aka: The business of...

"Don’t tell me to improve my diet. I ate a carrot once and nothing happened!"

behavior change

Short-term gains
What we know how to do

INtegrating DEPrEssioN and Diabetes treatmENT study

CARRS
Translation Trial
Center for Cardiometabolic Risk Reduction in South Asia

INtegrating DEPrEssioN and Diabetes treatmENT study
Transforming Clinical Care

![Graphs showing changes in HbA1c, SBP, LDL-C, and DBP over time.](image)

- HbA1c: -1.6 vs. -1.1
- SBP: -18.3 vs. -12.9
- LDL-C: -28.5 vs. -21.3
- DBP: -7.9 vs. -4.9
What we do (and don’t) know how to do

**SUPPLY**

Prevention + Care
1. Providers
2. Dx and Rx
3. Information Mx

Linkage to Specialists

**DEMAND**

Awareness of risk/disease
- Self-MX
- Family Support

98% of life spent outside health care
Risk in Spouses / Partners

Incidence (per 1000 person years)

- KPNC members
- Spouses of matched people with incident diabetes
- Spouses of matched people without incident diabetes

Year 1
- KPNC members: 1.5
- Spouses of matched people with incident diabetes: 8.3
- Spouses of matched people without incident diabetes: 1.5

Year 2
- KPNC members: 16.4
- Spouses of matched people with incident diabetes: 16.3
- Spouses of matched people without incident diabetes: 5.8

Year 3
- KPNC members: 32.3
- Spouses of matched people with incident diabetes: 45.3
- Spouses of matched people without incident diabetes: 11.7

Cunningham et al. Prev Med 2017
What we do (and don’t) know how to do

**SUPPLY**
- Prevention + Care
  1. Providers
  2. Dx and Rx
  3. Information Mx
- Linkage to Specialists

**DEMAND**
- Awareness of risk/disease
  - Self-MX
  - Family Support

**REGULATIONS**

2. 98% of life spent outside health care

3. People are not (always) rational
Innovative Incentive Models

http://www.youtube.com/watch?v=RNJl9EEcsoE

4. Fear of the nanny state

Self-selection
Socioeconomic

If you build it...
Challenges Await ...

1. Short-term(ism)
2. How do we incentivize systems & communities to interact?
3. How do we make healthier choices the default?
4. How do we do this without a nanny-state approach?
5. How do we generate (sustained) demand?
6. How do we avoid widening disparities?
No matter what language you speak, diabetes is a global problem. RSFPH researchers are building a worldwide coalition to find a global solution.

mkali@emory.edu @mkali80 diabetes.emory.edu