Discussing Diabetes
The Essential Conversation That Could Change the Health of the Nation
About this Study

As the number of people with type 2 diabetes continues to grow, awareness that unhealthy lifestyles and obesity are major problems in the U.S. is relatively high. Nonetheless, many individuals continue to live unhealthy lifestyles, and those who have made efforts to address their own weight and have changed their diet and exercise habits have not achieved the goals they have set for themselves.

This TeleVox Healthy World Report, *Discussing Diabetes*, reveals there is a very real gap between patients’ intentions and their achievements. Most Americans aren’t doing all they can to take care of themselves, and acknowledge they could do better in terms of their own diet and exercise, as well as ensuring their children eat healthier meals and stay active. But while patients claim they are not being adequately supported, medical professionals believe their advice is being ignored. Bridging this disconnect between doctors and patients is an essential step to minimizing the incidence and impact of diabetes in the U.S.

As *Discussing Diabetes* demonstrates, this is often less about education and more about motivation. The study is designed to test the assumptions many of us make about how physicians interact with their patients, and how changes could help address the rise of the diabetes epidemic. Additionally, it helps to identify solutions that American adults say would most help them step up and take control of their personal health.
How Big is the Diabetes Problem?

In one sense, awareness of diabetes is at an all-time high. More and more people are being diagnosed, so more individuals and families are dealing with the impact of diabetes on a daily basis. But when it comes to society as a whole, diabetes is a largely invisible disease. In contrast to red ribbons and pink pins, the international symbol for diabetes — the blue circle — is never seen adorning the lapel of a celebrity tuxedo at a high-profile event.

But in the United States today, more than ten times as many people live with diabetes as live with breast cancer. Every year, the average number of diabetes diagnoses is a staggering 34 times greater than the average number of HIV diagnoses.

Diabetes is, in fact, the seventh leading cause of death in the Unites States — more than breast cancer and AIDS combined.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL (INCL. SURVIVORS)</th>
<th>DIAGNOSED/YEAR</th>
<th>DEATHS/YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIABETES</strong></td>
<td>29,100,000(^i)</td>
<td>1,700,000(^i)</td>
<td>234,051(^i)</td>
</tr>
<tr>
<td><strong>BREAST CANCER</strong></td>
<td>2,800,000(^iv)</td>
<td>206,966(^v)</td>
<td>40,996(^vi)</td>
</tr>
<tr>
<td><strong>HIV / AIDS</strong></td>
<td>1,144,500(^vii)</td>
<td>49,273(^viii)</td>
<td>15,529(^ix)</td>
</tr>
</tbody>
</table>
The Economic Cost of Diabetes

In purely financial terms, diabetes is becoming a huge drain on the nation’s healthcare resources.

Diabetes alone is estimated to cost $245 billion each year. In contrast, the American Cancer Society estimated the annual impact of all cancers to be $216.6 billion in the U.S.

Diabetes Costs Break Down

- $176 billion in direct medical costs. After adjusting for population age and sex differences, average medical expenditures among people with diagnosed diabetes were 2.3 times higher than people without diabetes.

- $69 billion on indirect costs, such as disability, work loss and the financial impact of premature death.

Diabetes and the Boomer Effect

- Medicare costs are growing by three percent a year as more and more baby boomers become eligible for benefits.

- More than 10,000 boomers are turning 65 every day — that’s a rate of one person every eight seconds qualifying for Medicare.

- Medicare will expand to provide health coverage for 80 million people in 2030 — compared to 47 million people today. That’s double the growth rate of the past 20 years.

- Medicare spending is projected to increase from $519 billion in 2010 to $929 billion in 2020.

- Diabetes is a significant contributor towards these costs; in 2012, one in four American seniors had diabetes.
The Scale of the Diabetes Epidemic in the U.S.

Diabetes is a disease that is quietly ruining lives and bankrupting the health system. Just a few sobering statistics indicate the scale of the problem in the United States:

**Every 17 seconds** someone in America is diagnosed with diabetes.⁹

**30 Million** In 2012, nearly 30 million Americans, or 9.3 percent of the population, had diabetes.¹⁰

**1.7 Million** There were 1.7 million new diagnoses in 2012.¹¹

**86 Million** In 2012, a massive 86 million American adults were estimated to have prediabetes.¹²

A Picture of Poor Health

One of the biggest challenges of diabetes is that for many patients it is the first step of a painful journey into poor overall health. As medical professionals are all too aware, people with diabetes tend to have a higher incidence of stroke, high blood pressure and other chronic or potentially life-threatening conditions.

