



EXECUTIVE INNOVATION LAB
ON DIABETES AND PREDIABETES



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POWERED BY

THE **diaTribe**
FOUNDATION

www.diaTribe.org



AGENDA

Discussion of diabetes throughout d17 relates primarily to type 2 diabetes.

WEDNESDAY, SEPTEMBER 27

LOCATION: IDEO
501 THE EMBARCADERO, PIER 28 ANNEX
SAN FRANCISCO, CALIFORNIA

3:00 PM	WELCOME, GOALS, AND DESIGN	KELLY CLOSE / HEATHER MCLEOD GRANT
3:15 PM	TOUR OF IDEO SF	
3:45 PM	"HOW DO WE CREATE A HEALTHIER NATION?" DESIGN THINKING WORKSHOP	DENNIS BOYLE / SARAH MUMMAH
5:45 PM	TRANSITION TO DINNER VIA PEDICAB OR FOOT (ABOUT A 15 MIN. WALK)	
6:30 PM	DINNER—SEA GLASS RESTAURANT, EXPLORATORIUM	

THURSDAY, SEPTEMBER 28

LOCATION: WESTIN ST. FRANCIS HOTEL ON UNION SQUARE, ALEXANDRA'S ROOM—32ND FLOOR
335 POWELL STREET (BETWEEN POST AND GEARY)
SAN FRANCISCO, CALIFORNIA

8:00 AM	BREAKFAST, ALEXANDRA'S ROOM, WESTIN ST. FRANCIS HOTEL	
8:30 AM	WELCOME, OVERVIEW, ENERGIZER	KELLY CLOSE / HEATHER MCLEOD GRANT
8:40 AM	INTRODUCTIONS	
9:15 AM	REVISITING WORK FROM D16	
9:45 AM	BEHAVIOR CHANGE & BEHAVIOR DESIGN WORKSHOP	DR. BJ FOGG
12:00 PM	LUNCH	
12:45 PM	UPDATES SINCE D16 & GROUP REFLECTION	ADAM BROWN WILL FLEISSIG KIM FORTUNATO DR. DAVID NAPIER & DR. ANNA-MARIA VOLKMANN DR. RITA NGUYEN BENJAMIN PALLANT & AMELIA DMOWSKA DR. LAURA SCHMIDT DAVID LEE STRASBERG



AGENDA

Discussion of diabetes throughout d17 relates primarily to type 2 diabetes.

THURSDAY, SEPTEMBER 28 (CONTINUED)

2:00 PM	BREAKOUT GROUPS—IDEATION <i>How might we:</i> <ol style="list-style-type: none">1. Mobilize patients and leaders to reduce stigma and improve public attitudes and social norms surrounding diabetes and prediabetes?2. Re-design the acute-care-oriented healthcare system to better serve chronic disease management?3. Make prevention of diabetes and prediabetes a priority in the health system and beyond?4. Design programs that result in behavior change?5. Change/create policies that promote health and wellness?
3:00 PM	COFFEE BREAK
3:15 PM	BREAKOUT GROUPS—IDEATION ROUND II
4:00 PM	REPORT BACK & WHOLE GROUP DISCUSSION
5:00 PM	CLOSING REFLECTIONS
5:30 PM	RECEPTION, VICTOR'S ROOM, WESTIN ST. FRANCIS
6:30 PM	DINNER, VICTOR'S ROOM, WESTIN ST. FRANCIS—IN HONOR OF RUTH OWADES

FRIDAY, SEPTEMBER 29

**LOCATION: HISTORIC FERRY BUILDING, PORT COMMISSION HEARING ROOM
1 FERRY BUILDING
SAN FRANCISCO, CALIFORNIA**

8:00 AM	INVIGORATING WALK TO FERRY BUILDING WITH ADAM BROWN, AUTHOR OF BRIGHT SPOTS & LANDMINES: THE DIABETES GUIDE I WISH SOMEONE HAD HANDED ME (TAXI SERVICE WILL ALSO BE AVAILABLE)
8:30 AM	BREAKFAST, PORT COMMISSION HEARING ROOM
9:00 AM	WELCOME, OVERNIGHT THOUGHTS
10:00 AM	MOVING TO ACTION—NEXT STEPS <ul style="list-style-type: none">• Philanthropy and public health—new models and learning tools “The Giving Code: Silicon Valley Nonprofits and Philanthropy”• Scaling and spreading new and refined thinking on prevention, workplace wellness, and healthcare teams of the future• Taking action on innovative ideas in the field
12:00 PM	FOLLOW-UP & WORKING PLAN
12:30 PM	CLOSING REFLECTIONS
1:00 PM	LUNCH, MARKET BAR, FERRY BUILDING

A MESSAGE FROM KELLY CLOSE: WELCOME TO D17

Welcome to d17: Executive Innovation Lab on Diabetes and Prediabetes. Thank you for making this one-of-a-kind gathering possible.

