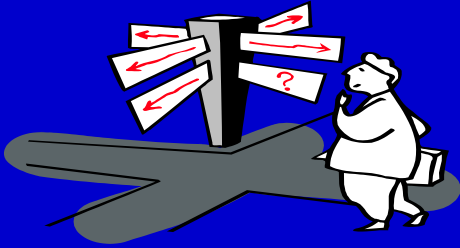


TRANSLATION



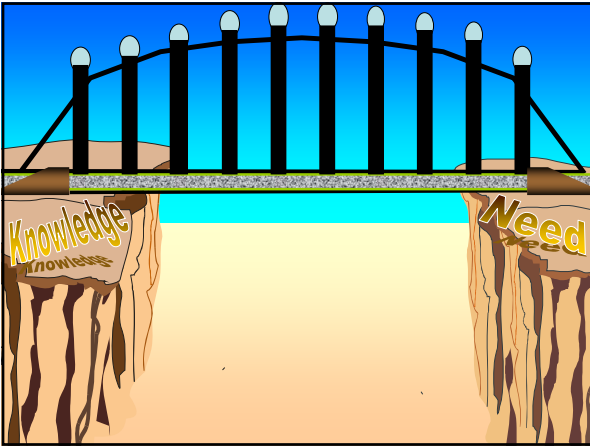


Hazel K. Stiebeling.



DWIGHT D. EISENHOWER
The 34th U.S. President
1953-1961

“For lasting contributions to the science of human nutrition. The *translation* of her vast scientific knowledge into practical dietary guides has improved the health of all Americans.” (1950)

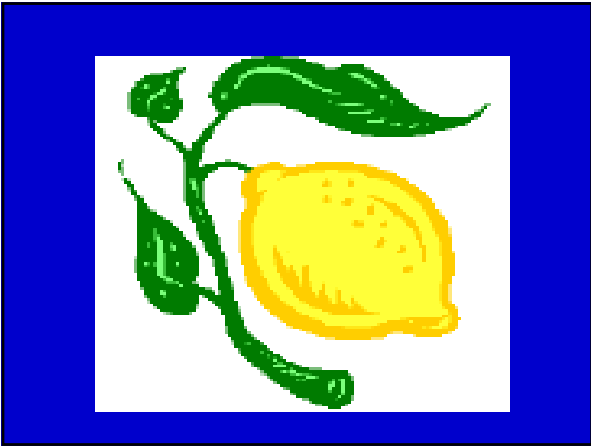


AGENDA

- *Things are getting better*
- *WE are going to have to change if we want things to stay the same, i.e. – get better*

AGENDA

- *Things are getting better*
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DCCT

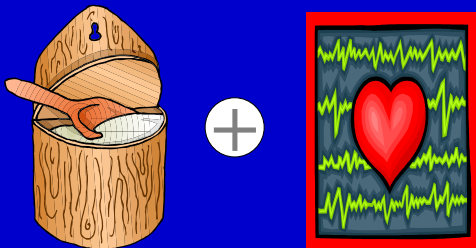
“Finally, although we did not study patients with non-insulin-dependent diabetes mellitus (NIDDM), hyperglycemia is associated with the presence or progression of complications of NIDDM, as it is in IDDM. If the main conclusions of this trial with regard to the benefits of reducing glycemia are extended to patients with NIDDM, careful regard for age, capabilities, and coexisting diseases will be necessary. We therefore advice caution in the use of therapies other than diet that are aimed at achieving euglycemia in patients with NIDDM.”

NEJM 1993; 329: 977-986

“Because the resources needed are not widely available, new strategies are needed to adapt methods of intensive treatment for use in the general community as less cost and effort. Meanwhile, the health care system should provide the support necessary to make intensive therapy available to those patients who will benefit.”

NEJM 1993; 329: 977-986

DIABETES AND HEART DISEASE



**IS DIABETES ONLY
A CARDIOVASCULAR
DISEASE –**

WITH HYPERGLYCEMIA?



