

# **NOVO NORDISK NATIONAL DIABETES INITIATIVE**

## **ENVIRONMENTAL SCAN**

### ***The Drama of Diabetes: The Silent Stalker***

***More People Die Each Year From Diabetes Than Die From AIDS  
and Breast Cancer Combined***

***PREPARED BY***

**THE *GINGRICH* GROUP**

1301 K Street, NW  
Suite 800 West  
Washington, DC 20005  
(202) 414-1514

July 2, 2003

## Executive Summary

### Introduction and Methodology

The current explosion of diabetes in America, especially among teenagers, is evidence that the public policy approach toward managing and preventing diabetes has been significantly inadequate and ineffective. In seeking to reverse this trend and position itself as a thought leader in diabetes care, Novo Nordisk engaged the Gingrich Group to investigate the attitudes of key audiences in the United States who are in a position to play decisive roles in improving diabetes care. As noted in Novo Nordisk's DAWN study of worldwide attitudes toward diabetes: "Diabetes, possibly more so than any other chronic condition, is only managed effectively when the whole team works well together. The key to improving the management of diabetes lies in understanding the perceptions surrounding the disease, the attitudes and responses of the policy makers and the way the patient, physician, nurse and policy maker interact." It was precisely with this notion in mind that the Gingrich Group began its study of attitudes surrounding diabetes in the United States, which was not the focus of the DAWN study.

The Gingrich Group's primary focus in the research phase of its engagement has been to better understand the attitudinal obstacles to improved diabetes prevention and self-management of the disease in the United States, as well as ascertain what combination of messages can help reverse the deadly and costly increase in the incidence of diabetes across America. This research has included both secondary and primary elements. The secondary research included a review of existing research on diabetes attitudes, as well as a scan of the various initiatives that have been undertaken by public and private entities to address this growing public health challenge and a snapshot of the current political environment surrounding diabetes. The primary research was conducted by the Winston Group polling firm under the strategic direction of the Gingrich Group and involved a combination of ten focus groups, two national polls, and a series of one-on-one interviews with individuals having either Type 1 or Type 2 diabetes in an effort to provide a comprehensive picture of diabetes from those at the center of the epidemic, including doctors, diabetes educators, parents, and patients, as well as those high risk groups that represent the primary diabetes population.

The resulting environmental scan of the secondary and primary research will provide the baseline knowledge required to enable the Gingrich Group to recommend a strategic plan for a Novo Nordisk-led national diabetes communications project. This executive summary of the environmental scan provides an outline of the major secondary and primary research findings. Complete secondary and primary research reports are attached as appendices, along with the underlying focus group and one-on-one transcripts and detailed breakdown of the two national polls associated with the primary research.

## **The Dramatic Facts About Diabetes**

Diabetes affects roughly 17 million people in the U.S. today. There are approximately 6 million people who are living undiagnosed with diabetes, as nearly a third of those with the disease lack awareness of their condition. Additionally, there are 16 million Americans with pre-diabetes.

Most of the country's 17 million people with diabetes have type 2, which is caused by insulin resistance, and can be triggered by environmental factors such as obesity. Those with Type 1 diabetes, which is caused by the body's destruction of its own insulin-producing cells affects 10% of all those with diabetes and is generally diagnosed in childhood.

Diabetes is the seventh leading cause of death overall, and the sixth leading cause of death by disease. In measuring the effects of diabetes on the quality of life, diabetes is the leading cause of adult blindness, kidney failure, and non-traumatic lower-limb amputations. Persons with diabetes are also 2 to 4 times more likely to suffer from heart disease and stroke than those without the disease.

20% of those aged 65 years or older have diabetes and alarming new statistics show that Type 2 diabetes among young people below the age of 20 is on the rise.

Diabetes particularly adversely affects certain races and ethnicities. For instance, Hispanic/Latino Americans, Black Americans, and Native Americans are on average 2 times more likely to have diabetes than White Americans of similar age.

Diabetes also has particularly adverse effects on women, especially because diabetes can affect the health of both a mother and her unborn children. Between 2.5 percent and 4 percent of women in the United States develop gestational diabetes during pregnancy. Gestational diabetes usually ends after the baby is born, but women with gestational diabetes have up to a 45 percent risk of recurrence with the next pregnancy and up to a 63 percent risk of developing type 2 diabetes later in life.