My own diagnosis with diabetes over 30 years ago resulted in a life’s work of making people smarter about this condition in all its types, forms, and stages. What I’ve witnessed through the years is a serious disease becoming a global epidemic. In 1986, when I was diagnosed, it was estimated that about 1 in 165 people around the world had diabetes. Today, that number is now estimated to be 1 in 11, and in the U.S. alone, more than 30 million people have diabetes and another 50+ million have prediabetes. This disease costs the U.S. nearly \$250 billion a year, in direct and indirect expenses—a big number, to be sure, but even that doesn’t reflect the constant emotional and financial stress for individual patients or the much larger impact at a systems level.

I’ve seen progress as well—the growth of new therapies, technologies, and outreach efforts as companies, nonprofits, and support groups have tried to meet the needs of patients. Huge advances have been made in our understanding of the disease and in how to better apply scientific findings to its treatment. Our Foundation’s efforts have culminated in a variety of initiatives – including the “d series” of innovation labs.

Last year, The diaTribe Foundation hosted its inaugural “d16: Executive Innovation Lab in Diabetes and Obesity.” This gathering was groundbreaking in several ways for our young foundation. First, we brought together a diverse group of participants from different sectors, including leaders from medicine, science, government, technology, and education. Second, there were no panel discussions, talking heads, or pre-formulated outcomes. We engaged with one another and benefited from the blending of our perspectives. In addition to countless long-lasting connections, the gathering led to a high-impact document called the Consensus of Ideas (diaTribe.org/cofi). This report showcases 12 of the most investible, scalable, and meaningful ideas from d16 that could make a significant impact on decreasing the burden of type 2 diabetes and prediabetes.

Our Foundation made significant progress on a number of these conceptual initiatives over the past 18 months, including Idea #2—the Anthology of Bright Spots (see page 8 for more information on this). We spread the Consensus of Ideas far and wide in order to inspire and ignite others to create change. We remain committed to diving even deeper into these ideas over the coming years, particularly Idea #6, the tax of sugar-sweetened beverages, where we wrote thousands of words and used our networks to further progress. It’s amazing to think that at d16, except for in Berkeley (where they don’t

drink soda), the soda tax was just a twinkle in someone’s eye. Now, it’s more than a start of a movement and we’re so delighted to see all that has happened on this front.

Indeed, in 2017 as well as next year, we are excited to continue the conversation to drive greater innovation and impact in diabetes and prediabetes. d17 will be the second-ever gathering of among the smartest minds among the various stakeholders in diabetes, including researchers, business leaders, government decision makers, doctors, nurses, technology heads, educators, urban planners, digital strategists, and media representatives. Together, we are going to transform the dialogue and action surrounding type 2 diabetes and prediabetes.

We believe that innovation through collaboration is the best place to start when facing this public health crisis. A lack of coordination among those who have a stake in health is one reason that we haven’t stemmed the epidemic of diabetes and prediabetes, but we gather together at d17 to try to do just that.

That’s why I want to thank you. By attending d17, you’ve made a commitment to join some of the brightest leaders around. Through interactive workshops and wide-ranging and directed discussion, participants will explore how new ways of thinking can be used to engage all sectors of society to tackle diabetes. Our goal is to develop and build upon ideas that will challenge and inspire new ways of approaching diabetes and stimulate funding that will make that happen.

While we know that the epidemic could not begin to be solved through the “d series” alone, with your help, these innovation labs can serve as a catalyst for innovation and change. I’m looking forward to our discussions, in particular, on behavior change, prevention, stigma, social norms, public attitudes, and systems to figure out what we should be doing both more of and less of, and to identify what’s scalable. I am personally honored that you have come to join us in this fight, as is our incredibly impressive and dedicated Board of Directors, including Mr. Dennis Boyle, Mr. John Close, Mr. Jeff Halpern, Dr. Orville Kolterman, and the incomparable Ms. Ruth Owades, who has shown enormous dedication to our foundation in its first five years—d17 marks her retirement from The diaTribe Foundation board and we look forward to celebrating with you her brilliance, intensity, charm, and incredible savviness on Thursday evening.

Onward!



Kelly L. Close



ABOUT THE DIATRIBE FOUNDATION

To fight the growing crisis of diabetes, The diaTribe Foundation was founded with the mission to improve the lives of people with diabetes and prediabetes and to advocate for action.

We will identify the stakeholders who are in position to drive the field toward smarter, effective solutions, and we will lead the vanguard to ensure that those solutions become reality.

HOW DOES SOCIETY ADDRESS DIABETES?

There is no one single answer to the diabetes epidemic. It results from a diverse and complex set of circumstances. Solutions can only come from the combined efforts, and collective impact of many people, and this is true for both type 1 and type 2 diabetes.

We need a political and cultural shift in which reducing the burden of diabetes, or eliminating the disease entirely, becomes a priority. We need industry, healthcare providers, the government, and non-profits working together to improve patient outcomes. We need to recognize the importance of the emotional as well as the physical aspects of this condition. We need to hear the voices of over 30 million people with diabetes coming together and saying, "We do not accept the status quo."

