

Diabetes Advocacy Orgs: Their Successes in 2015 and Plans for 2016

Written by Amy Tenderich | Published on January 11, 2016

- [Diabetes Mine](#)



Once more with feeling: HAPPY NEW YEAR 2016!

We have a lot of traditions here at the 'Mine, but one of our favorites is querying the country's [top diabetes advocacy organizations](#) at the end of each year to share what they've accomplished, and what they have in store for the new year ahead.

So, once again we asked the pointed questions: What did these groups actually achieve in 2015? And what do they plan to make happen in 2016?

Below are the answers we received from their various leaders and spokespeople (in alphabetical order). There is a ton of great information here about what's happening in the Diabetes World, so we invite you to grab a cup of coffee, get yourself comfortable, and dig in...

American Association of Diabetes Educators (AADE)



2015:

This was another busy year. The board of directors initiated our [2016 -2018 Strategic Plan](#) in mid-2014 with an environmental scan that included gathering input from all corners of the diabetes community including members of the Diabetes Online Community and people with diabetes. A few points are worth noting: To guide our work we created a [Spheres of Influence framework](#), a schematic that maps the influences and interactions at each level of diabetes' impact on individuals and society. We have placed people with, at risk for or affected by diabetes and related chronic conditions, at the center of this framework because you are the focus of our work. This framework helps indicate the many areas where diabetes educators and diabetes education have opportunities to make an impact. Our new vision, mission and guiding principles along with strategies and outcomes will be on the AADE website in early January.

Many other initiatives were accomplished in 2015. These include development and publication of a [Joint Position Statement on Diabetes Self-Management Education and Support in Type 2 Diabetes](#) with the American Diabetes Association and Academy of Nutrition and Dietetics. This identifies four critical times throughout an individual's life that they should be referred by their healthcare provider for diabetes education. This statement was supported by a growing body of research demonstrating the critical role and cost-effectiveness of diabetes education in the management of diabetes.

To add to this body of evidence we're pleased to note the recent publication of an AADE-conducted [systematic review](#) in Patient Education and Counseling journal that reconfirms the clinical effectiveness of diabetes education provided by diabetes educators.

To address the sweeping advancements in the connected health environment and digital technologies, AADE held a Technology Summit mid-year. This summit brought together input from diabetes technology experts (which included several people with diabetes), healthcare experts, diabetes educators with technology and

healthcare systems expertise, and AADE staff. One outcome from this summit is the launch of AADE's Technology Workgroup. The members, representing experts with varied backgrounds, will create a roadmap to examine the technology needs of diabetes educators and beyond. AADE's 2015 President, Deborah Greenwood, attended the [2015 Diabetes Mine D-Data ExChange](#) and Diabetes Innovation Summit and recapped AADE's work in technology in this [Diabetes Mine post](#).

We continued our work with CDC on the [National Diabetes Prevention Program](#) grant, expanding to 20 sites in 2015. More than 45 programs across the U.S. are run by diabetes educators trained in lifestyle coaching and have so far produced excellent results for those with pre-diabetes.

We continue to develop and offer resources for diabetes educators to use in their education programs on topics of interest, such as tip sheets on [eating healthy during the holiday season](#) in Spanish (special thanks to TuDiabetes.org for partnering with us on this), ideas for [increasing physical activity](#) and [understanding hypoglycemia](#). We also covered challenges around [sexuality](#), [travelling](#), [grocery shopping](#) and [aging](#). In addition, we expanded our [Diabetes Goal Tracker app](#), to include nutrition information. Now, in addition to setting and tracking behavior change goals, users can also track calories, carbohydrates, total fat and sodium. The app also allows users to create diabetes-friendly recipes and share them with the Goal Tracker community. On the legislative and regulatory front, we continued to push for safety and access to care and diabetes supplies for people with diabetes. We conducted a secret shopper survey that demonstrated suppliers in Medicare's Competitive Bidding Program were failing to provide access to insulin pumps and related supplies. The [report](#) was shared with Medicare officials in mid-2015. It complimented an earlier [secret shopper survey](#) AADE conducted that demonstrated similar findings with blood glucose monitors and supplies.