TIME TO “TRANSLATION”



264 YEARS



? 20 YEARS

DCCT

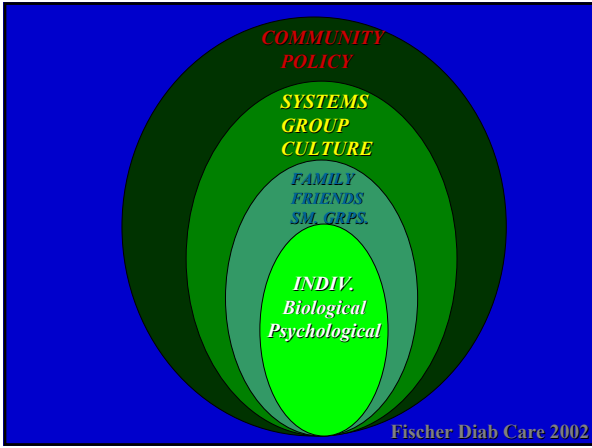
? 5-8 YEARS

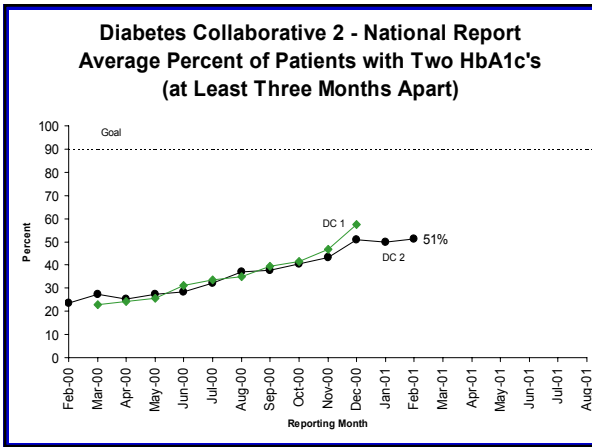


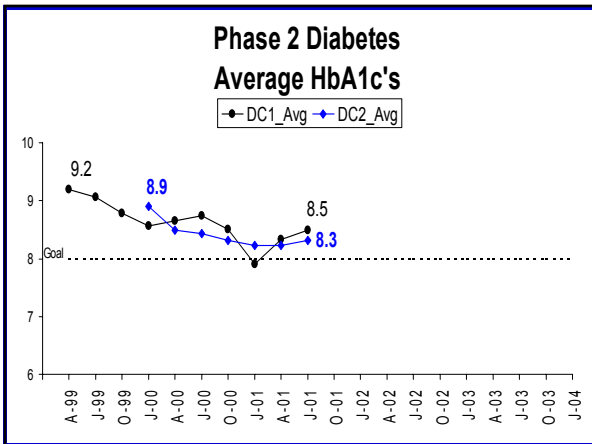
? 2 YEARS



? SIMULTANEOUSLY





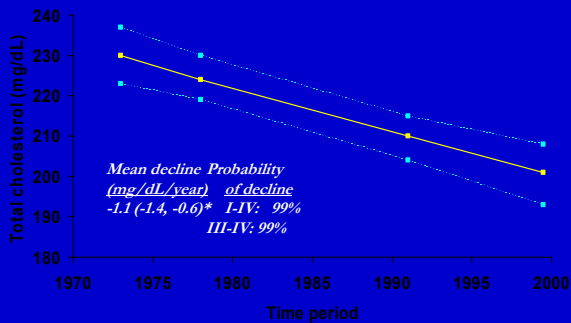


Thirty-year Trends in Cardiovascular Risk Factors among U.S. Adults with Diabetes