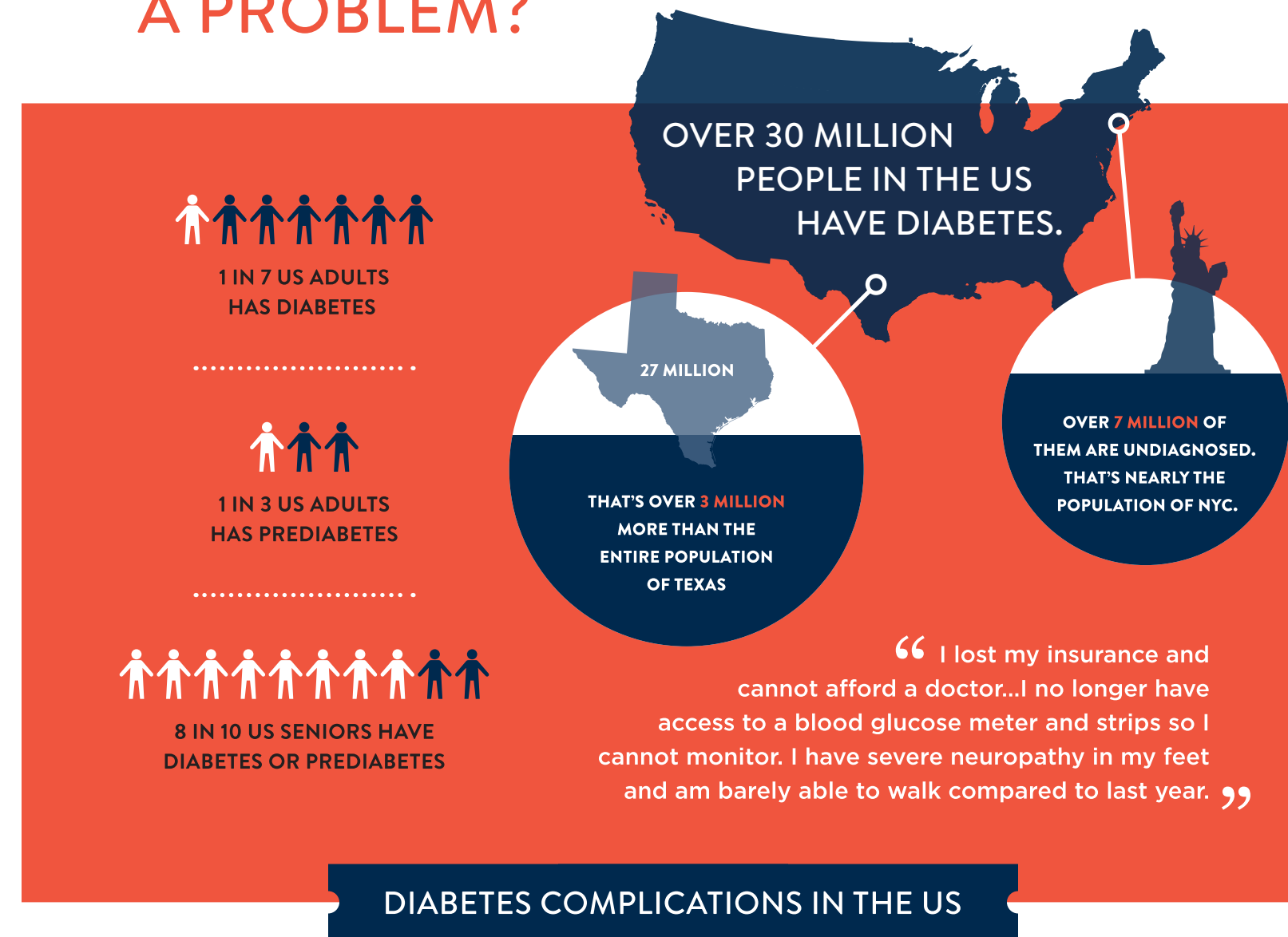
WHERE DO WE COME IN?

Currently, the field of diabetes too often lacks unity, coordination, and clarity. The diaTribe Foundation wants to change that. With deep insights in the patient experience and in the advances in research and treatments, we want to lead the debate that will make investments in diabetes care and research more successful. Led by patient advocate Kelly Close, our team has the resources and expertise to cover the diabetes landscape. We have a personal understanding of the patient experience and an in-depth knowledge of diabetes pharmaceutical and biotechnology companies. We are a respected voice in regulatory settings, and we have numerous partners in the diabetes online and advocacy communities. In short, we are well suited to lead a movement of change, progress, and hope.



WHY IS DIABETES A PROBLEM?

