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Diabetes Thought Leader Roundtable Discussion

Quick Look Summary Report

November 2008

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Introduction. On October 27, 2008, 21 participants from 13 organizations representing the government, business, and non-profit sectors convened in Washington, DC for a *Diabetes Thought Leader Roundtable Discussion*. This meeting was sponsored by the Center for Health Transformation (CHT) and Booz Allen Hamilton (Booz Allen) and provided an opportunity for thought leaders from across public, private, and civil sectors to share perspectives on some of the most challenging issues surrounding diabetes and to identify which issue areas would be best addressed through a collaborative, cross-sector initiative.

Objectives. The Roundtable objectives were as follows:

- ▶ Identify priority shared challenges and opportunities regarding Type II diabetes
- ▶ Identify other leaders who should be included in this initiative in order to make meaningful progress against the identified priority challenges and opportunities
- ▶ Confirm interest in participating in a highly collaborative leadership Summit in 2009 to address these priority challenges and opportunities

Background. To prepare for the Summit, a Booz Allen team, sponsored by Novo Nordisk, gathered a sample of insights through stakeholder interviews with 34 leaders from 22 organizations, several of whom were represented at the meeting. Through these interviews, many of the most challenging issues related to addressing diabetes were identified providing a foundation for Roundtable dialogue. An analysis of the critical shared issues across sectors was presented and participants were given an opportunity to comment and provide additional insights or viewpoints. The initial stakeholder analysis identified five critical shared issues raised by interviewees across public, private, and civil sectors:

- ▶ *Sound the Alarm* – Create widespread awareness of the severity of diabetes among providers, policy makers, and the public and raise diabetes on the national agenda
- ▶ *Go Upstream and Address Root Causes of Diabetes* – Identify diabetics and pre-diabetics for early intervention and address environmental, cultural, and behavioral factors that raise incidence and severity of the disease
- ▶ *Reform Payment and Delivery Systems* – Design the healthcare system to deliver and pay for wellness and prevention to better address the specific needs of diabetes management and chronic care management in general; and address access, affordability and care coordination issues
- ▶ *Optimize Innovation, Research, and Regulation* – Utilize scarce research funding efficiently, reform the regulatory system, and coordinate government initiatives to better coordinate research and enhance the ability to get needed drugs and devices to patients
- ▶ *Address Population Segments at Greatest Risk* – Identify segments of the population that are at greater risk for diabetes, such as children, Native Americans, African Americans, and/or Hispanic Americans, and intervene appropriately

Approach. To kick off the discussion, Former Speaker of the U.S. House of Representatives, Newt Gingrich, proposed a framework for considering a spectrum of diabetes related activities: Prevention → Early Detection (reversal or management) → Intense Management (individually centered and professionally enforced) → Research (avoidance and cure) → Intense Treatment.

Booz Allen followed with a presentation of the key findings from its stakeholder analysis. Participants engaged in a rich dialogue throughout the meeting regarding the key diabetes issues that are not currently being adequately addressed, those issues that should take top priority and could be addressed differently through cross-sector collaborative work, the long-term impact that all participants would like to achieve in the fight against diabetes, and those issues that participants recommended be

addressed through a diabetes Summit Meeting in 2009. Participants identified several opportunities for cross-sector collaboration and discussed next steps.

Insights. Over the course of the day participants shared the following insights and ideas on how a cross-sector diabetes initiative could be launched and developed:

We need big changes, not little ones. Diabetes is the most expensive disease cost-wise in the U.S. One out of every four dollars currently spent on health care in the U.S. is spent on diabetes, and those numbers are only likely to get worse as the epidemic grows. With the increase of obesity and diabetes in our country, we cannot afford to settle for small changes, we need to make dramatic cultural and socio-economic changes to reverse the trends. To do so, it is important to elevate the issues around diabetes to a level where changes will have wide-reaching impacts.

To achieve big changes, we need clear and simple data-driven metrics and goals that can be widely disseminated and easily understood. While it is important to look at the broad array of issues that contribute to diabetes to effectively understand causes and effects, to achieve wide-sweeping change and improvements, individuals will require well-defined, concrete examples of how to prevent or address diabetes. To best reinforce commitment, a clear, simple, and finite (e.g., small number) of personal goals should be reinforced through information feedback. These metrics and goals should be widely disseminated through popular media channels such as television and the internet, and would benefit greatly from the support of well known popular culture figures or adoption by social networks (e.g., internet groups).

