



NORMALIZATION PROJECT

INSIGHTS & LEARNINGS



Prepared for
Novo Nordisk, Inc.
December 21, 2020

EXECUTIVE SUMMARY

Novo Nordisk asked What To Know (WTK) to gather insights on how people with type 2 diabetes view the idea of “normalization” or life at an A1c below 5.6. This project utilized many of the lessons learned from our experience developing online solutions and providing a forum for conversation and learning for people with type 2 diabetes.

Using our existing *Diabetes—What To Know* Facebook page, Instagram page, YouTube channel and website, WTK conducted surveys and created / promoted articles to gather learnings on a diverse range of topics: diabetes goals, attitudes towards remission / “normal” and diabetes distress. The surveys in particular allowed us to gather significant insights into the audience of people with type 2 diabetes we’re reaching through social channels and how they currently view the concept of “normalization.” We also utilized these two surveys to develop initial insights for two distinct methods of patient segmentation: time since diagnosis and A1c levels.

There was little overlap in the participants of the two surveys conducted (only 97 people took both surveys), but the results were consistent across both surveys. This suggests that between the two surveys, we reached a broad audience of people with type 2 diabetes (1,455 people answered all questions in the first survey and 2,671 people answered all questions in the second survey) in the US and Canada.

KEY QUESTIONS AS OUTLINED AT BEGINNING OF PROJECT

- How do people with type 2 diabetes currently define their goal(s) for their diabetes management?
- Does the idea of “normal” resonate? How does it align with their current goals for diabetes? Do people with diabetes (PWDs) equate “normal” with not having to take medication?
- How does the concept of “normal” relate to their ideas about diabetes reversal / remission?
- What about “normal” is most appealing to people? Not having to worry about complications? Not having to think about diabetes on a daily basis (food choices, checking glucose, etc.)?
- Do people currently know their A1c and glucose targets?
- How much of a burden is diabetes on their daily lives? How much time do they spend thinking about it?
- Is the idea of stabilizing their diabetes more in line with the way people with diabetes think about it (instead of remission)?
- Does the length of time since diagnosis alter what someone thinks of as “normal?”
- Do diabetes goals vary based on how long ago someone was diagnosed?

TOP EIGHT TAKEAWAYS

*(All Other Insights Listed In The “Learnings” Section)**

1. People were most likely to describe “an A1c of 5.5 or lower, but still being on medication” as “normal” (44% of respondents) while 38% of respondents described that as “remission.”
 - a. While in general answers between PWDs in the US and those in Canada were strikingly similar, this was one area where we did see a difference between the US and Canada. Canadians strongly preferred Normal (52%) to Remission (31%) while Americans were equally likely to choose Normal (40%) v. Remission (41%)
 - b. 18% of respondents chose “Other” for this question, however—suggesting that for many, neither “remission” or “normal” was the way they would describe that situation.
2. The idea of “remission” does really resonate with people with type 2 diabetes—an astonishing 91% of participants in Survey #2 said that remission was a goal for them, and 77% said that they would take a medication that could lower their A1c below 5.6. This is all the more remarkable given the relatively high number of people whose goal is to be off medication altogether.
3. The percentage of people who say that trying to get diabetes into remission is a goal for them declines as the disease progresses. For example, 97% of people who’ve been diagnosed less than a year ago say that remission is a goal, while only 85% of people who’ve had diabetes for more than 10 years say it’s a goal.
4. A1c matters very much to people with diabetes. 75% of survey respondents knew their A1c and it’s important to note that almost everyone who reported knowing their A1c gave us a viable A1c value. (Although Canadians were more likely than Americans to report not knowing their A1c. 32% of Canadians said they didn’t know their A1c vs. 22% of Americans.)
 - a. Patients were more likely to say that “an A1c at target” was the closest description of what a “normal” life with diabetes meant (49% of respondents), rather than “not having to take medicine anymore” (32% of respondents).
 - b. “Having my A1c at target” was the most popular diabetes goal overall, and it was an even more popular choice in the segment of patients who had an A1c above 7, suggesting that it becomes even more important when it’s not at target.
5. Similarly, over half of respondents identified “my numbers are higher than they should be” as their biggest challenge with diabetes, more than the other three responses (“I can’t eat the foods I want,” “having to take so many medications,” or “worrying about complications,”) combined.

6. Attitudes towards medication vary significantly based on time since diagnosis, but there's an ambivalent view towards medication for all groups. On the one hand, it was just behind weight loss as the third most common diabetes goal (23% of respondents chose "be off of medication" as their diabetes goal) but on the other, when asked about what's their biggest challenge with diabetes, "having to take so many medications" was tied for last, with only 12% of respondents choosing it as their biggest challenge. For more on the differences between the time since diagnosis groups on this topic, see "Learnings" section.
7. The higher a responder's A1c, the more likely they were to report that they spent a lot of time thinking about diabetes. One might assume that there's a correlation between spending a lot of time thinking about diabetes and having a lower A1c, but the trend is in the opposite direction. This survey data suggests that you don't have a lower A1c because you spend more time thinking about diabetes... you spend more time thinking about diabetes because you have a higher A1c.
8. While weight loss wasn't the most popular diabetes management goal, "If I could lose weight and keep it off" (41%) was the most common response from people when asked "what would make you worry about diabetes less?"
 - a. This response was the most frequent in all patient segments but was particularly high in the "less than one year" (41%) and the "10+ years ago" (45%) time since diagnosis segments.
 - b. Similarly, "to lose weight" was a more common diabetes goal in the "less than one year" and "10+ years ago" segments than the other two times since diagnosis segments.