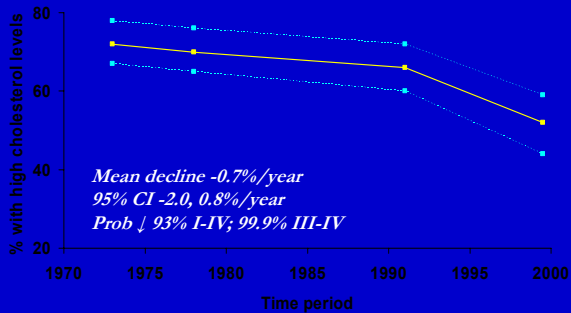
G Imperatore, BL Cadwell, L Geiss, JB Saadinne, DE Williams, ES Ford, TJ Thompson, KMV Narayan, EW Gregg

Centers for Disease Control and Prevention

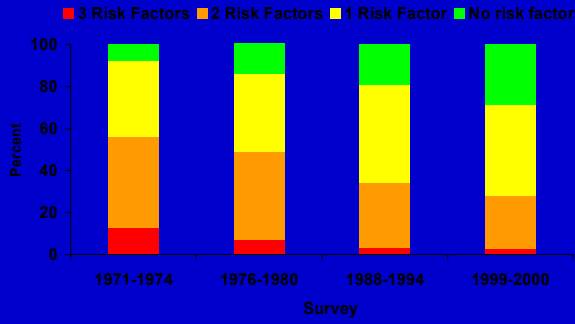
Trends in Mean Age-adjusted TC Levels in US Men with Diabetes



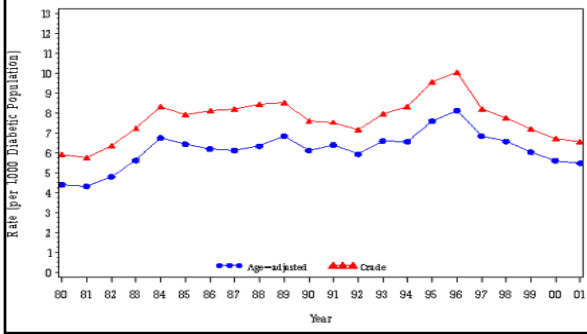
Trends in Percentage of Adults with Diabetes with TC Levels ≥ 200 mg/dL



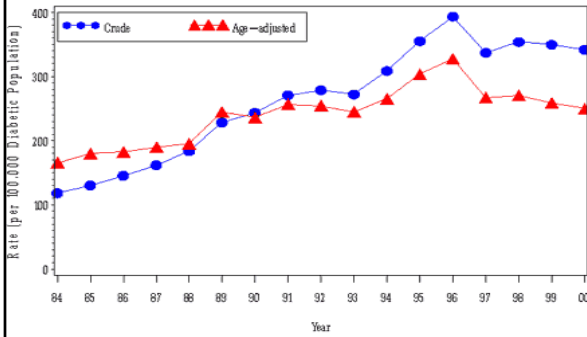
Trends in CVD Risk Factors (RF) among Adults with Diabetes



Trends in Lower Extremity Amputations



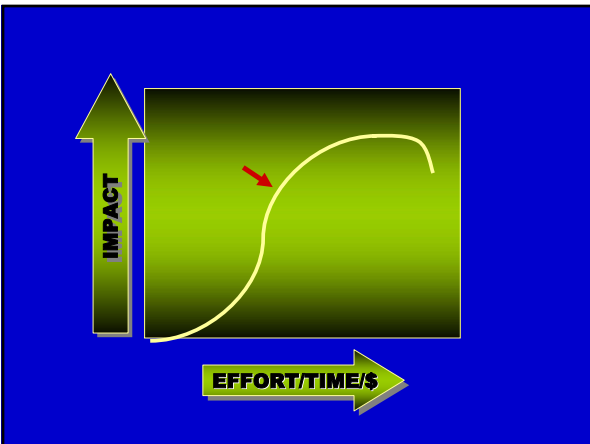
Trends in End-Stage Renal Disease





ISSUES

- **PACE** of Translation
- **DEPTH** and **BREADTH** OF Translation
- Task Now More **CHALLENGING/EXCITING**
- **LAST** 20%