In addition, women face increasing risk of diabetes and its complications because of certain social, cultural, and economic trends, such as: living in poverty (by age 65, women are twice as likely as men to be poor); working in small companies that provide fewer benefits and lower pay than larger companies, and face significant challenges to balance job and family responsibilities; lacking health insurance or access to care (approximately one in seven women lack health insurance); being overweight and not exercising regularly (about one-half of women aged 20 years or older are overweight, and more than one-quarter do not engage in regular physical activity).

According to Centers for Disease Control (CDC) estimates, diabetes has increased nearly 50 percent in the past 10 years and is expected to grow 165 percent by 2050 if incidence rates follow current trends. According to Dr. K.M. Venkat Narayan, a diabetes epidemiologist at the CDC, one in three U.S. children born in 2000 will develop diabetes unless many more people start eating less and exercising more, with the odds even worse for black and Hispanic children, nearly half of whom are likely to develop the disease.

Direct medical and indirect expenditures attributable to diabetes in 2002 were estimated at \$132 billion. Direct medical expenditures alone totalled \$91.8 billion and comprised \$23.2 billion for diabetes care, \$24.6 billion for chronic complications attributable to diabetes, and \$44.1 billion for excess prevalence of general medical conditions. Attributable indirect expenditures resulting from lost workdays, restricted activity days, mortality, and permanent disability due to diabetes totalled \$39.8 billion.

The estimated \$132 billion cost likely underestimates the true burden of diabetes because it omits intangibles, such as pain and suffering, care provided by unpaid caregivers, and several areas of health care spending where people with diabetes probably use services at higher rates than people without diabetes (e.g., dental care, optometry care, and the use of licensed dietitians). In addition, this cost estimate excludes undiagnosed cases of diabetes.

Per capita medical expenditures totalled \$13,243 for people with diabetes and \$2,560 for people without diabetes.

## **Secondary Research – Prior Findings On Diabetes Attitudes**

### **ADDRESSING PATIENT ANXIETY**

Prior research regarding the attitudes of people with diabetes underscore the challenge for any initiative designed to improve self-management behaviors. The DAWN worldwide study revealed the high level of anxiety on the part of those diagnosed with diabetes and the large degree to which providers are poorly suited to deal with this anxiety of their diabetes patients. DAWN concluded that this provider weakness in addressing the psychosocial aspects of their patients leads further to a sense of anxiety and poor well being among patients. An additional conclusion is that if patient anxiety were more effectively understood and addressed, then providers would be in a better position to help their diabetes patients tailor a more effective self-management regime. The DAWN study confirmed that systems of social support and emotional well-being are critical in achieving effective self-management outcomes for people with diabetes. A family or other social network was considered crucial to helping a patient cope with the demands of the disease. DAWN found that people suffering from diabetes who do not have such support networks feel worse themselves and do not manage their diabetes as effectively.

### **ATTITUDES VARY DRAMATICALLY BY ETHNIC AND AGE GROUP AND BY GENDER**

Any initiative designed to improve diabetes care also faces the challenge posed by the multiplicity of attitudes held by different ethnic and age groups. In short, one message will not have equal effectiveness for all people. To achieve maximum impact, messages are likely to have to be tailored to target groups. A major CDC diabetes prevention marketing study catalogued some of these dramatically different attitudes in groups of African-Americans, Native Americans, Hispanics, and Asian-Americans. For example, according to findings cited in the study, some groups simply do not regard being overweight as a problem. One study found that increased use of emotional support groups was positive for African-American women, while at the same time decreasing the likelihood of adherence by African-American men. Another revealed

the difference in openness toward the discussing the disease between young and older people. Other studies suggested cultural tension in taking preventive health measures while another found ethnic acceptance of diabetes as one's destiny in life to be accepted and endured stoically.

The differences among the groups are striking, as are some of their views. One study suggests one of these groups views physical exercise as for the affluent, and then only for men. One cited fear of shame and stigma if having diabetes were disclosed.

Almost all of the groups shared a sense of anxiety in having the disease. This anxiety involved a fear of the financial burden and a fear of not being able to provide for one's family. Almost all groups acknowledged being ill prepared for the life changing nature of the disease. There was also agreement that food and culture were linked, and making a change in diet was not easy. Each also appreciated language specific information about diabetes, in addition to English, as being helpful in informing them of effective self-management of the disease.

