

BRIDGES – Funding Opportunities for Translational Research in Diabetes

a report by

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DOI: 10.17925/USE.2008.04.2.14

In 2007, the International Diabetes Federation (IDF) launched a new funding programme, Bringing Research in Diabetes to Global Environments and Systems (BRIDGES), dedicated to supporting translational research¹ in diabetes worldwide. The programme is managed by IDF and supported by an educational grant from Eli Lilly and Company. A funding programme with a global remit, BRIDGES solicits proposals supporting cost-effective and sustainable interventions that can be adopted in real-life settings for the prevention and control of diabetes. To be eligible for support, projects must be based on initiatives that have been proved to be effective in trials to prevent and treat diabetes, improve the care of people with type 1 diabetes or people with type 2 diabetes and delay related complications. Importantly, such interventions must also have the potential to be put into clinical practice in a range of settings and to be widely disseminated to people with diabetes and their communities. These projects fall into the category of 'translational research': they provide the opportunity to 'translate' the lessons learned from clinical research into benefits – in terms of overall health and quality of life – for people affected by diabetes.

BRIDGES provides funding for two types of initiative: short- and long-term projects. Short-term projects should have a maximum duration of two years, with funding not in excess of US\$65,000, and should test a hypothesis linked to translational research in diabetes. Long-term projects should have a maximum duration of three years, with funding not in excess of US\$400,000, and should be dedicated to the implementation of tested hypotheses.

Round One

The first round of funding was concluded in 2007. More than 107 applications (44 short-term and 64 long-term) were received from all over the globe and, following a strict review process, 11 projects were selected to be financially supported.

Successful Short-term Projects

Improving Self-management in the Philippines

BRIDGES is funding a pilot study in the Philippines that is offering culturally appropriate and improved diabetes care in rural communities using local

health workers. This community-based study will help people with diabetes in the Philippines to acquire the knowledge, attitudes and self-care practices they need to effectively manage their diabetes. The programme is managed by the Section of Endocrinology, Diabetes and Metabolism of the University of the Philippines and is taking place in San Juan, Batangas, Philippines. The Philippines diabetes self-management programme responds to the key aims of the IDF BRIDGES programme. The members of the BRIDGES reviewing bodies recognised the potential of this project to improve the health and quality of life of people living with diabetes and to increase diabetes knowledge among the region's health workers, who will build the capacity to support quality care.

Protecting the Urban Population in Vietnam

IDF is supporting a pilot study in Vinh City, Vietnam that is aimed at increasing screening opportunities for people who are at increased risk of type 2 diabetes. The study will inform a motivational programme to promote healthy lifestyle choices among people in this urban community. The National Hospital of Endocrinology, which is in charge of the programme, will use simple questionnaires to identify people between 30 and 64 years of age who have risk factors for type 2 diabetes. The screenings will be coupled with community awareness and healthy living programmes involving nutritional education, physical activity and regular check-ups. The overarching objective of the study is to demonstrate the effectiveness of low-cost lifestyle interventions to prevent diabetes in people living in urban areas.

Enhancing Care in Low-income Communities in New Jersey, US

The University Hospital in Newark, New Jersey, is an academic teaching hospital that cares for people with diabetes in low-income and ethnic-minority communities. For a variety of reasons, many of these people, after a period of inpatient care at the University Hospital, never connect to their outpatient diabetes clinic. The objective of the Newark project is to fill this gap in diabetes care by creating a process to improve access to the outpatient diabetes clinic and facilitate the continuity of care between the inpatient and outpatient settings. The programme has multiple objectives: reducing emergency admissions and inpatient re-admissions, enhancing health-related quality of life and improving health behaviour and metabolic control.

Maximising Self-management Education in Texas, US

Studies have shown that diabetes self-management education can help people with type 2 diabetes to gain and maintain control of their condition. However, many people with type 2 diabetes fail to complete self-management programmes, or find that the health benefits of attending are short-lived. This project, which will be conducted by the Baylor Health Care System Institute for Healthcare Research and Improvement in Dallas, Texas,



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will examine the impact of motivational interviewing on the completion rates of such programmes and on the efficacy of participants' self-management over a sustained period of time. Should this strategy prove effective, motivational interviewing will be incorporated into diabetes self-management programmes and, it is hoped, will result in improved quality of care for people with diabetes.

Preventing Amputations in Alexandria, Egypt

With increasing numbers of people with diabetes nationwide, the risk of ulceration and lower-limb loss in Egypt has become a public health priority – albeit one that is widely underestimated. There is an urgent and growing need for podiatry services, which are all but absent in Egypt. A BRIDGES-funded Rotary International project in Alexandria will test the impact of an educational and preventative foot care centre for people with diabetes. It is hoped that a reduction in the rate of amputations will be achieved through the establishment of this centre, which specialises in foot care and preventative education and providing training in the field for healthcare providers.

