Fostering Dialogue to Address the Diabetes Crisis in the UAE: Business Leaders Collaborate on Workplace Strategies

A Call to Collective Action

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Fostering Dialogue to Address the Diabetes Crisis in the United Arab Emirates

In November 2012, Booz Allen Hamilton convened business leaders for “Diabetes in the UAE: Workplace Strategies Tabletop,” the first in a comprehensive series of conversations across the Gulf Cooperation Council (GCC) countries aimed at exploring the role that public health issues like the diabetes crisis can play in promoting sustainable socio-economic growth in the region. Participants discussed the Booz Allen Hamilton report, “Exploring the Growing Challenge of Diabetes across the GCC and within the United Arab Emirates.”

This report compiles information from two studies assessing diabetes prevalence and incidence, prevention programs and economic costs within the UAE, and the attitudes and behaviors that put citizens at risk of developing diabetes. Such action comes at a crucial time for the country: the UAE has the second-highest diabetes rate in the world, with an estimated 20 percent of residents and 25 percent of nationals suffering from the disease. Nearly three-quarters of diabetes patients in the UAE do not have their diabetes under control, a challenge particularly pronounced among children and young adults. It is estimated that 40 to 50 percent of diabetics are unaware they even have the disease. Thirty-one percent of all deaths in the country in 2005 were due to diabetes and related cardiovascular disease. Left unchecked, the spread of diabetes portends devastating social and fiscal consequences, including threats to economic progress and investment stability in the region.

Economic Costs of Diabetes

These startling statistics regarding diabetes in the UAE belie the enormous associated costs borne by the government, civil society, and private sectors. Direct treatment of diabetes constitutes approximately 40 percent of the UAE’s overall health care expenditures. In 2011, the total cost of diabetes to the country was nearly $6.6 billion, or 1.8 percent of GDP, higher than in any other GCC country. As diabetes is predicted to escalate...

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in the region, associated costs will skyrocket. By 2020, 32 percent of the adult Emirati population (ages 20–79) may have diabetes or pre-diabetes at a possible cost of $8.52 billion if current trends continue.¹⁰ The growth of diabetes is so serious that healthcare systems are already struggling to cope with treatment costs. Medical expenditures for those with diabetes are on average 2.3 times higher than for those without the disease,¹¹ which has contributed to a 20-percent rise in health insurance premiums in the private sector, a cost primarily borne by Emirati businesses. The high level of undiagnosed and poorly controlled diabetes threatens to lead to an increase in related complications and to increased health care costs in the future.¹²

Engaging Decision Makers in a Dynamic Simulation

On November 5, 2012, executives from leading companies operating in the UAE met at the St. Regis Hotel in Abu Dhabi to participate in the Booz Allen Hamilton-led event, “Diabetes in the UAE: Workplace Strategies Tabletop.” Welcomed by US Ambassador to the UAE Michael Corbin, participants in this half-day event included representatives from Rotana, the Cleveland Clinic, Daman Insurance, Akin Gump, Lockheed Martin, Al Noor Hospital, Parsons International, and Nestle among others. This group engaged in a dynamic, participant-driven simulation designed to provide stakeholders an opportunity to explore cooperative strategies about how to effectively address the growing problem of diabetes amongst employees and their families. This supports the UAE’s 2011–2013 national strategy to create a competitive knowledge economy by enhancing the capabilities, efficiency, and productivity of the Emirati workforce.¹³

The event was developed with the following objectives in mind:

- Limit the progression of diabetes in the workplace through company-sponsored programs
- Identify how chosen programs can help slow the progression of diabetes, reduce the incidence of new diabetic cases and increase productivity amongst employees
- Share best practices and collaborate on actionable steps
- Learn from designing strategies in a risk-free environment, and apply those findings to shape real world plans

How the “Diabetes and Workplace Well-Being Solutions” Simulation Worked

To begin the simulation, the participants at each table were presented with a scenario that asked them to imagine that they are representing a fictional multinational corporation operating in Abu Dhabi that is conscious of the need to maintain the health of existing and future employees. Senior company leadership assigned them to allocate resources toward programs aimed at improving employee wellness and mitigating the impact of employees with or at risk for diabetes. As a group, they were asked explore options by allocating fixed resources to the programs they believed would have the greatest impact.

