

First International Symposium on Diabetes Prevention and Control Programs Introduction

The past decade has witnessed major advances in knowledge about the causes, clinical course, and complications of diabetes. Advances in understanding bring the possibility of therapies to prevent insulin-dependent diabetes mellitus (IDDM) in the next decade. Effective therapy exists for many complications of diabetes.

Major consensus has developed concerning the treatment of complications of diabetes and the development of standards for diabetes-education programs. The developments in the past decade have been possible through the efforts of public officials at the federal and state levels in the United States and of colleagues through the offices of the World Health Organization (WHO) on the international scene, along with the major voluntary health agencies, principally the American Diabetes Association (ADA). The advances in public policy have made possible the development of community-based diabetes prevention and control programs that could, for the first time, translate state-of-the-art but accepted programming into individual communities in the U.S. and in other countries. The Centers for Disease Control has been the federal agency in the U.S. primarily responsible for diabetes-control programs. These programs have served as a model for other countries, but many innovative programs have originated with our international colleagues, most noteworthy among them the integrated program for noncommunicable diseases of WHO.

This symposium brought together speakers from the U.S. and abroad to examine experiences with community-based diabetes programs at the primary-care level and programs targeted against specific complications. The articles document efforts aimed at limited populations and specific geographic areas, but they nevertheless represent significant successes at translating agreed-

on levels of care into the community. More important, they show success at reducing the morbidity and potential mortality from diabetes. Perhaps most important, the articles document that, with readily available methods of care and patient and professional education, changes that can affect complications of diabetes are possible.

The articles also document areas for continued improvement. The National Diabetes Advisory Board of the U.S. has recently released a new plan that offers opportunities to further translate findings from studies such as ours into community programs (1). Another area for development may be the integration of chronic (non-communicable) disease prevention and control programs. This integration is attractive because people with diabetes are at risk for other diseases.

This symposium is an opportunity to present to ADA and the readers of *Diabetes Care* successful efforts to reach out into the community and apply a new approach to diabetes care. This approach offers the opportunity to affect the well-being of untold numbers of people with diabetes.

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REFERENCE

1. National Diabetes Advisory Board: *The National Long-Range Plan to Combat Diabetes, 1987*. Washington, DC, U.S. Govt. Printing Office, 1987, NIH publ. no. 87-1587