2016:

We'll kick the year off by communicating our [2016 -2018 Strategic Plan](#) to the Diabetes Community and begin to execute on our initiatives. We'll continue our work on the integration of technology with diabetes education to enable improved outcomes for people with pre-diabetes and diabetes.

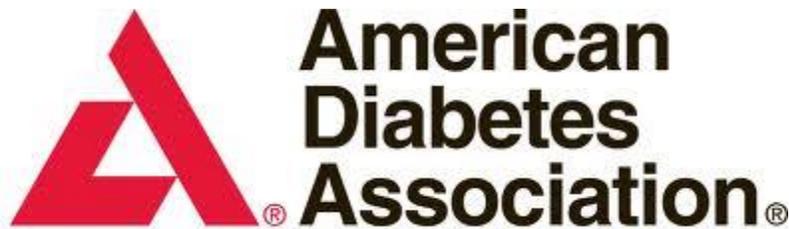
Another significant AADE initiative is to hold a Primary Care Summit. It's well known that primary care providers, including physicians, nurse practitioners, physician assistants and others, provide the majority of care for people with pre-diabetes and diabetes. Engaging primary care providers has always been an important

initiative of AADE. We will convene representatives from numerous healthcare associations and patient-facing organizations with the goal of working toward several initiatives of mutual interest focused on improving outcomes for people with diabetes.

The [2016 AADE Annual Meeting](#) is in sunny San Diego, August 12 – 15 and we are well on our way to planning an inspirational and educational meeting for attendees and exhibitors.

To promote safety among people with diabetes and assure that people receive diabetes education from credentialed providers, we will continue to advocate for [licensure of diabetes educators at the state level](#). Two states likely to see legislative activity in early 2016 are Florida and Pennsylvania. On the federal level, we will continue to press for passage of the [Access to Quality Diabetes Education Act H.R. 1726/S. 1345](#). We appreciate the work of members of the Diabetes Online Community on this effort to date and we ask that you continue asking your legislators to support this important legislation. A special thanks to [Diabetes Patient Advocacy Coalition](#) for their continued support. AADE also supports other federal legislation in the diabetes community, such as the legislation to cover CGMs for people with type 1 diabetes.

American Diabetes Association (ADA)



2015:

This has been a big year for the American Diabetes Association. We marked our [75th anniversary](#) by honoring our role in decades of progress in diabetes treatment, management and quality of life—while focusing on work that still needs to be accomplished to Stop Diabetes®.

On June 1, we welcomed our new CEO, [Kevin L. Hagan](#), who is dedicated to our mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes. Highlights of 2015 include:

- **YOUNG ADULT EDUCATION:** We embarked on a [collaboration with the College Diabetes Network](#) to promote better understanding and support of the unique needs of young adults with diabetes as they become independent.
- **YOUTH EDUCATION:** This summer 6,000 children and youth with diabetes attended 58 sessions of our [Diabetes Camps](#) and increased their self-confidence, diabetes knowledge and health management skills while enjoying traditional camp activities.
- **PROFESSIONAL EDUCATION:** Attendance at our [Focus on Fellows program](#), held for early-career endocrinologists in conjunction with the 75th Scientific Sessions, increased by 50 percent. This program encourages top talent to focus on the clinical care of people with diabetes.
- **RESEARCH:** We received more than 100 nominations for our third [Pathway to Stop Diabetes](#) awards program, which encourages promising young scientists to dedicate themselves to diabetes research. We will announce up to six substantial awards in January 2016 and are pleased to report the first 11 grant recipients already are making significant contributions to diabetes knowledge.
- **AWARENESS:** We launched a number of new public awareness initiatives, including [America's Diabetes Challenge](#) with Merck, which encourages people with type 2 diabetes to get to their A1C goal, and [Screen at 23](#), aimed at educating providers and policy makers about the need to screen Asian Americans for type 2 at a lower BMI than other groups.
- **POLICY:** We succeeded on many legislative fronts. In April, the [Special Diabetes Programs](#) (SDP) were extended, providing \$300 million in type 1 diabetes research through the National Institutes of Health and \$300 million in funding for the Special Diabetes Program for Indians over the next two years. SDP has brought huge research breakthroughs that are helping to improve the lives of people living with diabetes and bring us closer to a cure. Also, by now 15 states have changed laws or statewide policies to meet all three of our major [Safe at School](#) tenets.
- **ADVOCACY:** We grew our [Advocacy Attorney Network](#) by 350 percent—greatly expanding our capacity to [fight discrimination](#) because of diabetes at work, at school and elsewhere in daily life. We urge people who feel they have been discriminated against because of diabetes to call our toll-free number, 1-800-DIABETES (1-800-342-2383), to seek help.

2016:

This will be our first full year working with the new organizational changes we've made to streamline operations and improve efficiencies -- designed to increase revenue so that we can fund even more research and programs, and expand advocacy and anti-discrimination efforts for people living with diabetes.

We will continue to advocate for increased federal funding and boost state and federal commitment to diabetes research, treatment and programs. In January, we will launch an Ad Council campaign to heighten awareness of pre-diabetes and type 2 diabetes risk, in collaboration with the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC).

We take our role of representing all people affected by diabetes very seriously and in 2016, one important initiative is to increase by 20 percent the number of people who are [Diabetes Advocates](#). What does that role entail? It can be as simple as signing a petition, writing an e-mail to your elected officials when we send you an action alert about important diabetes legislation, or visiting with your members of Congress when they're in your home state. Diabetes, as you so well know, is America's No. 1 chronic health crisis—and our advocates [keep diabetes top-of-mind](#) for legislators.

CWD (Children with Diabetes)



2015:

This was CWD's second full year operating as a 501c3 non-profit. Thanks to the generous support from our many sponsors, we were able to deliver four life-changing conferences for families living with type 1 diabetes:

[Friends for Life Orlando 2015](#) included the largest group of first-timers (over 700), the most sessions for adults with type 1 (24), the most adults with type 1 in attendance (220), and our largest room block ever. FFL Orlando remains the largest type 1 diabetes focused conference in the world, and we look forward to an even bigger and better event in 2016.

[Focus on Technology - Anaheim 2015](#) brought the CWD experience to families living in southern California. With technology the focus, presenters included Dr. Ed

Damiano and the Nightscout Team, which held three sessions about their transformational technology and approach to thriving with type 1 diabetes.

Friends for Life Canada 2015, we returned to Canada after a one-year hiatus to a sold-out conference in Niagara Falls. With wonderful presenters from Canada and the US, families from both countries enjoyed a late-fall FFL experience. A team from Nightscout joined us, helping families in Canada learn about the #WeAreNotWaiting movement.

Friends for Life UK 2015 returned to Windsor and, as always, sold out in hours. Leading faculty from the UK and the US shared their wisdom and experience with UK families, as did a European team from Nightscout, now a regular part of FFL conferences. The only sad part was the large number of families who could not attend. We hope to secure more sponsorships in future years.

2016:

This year, we have three conferences planned:

Friends for Life Falls Church in April, with a special advocacy track to help families understand what it means to be involved in policy decisions that impact people living with diabetes. We look forward to lively discussions and debate.

Friends for Life Orlando in July, with major headliners once again helping us deliver an amazing experience for families living with type 1 diabetes. New this year at FFL Orlando is a dedicated Spanish-language track on Friday for adults who have Spanish as their native language, including a research keynote and six breakout sessions.