### **IGNORANCE OF HIGHER RISK FOR HEART DISEASE**

One striking finding in an ADA diabetes study is that a large majority of people with diabetes (68%) do not consider cardiovascular disease to be a serious complication of diabetes. Majorities of people with diabetes also do not feel at risk for a heart condition (52%), or high blood pressure or cholesterol (60%).

In addition, few in this same group could name important methods to reduce risks of heart attack or stroke, such as prescription medicine (18%), lowering cholesterol (8%), quitting smoking (7%), reducing blood pressure (5%), and taking aspirin (1%). 16% percent of this survey could not name a single way to reduce their cardiovascular disease risk.

These people also report seeing their providers about five times a year, and 75% of them indicate asking their providers about diabetes. Nevertheless with respect to heart disease, about half report that their provider never discussed lowering blood pressure (52%) or lowering cholesterol (45%) with them. Among smokers, more than a third indicated that their provider never discussed quitting smoking. Lastly, people under 65 reported more discussion over a broader range of diabetes-related topics than patients age 65 and over.

### **Primary Research – Polling Findings**

The Gingrich Group, with tactical support from the Winston Group polling firm, conducted a research program from March through June 2003 to accomplish the following five objectives: 1) develop a comprehensive knowledge base on public attitudes and knowledge of diabetes; 2) identify the language and most effective messengers to communicate the challenge and seriousness of diabetes effectively with the American public; 3) identify potential solutions and raise awareness; 4) develop a working model to understand optimal ways to raise awareness; 5) develop a working model to understand the motivation and behavior pattern of those who transition to successfully managing diabetes.

This primary research yielded six principal findings about diabetes attitudes that reflect the challenges and opportunities identified by the Gingrich Group's research program and targets key groups that constitute the present and future battle on how to successfully manage diabetes. These principal findings are followed by a set of potential steps and solutions. Most of the recommended steps will not only increase awareness and concern for diabetes among the general public but provide a best-practices scenario for dealing with diabetes that will lead to improved education and lives for those currently living with diabetes.

### **Key Finding #1**

#### *Inadequate Communication & Teamwork between Physicians and Nurses/Educators*

- Physicians & CDEs diverged on their perceptions of compliance for Type 1 and Type 2 individuals.
- Physicians did not know what a CDE was.
- Physicians are often disinclined to refer patients to CDEs.

#### Suggested Solutions

- Increase CDEs' Access to Patients
- Raise overall awareness of Diabetes and importance of education among Doctors
- Improve Doctors' knowledge of behavioral component of Diabetes

### **Key Finding #2**

#### *No Standard Procedure for Physician Check-ups*

- Lack of doctrine with regard to patient visits & referrals
- Presence of bias (and lack of recognition of bias)
- With no standard procedure in place, patients make assumptions such as "I must be okay."

#### Suggested Solutions

- CDE suggestion: Develop and enforce Standards of Care for physicians
- Develop standard diabetes procedures & doctrine and teach this in all medical schools
- To compensate for lack of standards, modify ADA guidelines to include testing for overweight individuals with certain BMI
- Legislate automatic glucose testing

### **Key Finding #3**

#### *Inadequate Emphasis in the United States on Healthy Behavior (Healthy Behavior v. Health Care)*

- The US healthcare system fundamentally designed for acute not chronic illness
- Key is not only to change behavior but sustain behavior
  - Understand forming habits takes TIME
  - Understand forming habits requires PERSONALIZATION

- Understand forming habits requires EMPOWERMENT
- Change will require reform of medical & insurance practices

#### Suggested Solutions

- Greater emphasis on behavioral approaches to medicine during education
- Propose legislation that will require insurance companies to expand coverage of diabetes education to include more frequent and non-traditional education

### **Key Finding #4**

#### *Social Impact of Diabetes Poses Significant Challenge To Improved Diabetes Care and Prevention*

- Cultural impact—diet and the concept of “White” food
- Perceived stigmatization of child
- Insulin signifies “Bad” diabetes

#### Suggested Solutions

- Community-based education and support
- Other non-traditional methods of education and care such as diabetes mentor programs and patient-patient education

### **Key Finding #5**

#### *Denial Is Very Strong*

- Family or close personal relations with people with diabetes does not imply there is heightened awareness about the disease
- Lack of knowledge about diabetes in general
  - Demonstrated surprise as to the seriousness of diabetes’ consequences & high rate of incidence
  - Misperceptions as to the causes of diabetes reinforces denial

#### Suggested Solutions

- Broad-based education campaign undertaken on the national level
  - Campaign should address all aspects of managing disease.
  - Provide hope and positive reinforcement, yet also motivate by raising awareness of consequences of inaction.

