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Message from the Director

Your Work Environment is a Health Opportunity

At this busy time of year, I am constantly amazed at the number of hours we spend at the office. Sometimes it seems that we spend more of our lives at work than at home, and we inevitably bring our health habits and history with us.

Responsibility for our health begins with us and the choices we make about segments of our own lives, like diet and exercise. Instead of thinking of work as separate from these choices, we can learn to see the work environment as a health opportunity.

Taking advantage of this opportunity starts by examining ourselves. We skip breakfast. We make plans for a healthy lunch but grab whatever we can find when we are hungry. We struggle daily between going for that walk after work and going home to our families. Our actions on Monday set a pattern for the rest of the work week. In truth, how many of us know how healthy or unhealthy we really are? Opportunities to prevent type 2 diabetes in those individuals at risk do not often announce themselves; they are everyday moments during our commute, our business lunch, our company softball game. If we ignore these opportunities for good health, we are creating an opportunity for diabetes.

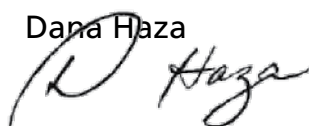
What if our workplaces were places where we could actually become healthier? I think they should be. Employers can play a significant role in the wellbeing of each employee by seizing opportunities to improve knowledge about health, encourage healthy habits and lead by example.

As a diabetes stakeholder, I wonder: do employers know how much potential they have to offer an employee with diabetes, or to employees at risk for the disease and its complications? Do employers consider workplace health programs as investments that affect their bottom lines? Do employees see their workplace as a health resource or a health hindrance?

Even if we are not personally affected by diabetes, opportunities exist for each of us to make a difference in the health of our nation. Some of the best work starts... at work. This month's newsletter is about creating those opportunities.

Sincerely,

Dana Haza



Senior Director

National *Changing Diabetes* Program

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NCDP Prepares to Launch Federal Spending Report

In Fall 2006, NCDP commissioned Mathematica Policy Research, Inc. to conduct a report on federal spending for diabetes. The resulting study, *An Opportunity for Federal Leadership for Diabetes: A Study of Federal Spending for Diabetes* will help policymakers understand how the federal government currently spends money on diabetes and highlight opportunities for federal leadership in changing the course of diabetes in the United States. On June 19, 2007 at a briefing for Members of Congress on Capitol Hill, NCDP will start the discussion on how Congress can change the course of diabetes. NCDP will present specific recommendations on which it has been working with the diabetes community to create a unified response to the report.



Dana Haza, Lana Vukovljak, and Donna Rice at the Partner Advisory Committee Meeting



The NCDP Team

On April 2, the NCDP Partner Advisory Committee met in Washington, DC to discuss key findings from the study and to develop a series of consensus recommendations that the entire diabetes community can support in pressing the federal government to show increased leadership for diabetes. Representatives from Partner Advisory Committee organizations, including the American Academy of Family Physicians, American Association of Clinical Endocrinologists, American Association of Diabetes Educators, American College of Physicians and American Diabetes Association, will participate in the briefing and help advance the recommendations.

Global *Changing Diabetes* Leadership Forum Brings Diabetes to the Forefront

In March 2007, the Global *Changing Diabetes* Leadership Forum in New York City presented a rare and valuable opportunity for the world community to compare notes on success stories, define challenges and discuss potential solutions to the global diabetes crisis.

Within the larger forum, a series of breakout sessions were facilitated by panels and speakers prominent in health care advocacy, including former President Bill Clinton, former Speaker of the House Newt Gingrich, and former Arkansas Governor Mike Huckabee.

The ideas discussed by delegates and speakers emphasized personal awareness and government responsibility to slow the rate of new diabetes cases. Among the possibilities discussed at the forum was the suggestion to seek Presidential and Congressional resolutions to establish a National Diabetes Awareness Day. The assembled audience found personal accounts by speakers on the patient panel powerful. Hearing real stories about living with diabetes also helped the group identify possible areas of focus for policy change.

NCDP was proud to be a part of the forum and looks forward to helping advance the ideas and initiatives suggested by this assembly.

Update on Societal Barometer

In January 2007, the National *Changing Diabetes* Program began working with the Gallup Organization to develop a tool to assess public perceptions of diabetes in the United States. The resulting Societal Barometer will be an analytically rigorous national public opinion poll, measuring knowledge of diabetes and attitudes about diabetes prevention and treatment. The poll results will serve as a benchmark against which future changes in understanding about diabetes can be compared.

Based on productive and enthusiastic meetings with our advisors, NCDP has completed the questionnaire, and Gallup will start the data collection this spring. NCDP leaders will share the findings of the survey during the summer of 2007.

The Societal Barometer is the first component of a three part national study which will establish a broad benchmark assessment of the U.S. diabetes crisis from three distinct angles: societal, economic, and clinical.