*Discussing Diabetes* found that many patients who have been diagnosed with diabetes also suffer from these conditions at a much higher rate than the population in general. For example:

- 59 percent of diabetes patients also suffer with hypertension compared to 27 percent of the general population.
- 20 percent have suffered heart disease, compared to seven percent of the general population.
- 14 percent have suffered chronic respiratory diseases, compared to only nine percent of the general population.
- 17 percent have also had osteoarthritis, compared to 11 percent of people without diabetes.
- 17 percent have also been diagnosed with cancer, compared to the average of seven percent across the survey.

In addition, 20 percent of diabetes patients have also suffered gallstones or gallbladder disease, 13 percent had gout, and seven percent had suffered a stroke — in each case more than double the national average.
Diabetes and Medical Services

This picture of multiple chronic conditions inevitably has an impact on the provision of medical services.

Between 2009 and 2012, 71 percent of adults with diabetes had high blood pressure or used prescription medications to lower high blood pressure. In the same period, 65 percent had blood cholesterol greater than or equal to 100 mg/dl or used cholesterol-lowering medications.

In 2011, approximately 282,000 emergency room visits by adults had hypoglycemia as the first-listed diagnosis and diabetes as another diagnosis.

In 2010, hospitalization rates for heart attacks were 1.8 times higher among adults with diagnosed diabetes than among adults without the disease. Hospitalization rates for stroke were also 1.5 times higher among adults with diagnosed diabetes.

The diabetes epidemic means that medical professionals have to prescribe more pharmaceuticals, patients have to manage complex drug regimens, and hospitals and emergency rooms have to deal with multiple interacting conditions on admitted patients. Clearly, managing and treating diabetes is far from straightforward for everyone concerned.
Weight and Diabetes — What Doctors Know but Patients Don’t

It doesn’t help that a diabetes diagnosis can occur for a number of reasons. As the American Diabetes Association points out, “Being overweight is a risk factor for developing diabetes, but other risk factors such as family history, ethnicity and age also play a role. … Most overweight people never develop type 2 diabetes, and many people with type 2 diabetes are at a normal weight or only moderately overweight.”

*Discussing Diabetes* bears this out. It shows that more than half of Americans (52 percent) believe themselves to be overweight or obese but that one in eight (12 percent) have been diagnosed with diabetes — which, allowing for statistical deviation, is in line with the American Diabetes Association’s own numbers. The number of diagnosed diabetics increases with age, but remains more or less constant across gender, income bracket, education level, occupation type and location.

**Weight is Only One Risk Factor for Diabetes**

Of those diabetes patients, nearly two thirds (63 percent) feel that being overweight has had a negative impact on their health, half have also suffered from obesity, and eight in ten (82 percent) have been told to lose weight by their doctor. On the other hand, only 30 percent of people who have experienced obesity have also been diagnosed with diabetes.

**Weight: The Diabetes Risk Factor Americans Can Control**

- 2 out of 3 people diagnosed with diabetes feel being overweight has had a negative impact on their health.
- 8 out of 10 people diagnosed with diabetes have been told to lose weight by their doctor.

However, weight is the key risk factor over which most people have some control and given its association with type 2 diabetes, it is perhaps not surprising that the majority of Americans believe that weight and obesity are a problem — if not for themselves, then for the country as a whole.

According to *Discussing Diabetes*, nearly two in five people without diabetes (38 percent) believe that their weight has had a negative impact on their health. But three in five (61 percent) think that adult obesity is a significant problem facing the country. What’s more, 65 percent believe childhood obesity is a problem. Those numbers rise slightly — to 67 percent and 66 percent respectively — among people who have already been diagnosed with diabetes.
But even with these relatively high levels of awareness, the general population is still more optimistic than their physicians and medical experts. The number of medical professionals who believe that obesity is a problem is much higher. Nearly nine in ten (86 percent) medical professionals surveyed for *Discussing Diabetes* feel that adult obesity is a problem. The same number (87 percent) feel that childhood obesity presents America with a serious problem.

**Perspectives: Diabetic Patients and Doctors View Obesity Differently**

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>Diabetic Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those who believe adult obesity is a significant problem</td>
<td>86%</td>
<td>67%</td>
</tr>
<tr>
<td>Those who believe childhood obesity is a serious problem</td>
<td>87%</td>
<td>68%</td>
</tr>
</tbody>
</table>

“Being overweight is a risk factor for developing diabetes, but other risk factors such as family history, ethnicity and age also play a role. … Most overweight people never develop type 2 diabetes, and many people with type 2 diabetes are at a normal weight or only moderately overweight.”
The Diabetes Disconnect: Are Doctors and Patients on the Same Page?