★ 90 - 95% of diabetes cases are type 2 diabetes



168,000

ANNUAL HOSPITAL DISCHARGES DUE TO DIABETIC KETOACIDOSIS EACH YEAR



ADULTS WITH DIABETES ARE 2-4 TIMES MORE LIKELY TO HAVE A HEART ATTACK OR STROKE



DIABETES CAUSES A LOWER LIMB AMPUTATION IN THE US EVERY 5 MINUTES



48 PEOPLE WITH DIABETES GO BLIND EVERY DAY



SOMEONE WITH DIABETES BEGINS TREATMENT FOR END-STAGE KIDNEY DISEASE EVERY 10 MINUTES



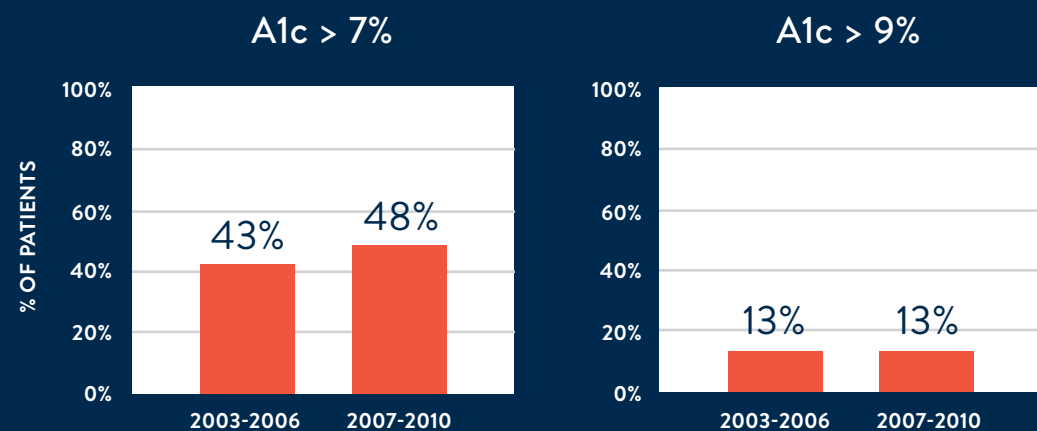
TWO OUT OF THREE PEOPLE WITH DIABETES EXPERIENCE SOME FORM OF DIABETIC NEUROPATHY

245,000

ANNUAL ER VISITS DUE TO HYPOGLYCEMIA EACH YEAR



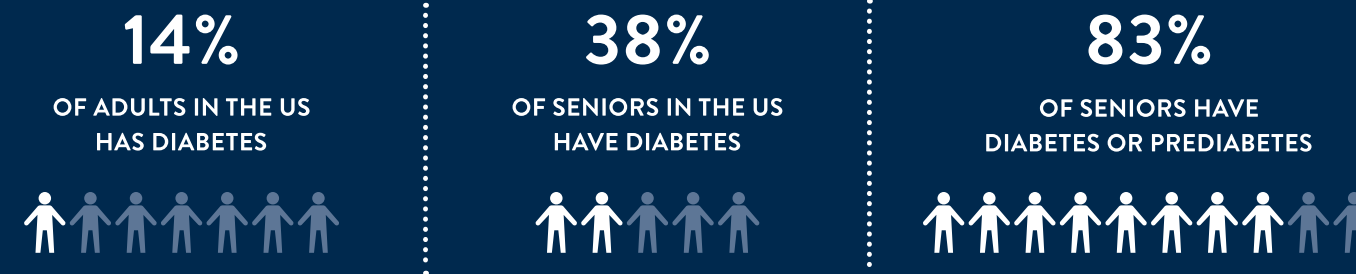
HALF OF PATIENTS ARE NOT AT GOAL, AND ONE IN SEVEN PATIENTS HAVE BADLY UNCONTROLLED A1CS. MOREOVER, A1CS HAVE NOT IMPROVED OVER TIME DESPITE BILLIONS MORE DOLLARS SPENT ON DIABETES.



Each percentage point reduction in A1c correlates with a 35% reduction in microvascular complications (blindness, kidney disease, nerve damage) and a 14% reduction in cardiovascular disease.

THE PROBLEM

Over 30 million people in the US have diabetes.
Over 8 million of them are undiagnosed.
Another 86 million Americans have prediabetes.



We need an integrated, cross-systems approach focused on prevention and behavior change to reverse these trends.

COST OF DIABETES ON SOCIETY

Diabetes poses a huge economic burden on the United States. We spend **\$245 BILLION** a year on the direct (\$176 billion) and indirect (\$69 billion) costs of diabetes. Nearly half of direct costs are because of in-patient hospitalizations, primarily from long-term diabetes-related complications, hypoglycemia, and DKA (diabetic ketoacidosis). While spending on diabetes has grown significantly over the past several decades (it was well under \$100 billion in the 1990s), at a population level A1c levels haven't significantly improved. Per capita costs have declined, because of improvements in long-term complications. However, overall costs are still growing as more people continue to get diabetes, and with people living longer with type 2 diabetes today than ever before, more people are at higher risk of costly long-term complications.



1 IN 5 US HEALTHCARE DOLLARS IS SPENT ON DIABETES

\$245 BILLION (2012)

41% INCREASE FROM 2007

PROJECTED TO DOUBLE BY 2034

THE US COST OF DIABETES—\$245 BILLION—IS MORE THAN THE INDIVIDUAL GDPs OF OVER 140 WORLD NATIONS

“ I no longer have the funds to buy the foods I need to eat to keep my diabetes under control. I eat far too many carbs because they are cheaper & go farther. I would rather be eating more meat and fruits & vegetables. ”

ABOUT D17

Dozens of gatherings are held each year to address different aspects of this crisis, but none engages leaders across the healthcare system to produce innovative, effective solutions.

The diaTribe Foundation has access to a vast network of prominent medical professionals, academics, industry leaders, and policy-oriented healthcare experts. Because we believe it is critical to involve thinkers from the entire diabetes ecosystem in meaningful conversation, we also want to engage Silicon Valley tech leaders, government decision makers, educators, urban planners, and food industry and media representatives.

d17 is the second-ever gathering of the smartest minds among these various stakeholders in diabetes.