Participants worked in small independent groups to explore solutions that could help maintain the health of a workforce. Over three “moves” (or progressive steps within the scenario), participants made choices to address the employee health circumstances of diabetes, focusing on near-, mid-, and long-term time frames and their impact on reducing the number of lost work days (Figure 1) and reducing new cases in their employees (Figure 2).

During each move, the various teams assessed the potential impact diabetes and its side effects had on their workforce and took actions as a stakeholder group to outline initiatives and programs for addressing these impacts and requirements. Participants evaluated and prioritized choices from a set of various programs focused on different areas that could help their employees in various ways. Recommended programs were designed by Booz Allen Hamilton subject matter experts (SMEs), focused on nutrition, fitness, mobile health, disease management, screening, cash incentives, and awareness.

In between each move, participants shared and discussed their plans with the group. Booz Allen Hamilton SMEs then revealed to participants through interactive modeling what impact their decisions had on the number of new cases and lost work days in their workforce as a result of diabetes over a 5-year, 10-year and 15-year timeframe.

**Figure 1 | Reduction in Lost Days**

<table>
<thead>
<tr>
<th>Team A</th>
<th>Team B</th>
<th>Team C</th>
<th>Team D</th>
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<tbody>
<tr>
<td>Move 1</td>
<td>Move 2</td>
<td>Move 3</td>
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<td>Move 1</td>
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Source: Booz Allen Hamilton

**Figure 2 | Reduction in New Cases**

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<thead>
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<th>Team A</th>
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Source: Booz Allen Hamilton
Valuable Insights
Over the course of the exercise, participants found the highest value in prioritizing three types of programs: (1) disease management measures, (2) fitness and nutrition programs offered by employers, and (3) cash incentives. Most participants consistently chose to support a comprehensive disease management program that would provide automatic prescription refills, waiver of medical co-pays and weekly meetings with an on-site wellness coach. Participants agreed that helping employees who have already been diagnosed manage their disease was an important piece of an overall wellness program. However, there was discussion over how effective this approach would be and participants wanted to see more evidence for this practice.

Participants prioritized nutrition and fitness programs, wanting to provide literature on healthy eating habits and company-sponsored memberships to an on-location gym, given employers’ access to sufficient resources. Participants discussed the need to identify strategies that can support both better food choices and easier access to fitness centers—especially for women. However, participants indicated that they were aware that cultural barriers may prevent supporting such initiatives in the workplace. Changing fitness and nutrition behavior at home was seen as important, but few methods of doing so were agreed upon. Setting a strong personal example (as company leaders) was deemed a potentially effective way to inspire employees to adopt healthy behaviors.

Participants also expressed a strong interest in implementing cash incentive programs to promote healthy practices. However, participants discussed that such incentives would not be appropriate for every workplace. The participants discussed cultural barriers to each proposed option, and conceded this was an important consideration in any workplace initiative. In addition, participants placed a significant emphasis on advancing health initiatives delivered by mobile phone (such as customized diabetes applications and

“Our approach focused on engaging stakeholders by incenting engagement with cash, mobile health, and disease management, and asking them to be partners in their own health. We assumed that within the model, there is a multiplier effect, so if we got the right ones, there would be a greater long-term impact.”
— Event Participant explaining their team’s allocations during a move
a support hotline), believing they could help better manage lost work days of diabetes patients as well as help change behaviors outside of the office. Participants also posited that the advancement of mobile phone health initiatives over the next 15 years would likely become an important avenue in the future. They also agreed that this may be particularly effective in prevention efforts targeted towards younger employees. Finally, participants indicated mixed support towards other initiatives such as screening and awareness programs. While indicating interest and the need for such programs that create the basis of awareness and understanding of what contributes to diabetes as well as early diagnosis, the participants placed lower significance on these programs based on their value and overall effectiveness to reduce prevalence of the condition. In summary, participants weighed their options based on how much impact they thought each action would make—placing the largest emphasis on doing what is needed to limit the progression of diabetes in their workplace.

