP6 and all
13	Joint non-patient protocol	WP6 will lead a the WP4, WP6 and WP7 group in developing a non-patient research protocol	WP6, and WP4, WP7; WP5
14	Pooling programs in a two-arm study	The option to pool programs in a two arm study (individual – non individual) will be considered	WP5
15	University of Aarhus	In principle the Consortium want to cooperate, not changing the GA. Details should be worked out.	AU, WP1 & All
16	Eligibility of persons	Both newly diagnosed and persons who were educated before (however without education during 3 months) are eligible to participate	WP5 & Participating countries
17	Sample size	The Consortium will target 50 person per arm per country, and will opt for international comparison	WP5 & All
18	Administering of questionnaires	WP5 will circulate a questionnaire to partners about the condition in their country for questionnaire methods.	WP5 & participating countries
19	Costs data	Partners will collect cost practice data in	WP4 & All

	collection	participating countries before M18	
20	Data cost per patient	Germany (or Austria) USA, Israel and Taiwan will discuss participation to collect data on costs per patient	WP5 & selected countries
21	WP6	Documents will follow in January with a request for feedback	WP6 & All
22	Outcome measures WP8	Outcome measures were discussed as well as primary outcome. Together with the qualitative data this will be considered in the next meeting	WP8
23	Physical Activity	A valid and short PA measure will be added as a post question	WP8
24	WP2 Indicators	Joint decision with WP teams on their process and outcome indicators	WP2 & All
25	Dissemination	Request to inform project management about dissemination activities in Portal format	WP1 & All
26	FP7 Meeting	Partners welcome a joint pre-conference at the European Health Literacy Conference	Selected partners

*) Tasks described in the DOW will not be listed in this matrix

**) Global actions will be listed. For more detailed actions reference is made to the minutes