The American Diabetes Association points out that “Too many people disregard the other risk factors for diabetes and think that weight is the only risk factor for type 2 diabetes.” There is clearly work to be done in raising awareness of these other factors. But when it comes to their weight, it seems that the majority of Americans acknowledge that they need to do something to get to a healthier size. The question, therefore, is what is holding them back?

An earlier Healthy World report from TeleVox, A Fragile Nation in Poor Health, found that healthcare professionals believe the majority of their patients (80 percent) will take the necessary steps to do what’s required to become healthy with proper motivation and coaching. Their patients agreed — among those who feel they could do better to follow prescribed plans, more than two in five (42 percent) said they would be likely to stay on course if they received encouragement from their doctor between visits. More than a third (35 percent) said that they would do a better job of following doctors’ instructions if they received reminders from their doctors via email, voicemail or text telling them to do something specific, like take medication or check blood sugar levels.

**Patient Care Between Visits Makes a Difference**

- Healthcare professionals who believe their patients will take necessary steps to become healthy with motivation and coaching. **80%**
- People who feel they could better follow their prescribed plans would be likely to do so if they received encouragement from their doctors between visits. **42%**
- Those who believe they would do a better job following doctors’ instructions if they received reminders from their doctors via email, voicemail or text telling them to do something specific, like take medication or check blood sugar levels. **35%**
But this hides a much bigger series of disconnects between patients and doctors.

First of all, half of the healthcare professionals participating in the study believe their job begins and ends at the practice door. They assess the state of patients’ health, prescribe and explain treatment plans, and monitor patient progress during regular office visits. But only one in four (26 percent) believe they should be keeping patients on track with their treatment programs between those practice visits. This is particularly problematic when treating diabetes, where many of the activities involved in the successful management of the condition take place between medical appointments.

Second, even when doctors do believe that there is more to their role, they are often too exhausted to do more, and lack the time to get to know patients, think about their problem, consult with colleagues, or offer sound advice. According to a study in the Annals of Internal Medicine, large numbers of physicians claim a lack of control over their work, a hectic work environment, and time constraints during patient visits all have a negative impact on their work and on the health of their patients. More than a quarter of primary care doctors complained of burnout, and at least 30 percent indicated they would leave the field within five years.

The top complaint among 660 doctors surveyed was failure by patients to follow advice or treatment recommendations. And the biggest complaint? An online survey from Consumer Reports showed that the top complaint among the 660 doctors surveyed was failure by patients to follow advice or treatment recommendations. Facing patients who are not accountable for their personal health, or do not take proactive steps to manage their own health, it is not surprising that doctors feel overburdened and dissatisfied.

But the solution to improved patient health could also be the answer to professional burnout. Successful treatment of diabetes is increasingly dependent on improved engagement with patients between visits, and providing information that will help them understand the role they play in managing their own health. Regular communications that offer encouragement and information will help them stick with treatment plans between appointments.

Only one in four healthcare professionals believe they should be keeping patients on track with their treatment programs between visits, which is particularly problematic when treating diabetes, where many of the activities involved in the successful management of the condition take place between medical appointments.
### Disconnect 1
**The Weight of the Nation**

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those who think adult obesity is a significant problem</td>
<td>86%</td>
<td>61%</td>
</tr>
<tr>
<td>Those who believe childhood obesity is a challenge</td>
<td>87%</td>
<td>65%</td>
</tr>
</tbody>
</table>

- **38% of Patients** 77% of Doctors
- **36% of Patients** 65% of Doctors
- **50% of Patients** 70% of Doctors

### Disconnect 2
**Calories Versus Genetics**

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>Diabetic Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those who believe inability to lose weight is caused by lack of exercise</td>
<td>81%</td>
<td>65%</td>
</tr>
<tr>
<td>Those who believe inability to lose weight is caused by poor diet</td>
<td>55%</td>
<td>44%</td>
</tr>
</tbody>
</table>

- **49%** 52%
- **35%** 48%
- **3%** 13%

### Disconnect 3
**Staying the Course**

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Both</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors say they give</td>
<td>18%</td>
<td>76%</td>
<td>6%</td>
</tr>
<tr>
<td>Patients say they receive</td>
<td>19%</td>
<td>35%</td>
<td>28%</td>
</tr>
</tbody>
</table>

- **63% of diabetic patients** say they prefer a ‘carrot’ to a ‘stick’ when it comes to staying motivated to make healthy changes.
- **67% of diabetic patients** find broad advice and guidance more helpful.
- **43% of doctors** tell patients exactly what steps to take.
For communication to really deliver results, it helps to understand the gaps between the perceptions of doctors and patients. *Discussing Diabetes* shows that when it comes to diabetes — and health issues related to weight in general — there are three broad areas where medical professionals and the general public are not yet on the same page. Bridging these gaps is the necessary starting place for preventing and treating diabetes in the United States.