### **Key Finding #6**

#### *Minorities Had Some Understanding That They Were At Higher Risk As A Group, But Did Not Personalize It*

- Felt at greater risk for diabetes than cancer, but regarded cancer as more serious
- More likely to rely on doctor
- Cultural component an obstacle in successful management of diabetes

## Overall Message Findings

- When given the proper tools, people do want to manage diabetes.
- Americans respond well to positive messages about diabetes, yet also need a sense of personal consequence and risk.
- Although cancer is regarded as the most serious disease, diabetes can be seen as in the same league as cancer.

## Existing Diabetes Initiatives

The crafting of a Novo Nordisk national diabetes initiative is taking place in a national environment in which federal and state governments, as well as private organizations, are coordinating a number of diabetes-related and general health-related initiatives. There exists therefore a fairly sizable laboratory of diabetes initiatives to study, with varying focuses and strategies, which serve as a point of reference for what initiatives appear to work and where there exist needs. Existing initiatives also point to already-established diabetes partnership networks that Novo Nordisk may be in a position to leverage. While there are a great number of federal and state agencies involved in these initiatives, it is notable that there do not appear to be any pharmaceutical companies playing a leading role in any of them.

## FEDERAL

President Bush has led a presidential initiative (“**HealthierUS**”) to increase personal fitness to achieve better health, focusing on daily physical exercise, a nutritious diet, and preventive screenings. Tommy Thompson, U.S. Health and Human Services Secretary, has taken this initiative one step farther with the HHS-led initiative **Steps To A HealthierUS**, which aims to ensure that policy makers support prevention programs that foster healthy behaviors. By embracing prevention as a priority, Thompson wants the country to move from a disease care system to a health care system.

Steps To A HealthierUS supports broad policies and strategies that offer the greatest good for the greatest number at the lowest cost. The initiative set forth six steps that different groups in state and local communities can take for a healthier US: promote health and wellness programs in school; policies that promote healthy physical environments; access to full range of quality health services; eliminating ethnic based disparities in health outcomes; and effective public education about health. To help promote local initiatives, HHS is awarding to support local programs that demonstrate approaches to reduce prevalence and impact of chronic health conditions, including diabetes.

The federal government has also coordinated the **Healthy People 2010** project, which is a set of health objectives for the nation to achieve in the next decade. Healthy People 2010 is an extremely broad based effort involving federal, state, and territorial governments, as well as hundreds of private, public, and non-profit organizations. An important purpose of this project is to provide health objectives in a format that enables diverse groups to combine efforts and work as a team. It is purposely designed, complete with performance benchmarks to measure effectiveness, to be used by a variety of different people, states, communities, and professional organizations to

improve health. Healthy People 2010 encourages individuals, groups, and organizations to integrate Healthy People 2010 into current programs, special events, publications, and meetings. By selecting from among the national objectives, Healthy People 2010 suggests that individuals and organizations can build an agenda for community health improvement and can monitor results over time.

Healthy People 2010 has 28 areas of health focus, number five of which is diabetes. Diabetes itself has seventeen objectives listed, each with a performance target. Each objective also uses objective data source measurements to that new members of the coalition can immediately begin to produce and use data, obtaining necessary background information in an efficient manner.

The **National Diabetes Education Program (NDEP)** is a federally-sponsored initiative that involves public and private partners to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and to prevent the onset of diabetes. It sponsors the **Small Steps, Big Rewards: Prevent Type 2 Diabetes Initiative**, which is designed to communicate the message that Type 2 diabetes is preventable to the 16 million Americans with pre-diabetes. The plan of this campaign is to create awareness among health care professionals and people at risk that type 2 diabetes can be prevented through modest lifestyle changes and losing a small percentage of one's body weight. The Small Steps, Big Rewards campaign will open with television and print public service advertisements as well as media relations. NDEP has conducted focus group research with campaign audiences and is discussing how to tailor the campaign messages and activities for high-risk racial and ethnic groups. The program will use mass media, community channels, and the World Wide Web to create awareness about diabetes prevention.

