



INTRODUCTION

WHO WE ARE

The American Diabetes Association is the trusted global authority on diabetes. We are committed to fight against diabetes and its deadly consequences. We are thought leaders, researchers, advocates, health care professionals, people with diabetes, their family and friends--everyone committed to fighting diabetes--working together.

WHY WE EXIST

We envision a world without diabetes. Yet present realities are a stark contrast to this bold vision.

Diabetes is the single greatest chronic disease threat to global health today. It is a 24/7 disease that hurts, disables and kills those we love. Spending on personal health care for diabetes is greater than spending for any other disease. This is weakening our communities and threatens to bankrupt health systems around the world.

OUR VISION

Life free of diabetes and all its burdens.

OUR MISSION

To prevent and cure diabetes and to improve the lives of all people affected by diabetes.



HOW WE FIGHT

To fight diabetes, the Association has three strategic areas of focus:

DRIVE DISCOVERY: Through research, partnerships and innovation on a global scale, drive discoveries to prevent, manage and ultimately cure diabetes.

RAISE VOICE: Intensify the urgency around the diabetes epidemic and mobilize bold action through advocacy and engagement.

SUPPORT PEOPLE: Provide new, effective resources for individuals and populations living with and at risk of developing diabetes and for the health care professionals serving them, and offer those resources when, where and how they are needed.

We are united to defeat this global threat. Together, we will be relentless, concentrating our power on these three strategic priorities to defeat diabetes. Together, we can end this disease.

STRATEGY 1: DRIVE DISCOVERY

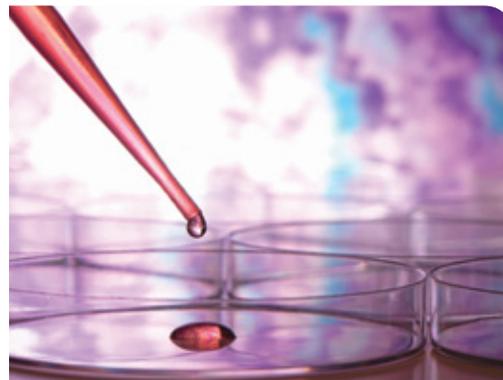
Through research, partnerships and innovation on a global scale, drive discoveries to prevent, manage and ultimately cure diabetes.

Through the generosity of donors, the American Diabetes Association has made notable research-progress that has already changed the lives of those with diabetes for the better. Yet research-related opportunities and initiatives are endless, and we will continue to fund these projects until we eliminate diabetes.

PATHWAY TO STOP DIABETES®

Pathway to Stop Diabetes is a bold, innovative initiative designed to radically transform diabetes research. This intensive program focuses on an small group of brilliant scientists funded by the Association.

In January of 2017, we selected six new scientists from a pool of nominees from 106 institutions. Each one proposes novel and bold approaches to conquering diabetes. More than \$40 million in gifts from individuals, foundations and corporations have made this possible.



77TH SCIENTIFIC SESSIONS

In June, the American Diabetes Association hosted the 77th Scientific Sessions in San Diego, CA. As the world's largest diabetes meeting, it drives discovery by facilitating collaboration between clinicians, speakers, scientists and educators.

13,000 CLINICIANS, SCIENTISTS AND EDUCATORS FROM 112 COUNTRIES AND ALL 50 STATES

16,000 TOTAL PARTICIPANTS

900 SPEAKERS

>2,100 POSTER PRESENTATIONS

50 MODERATED POSTER DISCUSSIONS

ALMOST **300** NEWS REPORTS OF BREAKTHROUGHS PRESENTED AT THE SCIENTIFIC SESSIONS

>560 MILLION REACHED

150 PRIMARY CARE PROVIDERS OFFERED TOOLS TO IMPROVE PATIENT OUTCOMES

150 ENDOCRINOLOGY FELLOWS BROUGHT TOGETHER FOR CAREER DEVELOPMENT, NETWORKING AND SMALL-GROUP DISCUSSIONS

FOUR KEY AREAS OF DIABETES RESEARCH

TYPE 1 DIABETES • TYPE 2 DIABETES • GESTATIONAL DIABETES • DIABETES COMPLICATIONS

NOTABLE RESEARCH ADVANCEMENTS IN 2017



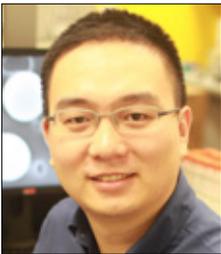
KATHLEEN A. PAGE, MD, Links Children's Health Outcomes to Gestational Diabetes

Dr. Page's project aims to characterize how maternal obesity or diabetes influences the brain pathways responsible for body weight and blood glucose control in offspring. This year, she reported data showing that central adiposity in children is independently associated with exposure to gestational diabetes and the mother's pre-pregnancy BMI. This result begins to explain the transgenerational risk of diabetes and obesity, which will help define prevention interventions.