**Disconnect One: The Weight of the Nation**

There is general agreement that both childhood and adult obesity are major problems facing the United States. But once again, far more medical experts believe that Americans’ tendency to pile on the pounds is a problem. So whereas six in ten (61 percent) of Americans think that adult obesity is a significant problem and slightly more (65 percent) believe childhood obesity is a challenge, nearly nine in ten medical professionals (86 percent) surveyed as part of *Discussing Diabetes* said that adult obesity is a problem. Even more (87 percent) felt childhood obesity was a serious challenge.

*Discussing Diabetes* also showed that physicians are more likely to believe their patients’ weight is a problem than the patients are themselves. As a result, nearly four in five (77 percent) doctors think that their patients’ weight has had a detrimental effect on their health. In contrast only two in five (38 percent) people believe that being overweight has negatively affected their own health. Even allowing for the fact that doctors tend to see more unhealthy than healthy individuals, that is still a significant gap.

There is a similar pattern when it comes to the specifics of diet and exercise. Although half (50 percent) of all people surveyed for *Discussing Diabetes* admitted that their health had been affected by not getting enough exercise, 70 percent of medical professionals report that lack of exercise has had a negative impact on patient health. Sixty-five percent of physicians also said that eating unhealthy foods had a negative impact on the health of their patients. But just over one third (36 percent) of their patients felt the same way.

**Disconnect Two: Calories Versus Genetics**

The main causes of obesity — and related poor health — show another disconnect between doctors and patients. Medical professionals are far less likely to blame genetics, and they are far more likely to share the blame equally between poor diet and inadequate exercise. In contrast, both diabetic patients and the general population are far more likely to focus on lack of exercise over diet. And, although still a minority, non-medics are also more likely to blame genetics compared to medical professionals.

This gap may explain why doctors are more concerned about the amount of processed food being consumed in the country, the size of portions served in restaurants...
and fast-food outlets, and the amount of soda being consumed (see page 17).

*Discussing Diabetes* also looks at what happens when people attempt to lose those extra pounds. Again doctors are more likely to ascribe their patients’ inability to lose weight to the basic ‘calories in versus calories out’ formula. So, whereas three in five (65 percent) diabetic patients who have attempted to lose weight in the past blame their sedentary habits and lack of exercise for failing to reach their goals, four in five (81 percent) doctors believe it was lack of exercise.

Nearly half (44 percent) of diabetic patients believe that it was a lack of healthy foods in their diet that thwarted their attempts to lose weight. But more than half of doctors (55 percent) pointed the finger at their patients’ diet.

**Disconnect Three: Staying the Course**

The third major area of disconnect in *Discussing Diabetes* is how patients can best be encouraged to stick to a weight management program.

Having seen plenty of people attempting to lose weight during their time in practice, physicians have more of a ‘slow and steady’ approach to weight loss than their patients. *Discussing Diabetes* shows that doctors are much more likely to say that failure comes from not setting realistic goals in the first place, trying a fad diet that didn’t work, or the absence of a good support system, such as encouragement from friends, family — and even from doctors.

Nearly three quarters (73 percent) of diabetic patients in the *Discussing Diabetes* survey said that making small behavioral changes, such as replacing sugar with a diet sweetener or eating slower, would be the most successful way of losing weight, rather than making several significant changes at once. However, 84 percent of doctors think that for long-term success a series of small adjustments works better than a complete lifestyle overhaul. The proportion of patients who believe they would best be served by a major step change far outweighs the percentage of doctors who feel the same way.

When it comes to giving and receiving advice, more than two thirds (67 percent) of people said they would find broad advice and guidance more helpful than being told exactly what steps to take. In an interesting contrast, more than half of doctors said that telling the patient exactly what steps to take to manage their weight would deliver better results than giving the patient advice and...
then letting him or her figure out on their own what works best for them. Despite this, only 43 percent of doctors admit to telling the patient exactly what steps to take.

Survey respondents are also very clear that they prefer a ‘carrot’ to a ‘stick’ when it comes to staying motivated. Nearly three quarters (73 percent) said they would be encouraged by moving towards pleasure and achieving positive outcomes. Feeling healthier, being happier with their appearance, having more energy and living longer were all popular motivational ideas.

However, this number drops to 63 percent among those already diagnosed with diabetes, suggesting that the more real those negative outcomes become, the more likely they are to drive a change in behavior and lifestyle.

In one of the more startling differences of perception that come to light in Discussing Diabetes, more than one third (35 percent) of patients diagnosed with diabetes who have been told to lose weight by their doctor said they had been offered a combination of positive and negative motivations to lose weight. Two in ten (19 percent) said their doctor had focused on the positives, while three in ten (28 percent) said their doctor had focused only on the negatives.