The Center for Disease Control, the ADA, and a number of other coalition partners have launched the **National Agenda For Public Health Action Of The National Public Health Initiative On Diabetes And Women's Health** (the "National Agenda"), which is focused on addressing the epidemic of diabetes and especially its impact on women. The National Agenda was designed to consider the effectiveness of strategies of diabetes prevention as well as care for women with diabetes at various stages of women lives. It recognizes the need to tailor appropriate strategies across the life stages of women.

The National Agenda offers a menu of suggestions of what initiative an organization might adopt in connection with the impact of diabetes on women's health. It sets forth ten recommendations for realizing its vision of improving the health of women with diabetes and a series of supporting strategies for each. The National Agenda also spells out ten principles to guide its actions. Given that the National Agenda is supported by an extensive set of partners, any diabetes initiative that was developed in cooperation with the National Agenda could expect to benefit from a seemingly well-developed existing coalition. The breadth of the National Agenda underscores how many opportunities there indeed are to support the effort to improve diabetes care in America.

A focus on women is also reflected in the **Take Time To Care Initiative**, a joint initiative of HHS, FDA, ADA, and the National Association of Chain Drug Stores (NACDS). It was launched in May 2002 to raise diabetes awareness and promote

screening among women and consists of a large number (250+) of free diabetes risk assessment events conducted at chain pharmacies. An additional 500 local screening events were held in 10 key cities with high incidences of diabetes. The 2003 Take Time To Care Initiative is scheduled for October.

Another woman-centered diabetes initiative is **WISEWOMAN – Well-Integrated Screening and Evaluation For Women Across the Nation**. Administered through the CDC, the WISEWOMAN program provides low-income, under insured and uninsured women aged 40-64 years with chronic disease risk factor screening, lifestyle intervention, and referral services in an effort to prevent cardiovascular disease. CDC funds 12 WISEWOMAN demonstration projects, which operate on the local level. As of 2001, more than 10,000 low-income women have participated in the WISEWOMAN program.

## STATE

The CDC has identified seven states that manage ‘model’ diabetes programs that make a sustained contribution to reducing the burden of chronic disease in the United States: **Michigan; Minnesota; Missouri; Montana; North Carolina; Utah; and Washington**. In order to be selected, ‘model’ state programs had to be based on strong research, demonstrate innovative approaches or yield positive, measurable outcomes. The focus of these state initiatives range from assuring that provider care to diabetes patients is based on clinical practice guidelines (Michigan) to improving diabetes self-management education for special populations (North Carolina).

Perhaps the most impressive set of results from a state initiative occurred in Utah which involved coordination among nine health plans to develop, implement, and evaluate care management strategies. The health plans matched members with diabetes to their most likely primary care provider and determined whether the members had received the recommended screening. Members received a personal profile of their screening test history and information on the recommended tests and their frequency, their health plan’s policy for reimbursement for each test, and an incentive for getting an eye exam (e.g., a 60-minute telephone calling card).

Although not exclusively attributed to the intervention, the results in Utah were significant. A1C testing for commercial and Medicaid plan members increased 12.5% to 86% and 1.5% to 79%, respectively. Commercial plans increased the percentage of patients with A1C levels below 7% to 33% (a 40% increase); the percentage below 8% to 53% (a 25% increase). For the Medicaid plans, there were also improvements in A1C levels among patients (by 19% for those below 7% and by 18% for those below 8%). The percentage of documented eye exams improved for both commercial (by 18% to a level of 47%) and Medicaid (by 5% to a level of 48%) plans.

## NON-GOVERNMENTAL

There are of course too many diabetes initiatives across the country of varying sizes to adequately capture and describe. A few notable non-governmental initiatives led by the business community include the **Bridges To Excellence** and the **Diabetesatwork.org** initiatives. Bridges to Excellence involves a group of large businesses, including General Electric Co., Ford Motor Co., Verizon Communications,

United Parcel Service and Procter & Gamble that has launched a pilot program to pay doctors in Boston, Cincinnati, and Lexington, KY, bonuses of up to 10% if they prove they are taking better care of cardiovascular and diabetes patients. In turn, patients are incentivized to follow doctors orders by receiving points in an airline-style membership reward program that they can then redeem for time off of work or other perks. The program is estimated to generate net savings of \$175 per diabetes patient a year. Bridges to Excellence also envisions the use of an online interactive support tool to let diabetes patients enter data about their hemoglobin levels and medication compliance, as well as manage their membership reward points.