Peer Education in Michigan, US

It is known that professionally led self-management interventions are effective in improving diabetes-related health outcomes, but these gains cannot be sustained without continued follow-up. As a promising alternative, peer-led interventions have been associated with positive changes in metabolic, cardiovascular and psychosocial functioning. However, existing peer-led interventions are limited by time, led by curricula and structured rigidly. This study, based at the University of Michigan, US, proposes the development of a theoretically driven programme for training peer educators to lead interventions based on empowerment. These interventions, when led by healthcare providers, have been associated with improved diabetes-related health and psychosocial outcomes.

Long-term Projects

Protecting Women's Health in Australia

BRIDGES is funding the STOP Diabetes project in Australia, which is designed to reduce the risk of type 2 diabetes in women by encouraging healthy behaviour. STOP Diabetes was created by the Jean Hailes Foundation for Women's Health in order to address the alarming increase in lifestyle-related metabolic diseases, including type 2 diabetes and gestational diabetes. According to the investigators, greater insights into these preventable diseases are needed in order to identify barriers to behaviour change so that unhealthy behaviours can be modified. The BRIDGES-supported research will include attention to understanding women's health beliefs, attitudes, and perception of risk, as well as their response to illness.

Promoting a Public Health Response in Jordan

The Diabetes Micro-Clinic Project aims to develop and implement a plan that will serve as a basis for a comprehensive approach to managing and treating diabetes in Jordan. It is hoped that the successful implementation of the Micro-Clinic Project will promote wellness, alleviate the economic burden of poor health and provide a model for a comprehensive public health approach to the management of diabetes in the Middle East and around the world.

Culturally Appropriate Preventative Action in Chennai, India

This project is carrying out a randomised trial of a culturally specific community-based lifestyle intervention aimed at preventing type 2 diabetes in adults living in Chennai, India. Researchers at the Emory University in Atlanta, Georgia, and the Madras Diabetes Foundation in Chennai will be using the results of the study to make policy and public health recommendations, which, it is hoped, will result in broad and effective diabetes prevention efforts.

Primary Prevention in Sri Lanka

This study will involve 25,000 people between 10 and 40 years of age who will be randomly selected from an urban area in Sri Lanka. Of these participants, 5,000 people with two or more risk factors for type 2 diabetes and cardiovascular disease will be identified using a simple questionnaire. Having undergone biochemical and physical assessments, they will be divided into low-intensity and high-intensity lifestyle modification groups and followed for three years. Researchers at the National Diabetes Centre in Colombo have a series of objectives, which include making a comparison of the two approaches to therapy and, ultimately, developing low-cost primary prevention strategy for Sri Lanka.

Improving Access to HbA_{1c} Measurement in Sub-Saharan Africa

Large-scale studies in the US and the UK have demonstrated that lowering glycated haemoglobin (HbA_{1c}) significantly reduces diabetes complications. Moreover, it has been shown that immediately reporting HbA_{1c} measurements to people with diabetes can improve their blood glucose control. However, HbA_{1c} testing is not available to people in most parts of sub-Saharan Africa – an area with an enormous and growing burden of diabetes. This project will provide affordable access to HbA_{1c} measurement and relevant education in Cameroon and Guinea. Researchers at the Institute of Health and Society at Newcastle University in the UK plan to develop, alongside local health authorities, a training and cost-recovery scheme that will make significant and sustainable long-term improvements in diabetes control.

Round Two and Beyond

The second round of funding for BRIDGES will take place in 2009. Abstracts (maximum five pages) should be submitted between January and 31 March 2009. Full applications will be invited from approved abstracts. These applications will be accepted between April and July 2009, with the final selection made in October. The third and final round of funding will begin in the second quarter of 2010. ■

Toolkits and additional information about the second round of funding are available at www.idfbridges.org as of 2 January 2009. For more information, please contact Ronan L'Heveder, BRIDGES Project Manager, International Diabetes Federation, ronan@idf.org

This article is an edited version of the article 'Eleven BRIDGES projects from around the world; the funding is underway' published in Diabetes Voice, June 2008. Diabetes Voice is the publication of IDF and offers a global perspective on diabetes.

1. Translational research transforms currently available knowledge into useful measures for everyday clinical and public health practice. Translational research aims to assess implementation

of standards of care, understand the barriers to their implementation and intervene throughout all levels of healthcare delivery and public health to improve quality of care

and health outcomes, including quality of life. Source: Narayan et al., Diabetes Translation Research: Where Are We and Where Do We Want To Be?, *Ann Intern Med*, 2004;140:958–63.