ADDRESSING SOCIAL AND CULTURAL DRIVERS OF TYPE 2 DIABETES IS KEY TO ITS TREATMENT AND PREVENTION

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Berlin, Germany, 2 October 2018 – New research shows healthcare services and public health strategies aimed at reducing the burden of type 2 diabetes may prove ineffective, unless they address social and cultural factors. Researchers linked factors such as food traditions and traditional gender roles to increasing vulnerability to diabetes in cities, where three-quarters of people with the disease are set to live by 2045. The findings from the Cities Changing Diabetes research were presented at the 54th Annual Meeting of the European Association for the Study of Diabetes (EASD 2018) in Berlin, Germany.

“For many years, diabetes has continued to rise at an alarming rate despite the best efforts of policymaker and healthcare providers,” says David Napier, professor of Medical Anthropology at University College London (UCL). “In order to turn the table on this devastating and costly disease, we need to think differently and adopt new approaches. When public health strategies and individual care plans take into account the prevailing local cultures and associated conventions and behaviours, they are much more likely to be successful.”

Fuelled by rapidly increasing rates of obesity, diabetes could affect one in nine adults by 2045 – more than 730 million people. Within the same time frame, annual diabetes-related healthcare costs are expected to increase by 39% from 775 billion US dollars to more than 1 trillion dollars, further highlighting the urgency for action.

Within their findings, researchers pointed to a number of social and cultural factors contributing to the rise of diabetes in cities around the world, including:

- In Copenhagen, standard medical referral practices acting as barriers to preventive care and services for diabetes
- In Houston, food traditions becoming entwined with heritage and culture and often being perceived as providing ‘comfort’
- In Mexico City, traditional gender roles limiting effective self-care in male-only households, as some men are unable or unwilling to provide diabetes support to others

A second study presented by Cities Changing Diabetes researchers at EASD 2018 demonstrated that rates of diabetes and obesity are accelerating in every region of the world today. North America and Europe, where obesity has been rising for decades, are expected to have the highest future type 2 diabetes prevalence but also the slowest future increases. Africa, on the other hand, is projected to see a near-threefold increase in the number of people living with diabetes as the population ages and obesity prevalence increases. Achieving a 25% reduction of obesity prevalence on the continent would result in 15.3 million fewer people with type 2 diabetes in 2045.

“Whether it’s by initiating door-to-door care provision, relocating clinics within urban communities or through enabling peer support among religious faith groups, the many partners in the Cities Changing Diabetes programme are already acting to great effect on these research findings,” said Niels Lund, vice president for Health Advocacy, Novo Nordisk. “However, halting the rise of diabetes requires others to learn from their approach and to develop strategies that reflect local needs. To this end, the Cities Changing Diabetes programme is an open and inclusive partnership in which anyone with a stake in the prevention and treatment of diabetes is welcome to participate.”
ABOUT THE STUDIES

The first study carried out Vulnerability Assessments in five highly diverse cities – Copenhagen, Houston, Mexico City, Shanghai and Tianjin – to assess the impact of cultural factors on vulnerability to type 2 diabetes. This included traditions and conventions, health beliefs and food practices, gender attitudes, and local practices to care seeking. Using semi-structured interviews, assessments were conducted with a total of 740 people.1

The second study investigated the regional prevalence of type 2 diabetes from 2017-2045, using past and target trend scenarios. The past trend scenario assumes that future increase in obesity prevalence is extrapolated linearly, and in a target scenario obesity prevalence is reduced by 25% in 2045. BMI data for all countries worldwide 2000-2014 were obtained from the Non-communicable Disease Risk Factor Collaboration, and the share of people in each age and BMI class were projected depending on scenario.5

ABOUT CITIES CHANGING DIABETES

Cities Changing Diabetes is a first-of-its-kind partnership programme with an ambitious global goal to reduce obesity by 25% so that only 1 in 10 people live with diabetes by 2045. More than 100 local partners – including city leaders and ministries, academia, diabetes associations, health insurers, community groups and business corporations – collaborate across disciplines and in new forms of public-private partnerships to map the diabetes problem, share solutions and drive actions to bend the curve on urban diabetes.

The programme was initiated in 2014 by three global partners: University College London, Steno Diabetes Center Copenhagen and Novo Nordisk. Today, 17 cities representing more than 130 million citizens are active partners: Beijing, Beirut, Buenos Aires, Copenhagen, Hangzhou, Houston, Jakarta, Johannesburg, Koriyama, Leicester, Mérida, Mexico City, Rome, Shanghai, Tianjin, Vancouver and Xiamen.

For more information, visit citieschangingdiabetes.com or follow us on Twitter, Facebook or LinkedIn

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