“What’s clear from this game is that we need collaboration between all stakeholders…if we collaborate with other organizations, we could do this for the whole community and we could work with schools or develop a national program”
— Event Participant

As participants explained and debated their choices, several valuable insights became clear throughout the course of the day:

- **Organizations cannot take a “one size fits all” approach to implementing corporate wellness programs.** It is especially important for multinational organizations to establish wellness programs that can be customized and adapted for the unique needs and challenges of employees within those countries

- **Leadership is critical for motivating behavior change.** Methods such as setting a positive example and creating an environment where employees feel safe and encouraged to participate in programs can drive this type of behavior change

- **Comprehensive wellness programs should not be limited to workplace solutions.** Programs that also encourage employees to extend behavior change to other critical areas of their lives (e.g., the home), and other contributing behaviors (e.g., smoking cessation) are integral elements of a comprehensive wellness program
Lessons Learned from the Media: How to Drive Change Against Diabetes in the UAE

On November 6, at the Grosvenor House in Dubai, Booz Allen Hamilton convened a group of leaders representing public relations, advertising and mass media organizations at a roundtable event as a corollary to the November 5 “Diabetes and Workplace Well-Being Solutions” event, to discuss topics such as best practices in awareness campaigns and the role that media can play in addressing diabetes in the UAE. Discussion among participants revealed key takeaways about how to potentially create the sense of urgency around the diabetes crisis in the UAE.

A Call to Collective Action

All of the participants that represented various industries recognized the need for collective action to address the challenge of diabetes in the UAE. However, they noted that a sense of urgency around the problem is still missing from the conversation. In addition, participants stressed the need for culturally-appropriate behavioral change interventions. During the simulation there was some controversy over what would be appropriate for specific workplaces, therefore additional strategizing needs to occur over what constitutes sensitive yet effective methods of instigating change.

Participants agreed that the overwhelming evidence about diabetes presenting a growing health and economic challenge required more than just a series of short-term solutions. Participants suggested that in order to create a sense of public urgency on a crisis of this magnitude, multiple sectors across the healthcare provider, patient and payer (often private business) spectrum would need to collaborate to identify solutions. In particular, participants recognized not only the important role the government could play to encourage this dialogue and to foster a sense of urgency, but also that the government was not the only actor that could promote change. By attending the simulation, business leaders were also empowered to approach government, healthcare providers and patients with concrete ideas for tackling the diabetes crisis.

As the diabetes crisis continues to grow, the need for more collaborative and effective efforts to improve the health and well-being of Emiratis increases. Though public, private, and civil sector organizations across the country have worked hard to positively impact the escalating diabetes crisis, it is clear that more remains to be done. At the convening event, participants recognized the need for collective action and it is our hope that in moving forward, we, as stakeholders, can make this need a reality. Through a dedicated network of stakeholders, tailored interventions can be designed that are both culturally appropriate and can engage all sectors of society to create immediate, sustainable impact on behalf of Emiratis and their families.
Participants agreed that while awareness around diabetes in the UAE is high, the challenge is perception which is contributing to a lack of interest and understanding of the significance of the problem. To increase awareness and create a sense of urgency, a longer-term and more comprehensive communication strategy is necessary. Current efforts are uncoordinated and have been limited to one-off events and short-term initiatives. Participants pointed to recent campaigns being conducted in the UAE around autism, for example, that seemed to be garnering success. Such longer-term awareness campaigns which use multiple methods such as testimonials, social media, and mass media can help create the kind of burning platform needed.

However, similar to their private sector counterparts at the strategic convening event, media leaders agreed that leadership and government support is critical to generating the kind of awareness necessary to create a burning platform and encourage behavior change. Participants cited examples of how a champion from the royal family or another prominent figure supporting and bringing attention to an issue can motivate behavior change. They also thought that a key to the future of changing behavior around diabetes prevention and management might be finding ways to engage personally with individuals through innovative methods such as mobile applications that can help individuals manage their disease through fitness, nutrition, and health tracking.

Finally, while participants agreed that awareness campaigns such as banning smoking in public areas and children’s seatbelts have been successful in the past, these efforts took a long time and a series of interventions in order to take hold. They cautioned that any effort around diabetes would require the same level of effort and time to significantly address the diabetes crisis in the UAE.

Nov. 5, 2012, Abu Dhabi, U.A.E., Strategic exercise participants engaging in dialogue
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