BACKGROUND ON D16 AND PROGRESS UPDATES

In 2016, The diaTribe Foundation hosted “d16: Executive Innovation Lab in Diabetes and Obesity,” a highly selective, two-day gathering of medical, scientific, policy, and education leaders from healthcare and technology. Participants worked on changing the conversation and making recommendations for funders regarding type 2 diabetes and prediabetes. They generated innovative solutions to the most pressing problems in diabetes; 12 of their most investible, scalable, and impactful ideas are showcased in the Consensus of Ideas, initiatives on which our Foundation has made major headway.

The Anthology of Bright Spots was one of the twelve core ideas created during d16.



ANTHOLOGY OF BRIGHT SPOTS

WHAT IS THE ANTHOLOGY OF BRIGHT SPOTS?

The Anthology of Bright Spots in Type 2 Diabetes was conceived during The diaTribe Foundation's d16 Executive Innovation Lab on Diabetes and Obesity. Several participants in the Innovation Lab asked, quite simply, "What's working? Where can we find out about existing successes?" It quickly became clear that no such inventory exists—which meant we had no way of identifying common traits of successful interventions across different populations. By creating such a document, or "Bright Spots," we hope to promote awareness, collaboration, further innovation, and investment. While this collection is currently largely US-based, we look forward to including more global programs.

The Anthology is divided into three sections: Prevention, Workplace Wellness, and Healthcare Teams of the Future. The Prevention section details prevention programs that have demonstrated positive outcomes, inspired others, and show potential for impact, scalability, and investability. Workplace Wellness delves into programs that aim to improve health outcomes for employees, while Healthcare Teams of the Future explores structural initiatives to reorganize, streamline, and improve how practitioners interact with patients. Though there is inevitably some overlap between the three categories, each section details the top insights distinguishing its key needs and priorities.

WHO DID WE INTERVIEW?

We interviewed over 75 prevention specialists, educators, clinicians, public health experts, non-profit innovators, behavioral interventionists, entrepreneurs, researchers, advocates, and policymakers. Each conversation yielded valuable information, not only on what is working but also on the challenges that remain and the possibilities for future successes.

WHAT ARE SOME OF THE TOP INSIGHTS?

"People make decisions based on their priorities. Prevention is rarely a priority."

People often face far more salient motivators than health—saving money and balancing a budget, feeding a family, advancing a career or maintaining multiple jobs, caring for loved ones, sustaining social ties, upholding cultural norms and traditions, avoiding embarrassment, avoiding wasting money, even avoiding deportation—any one of these factors, and many more, can lead a person to make reasonable, rational decisions that they know are not best for their health. People may know that vegetables are healthy, for example, but aren't ready to risk losing money if they spoil or if their family doesn't like them. Nutrition and health education are crucial but are insufficient on their own. Said Sarah Nelson, Executive Director of 18 Reasons, which administers the Cooking Matters program in San Francisco, "The nutrition education complex is dominated by dietitians...It should be dominated by chefs."

"The lack of continuity of care in our medical system fails high-risk patients."

When people's care is segmented and disrupted, it becomes substantially harder to address the increasing risk factors and red flags that precede type 2 diabetes and its subsequent complications. Discontinuous care also limits opportunities for risk stratification. For example, gestational diabetes is a known risk factor for type 2 diabetes, yet mothers generally see their obstetricians at most once or twice after delivering. The prevention opportunity presented in this piece of medical knowledge can be lost in the segmented communications between the obstetrician and an individual's future clinicians. As with primary care shortcomings, discontinuity of care partly reflects the tendency of medical education toward specialization. Professor Philip Home said that, though exceptions certainly exist, specialists such as cardiologists are not very interested in social factors or preventive medicine.

"Environment matters—make the healthy choice the easy choice."

What is true for virtually all health interventions holds particularly true for workplace wellness programs—the environment in which the intervention occurs directly affects its success. A nutritional education and weight loss program, for example, probably won't do well in an organization where the cafeteria doesn't offer and prominently display and promote healthy options. But many of the most important environmental factors are not so simple as having fruits and vegetables on display. Does the healthy option require more or less work than an unhealthy alternative? Is it likely to be encouraged or discouraged based on what you see other people doing around you?

“Team-based care and learning require effective collaboration between doctors and a variety of professionals who are not physicians.”

We heard extensive discussion around the fact that many of the most important aspects of care are best delivered by a specialist other than a physician. Sometimes this is because of time constraints—we heard numerous references to the limited time a doctor has with each patient—but much of it reflects that many patient needs are simply best addressed by a professional other than a doctor. For example, many behavioral specialists may be better suited to address matters of motivation and long-term adherence to lifestyle interventions. Occupational therapists and social workers can understand various aspects of everyday life that a physician may be less likely to recognize or address. Pharmacists can help patients navigate the details of medication regimens. And the list goes on. The more that physicians can refer to and rely on the skills of other health professionals—and the more that these various professions can both learn and collaborate together—the more comprehensive and continuous the patient care experience will be.

A special thank you to Novo Nordisk for sponsoring this project.