Details are online

at <http://www.childrenwithdiabetes.com/activities/Orlando2016/ParentsSchedule.htm>

Friends for Life Anaheim in September, returning to southern California to bring a broader FFL experience, including a greater focus on the psychosocial aspects of thriving with type 1 diabetes.

Most importantly, we are grateful to be able to help make a difference in the lives of families living with type 1 diabetes, and are humbled by the support we receive from our generous sponsors.

Diabetes Hands Foundation (DHF)



2015:

- Our online communities [TuDiabetes](#) and [EsTuDiabetes](#) migrated to a new software platform; adding a responsive design and strong search. These improvements make it easy to access the collective wisdom of these communities while on the go. The communities continued to grow welcoming over 4,000 new members and 1.5 million new visitors in 2015 to the new platform.
- Our [MasterLab](#) advocacy training event was attended by 125 participants, including participants from 5 countries and 30 states. Professional and seasoned advocacy experts shared how to be more effective in engaging with media, industry, and policymakers, and in telling the patient's story in a way that will be a catalyst for positive change for people with diabetes.
- Scholarships were awarded to 23 diabetes advocates making it possible for them to attend one of four national conferences this year. These scholarships helped insure that the patient's perspective was represented at ADA, AADE, FFL/MasterLab, and [DiabetesMine Innovation Summit](#).
- The [Big Blue Test](#) awareness and fundraising initiative generated \$10K in grants to grassroots organizations working with underserved communities of people with diabetes. This year's grant recipients are Sucre Blue, working in Bombay, India, and Carb DM, working on Asian and Latino outreach in the San Francisco Bay Area.
- 2015 was a year of massive evolution for Diabetes Hands Foundation. Melissa Lee, as interim executive director, was at the helm as we worked through the many changes and challenges. We say thank you Melissa for her dedication and devotion, and wish her all the best as she enters the next chapter of her life as a diabetes patient advocate.

2016:

- As 2016 begins, we welcome [Gene Kunde as the new CEO](#) of Diabetes Hands Foundation. In accepting his appointment Gene said, “Diabetes Hands Foundation has a powerful mission, serving as an important resource for those living with diabetes and their loved ones. I wanted to be part of an organization that aids and empowers individuals.” As an experienced executive, Gene brings the business acumen developed over nearly 30 years of having worked in both for-profit and non-profit organizations.
- TuDiabetes and EsTuDiabetes will continue to expand and serve people with diabetes worldwide with the peer support and information that helps insure that no one touched by diabetes ever needs to be alone. Both communities will focus on Hispanic outreach and Type 2 outreach in 2016.
- MasterLab will once again take place this summer in Orlando alongside the Children with Diabetes Friends for Life conference. In its third year, the focus remains informing and inspiring diabetes patient advocates so that the patient voice is heard by policymakers and industry.
- The diabetes advocates scholarship program will add the [Diabetes UnConference](#) to its roster of conferences in 2016. We anticipate the scholarship application window will open late in January.
- Big Blue Test will continue inspiring people to join the movement and help others by helping themselves. Each session of exercise logged online will translate into grants to grassroots organizations working with people with diabetes who are in need.

Diabetes Research Institute (DRI)



The Best Hope for a Cure®

2015:

The DRI is continuing to develop the [BioHub mini organ](#) to mimic the native pancreas and restore natural insulin production in patients with type 1 diabetes. As projected,

this year saw several research initiatives advancing to clinical trials, with other progress moving through the research pipeline within the three main challenge areas of the Site, Supply and Sustainability. An update on the science behind this:

Site: The [first patient in the BioHub Biologic Scaffold Trial](#) was successfully transplanted on August 18. This was the first transplant in the abdominal cavity (omentum) of a bioengineered endocrine pancreas using a fully resorbable scaffold. The recipient has been insulin-free and with excellent islet function and glucose control since the second week post-transplant. A second patient was recently transplanted. The training of DRI Federation Centers worldwide on this novel protocol has started, with several other institutions having received the standard operating procedures. Recently, the first transplant using the DRI's novel tissue engineering technique has been performed in Europe.

