

Helping Kids Get Healthier

Davene Wright, PhD, works to help children and teens better manage their diabetes

By Barbara Brody
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Davene Wright, PhD

OCCUPATION:
Investigator at the Center for Child Health, Behavior, and Development at Seattle Children’s Research Institute and assistant professor of pediatrics at the University of Washington

FOCUS:
Childhood obesity and diabetes

When many people think of scientists, they imagine a guy in a white coat working in a research laboratory. Davene Wright, PhD, is not that kind of scientist. An expert in pediatrics and health policy, her focus is on personal decision-making, motivation, and the cost-effectiveness of approaches designed to curtail childhood obesity and diabetes.

“When I was 16, I applied to be a summer student at the CDC [Centers for Disease Control and Prevention] in Atlanta and got accepted to the program,” she says. “By the time I was in college, I knew I wanted to go into public health.” In graduate school, she became interested in obesity and **type 2 diabetes**. “These are two extremely prevalent, preventable health conditions that are in need of innovative, scientifically rigorous solutions,” she says.

Wright is currently involved in a number of studies aimed at helping children and teens with diabetes. In one ongoing trial, funded by the American Diabetes Association (ADA), she and her colleagues are creating an experiment designed to figure out whether paying adolescents with **type 1 diabetes** to perform certain health behaviors (such as wearing an insulin pump for a month or checking their blood glucose every day) will substantially increase the likelihood of their following through—and how that might translate to better health outcomes and cost savings.

“In the long run, we’d like to calculate what the return on investment would be for health insurance companies,” she says, noting that hospitalization for complications is expensive. “Would paying a certain number of kids, say, \$500 be worth it if it prevented one case of diabetic ketoacidosis?”

In another ongoing trial, one arm of the multicenter SEARCH for Diabetes in Youth study, Wright is looking at how food insecurity—not having reliable access to nutritious food and/or not being able to afford healthful foods—impacts the management of both type 1 and type 2 diabetes in young adults.

The hypothesis: Someone who barely has enough money for food is less likely to consistently fill prescriptions for costly diabetes medications or see an outpatient provider, leading to worse glucose management and more emergency room visits. “Many people are underinsured, and these drugs are expensive,” says Wright. “Insulin rationing is a huge issue. For people with type 1 diabetes, it’s like rationing air.”

Wright’s overarching goal is to develop ways to help people with diabetes better manage their condition. “It’s hard enough being a teenager,” she says. “It’s extraordinarily difficult to be a teenager with diabetes.”