DANIEL J. CERADINI, MD, FACS, Presents a Novel Approach to Wound Healing

Dr. Ceradini's project aims to improve tissue regeneration in the setting of diabetes to enhance wound healing and avoid amputation. This year in San Diego, Dr. Ceradini presented the results of a promising study in mice that supported the role of antioxidant networks in wound repair. By using a nanoparticle vehicle to deliver a molecular therapy to wound tissue, he observed enhanced expression of antioxidant genes and improved wound healing. Dr. Ceradini hopes to quickly translate these findings for clinical use.



ZHEN GU, PHD, Describes Advances in Engineering a Smart Insulin Patch

Dr. Gu has advanced several complementary approaches to engineering glucose-responsive insulin delivery systems that mimic a healthy pancreas. He recently launched a startup company that aims to translate this technology for clinical use.

STRATEGY 2: RAISE VOICE

Intensify the urgency around the diabetes epidemic and mobilize bold action through advocacy and engagement.

Diabetes affects every race, ethnicity, and community, but certain groups are hit harder than others. Misconceptions about diabetes lead individuals to be treated unfairly, keep them from being medically safe and prevent them from working jobs they love.

Through initiatives like the Make Insulin Affordable Campaign, our advocates raised the voices of individuals and communities, urging policymakers to take action to prevent diabetes, provide access to programs and end discrimination against people with diabetes.

Our children's initiatives have ended and prevented many discriminatory practices that threaten the safety of children with diabetes.



MAKE INSULIN AFFORDABLE CAMPAIGN



Insulin isn't a luxury. It's a matter of life and death. The millions of people who rely on insulin for their wellbeing don't have a choice. Unfortunately, the price of insulin has tripled between 2002 and 2013, causing individuals to struggle with how to pay for this crucial piece of their lives.

"When considering a new job, most people care mainly about the salary being offered or the job requirements. For me, my employment is driven by the benefits package. It's better for me to take a job with a lower salary if it means the health insurance will cover the insulin I need."

~ Tanya W.

"My fiancée and I spend \$280 every three weeks for her insulin. Her insurance doesn't cover the drug she uses, but it's the only one that's worked well for her. Do we sell the house that we just built or do we live? Those are the choices we face."

~ Bill K.

More than 255,000 people have signed a petition calling for increased transparency and more affordable insulin. No one who needs insulin should ever have to go without it due to prohibitive costs.

CHILDREN'S INITIATIVE MASON'S STORY



Mason Steven's school refused to provide him a 504 Plan, a plan that outlines medical care and special accommodations that students with disabilities may need in school settings.

Without the 504 Plan, Mason struggled in school. At one point, he couldn't complete a math test because of high glucose levels. Instead of being allowed to wait and take the test at another time, Mason received a low grade.

Mason's parents, Nicole and Michael, reached out to the American Diabetes Association's legal advocacy program, who confirmed that Mason was eligible for a 504 Plan. Together, Mason's parents and the Association negotiated with the school to set a 504 Plan in place.

At the end of Mason's kindergarten year, the school signed the 504 Plan. Nicole reports that, even though the plan isn't perfect, it has been a fundamental step in the right direction. Mason is excelling academically and the school's attitude is changing from resistant to supportive.

BREAKTHROUGH ADVOCACY IN 2017



Call to Congress 2017

180 advocates from 33 states

Advocates held 189 House and Senate meetings

Winning victories state by state

Secured 44 regulatory wins at state level

High number of legislation and regulation still pending

TEAM TACKLE



As a 2017 strategic partner of the National Football League Players Association, we are uniting current and former professional football players to represent Team Tackle and work with the Association to raise awareness of diabetes and prediabetes; champion additional research, fair treatment and total wellness for all people living with diabetes; and provide hope for the millions of individuals and families who are managing diabetes or are at risk.

STRATEGY 3: SUPPORT PEOPLE

Provide new, effective resources for individuals and populations living with and at risk of developing diabetes and for the health care professionals serving them, and offer those resources when, where and how they are needed.