ABOUT OPEN IMPACT

Open Impact is a strategic advisory firm partnering with exceptional social change leaders and philanthropists to envision, design, and accelerate their impact. Many of today’s problems are increasing in complexity, outpacing current solutions. No single organization or sector can solve them alone. Instead, Open Impact believes leaders today must be strategic, innovative, and collaborative in creating new approaches to social change. Open Impact works with their clients to develop these new skills, and to harness the best people, ideas and resources needed to create breakthrough solutions that can scale.

Open Impact focuses on leadership, strategy, and collaboration. They curate customized leadership and learning experiences that equip nonprofit and philanthropic leaders with the mindsets, tools and skills they need to deepen their effectiveness, build their organizations, strengthen their governance, engage their networks, and change systems. They take a distinct approach to developing program and grant making strategies for social impact, addressing big challenges with a customized process that integrates methodologies such as systems and design thinking to get to smart answers quickly. They convene diverse stakeholders to collaboratively design solutions to complex problems with an eye toward sustainability and scale. They also design, catalyze, and support diverse networks that are needed to create systems-level change.

Alexa Cortes Culwell and Heather McLeod Grant are co-founders of Open Impact. They began the firm based on a shared passion for partnering with social change leaders focused on creating greater impact. Together they are leading a network of seasoned colleagues who share their passion and values, bring diverse talent and skills, love to learn and grow, and find joy in their work. Both Alexa and Heather are longtime residents of Silicon Valley, where they are raising families. They are partners in Silicon Valley Social Venture Fund (SV2), Senior Fellows of the American Leadership Forum Silicon Valley, and active community volunteers.



HEATHER
MCLEOD GRANT



ALEXA CORTES
CULWELL

THE FACILITATORS

HEATHER MCLEOD GRANT



Heather McLeod Grant is the co-founder of Open Impact and a social entrepreneur, author, and consultant with 25 years of experience in social change. She is coauthor

of the bestselling *Forces for Good: The Six Practices of High-Impact Nonprofits*, named a Top Ten Book of the Year by *The Economist*, and numerous case studies, articles and other publications. Previously she was the principal of McLeod-Grant Advisors. Ms. McLeod Grant helped lead the nonprofit practice at Monitor Institute and served as a McKinsey & Company consultant. She began her career as an Echoing Green Fellow when she cofounded *Who Cares*, a national magazine for young social entrepreneurs published from 1993 to 1999. She is a Venture Partner with Draper-Richards-Kaplan and has served on numerous local, national, and global nonprofit boards. She holds an MBA from Stanford University and an AB from Harvard University.

ALEXA CULWELL



Alexa Culwell is the co-founder of Open Impact and a longtime philanthropy advisor, speaker, and facilitator. For the past 25 years she has built and managed foundations and

philanthropic initiatives for successful entrepreneurs, including serving as the founding CEO of the Charles and Helen Schwab Foundation. She recently completed a four-year appointment as a visiting practitioner at Stanford University's Center on Philanthropy and Civil Society. Prior to

Open Impact, Ms. Culwell founded the strategic advisory firm Philanthropy Futures in 2011. She has served on the Center for Effective Philanthropy's board for more than a decade, and has been a long-standing board member of New Door Ventures. Her work has been cited in *Harvard Business Review* and *Stanford Social Innovation Review*. Ms. Culwell earned her undergraduate degree from UC Berkeley and a Master of Nonprofit Administration from the University of San Francisco.

DENNIS BOYLE



Dennis Boyle is a Partner and a founding member of IDEO. Based in Palo Alto, he leads the Health and Wellness practice, which works with clients in the medical and

consumer health-care industries to develop innovative products and strategies for promoting healthful living and behavior change. Over the course of his IDEO career, he has worked as a design engineer, a project leader, a business relationship leader, a studio leader, and a practice leader. He has helped build and nurture many key, long-term client relationships, including Silicon Valley tech firms, Fortune 100 consumer businesses, and health-care companies. He has contributed to more than 50 patents. Mr. Boyle helped to shape IDEO's approach to teaching design thinking through workshops. He also created the TechBox at IDEO, a collection of tools used for creative problem-solving, research, and in communication both inside and outside the company.

THE FACILITATORS

Mr. Boyle is a consulting assistant professor for the Design Division of Stanford University's Mechanical Engineering School, where he's contributed to courses on product, engineering, and human factors design, as well as design for sustainability and creativity and innovation. He also teaches "Design for Better Health" at the d.school, a course that draws students from each of the university's graduate schools. (Students are placed on teams that work directly with individual patients to promote healthy behaviors in order to avoid long-term chronic illness.) For elementary and high school students, Mr. Boyle has helped start afterschool programs, such as the Tech Challenge at the Tech Museum of Innovation in San Jose. His goal is to enable kids to experience and solve engineering problems through hands-on design thinking projects. Mr. Boyle holds a BS in mechanical engineering, with an emphasis on industrial design, from the University of Notre Dame and an MS in product design from Stanford. He is married to Peggy Burke, founder of 1185 Design, and has two sons.

