

## Mission Possible

Belinda P. Childs, MN, ARNP, CDE, Editor

The mission of the American Diabetes Association (ADA) is “to prevent and cure diabetes and to improve the lives of all people affected by diabetes.” It is this mission that has kept me involved with the Association for more than 20 years. I am proud now to have the opportunity to serve as editor-in-chief of *Diabetes Spectrum*.

During our term as volunteer leaders of the Association from 1996 to 1997, Dr. Philip Cryer, my friend and colleague and a first-rate scientist, repeatedly stated that only through research would the ADA achieve its mission. Because of this organizational belief, the ADA is committing more dollars than ever to research and continues to advocate for more federal funding of diabetes research.

No question about it: research is improving the lives of people with diabetes. In the past 10 years, several pivotal studies, including the Diabetes Control and Complications Trial, the United Kingdom Prospective Diabetes Study, and the Heart Outcomes Prevention Evaluation study, have been completed and their findings reported. Diabetes care and education have become more evidence-based. At the ADA’s 60th Annual Meeting and Scientific Sessions in San Antonio, Texas in June 2000, 1,911 research abstracts were presented.

With the exponential growth in knowledge and new therapies, diabetes treatment and education strategies have become more complex, both for health care providers and for individuals with diabetes and their families. How do providers know which is the right treatment, the right plan for any given individual with diabetes? Where can clinicians look for the lat-

est information? How can they interpret the wealth of new data and determine whether the findings of the various studies are conclusive? Which experimental strategies should they implement? *Diabetes Spectrum* can help to answer these questions.

The ADA launched *Diabetes Spectrum* in 1988 with the goal of translating emerging research into clinical practice. Its mission is “to assist health care professionals in the development of strategies to individualize treatment and diabetes self-management education for improved quality of life and diabetes control. These goals are achieved by presenting review as well as original, peer-reviewed articles on topics in clinical diabetes management, professional and patient education, nutrition, behavioral science and counseling, educational program development, and advocacy. In each issue, the From Research to Practice section explores, in depth, a diabetes care topic and provides practical application of current research findings.”

And so I and my team of associate editors now take up where others have left off in pursuing this lofty goal. The From Research to Practice section of this, our first issue, focuses on barriers to diabetes care. There are many reasons why people with diabetes are not always successful in achieving the best possible diabetes control. Here, we highlight many of the challenges that people with diabetes, as well as their health care providers, must face, including cultural barriers, external systems issues, physical limitations, and psychosocial factors.

I would like to take this opportunity to thank outgoing editor-in-chief Dr.

Linda Siminerio and her associate editors: Dr. Beth Ann Coonrod, Ruth Farkas-Hirsch, Dr. Mary Korytkowski, Davida Kruger, Karmeen Kulkarni, Dr. Mark Peyrot, and Dr. Chris Ryan. They have each contributed to both the mission of the ADA and that of the journal by lending their leadership and expertise to *Diabetes Spectrum* and shaping it into the outstanding journal it is today.

I would also like to introduce the new associate editors who now join me at the helm.

Ann L. Albright, PhD, RD, is director of the California Diabetes Control Program. She serves on the ADA national board of directors and is also a leader in the American Dietetics Association and its Diabetes Care and Education Practice Group.

Diana W. Guthrie, PhD, FAAN, CDE, is a nurse who has been a pioneer in the field of diabetes education. She is a past member of the board of directors of both the ADA and the American Association of Diabetes Educators (AADE). She is professor emeritus in the Departments of Pediatrics and Psychiatry at the University of Kansas School of Medicine in Wichita.

Richard A. Guthrie, MD, FAAP, FACE, CDE, is a pediatric endocrinologist and medical director of MidAmerica Diabetes Associates. He is a clinical professor in pediatrics and family practice at the University of Kansas School of Medicine in Wichita. Dr. Guthrie currently serves as president of the ADA MidAmerica Region, and he has served on both the ADA and AADE boards of directors.

Debbie Hinnen, MN, ARNP, CDE, is manager of diabetes services at Via

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Christi Regional Medical Center in Wichita. She is a past president of AADE and has served on numerous ADA national committees and the ADA national board of directors.

Frank J. Snoek, PhD, is an associate professor of medical psychology at the Vrije University Medical Center in Amsterdam, The Netherlands. Dr. Snoek is president of the Study Group on Psychological Aspects of Diabetes of the European Association for the Study of Diabetes. He is co-editor of the journals *Diabetic Medicine* and *Diabetes Metabolism Research and Reviews*.

Geralyn Spollett, MSN, C-ANP, CDE, is an associate professor in the Adult and Family Nurse Practitioner Specialty Program at Yale University. She is incoming chair of the National Board for Credentialing of Diabetes Educators.

I work as a clinical nurse specialist

with the Drs. Guthrie at MidAmerica Diabetes Associates in Wichita. Each year, our diabetes center cares for more than 5,000 children and adults with diabetes. I served as the ADA's President, Health Care and Education, from 1996 to 1997, and I continue to volunteer for the ADA on the local, regional, and national levels today.

I know I speak for all of us when I say that we, the incoming editorial team, are committed to the mission of *Diabetes Spectrum* to help health care professionals develop strategies to individualize diabetes treatment and self-management education to improve both quality of life and glycemic control. And we are equally committed to the overarching mission of the ADA.

Our missions *are* possible. Diabetes *will* be prevented and cured someday. Meanwhile, the lives of people affected by diabetes continue

to be improved as we seek the prevention and cure.

Each of you, our readers, also contributes to improving the lives of people with diabetes. We encourage you to guide us by communicating your needs. What topics would you like to see covered in the pages of *Diabetes Spectrum*? What areas of emerging research are most in need of practical translation? How can we best help you help your patients with diabetes? Please feel free to contact any one of us with ideas that will help us uphold the mission of the journal and that of the ADA.

In closing, I say again that our missions *are* possible. But achieving them will require all of us to work together. Join us in looking forward to a future without diabetes. Imagine a day without diabetes complications. Know that we all have a part to play in achieving these worthy missions.