



## Letter to the Editor Regarding “Public Health Approaches to Type 2 Diabetes Prevention: The US National Diabetes Prevention Program and Beyond”

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In the article titled “Public Health Approaches to Type 2 Diabetes Prevention: The US National Diabetes Prevention Program and Beyond,” Gruss et al. state that the purpose of their review was to highlight the foundational and current research and translation studies which underlie high-risk population and whole-population strategies for type 2 diabetes prevention worldwide [1]. The GOAL programme was conducted in Finland, not Australia, and the Victorian state-wide programme is called *Life!* not the Melbourne Diabetes Prevention Study, which was an RCT-based evaluation of *Life!* Here, we offer a more accurate account of our work conducted in Finland and Australia.

The Development Programme for the Prevention and Care of Diabetes (DEHKO 2000–2010) was Finland’s national diabetes programme. It aimed to prevent and improve the care of type 2 diabetes. One of the programme goals was to raise awareness of diabetes and its risk factors in the whole population through various activities (e.g. media campaigns and health fairs).

Based on the Finnish Diabetes Prevention Study, the Good Ageing in Lahti Region Lifestyle (GOAL) programme which included psychological theories, tools, and a group counselling approach was conducted in Päijät-Häme region, Finland 2003–2005 [2, 3].

FIN-D2D was the DEHKO prevention project carried out in four large hospital districts during 2003–2008 [4]. DEHKO reports, FIN-D2D, and GOAL results led to recommendations for diabetes prevention and management activities at the national level. Subsequent implementation has been the responsibility of municipalities and hospital districts of the Finnish Health Service, each of which works independently. Implementation levels vary. Some principles have been disseminated widely (e.g. the use of FINDRISK test). Regular preventive counselling services are available only in some places and in others individual counselling by nurses. The work is not coordinated at a national or provincial level, but some regions have their own professional networks and systems for quality assurance.

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GOAL's sister project was the Greater Green Triangle Diabetes Prevention Program conducted in Australia 2004–2006 [5]. Based on GGT DPP, the *Life!* programme was launched in 2007 and scaled up to become one of the largest high-risk diabetes prevention programmes worldwide. Funded by the Victorian Government and delivered by Diabetes Victoria, over 58,000 Victorians have participated so far. The *Life!* programme continues to evolve, responding to research findings, quality assurance and programme development, enabling it to adapt to the latest evidence and contextual changes in the health care system. Due to a rigorous approach to implementation at scale, the outcomes of the programme are only slightly less than the original GGT DPP [6].

Most recently, to overcome gaps in implementation and also to update risk screening and intervention modalities, StopDia Project was launched as part of the Academy of Finland Strategic Research programmes in 2016–2019. In this study, almost 3000 participants were randomised to receive a digital solution for habit formation either as a standalone intervention or with group coaching, or, in the control group, written information on diabetes prevention [7]. The outcomes of the study are not yet published, but initial findings support acceptability and feasibility of the interventions for participants.

Close collaboration between Finland and Australia has resulted in both countries having used the results of the Finnish Diabetes Prevention Study to scale up nation- and state-wide respectively in less than 10 years from the original report.

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