DR. BJ FOGG



Dr. BJ Fogg, PhD, directs the Persuasive Tech Lab at Stanford University. A behavior scientist and innovator, Fogg conducted the first-ever series of

experiments on how computers can influence people. His research was awarded Stanford's Maccoby Prize and spawned an annual international conference. Each year Dr. Fogg creates a new course to teach at Stanford, with topics ranging from mobile persuasion to health habits. His students have gone on to create successful digital

products, including Instagram, that millions of people use every day. Dr. Fogg's breakthrough models and methods for changing behavior led to new field called Behavior Design. Industry innovators learn to apply Dr. Fogg's methods in his two-day "Behavior Design Boot Camp." He is the author of *Persuasive Technology: Using Computers to Change What We Think and Do*, the first book to explain how technology can be designed to influence people. Fortune selected Dr. Fogg as one of 10 "New Gurus You Should Know." In the past 5 years Dr. Fogg has personally coached over 42,000 people in his behavior change method called "Tiny Habits." For more info see bjfogg.org and captology.stanford.edu.

SOPHIA LIANG



Sophia Liang is passionate about people and enabling sustainable communications within teams and inside organizations by utilizing the power of visual

communication. She has an extensive background in designing experiential learning events with a focus on creating moments that matter. Her background has taught her that in order for people to truly listen and understand one another, they must be engaged on multiple sensory levels. As part of her practice, Ms. Liang teaches internal and public graphic facilitation workshops to put the power of the pen into the hands of her clients. She believes that when groups are given the power to voice and visualize their own ideas, they have better conversations, and then make better decisions. When she's not traveling for work, Ms. Liang enjoys salsa and west coast swing dancing, and cooking in her home in Los Angeles.



A SPECIAL THANK YOU TO OUR SPONSORS

The diaTribe Foundation would like to thank d17 sponsors—Sanofi, Novo Nordisk, AstraZeneca, Intarcia, Abbott, and The Apple Pickers Foundation—for their support. We are grateful for their dedication to bringing new ideas and pioneering solutions to those living with diabetes. We are proud to have them as partners in spurring new ideas, new opportunities, and new programs in diabetes. Thank you!



Diabetes and cardiovascular disease affect millions of people worldwide, with many managing the complex challenges of both. Building on their portfolio evolution, heritage and expertise, Sanofi has a focused business unit dedicated to delivering innovative, value-based medicines and integrated solutions in these therapeutic areas. They are committed to a collaborative approach that involves strategic alliances with professional and patient associations, research institutions and leaders in healthcare and other industries, with the goal of advancing scientific knowledge, driving the convergence of science and technology, helping to improve outcomes, and inspiring an evolution in care.



Novo Nordisk, headquartered in Denmark, is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. This heritage has given Novo Nordisk experience and capabilities that also enable them to help people defeat other serious chronic conditions: rare bleeding disorders, growth hormone-related disorders, and obesity.



AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialization of prescription medicines, primarily for the treatment of diseases in three main therapy areas—Oncology, Cardiovascular & Metabolic Diseases and Respiratory. The Company also is selectively active in the areas of autoimmunity, neuroscience, and infection. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. For more information, please visit www.astrazeneca-us.com and follow us on Twitter @AstraZenecaUS.



Intarcia Therapeutics, Inc., is a rapidly emerging biopharmaceutical company committed to developing innovative therapies utilizing the Medici Drug Delivery System™—medicines that have the potential to transform the prevention and management of serious chronic diseases.



Abbott is committed to helping you live your best possible life through the power of health. For more than 125 years, they have brought new products and technologies to the world—in nutrition, diagnostics, medical devices and branded generic pharmaceuticals—that create more possibilities for more people at all stages of life. Today, 94,000 Abbott team members are working to help people live not just longer, but better, in the more than 150 countries they serve.

IDEO

ABOUT IDEO

IDEO (pronounced “eye-dee-oh”) is an award-winning global design firm that takes a human-centered, design-based approach to helping organizations in the public and private sectors innovate and grow.

We identify new ways to serve and support people by uncovering latent needs, behaviors, and desires.

We envision new companies and brands, and we design the products, services, spaces, and interactive experiences that bring them to life.

We help organizations build creative culture and the internal systems required to sustain innovation and launch new ventures.

IDEO'S APPROACH: DESIGN THINKING

Thinking like a designer can transform the way organizations develop products, services, processes, and strategy. This approach, which IDEO calls design thinking, brings together what is desirable from a human point of view with what is technologically feasible and economically viable. It also allows people who aren't trained as designers to use creative tools to address a vast range of challenges.