While we work to end diabetes, we also support people living with the disease today. The Association's support takes many forms, all with the goal of equipping individuals to live better:

- Programs and workshops for high-risk populations to give essential guidance and culturally competent tools and resources that help people with diabetes take control
- Call center, where staff field thousands of calls and emails each month, many of whom are newly-diagnosed and need resources
- Diabetes Camp, which improves children's and teen's abilities to manage their diabetes and encourages them to pursue their dreams and ambitions in spite of diabetes
- Safe at School, which strives to make sure children with diabetes are educated in a medically-safe environment

These and many more services help people do all they can to avoid the devastation of diabetes-related complications: blindness, amputation, kidney failure, stroke and heart disease.



TOUR DE CURE

More than 50,000 riders participate in these premier cycling fundraising events each year. Many join the tour to support family and friends living with the disease, others to give back to an organization that has supported them through their own diagnosis.

MICHAEL PECKERAR

Michael Peckerar's father, a Navy veteran, was diagnosed with Type 2 diabetes at age 55, right after Michael graduated college. They had no idea the disease runs in their family – his grandfather never told anyone.

Soon after, Michael was working in Irvine and began riding his bike from the MetroLink to the office (about five miles). Many others did the same, and the riders became friends. One day, one of them mentioned that he was riding for the American Diabetes Association in a team event.

"I got on my phone and immediately signed up," Michael said.

His first ride was a 62-mile event, and since then he's completed two 100-mile events as well. He wears his dad's dog tags in each event, saying the jingle reminds him why he rides, and his dad waits for him at every finish line, beaming with pride.

"I've ridden in the Tour de Cure three times and it is one of the most important things to me," Michael says. "This is a skill I have – I can ride a bike and it can help my father."

DIABETES CAMP

Children with diabetes are burdened with fears, cares and responsibilities that their peers are not. The stigma of being different and fear of life-altering or possible fatal complications weighs on children heavily. These realities leave children with diabetes feeling isolated, and they can become depressed.

One way the Association helps improve the lives of children affected by diabetes is by hosting camps for children and teens living with or at-risk of diabetes. The overarching purpose of camp is to promote self-care behaviors in a camping environment that is fun, peer-oriented and medically safe.

Our message to children is that a diagnosis of diabetes may define certain responsibilities, but it doesn't define their dreams or ambitions.

We receive hundreds of letters each year from campers and their parents sharing how Diabetes Camp has impacted their lives for the better.

ALLY'S STORY

Ally was diagnosed with diabetes when she was just 5 years old, but she never let it stop her. She graduated top of her high school class, earned a volleyball scholarship, obtained a bachelor's degree in biology and received a master's degree in public health.

But in the midst of her successes, Ally endured her share of diabetes-related struggles. From a classmate telling her she had "Die-A-Betes" to hypoglycemia, Ally suffered through various fears and emotional pain.

Everything changed for Ally when she began attending one of the Diabetes Camps sponsored by the Association. She not only learned about how to best manage her care but also felt fully accepted and understood by the other campers who quickly became her friends.

SAFE AT SCHOOL

At its core, Safe at School focuses on utilizing education, negotiation, litigation and legislative strategies. The Safe at School campaign strives to ensure that all children with diabetes are educated in a medically safe environment and have the same access to educational opportunities as their peers.

JARED'S STORY

Six years ago, an archaic state law almost prevented Jared Milligan, who has type 1 diabetes, from attending kindergarten at his neighborhood school. Not only that, but Jared wasn't welcome in 98 of the 103 elementary schools in the Florida county where he lived.

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CAMP BY THE NUMBERS

6,000+ CHILDREN

FROM 45 STATES ATTEND AMERICAN DIABETES ASSOCIATION CAMPS

6-17 YEAR OLD

CHILDREN AND TEENS

2,000+ VOLUNTEERS

DOCTORS, NURSES, DIETICIANS, AND COMMUNITY CHAMPIONS

\$1,800 PER CHILD

THE APPROXIMATE COST FOR ONE WEEK OF OVERNIGHT CAMP (INSULIN, BLOOD GLUCOSE STRIPS, AND DIABETES MANAGEMENT SUPPLIES ARE INCLUDED)

79 CAMP SESSIONS

OF WHICH, 56 SERVE KIDS WITH DIABETES (TYPE 1 AND TYPE 2) AND 12 SERVE KIDS AND FAMILIES AT-RISK FOR DEVELOPING TYPE 2 DIABETES

\$500,000+

IN NEED-BASED FINANCIAL AID IS AWARDED ANNUALLY BY THE ASSOCIATION

11% INCREASE IN DIABETES MANAGEMENT FROM PRE- TO POST-CAMP ATTENDANCE

PARENTS REPORTED DIABETES-RELATED STRESS DECREASED POST-CAMP. CHILDREN RETURNED HOME SHOWING LOWER LEVELS OF ANGER, SADNESS AND FRUSTRATION AT NOT BEING ABLE TO DO THINGS OTHER CHILDREN THEIR AGE CAN DO.