But this is not what doctors are saying. When discussing weight loss with a patient, three quarters (76 percent) said they use a combination of carrot and stick, positive and negative. Eighteen percent say they focus solely on the positives. But only six percent say they talk about the negative outcomes of failing to manage weight effectively. Patients and doctors are not seeing their conversations in the same way.

Reinforcing the belief among many doctors that patients could and should be more proactive and take greater responsibility for managing their health, one in four people diagnosed with diabetes who took part in Discussing Diabetes think there is a lack of available

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>Diabetics who think there is a lack of available resources to help successful weight management.</td>
</tr>
<tr>
<td>18%</td>
<td>Doctors who believe that a lack of resources is a problem.</td>
</tr>
<tr>
<td>51%</td>
<td>Diabetics who believe that children are not getting adequate education about healthy eating choices.</td>
</tr>
<tr>
<td>37%</td>
<td>Doctors who believe that children are not getting adequate education about health and weight-related matters.</td>
</tr>
</tbody>
</table>
Patients are also very clear that they prefer a 'carrot' to a 'stick' when it comes to staying motivated. Feeling healthier, being happier with their appearance, having more energy and living longer were all popular motivational ideas. Resources to help successful weight management. But a slightly lower percentage of doctors believe that a lack of resources is a problem: only one in five (18 percent). By the same token, more than half (51 percent) of diabetics surveyed believe that children are not getting adequate education about healthy eating choices — but only a third of doctors (37 percent) agree. Either the information is out there and patients are unaware of it or think it inadequate, or the medical profession simply has greater faith in the usefulness and accessibility of materials provided.
Soda Solutions

Research has shown that consuming sugary drinks is linked to type 2 diabetes, and the American Diabetes Association recommends that people limit their intake of sugar-sweetened beverages as a preventive measure.

Sugary sodas raise blood glucose and deliver a hit of several hundred calories from a single serving: one 12-ounce can of regular soda has approximately 150 calories and 40 grams of carbohydrate — equivalent to 10 teaspoons of sugar!

But has the message gotten through? Ninety percent of doctors think soda or sugary drink consumption is a significant contributor to obesity and more than two thirds (67 percent) think their patients should cut down the amount of soda they consume.

But less than a third (31 percent) of people believe that large soda portions are a problem — and less than a half (46 percent) think they should drink fewer unhealthy beverages.

Even among people who have been diagnosed with diabetes, only 47 percent think they should drink less soda. And when it comes to a ban on large sodas — the answer is a resounding “Not in my town!”

Less than half of Americans diagnosed with diabetes think they should drink less soda.

Americans who believe large soda portions are a significant problem.

Americans who think they should drink fewer unhealthy beverages.

Doctors who think soda or sugary drink consumption is a significant contributor to obesity.

150 calories
40g carbs
= 10 teaspoons of sugar!
What *Discussing Diabetes* shows quite clearly is that although not perfect, awareness of weight and its consequences for health is fairly widespread. What it also shows is that individuals who have been diagnosed with diabetes have a good idea what they need to do about it. They know they should manage their weight, have attempted multiple diets, understand the health implications, but still struggle to achieve their goals. This is not so much a question of education, but more one of motivation.

Comparing attitudes between those with diabetes and the general population shows this to be the case. For example:

<table>
<thead>
<tr>
<th></th>
<th>Diabetes Patients</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those who say they could do a better job of exercising on a regular basis.</td>
<td>64%</td>
<td>56%</td>
</tr>
<tr>
<td>Those who acknowledge they could do a better job of managing their weight.</td>
<td>64%</td>
<td>51%</td>
</tr>
<tr>
<td>Those who admit they could do a better job at maintaining portion control.</td>
<td>56%</td>
<td>38%</td>
</tr>
<tr>
<td>Those who say they could do a better job at incorporating healthy foods.</td>
<td>53%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Americans diagnosed with diabetes are also far more likely to have discussed their weight, their exercise habits and their eating habits with a doctor than those without diabetes.

People with diabetes are also more likely to have made an attempt to manage their weight than the general population. Almost every person diagnosed with diabetes who took part in *Discussing Diabetes* (96 percent) said they had tried to manage their weight or to diet at some point.

