



## **Novo Nordisk Convenes Policy and Clinical Experts at Diabetes Media Summit**

### **Panel Addresses Barriers to Care and the Threatening Impact of Diabetes in America**

**WASHINGTON, D.C. (June 12, 2009)** – A distinguished panel of clinical and policy experts gathered by Novo Nordisk recently convened in Washington, D.C. to explore solutions to address the exponential growth of diabetes in America. The universal theme from the renowned speakers, including Larry Hausner, CEO of the American Diabetes Association (ADA), was that the cost of the disease to our nation, at \$218 billion annually, is startling and the lag in patient motivation to take action to offset the disease is distressing. Without intervention at both a national and patient level, our nation runs the risk of reaching a projected 50 million Americans having diabetes by the year 2025.

“The growing prevalence of diabetes is having a profound effect on the health of current and future generations, as well as our national economy,” said Hausner. “We must awaken the public’s consciousness of diabetes, and ensure our leaders in Congress recognize healthcare reform as their opportunity to transform the lives of all people affected by this devastating disease.”

#### **Economic Burden of Diabetes Starts Early**

With policy-makers in the midst of what could be the most far-reaching changes to our nation’s healthcare system, data presented by Tim Dall, vice president, the Lewin Group, a health economist and investigator on numerous analytical and policy modeling studies, highlighted the importance of not just diabetes care, but also diabetes prevention as being significant considerations in healthcare reform.

“We tend to focus on the 23.6 million people living with diabetes, but need to face the fact that there are an additional 57 million American adults with pre-diabetes,” said Dall. “In research, we observed that these patients often begin to experience disease-related complications even before their blood glucose has progressed to a level for diagnosis, resulting in what is estimated to be more than \$25 billion in annual medical costs.” Underwritten by Novo Nordisk’s National *Changing Diabetes*<sup>®</sup> Program (NCDP) as part of its Economic Barometer, the Economic Cost of Pre-diabetes findings will be published in the upcoming issue of *Population Health Management*.

#### **Re-evaluating Government Spending on Diabetes**

The US government spent \$80 billion to treat diabetes in 2005 alone, an amount that is 400 times greater than the federal commitment to diabetes prevention. Based on these staggering statistics, experts agreed that policy-makers need to face diabetes head on, just as our nation has done with other diseases, including AIDs and breast cancer.

“This is a time of opportunity from a legislative perspective to make a change in healthcare in the United States. We need look no further than the numbers to realize that real health reform isn’t possible unless the country reforms diabetes prevention, detection and care. These changes

will require focused engagement from individual Americans as well as state and federal governments," said Dana Haza, senior director, National *Changing Diabetes*<sup>®</sup> Program.

When considering the NIH research dollar allocation for FY 2008, the most recent year available, it is evident that diabetes research is desperately under-funded:

- Only 3.7 percent of the NIH budget goes to diabetes research, despite the fact that one-in-five health care dollars is spent caring for someone with diabetes and one-in-ten dollars spent on health care is attributable to diabetes and its complications<sup>1</sup>.
- Cancer receives five times more research dollars than diabetes.
- HIV/AIDS receives 2.7 times more research dollars than diabetes<sup>2</sup>.

### **Bridging the Knowledge Gap**

While most Americans are aware of diabetes, a gap exists between awareness and the knowledge and implementation of behavioral changes that can help to prevent or delay the consequences of diabetes. One-in-four people at risk for diabetes think they are unlikely to develop the disease, despite the fact that one-in-two Americans are affected by diabetes. While this knowledge gap is a barrier to changing the current path of diabetes, there is room for optimism.

"As with many things, the biggest impediment to changing diabetes is changing people's minds. The Diabetes Media Summit and expert opinions provide a snapshot of a problem that is often hard to see but too big to ignore," said Dr. Nathaniel Clark, senior medical advisor, diabetes, Novo Nordisk. "With ongoing research, multi-disciplinary collaboration and public education, we can change diabetes and improve the health of America."

Michael O'Grady, Ph.D., senior fellow, National Opinion Research Center at the University of Chicago, and an expert on the congressional budgeting process, stressed that diabetes poses one of the nation's greatest public health challenges, underscoring the need to adjust our focus to include the chronic condition, not just the acute phase. O'Grady pointed to diabetes as the potential model for changing current healthcare legislation scoring.

"Diabetes has the best data, the best modeling and the best studies," said O'Grady. "If we can intervene with a certain cohort of patients and figure out what that intervention will cost during the progression of the disease, then we can bring together the clinical trial data in an effective way to really help policy-makers make much better-informed decisions."

"I've reported on the leading healthcare issues that challenge our scientific expertise, our resources and, most importantly, our compassion," said panel moderator George Lundberg, MD, former editor-in-chief of *The Journal of the American Medical Association*, *eMedicine* and *The Medscape Journal of Medicine*. "The diabetes threat is not just under-funded, but also dramatically under-communicated at a time when the message needs to come through loud and clear that we are in the midst of a major epidemic that is impacting the long-term state of our nation's health, both human and financial."

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<sup>1</sup> <http://care.diabetesjournals.org/cgi/content/extract/diacare;31/3/624>

<sup>2</sup> <http://report.nih.gov/rcdc/categories/>

### **About the Diabetes Media Summit**

The Diabetes Media Summit was presented by Novo Nordisk and included the participation of Tim Dall, vice president, the Lewin Group; Michael L. Mawby, chief government affairs officer, Novo Nordisk; George Lundberg, MD, former editor-in-chief of *The Journal of the American Medical Association*, *eMedicine* and *The Medscape Journal of Medicine*; Nathaniel Clark, MD, senior medical advisor, diabetes, Novo Nordisk; Lori Moore, executive director, communications and public affairs, Novo Nordisk; Michael O'Grady, PhD, senior fellow, National Opinion Research Center at the University of Chicago; and Dana Haza, senior director, National *Changing Diabetes*<sup>®</sup> Program.

### **About Novo Nordisk**

Novo Nordisk is a healthcare company with an 86-year history of innovation and achievement in diabetes care. The company has the broadest diabetes product portfolio in the industry, including the most advanced products within the area of insulin delivery systems. In addition to diabetes care, Novo Nordisk has a leading position within areas such as hemostasis management, growth hormone therapy, and hormone therapy for women. Novo Nordisk's business is driven by the Triple Bottom Line: a commitment to social responsibility to employees and customers, environmental soundness and economic success. With headquarters in Denmark, Novo Nordisk employs more than 27,900 employees in 81 countries, and markets its products in 179 countries. Novo Nordisk's B shares are listed on the stock exchanges in Copenhagen and London. Its ADRs are listed on the New York Stock Exchange under the symbol 'NVO'. For global information, visit [novonordisk.com](http://novonordisk.com); for United States information, visit [novonordisk-us.com](http://novonordisk-us.com).

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