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A Self-Care Revolution is Needed to Save Ourselves from Diabetes

By Howard Steinberg

With the dramatic growth in diabetes, its related costs (one fifth of every healthcare dollar), and shrinking primary care physician population, the time patients have with clinicians to develop diabetes treatment options is under intense pressure. This face-to-face approach to treating chronic, behavior-dependent conditions such as diabetes leaves a gap in care that is too large to ignore any longer.

It is no surprise that patients often experience complex, psycho-emotional barriers when managing their diabetes including isolation, fear, denial, guilt and frustration. As the ranks of America's diabetes population swell to 26 million and the prediabetes population to 78 million, we are not seeing much improvement in meeting minimum standards of diabetes control. In fact, less than one third meets the American Academy of Clinical Endocrinologist's goal of 6.5% on an A1c test (which reveals average blood sugar levels).

Let's face it. We don't have a good answer for dealing with this worsening diabetes climate. Our healthcare system is totally misaligned with population needs and is clinical instead of behavioral, episodic instead of consistent, and emphasizes acute care over chronic care. While diabetes education and lifestyle modification are commonly accepted as fundamental to improving patient self-care, we are swimming against an overwhelming tide to deliver it effectively. Doctors are currently trained and incentivized to respond to acute care needs of patients on a high volume basis with little ability to support the educational, lifestyle, or sustained behavior change needs of their patients.

I've lived with type 1 diabetes for 42 years, and I learned a long time ago that my doctor was not going to manage my disease for me. I didn't want to die a slow "death by a thousand cuts" if I

didn't take charge of it: kidney disease, amputation, stroke, blindness, etc. The persistent problem-solving mentality and motivation that is required to be a "successful" diabetes patient is easy to say but is hard for millions to do.

The best chance we have to stem the diabetes tide that will engulf one third of all Americans by 2050, according to the CDC, is to aggressively embrace and drive a movement towards always-available self-care engagement. The good news is that news media has facilitated a democratization of self-care. The venue is not the doctor's office but rather through the channels where we spend 12 plus hours per day. The revolution must take place through the Internet, mobile devices and television, where disease engagement is easier, more available and entertaining.

I founded dLife in 2004 to help others like me better manage what is really a do-it-yourself disease. It took me all this time to realize that we are not in the business of delivering content or media but rather in the business of engaging and enabling self-care in the most consumer-centric way. It's the start of a people's revolution; making the techniques, tools and tactics it takes to engage the populace in pragmatic problem-solving that is always available to virtually all diabetes consumers.

Fortunately reform has stirred the pot, influencing a shift in environmental forces and policy agendas to emphasize "value" over "volume" in care delivery. Support for new medical and technologically-enabled direct-to-consumer models which address the pragmatic knowledge and emotional needs of living a healthier diabetes lifestyle is growing. You can feel it!

Howard Steinberg is the founder and CEO of dLife, the leading diabetes multimedia resource. An entrepreneur and marketer also living with diabetes, Howard created dLife to inform, inspire and engage people living with diabetes in better 24/7 self-care.