

# The Diabetes Explosion

**Companies are looking for ways to stop an epidemic that is taking a toll on the workforce.**

**T**he word “epidemic” isn’t tossed around lightly in the health-care industry. But now that 7% of the U.S. population has diabetes—mostly due to inactivity, unhealthy diets, and obesity—everyone from doctors to pharmaceutical executives says the disease has become a pandemic.

Researchers worldwide have been working for almost a century to find the causes of diabetes, the best ways to manage it, and—ultimately—a cure. Despite recent groundbreaking discoveries, however, the epidemic is not reversing; in fact, more people are being diagnosed at younger ages than ever. For U.S. companies, this means many of their employees could be diabetic during much of their careers, which translates to increasing health-care expenses—already a crisis in corporate America—over a longer term.

The total annual cost of diabetes in medical expenditures and lost productivity is estimated at \$132 billion, according to the American Diabetes Association. Some companies are beginning to reduce their share by putting the results of research to work for them.

So while scientists toil over beta cells, recombinant DNA, and mitochondria, companies and their employees can focus on a comprehensible conclusion of the research: Relatively modest lifestyle changes can reduce the risk of contracting diabetes. In 2002, results of the three-year Diabetes Prevention Program (DPP) clinical trial clearly demonstrated that eating 500 fewer calories per day and walking 30 minutes each day at a reasonable pace, five times a week, lowered the progression of the disease by 58%.

“When you improve environmental factors, you improve tremendously all of the risks,” says C. Ronald Kahn, MD, president of the Joslin Diabetes Center in Boston (one of the DPP study centers), a nonprofit dedicated to diabetes, research, care, and education. “So certain things within a corporate culture can really make a difference—from promoting a healthy lifestyle to screening early, to being more aggressive in drug management.”

General Motors counts more than 100,000 diabetics among its health-care beneficiaries—and those individuals’ annual medical expenses alone total more than \$500 million. With LifeSteps, a health and wellness program, GM helps them and all employees and beneficiaries modify their lifestyles and reduce risks. The Chrysler Group—whose health costs last year reached \$2.2 billion—has helped employees who have diabetes keep weight and blood glucose under control with Driving DCX (Diabetes Care Experts). That six-month pilot program included on-site screenings and sessions with certified diabetes educators. And Pitney Bowes is said to have saved more than \$1 million annually since cutting employees’ copayments for diabetes, hypertension, and asthma drugs.



In Princeton, N.J., Novo Nordisk is a picture of health, starting with the artwork in the stairwells—hung to encourage employees to forgo the elevators. The pharmaceuticals company itself is taking big steps, too: “The overriding vision of the company is to defeat diabetes,” says Martin Soeters, president of Novo Nordisk U.S.

The company started marketing insulin commercially in 1923, created the world’s first insulin pen, and now offers a portfolio of modern insulins—Levemir, NovoLog, and NovoLog Mix 70/30—that provide dosing flexibility, fewer hypoglycemic events, and less weight gain. More than 40% of the four million Americans using insulin use Novo Nordisk products.

In keeping with its original mission, the company also values “scientific, humanitarian, and social progress.” So it not only cultivates research toward a cure, but it also offers Changing Life With Diabetes (a patient-education program that the Chrysler employees used), launched the nonprofit World Diabetes Foundation to support prevention and treatment in developing countries, and started the National Changing Diabetes Program to affect change in the U.S. health-care system. “We want to get diabetes higher on the political agenda,” says Soeters. “We want to be the catalyst for people to get good care. This is not only about the financials—it’s a big human drama.”

—Heidi Ernst

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