Nonetheless, in considering broad approaches to changing community and social norms, a paradox is created. On the one hand, broad dissemination would be enhanced by identifying a “best practice” around which to organize resources and allies. On the other hand, local energy and commitment would be enhanced by the flexibility to adjust broad approaches to local conditions, resources, opportunities, and population characteristics. The real solution to this paradox is to articulate meaningful but still broad principles and strategies (e.g., increasing moderate physical activity in daily life), while leaving local implementation free to pursue multiple and varied “good practices” (e.g., walking paths, walking clubs, employer promotion of walking during the workday) in order to suit local conditions and appeal to as broad an audience as possible.

Individual behavior is greatly shaped by community planning and cultural norms – we need to work to impact the environmental context and not just individual action. While our culture thrives on individuality, the reality is that most of our behaviors are largely shaped as a result of our environment, community, and social norms. The fight against smoking has provided a useful example of how great the impact can be if the entire community is united in viewing smoking a behavior to be discouraged, harmful to oneself and others. Through media, legislation, taxes, and public awareness campaigns, the population has come to embrace nonsmoking as desirable and normative. This has led to a widespread norm that smoking inside closed areas is not acceptable and encouraged millions of smokers to quit.

In another community-based example, in Finland, the North Karelia project used an especially broad range of interventions, from mass media to cooperation with agricultural and food merchandising groups to improve the availability of healthy foods.¹ National and regional media campaigns were integrated with community-level campaigns and promotion in local newspapers and media. Training activities targeted doctors and nurses but also social workers, representatives of voluntary health organizations, and informal opinion leaders. Attention to the health system included reorganizing

1 Puska P, Nissinen A, Tuomilehto J, et al. The community-based strategy to prevent coronary heart disease: Conclusions from the ten years of the North Karelia Project. *Annual Review of Public Health*. 1985;6:147-193.

treatment for hypertension and care following myocardial infarction. This included training and development of treatment guidelines. Cooperation with other local organizations included not only the voluntary health agencies but also the critical food industry (e.g., including dairies and sausage factories) and grocery stores.¹ By including collaboration with existing official agencies and voluntary health organizations, “the new health service activities initiated by the Project became part of formal public health activities in the area.”¹ Results included impressive reductions in cardiovascular risk factors² and mortality³ as well as reductions of cancer risk factors.⁴ Two characteristics appear to have been critical in the North Karelia community organization: (1) the variety of activities included, and (2) the attention in all areas to implementation through and in collaboration with local organizations.

To strengthen environmental and “community” enhancements for diabetes prevention, we need to reach people at the locations where they congregate: work, schools, religious communities, and, increasingly, online. To make it easier for the population to access the right information and reinforce positive habits, working with employers, schools and colleges, religious institutions, and social networking sites can add significant value. While privacy issues could be a concern (particularly in collaborating with employers), social communities of interest can have a significant impact on individual decision-making and behaviors. Further, an enormous number of communities are springing up across the internet through social networking sites and may provide a channel for positive reinforcement to develop and flourish connecting those seeking to prevent or manage their diabetes. Social networking sites have the potential to offer transformative change in the way people have traditionally dealt with diabetes and, due to the ease with which wide-reaching and geographically disperse communities form, and ideas evolve, the internet has the potential to help facilitate change from the “bottom up” rather than legislation or national educational programs that tend to dictate desired changes from the “top down.”

Participants valued the opportunity to discuss these issues from a cross-sector perspective and emphasized that in order to take full advantage of the strengths and resources of all sectors, participation should be expanded to include other sector representatives. Some of the specific sector representatives that were mentioned included small business employers, recreation departments, state health departments, large employers such as Boeing and Wal-Mart, and information technology companies, such as Facebook, Google, Yahoo, Cisco Systems, Twitter, and MySpace. In addition, participants mentioned that involving food producers and retailers, who are already leading several collaborative initiatives to fight diabetes, would add great value to this cross-sector work and perspective.

Next Steps. Participants expressed consensus on many of the issues that should be addressed through a Summit Meeting in 2009 (listed above) and Speaker Gingrich suggested several potential next steps. First, he recommended conducting a seminar in Silicon Valley to explore community change – particularly the opportunities associated with internet-based approaches.

Speaker Gingrich also discussed the need to identify which communities in the U.S. are currently developing or conducting innovative and/or cross-sectoral approaches to addressing diabetes. Similarly, other participants emphasized the importance of bringing together a diverse set of private sector corporations and elected officials (Governors, Mayors) to discuss the cultural and environmental impacts on diabetes.