However, 78 percent were unsuccessful or only somewhat successful. In fact, serial dieting is far more prevalent among people with diabetes than among the general population: 63 percent have attempted to diet five times or more. One in eight (13 percent) have tried more than 20 times.
<table>
<thead>
<tr>
<th>Attempts to manage weight</th>
<th>DIABETES PATIENTS</th>
<th>GENERAL POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have tried to diet once</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Have tried twice</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Have tried three times</td>
<td>7%</td>
<td>15%</td>
</tr>
<tr>
<td>Have tried four times</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Have tried five times</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Have tried 6 — 10 times</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td>Have tried 11 — 20 times</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td>Have tried 21 times or more</td>
<td>13%</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons reaching target weight wasn’t achieved</th>
<th>DIABETES PATIENTS</th>
<th>GENERAL POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed to exercise enough</td>
<td>65%</td>
<td>59%</td>
</tr>
<tr>
<td>Didn’t eat enough healthy foods</td>
<td>44%</td>
<td>38%</td>
</tr>
<tr>
<td>Didn’t set a realistic goal</td>
<td>30%</td>
<td>24%</td>
</tr>
<tr>
<td>Cut out too many things that they liked</td>
<td>23%</td>
<td>22%</td>
</tr>
<tr>
<td>Didn’t have a good support system</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>Tried a diet that didn’t work</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Didn’t consult a doctor or nutritionist</td>
<td>14%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Participants in the *Discussing Diabetes* study were also candid about the reasons they had not managed to achieve their target weight. The biggest reason cited was failure to exercise enough, followed by not consuming enough healthy foods, not setting realistic goals, and cutting out too many things they liked.

The concern that people have about their own weight-related health issues also extends to their children. Among parents with diabetes, 47 percent were worried about their children’s eating habits — the same number who were concerned about affording college, and significantly more than those who were worried about bullying. It was also nearly twice the number who were concerned about their children’s grades. A similar number (43 percent) worried about their child’s exercise habits, and 37 percent worried about their child becoming overweight.

Issues relating to weight and exercise were also areas where parents with diabetes felt they could do more for their children. Nearly half (47 percent) said they could do better in providing healthy food options, 37 percent said they could be better at encouraging their child to exercise, and 23 percent felt they could do more to help with their child’s weight. However, just under half (47 percent) also said they could do better at having open communication on sensitive topics with their children.

### Concerns from Parents with Diabetes

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry about their child’s eating habits</td>
<td>47%</td>
</tr>
<tr>
<td>Worry about affording a college education</td>
<td>47%</td>
</tr>
<tr>
<td>Worry about their child’s exercise habits</td>
<td>43%</td>
</tr>
<tr>
<td>Worry about their child being bullied</td>
<td>37%</td>
</tr>
<tr>
<td>Worry about their child becoming overweight</td>
<td>37%</td>
</tr>
<tr>
<td>Worry about their child’s grades</td>
<td>27%</td>
</tr>
</tbody>
</table>
Patients with diabetes know the risks associated with being overweight. They understand the impact on their families as well as themselves. Concerns for their children suggest that many know that it is harder to lose weight than to prevent weight gain in the first place — and many are also aware of the role of genetics in diabetes diagnosis. But repeated attempts to manage weight have led to repeated failures. The question then is how best to translate this awareness and desire for better health into successfully motivated weight management programs?

The concern that diabetics have about their own weight-related health issues also extends to their children.

- Could do a better job of providing healthy food options: 47%
- Could do a better job of saving for college: 47%
- Could do better at communicating about sensitive topics: 47%
- Could do better at helping their child with schoolwork: 40%
- Could do a better job at encouraging their child to exercise: 37%
- Could do more to help with their child’s weight: 23%
Collaboration and Communication

*Discussing Diabetes* shows that there is plenty of room for a conversation between patients with diabetes who are struggling to manage their weight and the medical professionals who are treating them. It also shows that both sides of that dialogue already have plenty of ideas about what could work. However, those ideas are not necessarily the same.

For example, seven in ten (70 percent) medical professionals believe that preparing healthy meals in advance, such as making lunch to bring to work, would help diabetic patients manage their weight more effectively. Interestingly, doctors are also more likely to be concerned about the amount of processed food the nation consumes, as well as portion size, and calorie information given in restaurants. But when diabetics who had tried to lose weight were asked what techniques had worked for them, one in four (24 percent) found that relying on home-prepared food had been successful.

In addition, more than half of all doctors (55 percent) felt that having friends or family on the same diet or workout regimen would be a successful strategy, but again only 16 percent of people with diabetes who had tried to

<table>
<thead>
<tr>
<th><strong>Preventing healthy meals in advance</strong></th>
<th><strong>Recommended by Doctors</strong></th>
<th><strong>Success from Diabetic Patients</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70%</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Having friends/family on the same diet or workout regimen</strong></td>
<td>55%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Exercising in the morning</strong></td>
<td>48%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Stopping daily weigh-ins</strong></td>
<td>18%</td>
<td>38%</td>
</tr>
</tbody>
</table>
lose weight had found it to be successful. In another example, nearly half of medical professionals felt that exercising in the morning would be a success strategy, but only a third (32 percent) of diabetics who had tried to lose weight found that the strategy worked for them.