Supply: DRI investigators demonstrated for the first time that a clinically available molecule, [BMP-7, was able to convert progenitor cells present in the pancreatic exocrine tissue into endocrine cells](#), with results recently published in the journal *Diabetes*. Large numbers of exocrine pancreatic cells can be harvested and converted to endocrine cells by culture with BMP-7. The important results indicate possible regenerative medicine strategies and the ability of the pancreas to form new insulin producing cells.

Sustainability: Researchers made progress on their “conformal coating” islet encapsulation strategy, [initially described in a Proceedings of the National Academy of Sciences \(PNAS\) cover story](#) and other published studies. Conformal coating of islets may substantially improve their survival by preventing rejection after transplantation is performed. It may also decrease or fully eliminate the need for immunosuppressive/immunomodulatory drug administration. Administration of conformally coated islets in mice results in prolonged survival and islet function. Ongoing studies have led to [a better understanding of the role of low dose IL-2](#) in boosting the levels of regulatory T-cells (Tregs), cells of the immune system that suppress autoimmunity, with results recently published in *Diabetes*. DRI researchers are now about to start a clinical trial in T1D patients, who will be treated early after onset to assess the efficacy of low doses of IL-2 in the delay/prevention of diabetes progression.

The results of a clinical study combining transplanted allogeneic umbilical cord mesenchymal stem cells with autologous bone marrow was recently published in *Diabetes Care* (collaboration of the University of Miami DRI with the DRI

Federation center in China), demonstrating that this combined therapy increased c-peptide and insulin secretion levels without the use of immunosuppressive therapy in patients with established type 1 diabetes.

2016:

DRI researchers will continue the BioHub Biologic Scaffold clinical trial, transplanting donor islets within the omentum in patients with type 1 diabetes, while expanding the clinical trial to international DRI Federation Centers. The exciting initial clinical results strongly support the potential positive impact of this novel strategy.

Clinical trials will be underway in which patients diagnosed with type 1 diabetes will be treated with low doses of IL-2 early after diabetes onset. The follow up of these patients will allow researchers to better understand the potential positive impact of IL-2 in promoting islet cell survival by preventing beta cell destruction and loss.

There is also excitement about [the launch of another unique clinical trial that will combine for the first time five different agents](#) that have demonstrated, individually or in combinations of only two of three of the drugs, significant benefits on long-term function of transplanted islets. The five agents -- ATG, Exenatide, Filgrastim , IL-2, and Etarecept -- will be tested for safety and efficacy in reversing autoimmunity and preventing beta cell destruction in patients with recent diagnosis of type 1 diabetes.

International Diabetes Federation (IDF)



2015:

During the [G7 and G20 World Leader Summits](#), IDF launched a call to action for G7 and G20 countries to develop and implement cost-effective policy options aiming to improve the health outcomes of people with diabetes and prevent the development of new cases. IDF submitted the call to action to the Prime Ministers, Ministers of Finances and Ministers of Health of all G7 and G20 nations. Learn more about the campaigns here: [G7](#); [G20](#).

In 2014, the WHO issued new recommendations to limit sugar intake. IDF fully supports these recommendations and in response published the [IDF Framework for Action on Sugar](#), which recognizes the important role that excess sugar consumption has in increasing the risk of type 2 diabetes, and presents a series of policy initiatives aimed at reducing consumption of sugar and increasing production and availability of more healthy foods.

With more than 500 events in around 100 countries, [World Diabetes Day](#) on Nov. 14 once again united the global diabetes community in a powerful voice for diabetes awareness and advocacy, engaging individuals and communities to bring the diabetes epidemic into the public spotlight.

