With Diabetes a Global Issue, **We Are More Alike** Than We Are Different

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I note the obvious differences in the human family . . . I note the differences between each sort and type, but we are more alike, my friends, than we are unalike.

—MAYA ANGELOU

It is no secret that diabetes has become a global public health issue. No longer a disease of the affluent, nor of Western nations, it impacts people of all backgrounds in all corners of the world. It has economic impacts in all nations and has hit developing countries, making it among the top priorities of the United Nations and the World Health Organization. Additionally, lifestyle plays a role in this rise, and the need for public policy and environmental responses are sorely needed to help turn the tide. The health care systems of nearly all countries are also desperately responding to the need.

Recently I had the great pleasure of attending a global diabetes educator advisory board meeting in Lisbon, Portugal, where I met with diabetes educators from around the world. What always amazes me is that in spite of our differences, and there are clearly differences, when all is said and done, there are far more similarities. We each discussed the issues and challenges we have with managing diabetes with our patients, and the obvious things came up. You could name them all I am sure. Access is an issue globally. Even in countries where health care is "free," access to diabetes education remains a challenge. In part due to not enough diabetes educators to meet the need, so wait times can be long, and in part due to no reimbursement for this service. Sometimes it is due to lack of referrals from the primary care provider. Sound familiar? And in some countries, there is still the challenge of limits on SMBG supplies and/or limits on the availability of newer pharmacological agents, making the ability to offer those new agents to patients who can benefit from them nearly impossible, unless the patient can afford to pay out of pocket.

As we continued our conversation, we talked about helping our patients better care for themselves. Facilitating behavior change is also a global challenge. Turns out, the human condition has no boundaries. Resistance to change is a normal response, as is the response to an open and caring approach. We all talked about our efforts to connect with our patients, and regardless of language, culture, or country, the desires of our patients are the same. To live a long and healthy life so they can do the things they love to do.

And for the educators in the room—well, we all wanted the same things too. We want equitable access to the services, supplies, and treatments our patients need. We want providers to refer their patients to us for our services so we can help our patients accomplish their goals. And with clinical inertia also being a worldwide issue, we all find ourselves acting as advocates for our patients when their providers are diabetes unaware. And it didn't stop there. We spoke of the challenges of the social determinants of health such as access to affordable healthy foods, safe places to get physical activity, and safe affordable housing, all assuming a livable income that emphasized the need for us to not only advocate for our patients in the clinical setting but also in the community and the environment.

I could go on. Remarkably, in a room full of diabetes educators from all over the world, the issues are far more similar than they are different. Obviously language and culture need to be considered, but some things transcend even those. The bottom line is we are all humans first. As Maya Angelou put it, "I note the obvious differences in the human family . . . I note the differences between each sort and type, but we are more alike, my friends, than we are unalike."

Whenever I have the honor of being involved with an international group of diabetes educators,

I come away feeling energized and hopeful. While the epidemic of diabetes has reached all corners of the globe, the passion and expertise of those who care for people with diabetes is also reaching the corners of the globe. There is still so much work to do, but there are a lot of people working in the same direction. As the saying goes, in the right formation, the lifting power of many wings can achieve twice the distance of any bird flying alone (author unknown). For me, like many of you, I did not start out to spend my career in the field of diabetes, but given the work still to be done, I cannot imagine doing anything else, and I know I am among some of the brightest and most passionate people on earth.

Just as diabetes is a global challenge, Juliet R. Jordan provides a different slant to diabetes self-management education by looking at the correctional setting in "Applying Diabetes Self-Management Education Principles in the Correctional Setting." It is another reminder that diabetes affects people regardless of where they are.

This month, we bring you the first in a series of articles on health care reform. Amber McCulloch starts off the series with a focus on the "Patient-Centered Medical Home (PCMH) in Health Care Reform and the Rise of Collaborative, Team-Based Health Care, Part 1: PCMHs." McCulloch interviews some educators who are involved in a PCMH and helps us understand the role of the diabetes educator in that environment.

In "Visualizing Change: Diabetes Educators Screening for Retinopathy," John E. McDonald and Jane K. Dickinson propose a challenge to diabetes educators to add retinal screening to our list of services. We all know how difficult it can be to get an annual eye exam for some of our patients, and this approach could increase access by providing another option for them. You may want to consider this for your program.

In Food for Thought, Charlotte Hayes brings us some tips on engaging our patients in being more physically active in "Being Active: Engaging Patients in a Physically Active Lifestyle."

In Mind Sights, Susan Weiner provides ideas about how to organize around diabetes in "Getting Organized: The Key to Improved Diabetes Self-Management."

D. Terry Forshee authors Capsules this issue with a summary of the obesity medications on the market in "Is the Magic Pill for Weight Loss on the Way?"

Barbara D. Smith shares a story with us about how she has been able to tap into patients who have been successful to inspire others in "'Superstar' Patients With Diabetes Can Inspire Others," and Sue Ann Taylor describes her first visit to the AADE Annual Meeting in "A Stranger in Your Midst: A Shocking Discovery at AADE15." A nurse herself, she made an interesting and mind-changing discovery.

And if you have been confused by what is going on with blood glucose meters and supplies, be sure to read "Did You Know: Medicare Competitive Bidding Program for Durable Medical Equipment" by Eric Zimmerman and John Warren. They do a nice job of explaining the background for this ongoing concern.

This issue is the first of our fourth year. Hard to believe! Educators like you have filled these pages with tips and approaches they have used in their own practices. We just completed our second reader survey, and the results are in. Nearly 90% of you rated the journal favorably, and 92% say it is meeting your needs as a practice-based journal. You commented specifically on the short, easy to read articles designed for busy clinicians. Many of you shared with us that you have actually put to use some of the things you learned in the journal. We hope to continue to provide more of the same and maybe some new things. We rely on you to tell us what you want and to provide us with the content that is relevant to your practices. Share your stories. ■

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—AUTHOR UNKNOWN

REFERENCE

Hu FB. Globalization of diabetes: the role of diet, lifestyle, and genes. *Diabetes Care*. 2011;34(6):1249-1257.