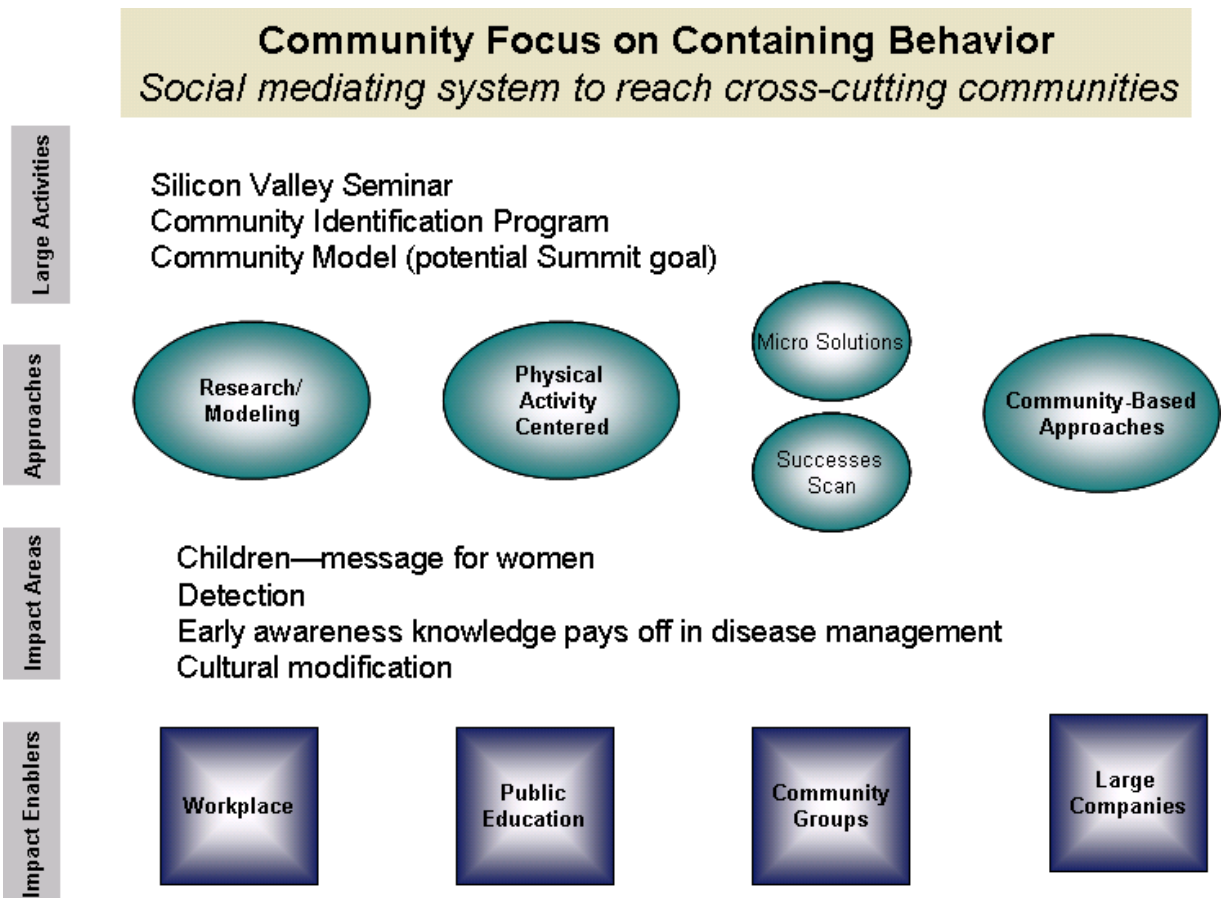
2 Vartiainen E, Puska P, Jousilahti P, Korhonen HJ, Tuomilehto J, Nissinen A. Twenty-year trends in coronary risk factors in North Karelia and in other areas of Finland. *International Journal of Epidemiology*. 1994;23:495-504.

3 Puska P, Vartiainen E, Tuomilehto J, Salomaa V, Nissinen A. Changes in premature deaths in Finland: successful long-term prevention of cardiovascular diseases. *Bulletin of the World Health Organization*. 1998;76:419-425.

4 Luostarinen T, Hakulinen T, Pukkala E. Cancer risk following a community-based programme to prevent cardiovascular diseases. *International Journal of Epidemiology*. 1995;24:1094-1099.

Lastly, Speaker Gingrich suggested the need to develop a community model that could be modified to specific communities to help those who have yet to employ approaches to address diabetes. This may be an opportunity to engage the diverse set of stakeholders present at the meeting, as well as others identified in collaboration around this shared issue.

Additionally, as a result of the day's conversation, a new approach or vision around addressing the issue of diabetes began to be shaped:



In the coming months CHT and Booz Allen will continue to reach out to participants of the Roundtable to develop plans for a meeting in Silicon Valley and a Summit in early 2009. The Summit will employ an interactive strategic simulation to enable leaders to identify shared issues, take actions, and better understand the future impacts of today's initiatives. More information on next steps and Summit planning will be forthcoming at a later date.

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