The [World Diabetes Congress](#) was brought to Vancouver, Canada, attracting experts in diabetes care from around the world to exchange diabetes research and best practices. Physicians, scientists, nurses, educators and other healthcare professionals, as well as government officials, policy makers and representatives from 230 IDF Member Associations gathered to learn, discover and connect.

With the release of the [IDF Diabetes Atlas Seventh Edition](#) new data on diabetes cases, prevalence, mortality and expenditure on the global, regional and national level became available to the public. With one person in ten projected to develop diabetes by 2040, IDF called on governments to target diabetes risk factors and adopt fiscal policies on unhealthy foods; using revenues generated to improve prevention of type 2 diabetes and care for all people with diabetes and those at risk.

For the first time it was estimated there are more than half a million children worldwide aged 14 and under living with type 1 diabetes. Many of these children do not have regular access to the care and medication required to effectively manage their disease and so we were delighted to see the further expansion of the [IDF Life for a Child Programme](#), now supporting over 17,000 children with diabetes in 46 developing countries.

2016:

IDF will seek to broaden the range of partners with whom we act, not only to enhance our own financial stability, but to open new possibilities of funding and practical alliances for our members and ultimately for the people with diabetes whom we serve. Focus areas will include:

- building a strong network of members working together at regional and global level
- supporting the development of health professionals through education so they are equipped to deliver high-quality care to people with diabetes and those at risk
- developing resources for primordial prevention to raise awareness of the need to effect changes at population level to prevent new cases of type 2 diabetes
- establishing models of cost effectiveness of diabetes prevention and treatment to provide the evidence needed to encourage governments to invest to save future health and other costs by preventing the onset of type 2 diabetes and providing appropriate management of diabetes to prevent complications
- using our engagement in the Life for a Child Programme to work more closely with governments in countries where it operates to promote strengthening of health systems to ensure local provision of essential medicines and services

JDRF



2015:

Throughout the year we have made significant progress to enhance the lives of people living with type 1 diabetes. Out of many compelling research outcomes from 2015, the successes outlined below are poised to deliver the most dramatic, near-term benefits to people with T1D.

An improved insulin infusion set: BD Medical announced it received FDA approval from to begin manufacturing an [improved insulin pump infusion set](#) that reduces the number and duration of flow interruptions, providing more consistent and reliable insulin delivery. The new technology also causes less pain and tissue damage at the insertion site, addressing an unmet need for people with T1D. The infusion set was

developed in collaboration with JDRF and the Helmsley Charitable Trust, and it's scheduled to reach the market in 2016.

JDRF-funded diabetic eye disease treatment: [KalVista Pharmaceuticals](#) announced it raised \$33 million in new financing to advance its experimental treatment for diabetic macular edema. The treatment, which blocks an enzyme called plasma kallikrein to prevent the development of eye disease, is currently being tested in a phase 1 clinical trial. JDRF's support of this research led to KalVista's recently secured follow-on funding, which will enable further development of this promising therapy.

Encapsulated cell therapy: The Diabetes Research Institute (DRI) announced an exciting early result from a JDRF-funded clinical trial testing one component of its experimental beta cell replacement therapy (called BioHub). DRI reported that the first trial participant to receive an islet cell implant in a novel site of transplantation no longer required insulin and was doing well. [JDRF supports DRI's work](#) in collaboration with the Helmsley Charitable Trust.

Pre-symptomatic stages of T1D: A new classification system that characterizes the [earliest stages of T1D](#) was published by JDRF and other diabetes funders and organizations. This system recognizes that T1D starts before the onset of symptoms and enables more precise monitoring of disease progression and better design of clinical trials aimed at preventing symptomatic disease.

JDRF-funded Artificial Pancreas system: The longest-running trial of a closed-loop AP system was completed in November. Trial participants successfully used the University of [Virginia's DiAs system](#) under free-living conditions for six consecutive months. The results lay the groundwork for commercialization of the system, and members of the DiAs team have formed [TypeZero Technologies](#), a start-up company to move the technology to market.