AGENDA

- *Things are getting better*
- *WE are going to have to change if we want things to stay the same, i.e. get better*

REDUCING THE BURDEN OF DIABETES

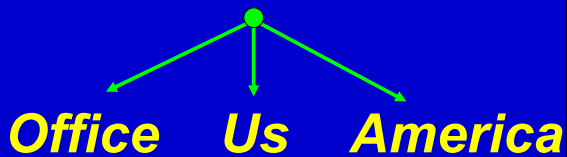
Division of

Diabetes Translation

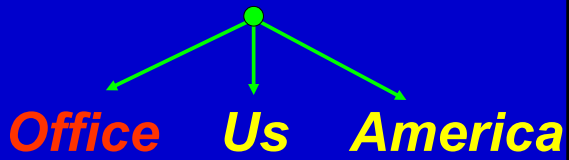
Centers for Disease Control and Prevention

CHALLENGES: "DEFINITIONS"

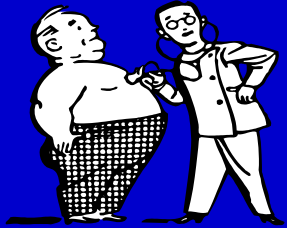
DEFINITIONS



DEFINITIONS



IS THE "OFFICE" THE PLACE?



129,600

30/3

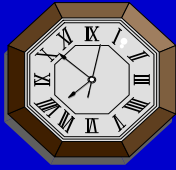
30/ 129,600

Formal

0.02%

Experiential

99.98%



129,600

300/3

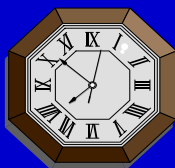
300/ 129,600

Formal

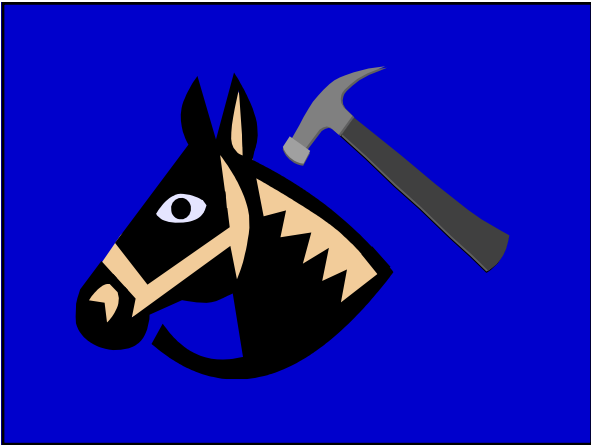
0.2%

Experiential

99.8%



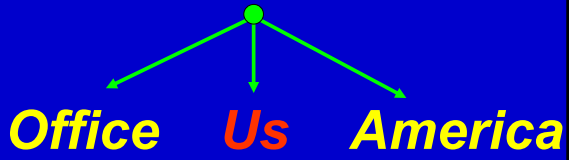




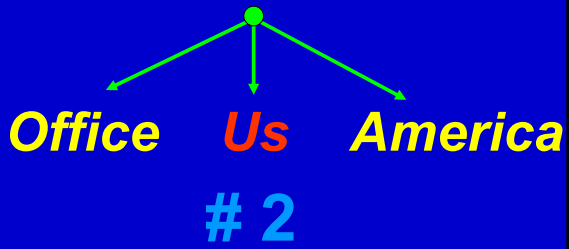
THE "OFFICE:"
WHERE PEOPLE LIVE,
WORK AND PLAY!

Three small, colorful illustrations arranged horizontally. From left to right: a house with a chimney and a small figure on the roof; a hand holding a pencil and drawing a line; and a green, cartoonish character with a large mouth and a blue ball.