On the other hand, there were areas where diabetic patients reported success but which were not highly recommended by doctors. For example, two in five (38 percent) diabetic patients said that they were more successful when they stopped weighing themselves every day. Only one in five (18 percent) of doctors would recommend this as a success strategy.

The Role of Doctor-Patient Communications

Most notable was the number of patients who said that receiving communications from their doctor between visits would motivate them. Among patients who already have diabetes, 28 percent said that hearing from their physician outside practice visits would be helpful in managing overall health and lifestyle issues. One in four diabetes patients also said they would be motivated to lose weight by a doctor telling them to shed pounds.

There are a number of doctors who are on board with the idea that more can be done to encourage patients to make lifestyle changes and do more to manage their condition between office visits. All of the

| 28% | Patients with diabetes who say hearing from their physician outside practice visits would be helpful. |
| 25% | Patients with diabetes who would be motivated to lose weight by a doctor telling them to. |

“There are several potential benefits for patients and physicians who use email. Patients may feel more comfortable in addressing complex, sensitive, or personal issues if the interactions are conducted in writing rather than face-to-face. The use of email allows time to construct a thoughtful, structured message. Also, email is largely self-documenting, which is crucial for the integrity of the medical record. Finally, email can solve issues related to large distances or patients’ inability to travel to receive follow-up care.”

*Ethical Guidelines for Use of Electronic Mail Between Patients and Physicians* by Amy M. Bovi
following were raised as potential sources of support and encouragement:

- Emails with personalized tips from doctors between visits
- Text messages with personalized tips from doctors between visits
- Phone calls from doctors to discuss steps they should be taking between visits
- An in-person support group to discuss similar struggles
- An online support group to discuss similar struggles

*Discussing Diabetes* also shows that more than a third of all diabetic patients would feel in some way positive about receiving communications from doctors in between visits, and more than one in three (34 percent) would feel motivated to make a change to their at-home behaviors. Among parents with diabetes, more than two in five (43 percent) said they would be happy to receive communications from their doctor regarding their child’s health.

For doctors considering adopting the technique, it is perhaps worth noting that one in four adults with diabetes said they would be pleasantly surprised to receive communications between visits to their doctor.

- **38%** Patients who would be interested in receiving communications from their doctors between visits.
- **34%** Patients who would feel motivated to make a change to their at-home behaviors.
- **43%** Patients with diabetes who say they would be happy to receive communications from their doctor regarding their child’s health.
The way patients prefer to receive communications from their healthcare provider varies based on the information being delivered.

<table>
<thead>
<tr>
<th>Communication Type</th>
<th>Phone Call from a Healthcare Professional</th>
<th>Phone Call from an Automated Voice Messaging System</th>
<th>Email</th>
<th>Text Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment Reminder</td>
<td>35%</td>
<td>24%</td>
<td>29%</td>
<td>12%</td>
</tr>
<tr>
<td>Medical or Health Product Recall Information</td>
<td>33%</td>
<td>12%</td>
<td>50%</td>
<td>5%</td>
</tr>
<tr>
<td>Patient Care Between Visits</td>
<td>31%</td>
<td>14%</td>
<td>49%</td>
<td>7%</td>
</tr>
<tr>
<td>Request for Patient Feedback</td>
<td>26%</td>
<td>10%</td>
<td>59%</td>
<td>5%</td>
</tr>
<tr>
<td>Educational Tips or Information to Help Live a Better Life</td>
<td>19%</td>
<td>9%</td>
<td>68%</td>
<td>4%</td>
</tr>
<tr>
<td>Seasonal Reminders</td>
<td>19%</td>
<td>18%</td>
<td>55%</td>
<td>8%</td>
</tr>
<tr>
<td>Payment Reminder</td>
<td>19%</td>
<td>16%</td>
<td>56%</td>
<td>9%</td>
</tr>
</tbody>
</table>

One in four adult patients with diabetes say they would be pleasantly surprised about receiving communications with health management tips from doctors in between visits.
Solving the Problem

Above all, *Discussing Diabetes* illustrates the underlying problem in the American healthcare system: the lingering expectation that diabetic patients are expected to “go it alone.” Typically, patients diagnosed with diabetes will go to the doctor, who will then take a bit of time to review their current state of health and provide a brief consultation, followed by a prescription for medication and some advice about adopting a healthier lifestyle. The patient then goes to the pharmacy to fill the prescription and that’s where the physician’s support typically ends — at the very point treatment for diabetes begins. That’s the gap in the system, and nowhere is it more obvious than in the treatment of diabetes.

