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Canadian Journal of Diabetes

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Note From the Editor

## Innovating for Better Diabetes Care



*“For good ideas and true innovation, you need human interaction, conflict, argument, debate.”*

—Margaret Heffernan

The prevalence rates and complexity of diabetes continues to challenge our health-care system, health-care providers and patients alike. However, it is often during times of difficulty that opportunities present themselves. As the quote from Margaret Heffernan suggests, conflict, struggle and debate spawn innovation. With that, this is the second issue devoted to innovations in diabetes care, with a focus on interprofessional roles, models of care, therapeutics and innovation and use of technology. The articles featured in this special issue comprise original research, reviews and perspectives in practice from a variety of authors.

For example, Boivin (1) reports that optimal use of professional roles—in particular the pharmacist role—may support individuals living with type 2 diabetes throughout the care continuum. Leveraging the skills, knowledge and attributes of pharmacists who are also certified diabetes educators, Boivin highlights the many supports that pharmacist educators may bring to patients in the community setting.

Schlosser (2) reviews the merits of fixed and ratio combination therapies to support type 2 diabetes management, an important intervention that encompasses evidence-based research. Similarly, Navodia et al (3) review the evidence related to culturally tailored self-management interventions for South Asians living with type 2 diabetes. The review takes a critical look at the development and implementation of tailored interventions for South Asians and provides insight for future research. Both articles demonstrate the value of systematically reviewing the research evidence, while reflecting on valuable perspectives in practice.

Examining diabetes care from a population health perspective, Ngui and Silva (4) provide us with three innovative population health concepts to improve diabetes care in family practices, an important strategy when seeking to describe, understand and reflect on primary care practice. MacDonald et al (5) reminds readers that integrating arts in routine care can be therapeutic in supporting youth and young adults transitioning in diabetes care programs.

Finally, it is often said, but cannot be overstated, that we are in the business of helping those living with or impacted by diabetes. Our ideas for change or innovation may come from reading an article, such as those found in the *Canadian Journal of Diabetes*. An idea may arise after debating diabetes care with fellow health-care providers. But often our ideas come to fruition after discussing diabetes needs and wishes with patients. Krishna and Provenzano (6) round out this special issue with a thoughtful perspective in practice titled, “A Positive Patient Perspective.” This article provides a patient perspective, highlighting the critical factors for diabetes self-management success. The authors share their personal reflections and propose the patient approach should follow one’s “DREAMS.”

To that end, it is with the dream of helping people impacted by diabetes live better lives that we salute the change makers, the disruptors and the innovators to bring you this special themed issue. May it evoke and inspire innovation in your practice!

### Author Disclosures

Conflicts of interest: none.

Diana Sherifali RN, PhD, CDE  
 McMaster University  
 Hamilton, Ontario, Canada

E-mail address: [dsherif@mcmaster.ca](mailto:dsherif@mcmaster.ca)

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