National *Changing Diabetes* Program Partner Spotlight

An NCDP special feature to recognize the outstanding people who are making a difference in changing diabetes.

James N. Astuto

Occupation:

Jim Astuto is a principal in the AEA Group in Atlanta, Georgia, where he specializes in developing strategic health and health care solutions for employers, health plans, disease management companies, PBMs (pharmacy benefits managers) and pharmaceutical companies. Jim is also a Consultant for The Institute for Wellness and Education in Woodstock, Georgia. His most recent focus is on diabetes disease management, recovery of medical claim overpayments and health care measurement and performance reporting.



James N. Astuto

NCDP Project:

Jim has partnered with NCDP to develop "Virtual Mentor", a customizable program designed to help employers measure the level of care and the overall health care cost for their employees with diabetes. Virtual Mentor allows employers to assess the impact of diabetes on their businesses and to help better manage the health care benefits they provide to their covered population. Virtual Mentor is a flexible program which is designed to meet the individual needs of each employer by bringing them needed health care consulting resources at no additional cost.

In 2006, Jim led workshops in cities in Alabama and Georgia to meet with local employers and offer Virtual Mentor services to help them measure the impact of diabetes on their companies and how the Virtual Mentor can be helpful to both employees and employers.

Personal History:

Until April 2006, Jim was the Regional Healthcare Manager for Verizon Communications, Inc. In that position, he was responsible for evaluating health plans in the Southeast and Midwest with regard to cost, customer service, patient satisfaction, access and quality of care and contracting with those organizations that deliver high quality care in a cost effective manner. He was also responsible for managing Verizon's \$700 million pharmacy benefits program with Medco Health.

Prior to joining Verizon, Jim was the Manager of Benefits Development for Contel Corporation, where his

primary focus was the design, implementation and measurement of Contel's health care cost containment strategies. Before that, Jim was the Manager of Group Insurance Benefits in the Risk Management Department at the H. J. Heinz Company World Headquarters. In that position, he was responsible for the effective cost management and optimum financing of employee benefit plan expenditures.

Jim is a graduate of Penn State University and Point Park University, where he earned degrees in Accounting and Computer Science.

Affiliations:

Chairman, Georgia Healthcare Leadership Council
Vice-Chairman, Tampa Bay Employers Health Coalition (EHC), Inc.

Questions for Jim:

How did you become interested in *changing diabetes*?

As I saw health care costs rising in the late 90's, I started talking to the leaders of the health plans I managed about what was driving their costs. Over and over I kept hearing it was increased heart disease and kidney failure. Knowing that those two illnesses are co-morbid in people living with diabetes, I started doing more data diagnostics on our health care information and National Committee for Quality Assurance (NCQA) reported Health plan Employer Data and Information Set (HEDIS) data. To my surprise, I discovered that diabetes was an epidemic and not well controlled even though the patients with it were enrolled in some of the best managed health care plans – HMOs. I was surprised because all the plans had diabetes disease management programs in place, so I assumed everything was under control. Many employers have made that same mistake.

What is your favorite past or current project and why?

Helping smaller employer groups (500 to 1500 employees) use Virtual Mentor to determine the extent of their population that has diabetes, how well it's being controlled, and how much it is costing them. Then helping them develop a plan of action to improve the cost and quality for their employees living with diabetes.

What advice would you give to employers interested in treating patients with or at risk for diabetes?

Offer voluntary work site screenings and education programs that can detect people living with diabetes who do not have their disease under control. Then offer that group some very intensive diabetes education programs so they can gain control of their illness. Help them manage diabetes, don't let diabetes manage them.

If resources and time were unlimited, what would you do about diabetes in the United States?

Everyone living with diabetes would have their HbA1c at 7% or less!

May is National Physical Activity and Sports Month

This month, The President's Council on Physical Fitness and Sports reminds us that incorporating moderate exercise into our everyday activities can help Americans fight obesity, a leading risk factor for diabetes and related complications.

National Physical Activity and Sports Month was established in 1983 to spread awareness of the dangers of being overweight or obese and to provide simple substitutes that busy people can make in their daily choices to improve their overall health.

For instance, if working out at the gym makes exercise intimidating or unattainable, we can make a difference in our health by choosing to take the stairs instead of the escalator, walking or riding a bike instead of driving, and encouraging children to play outside instead of playing video games inside. After a few weeks of exercise, adults usually see health benefits with half an hour of physical activity three times a week, and this time can be broken up into ten- or fifteen-minute segments. Simple tips such as these are easy to implement and will help us achieve a healthy weight and an active lifestyle. Every day is an opportunity to be active. How do you plan on getting healthier by getting active?

For more information about the President's Council on Physical Fitness and Sports, visit fitness.gov.