But improving the collective health of Americans is becoming a priority, and can only be driven by forward-thinking healthcare practitioners who understand that what happens outside the consulting room can be just as important as the diagnosis and advice that is given within it. These doctors and nurses understand that touching the hearts and minds of their diabetic patients by engaging with them between office visits will encourage and inspire them to follow and embrace treatment plans. They believe personalized and ongoing patient engagement will activate positive lifestyle changes that will help people of all ages lead healthier lives.

Healthcare professionals are beginning to embrace this interactive approach for treating patients. According to *Discussing Diabetes*, one in four (26 percent) healthcare practitioners believe it’s their job to keep patients on track with their treatment programs between practice visits by sending them ongoing reminders and alerts to take medication, check blood sugar, eat right, and exercise. And although more than half (55 percent) of healthcare providers say they don’t currently communicate with patients between visits to provide care, the good news is that they do want to move in this direction. In fact, two out of five healthcare practitioners (38 percent) would like to begin providing this level of patient care between visits in the near future.
It’s not enough to prescribe a treatment plan and tell patients during their regular appointments to change their lifestyle. To help those who have already been diagnosed with diabetes, and to prevent others from developing the disease, healthcare professionals need to activate all of their patients to make positive behavior changes for a healthier life. Ongoing reminders and alerts to take medication, check blood sugars, eat right, and exercise will activate patients to make the changes required to become healthier.

To help those who have already been diagnosed with diabetes, and to prevent others from developing the disease, healthcare professionals need to activate all of their patients to make positive behavior changes for a healthier life.
Creating a Healthy World

No matter your age or gender, preventive action will not only improve patient outcomes and reduce healthcare costs, but it will also improve quality of life and save lives. Patients want to be involved in their own care, but need the tools to stay educated, encouraged and motivated to follow through for their own health. Text messages, phone calls and emails from physicians get patients’ attention while providing this desired support and involvement.

Increasing patient communication efforts will require forward-thinking healthcare practitioners who understand that their continued involvement is critical to ensuring a healthy future for our patients. Many physicians understand that engaging patients between office visits can inspire them to embrace and build the habits to follow through with treatment plans. They know personalized, ongoing engagement can activate positive lifestyle changes that will help people lead healthy lives.
About Healthy World

A healthy world, while global by definition, actually happens one person at a time. It is driven by forward-thinking healthcare practitioners who understand their involvement is critical to ensuring a healthy population.

The Healthy World initiative, launched by TeleVox, aims at helping people — young and old — be healthy!

Three imperatives for creating a healthy world — one person at a time

1. Touch the hearts and minds of patients to drive positive behavior change.
2. Engage patients with information and encouragement between visits.
3. Activate patients to make positive behavior changes for a healthier life.

The driving force behind the goal of creating a healthy world are the healthcare professionals who take the time to engage patients with personalized, thoughtful, ongoing communications that encourage and inspire them to embrace and follow ongoing treatment plans.

They know every communication with a patient — including those that take place between office visits — is an opportunity to help that person understand the importance of good habits like nutrition, physical activity, taking their medications as prescribed and following new treatment recommendations. Engaging patients and their families between visits through proactive, relevant communications helps them to wake up and stay focused on positive behavior changes is the way to create a healthy world — one patient at a time.
TeleVox®

About TeleVox

TeleVox is a high-tech Engagement Communications company, providing automated voice, email, text and web solutions that activate positive patient behaviors through the delivery of technology with a human touch.

Since 1992, TeleVox has been creating a comprehensive approach that breaks through and motivates people to live healthy lives. At TeleVox, we understand that touching the hearts and minds of patients by engaging with them between healthcare appointments will encourage and inspire them to follow and embrace treatment plans. We know personalized, ongoing patient engagement will activate positive lifestyle changes. TeleVox helps healthcare professionals touch, engage and activate every unique patient to lead healthy lives.

TeleVox. High-tech, human touch to create a healthy world — one patient at a time.
Sources


xv. Cancer Facts & Figures 2014, the American Cancer Society, Atlanta, Georgia.

xvi. As reported in the earlier TeleVox Healthy World Report, Healthcare Change: The Time is Now

xvii. Source: Medicare Spending and Financing Report by the Henry J. Kaiser Family Foundation


Our Healthy World Initiative utilizes ethnographic research to uncover, understand and interpret the patient point-of-view when it comes to managing personal health. We focus on studying how people interact with healthcare providers and how they behave between doctor visits. As part of this program, TeleVox delivers research reports that provide healthcare professionals with timely insight for helping patients make healthy changes in their lives, follow treatment plans, and take accountability for improving their personal health.