DEFINITIONS



DEFINITIONS



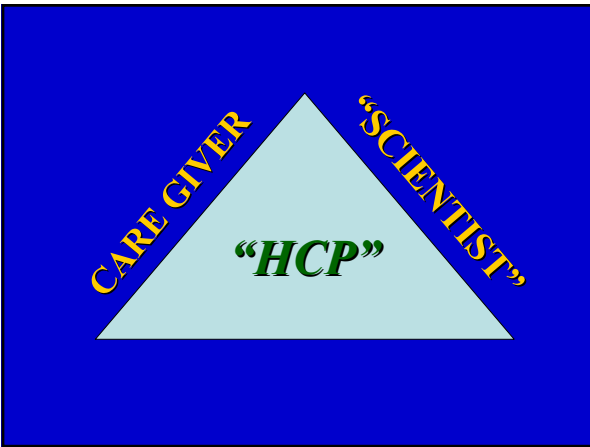






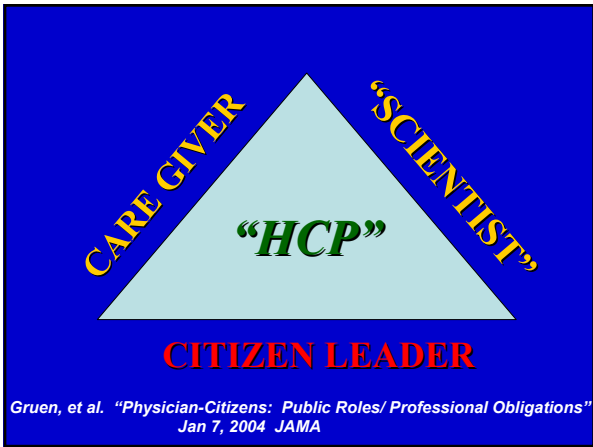


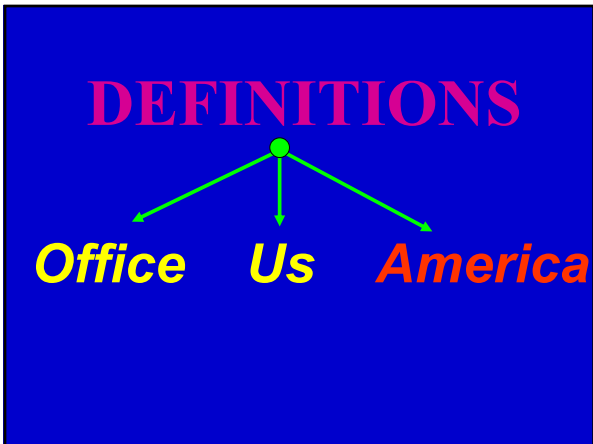




“What can I do as a clinician who has been given – by society – remarkable power!”







AMERICA !

- *Individualistic/ Pluralistic*
- *Intentionally Inefficient*
- *Incremental*
- *Transparent*
- *Impatient*



***DEMOCRACY IS THE
WORST FORM OF
GOVERNMENT -***

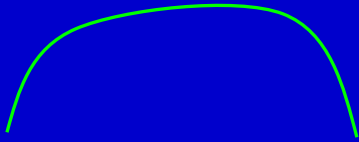
***DEMOCRACY IS THE
WORST FORM OF
GOVERNMENT -***

***EXCEPT FOR ALL
OTHER FORMS OF
GOVERNMENT!***

W.

Churchill

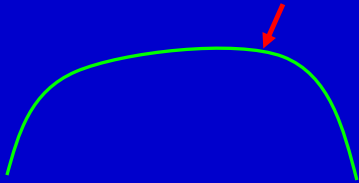
? AMERICA ?



Communitarianism

Individualism

? AMERICA ?