**for more on how all results were derived see "Methodology" section. The breakdown of answers for each question can be seen in the "Survey Results" section*

METHODOLOGY

We conducted two surveys: one using our website and the other using quiz software that enables us to record answers one by one as the participant takes the quiz.

At the end of both surveys, we asked for a participant's email address which served as the unique identifier and allowed us to cross-reference answers within each survey (i.e., for people with an A1c between 7 - 8, what percentage of them said that they were always thinking about diabetes?) and for the limited sample that took both surveys, assess answers between surveys. Not all people who answered all questions in the second survey gave us their email address: 2,671 people answered all questions, but only 1,169 people gave us their email address. This matters because we can only break down the results into segments, such as "time since diagnosis," for those individuals who gave us an email address.

We also analyzed all comments left on relevant articles promoted via Facebook to uncover consistent themes / reactions to topics related to remission, setting goals for diabetes management, diabetes distress, etc.

BACKGROUND OF SURVEY PARTICIPANTS

- A1c levels of respondents in the first survey were broken down into five categories:
 - A1c of below 7 34% of participants
 - A1c of 7 - 8 24% of participants
 - A1c of 8 - 9 8% of participants
 - A1c of 9 or above 9% of participants
 - 25% of participants did not know their most recent result
- Participants were segmented based on how recently they were diagnosed with diabetes in both surveys:
 - In the first survey, respondents reported that they had been diagnosed...
 - Less than 1 year ago (12%)
 - 1-5 years ago (25%)
 - 6-10 years ago (20%)
 - More than 10 years ago (43%)
- In the second survey, respondents reported that they had been diagnosed...
 - Less than 1 year ago (23%)
 - 1-5 years ago (28%)
 - 6-10 years ago (18%)
 - More than 10 years ago (31%)

ACTIVITIES PERFORMED

We conducted two six-question surveys as described above, and we created four articles with our diabetes educator to gauge reaction and patient sentiment about various topics.

- The Diabetes Journey: Maintaining A Steady Course (about diabetes distress)
- Managing Diabetes Over The Long-Run (about diabetes remission and what that really means)
- What I've Learned About Diabetes (a profile of a woman who has kept her A1c below 5.5)
- Living with Diabetes: What Matters Most (about setting diabetes goals)

Learnings

ATTITUDES ABOUT “NORMALIZATION” VS. REMISSION

- Having an A1c below 5.6 while on medication was described most frequently as “Normal” (44%) by survey respondents followed closely by “Diabetes in Remission” (38%).
- “Remission” as a response was chosen the least by the *Less than one year* since diagnosis group and that may be because "remission" sounds like something related to a more immediately life threatening disease such as cancer, and this recently diagnosed demographic seems not eager to recognize diabetes as a serious condition. For this group, “normal” may be interpreted as “what my life was like before diabetes”
- For the vast majority of survey respondents, being "normal" means having an A1c at target (49% of all respondents), and not having to think about it. 39% of respondents think of “normal” as not taking medication, and this response is highest in people diagnosed in the last year.
- “I don’t have to think about diabetes at all except for take my medication” (which might be considered the more typical definition of “remission” for another type of condition) was the least popular response (17% of respondents)
- Significantly more people (18%) chose the “Other” option for Question #4 in Survey #1– “If your A1c was 5.5 or lower, but you were still on medication, how would you describe it?” than for Question #2 of Survey #1 (2%), suggesting that Question #4 was more of a nuanced question and that the two options (“Normal” and “Diabetes in Remission”) available didn’t adequately capture their feelings. This points to the “medication / in control” paradox that many people described– saying that having an A1c that low should mean that medication wasn’t required.
- The most common write-in responses for people who chose the “Other” option for Question #4 fell into three main buckets:
 - “This [situation] would be ‘in control’ / ‘controlled with medication’” (21%)
 - “This is not my A1c / I could never get this low” (20%)
 - “This would be wonderful!” (18%)