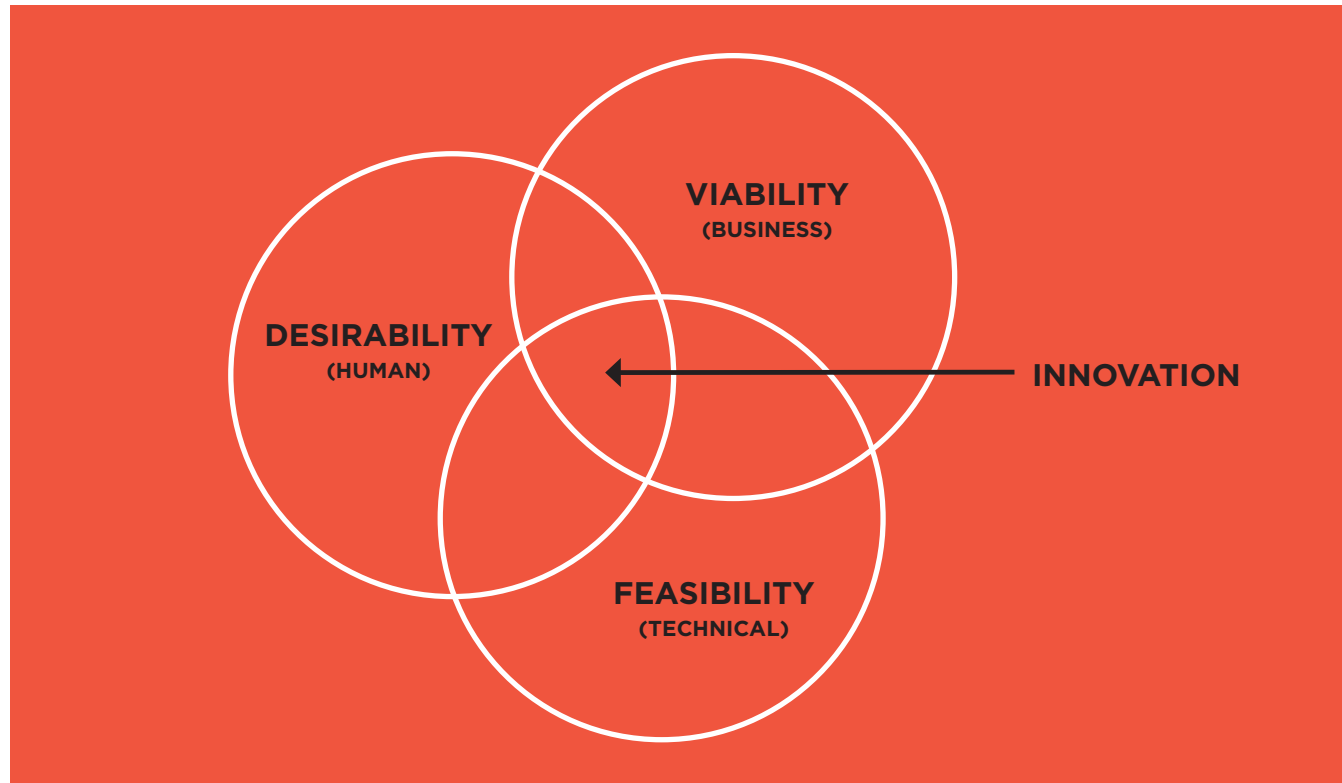
Design thinking is a deeply human process that taps into abilities we all have but get overlooked by more conventional problem-solving practices. It relies on our ability to be intuitive, to recognize patterns, to construct ideas that are emotionally meaningful as well as functional, and to express ourselves through means beyond words or symbols. Nobody wants to run an organization on feeling, intuition, and inspiration, but an over-reliance on the rational and the analytical can be just as risky. Design thinking provides an integrated third way.

The design thinking process is best thought of as a system of overlapping spaces rather than a sequence of orderly steps.

“Design thinking is a human-centered approach to innovation that draws from the designer’s toolkit to integrate the needs of people, the possibilities of technology, and the requirements for business success.”

TIM BROWN, PRESIDENT AND CEO





There are three spaces to keep in mind: inspiration, ideation, and implementation. Inspiration is the problem or opportunity that motivates the search for solutions. Ideation is the process of generating, developing, and testing ideas. Implementation is the path that leads from the project stage into people’s lives.

Under this system, IDEO uses both analytical tools and generative techniques to help clients see how their new or existing operations could look in the future—and build road maps for getting there. Our methods include business model prototyping, data visualization, innovation strategy, organizational design, qualitative and quantitative research, and IP liberation.

All of IDEO’s work is done in consideration of the capabilities of our clients and the needs of their customers. As we iterate toward a final solution, we assess and reassess our designs. Our goal is to deliver appropriate, actionable, and tangible strategies. The result: new, innovative avenues for growth that are grounded in business viability and market desirability.

The diaTribe Foundation would like to thank Mr. Dennis Boyle, now a board member of The diaTribe Foundation, and IDEO for their support and participation in d17. In our efforts to bring design thinking to the diabetes field, we are honored to have had the opportunity to work with and learn from IDEO.

Thank you!

LIST OF PARTICIPANTS (AS OF SEPTEMBER 21, 2017)

OSMAN AHMED

WellMed
Medical Director, Population Health

JOHN AGOS

Sanofi
Sr. Director and Cardiovascular/Diabetes Advocacy Lead, Partners in Patient Health Group

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THANK YOU TO OUR TEAM

Our team at The diaTribe Foundation has been working tirelessly to make progress on the ideas that came out of d16 over a year and a half ago, and it has been exciting to watch this event grow and take form into what you are attending today. But we could not have done it alone. Fitting with the ethos of d17, this gathering was the product of hard work and dedicated collaboration between many bright and talented individuals and organizations. I'd like to give thanks to the members of our team who made d17 possible as well as our "brain trust" partners who have all provided guidance and support that was critical in making d17 a reality.

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Kelly L. Close