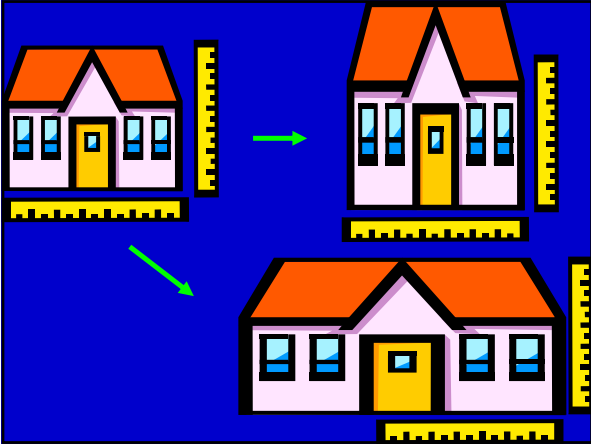


Communitarianism

Individualism

House of Health

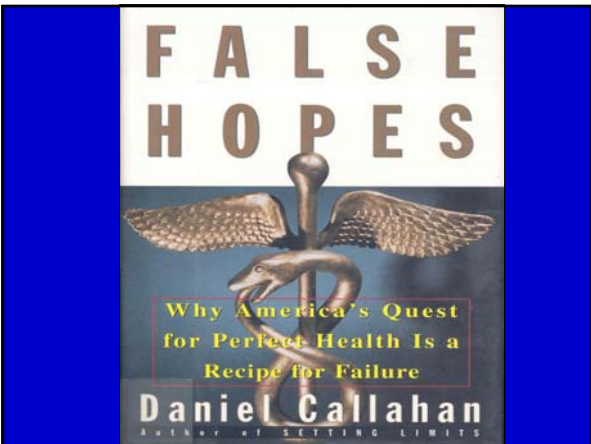




BEST TO A FEW

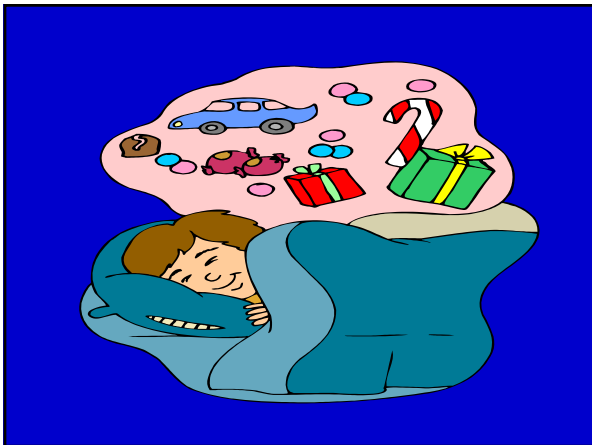
vs.

GOOD TO THE MANY



“The amount that we don’t know is huge. But the amount we don’t know is dwarfed by what we do know - and don’t do.”

Tom Frieden, MD, Health Com., NYC



“The dream of modern medicine – that life, death, and illness can be scientifically dominated and pacified – will be most difficult to give up.”

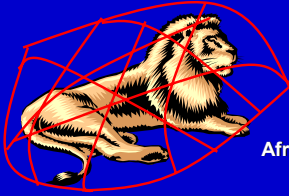
“The dream of modern medicine is no longer viable as it stands. Even if unlimited resources were available, modern medicine cannot deliver on its most extravagant promises, nor even on many that seem modest and plausible. . . .What can be put in place of the impossible dream of medicine?”

“My contention is that modern societies . . . need a “sustainable” medicine, a medicine that, in both research and health care delivery, aims for a steady-state plateau, at a level that is economically affordable and equitably available, and also at a level that is sustainable, satisfying most – but of necessity, not all – reasonable health needs and expectations.

I am after a change in the ideals and hopes of medicine, not simply in the way we organize and deploy the provision of care to sick people.”



***“When spider webs
unite, they can tie
up a lion.”***



African Proverb

***“We must become
the change we seek
in the world.”***



**REDUCING
THE BURDEN
OF DIABETES**

Division of

Diabetes Translation

Centers for Disease Control and Prevention

“OFFICE”

“US”

**“A M C
E I
R”**