The only workaround was that Jared's mom, Tracey, would come once a day and give Jared his insulin shots.

So that's exactly what Tracy did for 2 ½ years. If work prevented her from coming one day, her husband took vacation time to fill in for her. The sacrifice was worth it but draining.

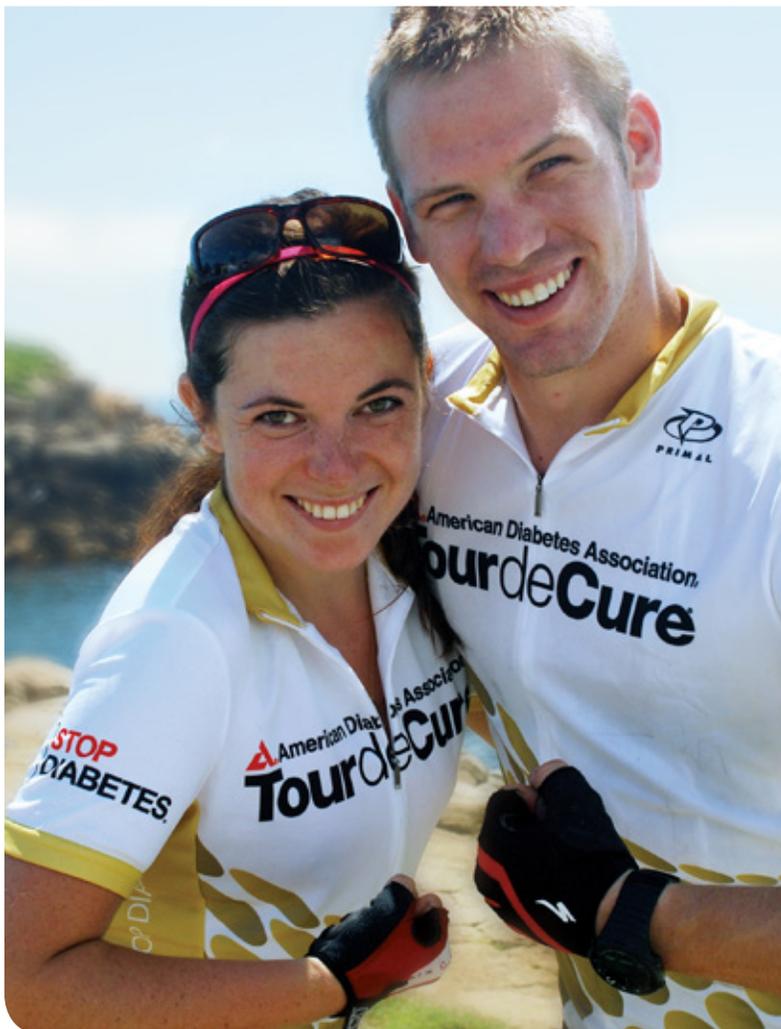
Now, Jared is old enough to manage his diabetes on his own. However, Tracy worked hard alongside the American Diabetes Association to make sure that kids like Jared were not discriminated against because of their diabetes. In Florida, there is now a law in place that forbids districts from assigning kids like Jared to a particular school. Furthermore, schools now have staff trained to provide diabetes care. Jared's experience became a driving force of change at the state level.

GIVING HOPE

People like Mason, Michael, Ally and Jared are just a few of the thousands of individuals who have been positively impacted by the work of the American Diabetes Association.

We cannot thank you, our donors, enough for your generosity. You are helping to make life better for those who live with diabetes every day, and you are giving them hope to keep fighting this disease.

Together, we envision a world free of diabetes and its complications. To that end, we drive scientific discovery, raise our voices to increase awareness and support people on the front lines of diabetes to keep pressing on. Together we will build on this foundation of passion and dedication to stop diabetes once and for all.



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diabetes.org

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351 funded scientists
at 150 institutions
across U.S. in 2016



378 research projects
supported in 2016



\$34.5M+ made
available for research
in 2016 alone



99% of researchers we
fund remain committed
to diabetes research
careers for at least
5 years



Nearly \$770 M
invested in research
since 1952



4600+
Research projects
funded by ADA since 1952



9/10 researchers
secure new funding
within five years to expand their work,
leveraging every dollar we invest into
\$7.36 in additional research resources