Advocacy milestones: JDRF's advocacy accomplishments in 2015 included the JDRF 2015 Children's Congress held in Washington, D.C. More than 150 children from 50 states aged between 4 and 17, and living with type 1 diabetes gathered to ensure leaders on Capitol Hill recognize the importance of funding for critical T1D research.

In April 2015 the U.S. Senate approved a [two-year extension of the Special Diabetes Program \(SDP\)](#) thanks in large part to JDRF's advocacy efforts. The SDP accounts for roughly one-third of all federally-funded T1D research in the United States. This latest extension of the SDP, which will now run through September 2017, means

SDP-funded researchers across the country will be able to continue promising clinical trials that are leading to improved therapies and ultimately a cure for T1D.

JDRF continues its advocacy efforts urging Congress to act so seniors with T1D who are [Medicare eligible have access to CGMs](#). This is one of JDRF's top advocacy priorities, in addition to our ongoing work to help define the regulatory path for new T1D therapies to rapidly move through the pipeline and bring additional resources to support our mission.

2016:

Looking forward, the artificial pancreas is moving rapidly towards market, with multiple companies expected to advance their hypoglycemia/hyperglycemia minimizer systems towards application for FDA approval in 2016. JDRF's support of encapsulated beta cell therapy research has facilitated learnings that are enabling us to broaden our approach to beta cell replacement.

In the coming year, we expect to support research examining techniques, such as gene modification, that will not require encapsulation to protect the cell from immune attack. Developing [glucose responsive insulin](#) will be another major focus, with JDRF funding multiple early stage projects aimed at creating insulins with the ability to turn on and off in response to blood sugar levels.

Finally, JDRF will work with a variety of diabetes nonprofits and medical standards organizations to promote researcher adoption of an approach to [staging presymptomatic T1D](#). Such a move would help optimize the design of clinical trials and more quickly evaluate potential therapies. JDRF is continually inspired and driven by our T1D community, and we thank you for your support of our research and advocacy as we all strive for a world without T1D.

T1D Exchange



T1D Exchange

2015:

T1D Exchange had a productive and busy year in 2015. We completed and presented and/or published on major studies, including:

- [A sweeping analysis assessing the current state of diabetes treatment in the U.S](#) in which our researchers conclude that there remains considerable room for improving treatment outcomes in type 1 diabetes across all age groups, but especially for adolescents and young adults.
- Research on [severe hypoglycemia in older adults](#) in which T1D Exchange researchers presented three related studies that evaluated severe hypoglycemia (SH) for older adults with type 1 diabetes an at-risk population who have the most barriers to obtaining needed test strips and continuous glucose monitoring devices. We hope these results will lead to more evidence-based research with Medicare patients so that we can help relieve the hypoglycemia burden.
- We also studied [metformin as an adjunctive therapy in overweight adolescents with type 1 diabetes](#) and learned that six months of adjunctive metformin therapy does not improve glycemic outcomes, but may have a beneficial effect on measures of obesity, including weight and BMI.
- T1D Exchange also collaborated with researchers globally on challenges such as [diabetic ketoacidosis \(DKA\) rates in pediatric](#) patients, the [obesity epidemic and how it is affecting type 1 diabetes youth in different countries](#), and [insulin pump use globally](#). These global collaborations are critically important because they identify opportunities to modify health policy, improve access to care, provide better physician and/or patient education and ultimately, improve care.

On [Glu, our social community](#) for people touched by type 1, we conducted a number of studies aimed at improving care and outcomes. From our over 15,000 participants, we learned about [unmet needs around pregnancy](#), which turned into several Glu events (face to face) around the country on this topic). We also studied feelings of stigma and discrimination; learned more about the need for emotional support, and examined the patient perception of healthcare provider and learned that patient satisfaction was associated with provider empathy, provider's discussions of technology updates related to T1D, and comprehensive care.