Diabetesatwork.org provides an online diabetes kit aimed at helping businesses assess and treat diabetes in the workplace. The kit also provides easy-to-understand information for employers to help their employees manage their diabetes and take steps toward reducing the risk for diabetes-related complications such as heart disease. Formed in collaboration with the National Diabetes Education Program, the Washington Business Group on Health, American Association of Health Plans, National Business Coalition on Health, Employers' Managed Health Care Association, diabetesatwork.org highlights a report addressed to the business community entitled "Making a Difference: The Business Community Takes on Diabetes" that is a call to action for business leaders to become involved in workplace and community activities to control diabetes-related complications. It provides information on the human and economic impact of diabetes and gives suggestions on how businesses can help employees with diabetes achieve improved glycemic control.

The Washington Hospital Center recently launched an innovative diabetes initiative with its opening of the **Diabetes For Life Learning Center**. Located at a downtown Washington public library, the education initiative targets area residents with diabetes with the message that there are steps that can be taken to lower the risks of developing the complications of diabetes. The initiative is backed by a large number of prominent local businesses. The first of its kind library initiative hosts classes taught by diabetes educators and is offered at the library at a variety of convenient times throughout the week. The initiative is also consciously recording a set of performance measurement to measure the program's effectiveness.

### **Current Novo Nordisk Positioning On Diabetes**

Novo Nordisk's vision is to be the world's leading diabetes company. It considers 2003 a time of opportunity for the company in light of the exploding diabetes population, the failure of 2/3 of diabetes patients to achieve good insulin control, the parent company's commitment to the U.S. market, and the rejuvenation of Novo's U.S. sales force, with new personnel, new capabilities, and new products.

Novo has defined its national diabetes plan as calling for a "systematic approach to improving the planning, organization, and delivery of diabetes care and prevention to ensure the best possible quality and access for all those who need it." Toward the achievement of that end, Novo has, among others, set forth the following objectives: establish a framework for NNPI activities that can facilitate diabetes care at the national, state and local level; outline sponsorship initiatives, reinforce key association programs, identify and establish key partnership opportunities, focus efforts and

resources to areas with the greatest opportunity for overall impact, and establish NDP brand identity to reinforce Novo Nordisk leadership role in diabetes care.

### **Political Environment**

The collective commitment to, and knowledge of, health related issues by President Bush, Secretary Thompson, Speaker Dennis Hastert, and Senate Majority Leader Bill Frist have the potential to make this grouping of national political leaders the most effective leaders on American health and healthcare in a generation. With respect to diabetes, President Bush has proclaimed November National Diabetes Month two years running with statements of strong support for increased federal dollars for diabetes research. Bush has also called for Medicare coverage of insulin and increased funding to combat chronic disease. Bush and Thompson support efforts to lower healthcare spending by focusing on prevention. Thompson in particular appreciates the enormous costs that chronic diseases impose on the lives of individuals and the economy, especially from diabetes. At the state level, Governors Perry of Texas and Bush of Florida have both taken recent actions to address the increasing prevalence of diabetes.

### **Next Step Required To Complete Strategic Plan**

The information and insights from the environmental scan will be utilized to help develop a strategic communications plan designed to meet three goals as defined by Novo Nordisk: (1) to create a “put a man on the moon” type big vision; (2) to create a grassroots “call to action” similar to the recent cholesterol awareness campaigns; and (3) to position Novo Nordisk as a leader in supporting and coalescing existing diabetes initiatives and efforts.

Gingrich Group/Novo Nordisk strategic planning meetings on June 20<sup>th</sup> and June 23<sup>rd</sup> were instrumental in defining success into the three aforementioned goals. A third meeting is planned for July 9<sup>th</sup> and the final plan will be presented at the end of July. The final plan will be accompanied by a complete document submission of all focus group and one-on-one interview transcripts, as well as complete documentation of the two national surveys.

### **ATTACHMENTS**

Appendix A	-	Secondary Research	(Background Data on Diabetes)
Appendix B	-	Primary Research	(Current Polling Data)