We also launched a social media campaign called [DiabeteSpeaks](#), which offers viewers a first-hand look into the many real-world challenges that come with day to day living with type 1. Photostories are shared on popular channels including Facebook, Tumbr, Instagram, and Twitter and podcasts are available on iTunes and

Podbean. We have had over 10,000 podcast listens since the program launched this fall.

Our [Biobank operations](#) have continued to thrive, supporting more than 25 research studies involving 20 investigators across 19 research institutions. Specimens from the stored sample repository are currently being used in 8 studies and 15 studies are using samples from the Living Biobank cohort.

In 2015, we added a number of new staff, including our [Chief Medical Officer, Dr. Henry Anhalt](#). Dr. Anhalt is well-known as being a tireless advocate for people with type 1 and has worked on all sides (clinical care, research, pharma and med device) to help speed up better solutions for people with T1D. He remains an active pediatric endocrinologist while serving as our Chief Medical Officer.

Lastly, we point to one crowning achievement in 2015, one that we believe underscores that of our mission to drive faster, more informed research to improve outcomes in type 1 diabetes: the [acquisition of Locemia Solution's needle-free glucagon by Lilly](#). This announcement highlights that the collaborations that T1D Exchange is leading every day (with academia, industry, advocacy groups, researchers and people living with type 1) is not only leading to improve outcomes, but doing it faster than ever.

2016:

In 2016, T1D Exchange will build on our successes of better, faster research to improve outcomes by continuing to organize our resources and impact into three core program areas, patient engagement, clinical and basic science programs. Below are just a few strategies we are excited about in 2016.

As part of our [Patient Engagement Platform](#) where we engage, support, and empower people to have their voice at the forefront of research, we are looking forward to hearing from the teen voice to learn what they want and need to more efficiently and successfully manage their type 1.

For our [Clinical Program](#), where we work to improve care, health outcomes, and quality of life, by driving cutting edge research to validate, accelerate, and translate new therapies – one core component to this program in 2016 is quality improvement in the healthcare clinic. This is an audacious program where we hope we can continually improve the care that people with T1D receive at their healthcare clinic. We are also looking forward to the outcomes of the [Replace BG](#) trial currently being

conducted, as well as the Racial Differences in A1c and Mean Glucose study, as well as many others.

Finally, for our [Science Program](#), we remain focused on human disease; cause, effect, and heterogeneity of type 1 diabetes.

Taking Control of Your Diabetes (TCOYD)



2015:

Taking Control Of Your Diabetes has had another fantastic year motivating and educating individuals with diabetes with our national conference series. We have also continued to provide invaluable education to health care professionals through our “[Making the Connection](#)” medical professional program.

We also accomplished big things in 2015 in regards to our CME initiatives by conducting a series of four national dinner programs focusing in on the [top 10 things healthcare professionals should know in regards to biosimilar insulins](#) as well as a series of ten national dinner programs on the practical strategies to addressing postprandial hyperglycemia in type 1 and type 2 diabetes.

For our patient community, we launched a new online network in [collaboration with the Smart Patients platform](#). This offers the first-ever web-based home to unite our fans and supporters, allow conference attendees to connect with each other over time.

2016:

With the continued success of TCOYD’s patient and medical professional programs we are excited to announce that we will be planning a national type 1 diabetes conference in 2016. This conference will be solely dedicated to cutting-edge management strategies for type 1’s and their loved ones with an emphasis on new technologies and treatment options.

Also, be on the lookout for a virtual TCOYD classroom that will allow conference participants to be able to continue their diabetes education after our national conferences are over. The TCOYD virtual classroom will be web-based and provide a

number of supplemental materials and informative tools to help our conference participants live their best lives with diabetes.



As noted, there's WHOLE LOT HAPPENING. We can only hope that 2016 turns out to be a landmark year on many D-fronts.

We hope you will join us in saying: cheers to that!