DIABETES DISTRESS

- One surprise of these surveys was the high number of people (58%) who report thinking about diabetes “all the time– it’s front and center of my life.” We anticipated that the majority of people would respond “Not that much, I just do the basics to get through my day” but only 32% of respondents chose this option.
- The majority of respondents (52%) reported that “my numbers are higher than they should be” as their biggest challenge with diabetes– this was more than the other three options combined:
 - “I can’t eat the foods I want” (24%)
 - “Worrying about complications” (12%)
 - “Having to take so many medications” (12%)
- People who’ve just been diagnosed (less than one year) and those who have had diabetes for 10+ years are most likely to report thinking about diabetes all the time, 65% and 61% respectively. However, for even the other two segments, it was the most common response– 55% of respondents in the 1 - 5 years since diagnosis group and 52% in the 6 - 10 years since diagnosis group.
- Several comments reflect the frustration that many people feel about diabetes.
 - *“No one really knows how we feel, until they go through it or actually see for their own eyes... I'm stuck, no help. Prayers to you for I know your struggle.” -Teri*
 - *“I was so angry when diagnosed. I had just retired 11 months before, life was doing fine except for arthritis in my hips. I felt betrayed by my body and now I have to inject myself with insulin!! But I made adjustments and learned how to give myself shots without pain. I try to watch what I eat and take my blood tests but I don't always manage. It has now been eight years and it's better, but I still find myself angry at times.” -Sue*

DIABETES GOALS

- The topic of diabetes goals is one that people are passionate about– our article about that topic generated more comments than any of the other articles (95). The comments on this article were on a wide variety of themes, but particularly focused on these three:
 - “Prayers” or “praying for help” was the most frequent comment (a reflection of the religious nature of a good percentage of our audience, and also the degree to which they feel diabetes is not something that they are in sole control of)– *“God bless us with diabetes” -Barbara*
 - What a struggle managing diabetes can be– *“I have lived with diabetes for many years. I struggle with this disease every day.” -Jesse*
 - Frustration over not being able to eat what they want– *“Sometimes I feel so sad and irritated because I can’t eat the food I like.” -Arminda*
- Several people left comments in the article about diabetes goals reflecting their acceptance of the idea that they will always be dealing with diabetes– that it will never be “cured.”

- *I have been type 2 for 15 years. I have always exercised and stayed fit so it has been hard to accept. I think it is most difficult to accept that you never have it beat. Then things like stress or the flu effects your numbers and there is nothing you can do. The battle does get old.” -Jeff*
- *“It's a shame that some people are on the internet advising and telling people that it can be cured. Controlled yes but not cured. People believe that bc it's such an awful condition and I think it's very irresponsible for people to tell others that!” -Maggie*
- An article about a woman with type 2 diabetes who’s worked hard to get her A1c below 5.5 also generated quite a few comments, with themes similar to those above, as well as two additional consistent refrains:
 - A combination of simultaneously having changed one’s life and gotten numbers to target with a recognition of how hard it’s been / continues to be: *“It’s one day at a time. Tomorrow’s good choices work regardless what you neglected today.” -Grace*
 - Frustration towards a family member with type 2 diabetes who isn’t taking it seriously: *“my husband is type 2... won't listen and drives me crazy” -Sandy*

ATTITUDES TOWARDS MEDICATIONS

- While a fairly large number of people chose “be off medication” as their diabetes goal (23% of respondents), a much smaller number (10%) chose “having to take so many medications” as their biggest challenge with diabetes.
- One reason for this difference is because attitudes towards medication vary significantly between the different “time since diagnosis” segments.
- The people who were most likely to have “being off medication” as their goal are those who have been diagnosed within the last 1-5 years (33% of respondents), are probably new to taking medications daily, and thus it’s more of a concern for them.
- Patients in the other “time since diagnosis” groups (*less than one year, 6-10, and 10 plus*) are less concerned about being off medication– they are focused on having their A1c on target and if medication is necessary for that, they seem to be OK with it.
- Of the different “time since diagnosis” segments, people who have had diabetes for 6 - 10 years were most likely to respond that being on so many medications was the thing that was the biggest challenge for them (17% of respondents)– which makes sense given that this is often the timeframe when medication therapy is intensified, for example moving to an injectable regimen.

WEIGHT LOSS / FOOD

- “Losing weight” was the second most popular “diabetes goal” (24% of respondents) but “if I could lose weight and keep it off” was the most popular response in terms of what PWDs said would lessen their anxiety about having diabetes (41% of respondents), and this was particularly true among people who have had diabetes for 10+ years.

- Weight loss may not be a more common goal because it's not seen as attainable (i.e. people have tried before and not had success), which may paradoxically strengthen the belief that if they could lose weight and keep it off, they would be more relaxed about diabetes.
- People who are newly diagnosed are more likely to say that “not being able to eat what I want” is the biggest challenge about diabetes than any of the other segments.
 - 40% of newly diagnosed respondents said that this was their biggest challenge, nearly twice as high as the next highest segment– 21% of respondents in the *1 - 5 years since diagnosis* group.
 - Only 16% of respondents from the other two segments identified “not being able to eat what I want” as their biggest challenge. This suggests to us that the frustration of feeling deprived over food fades somewhat over time.

INSIGHTS ON THE NEWLY DIAGNOSED SEGMENT

- People in the “diagnosed in the last year” segment do not like the word remission and seem to identify with the word “normal” more than other segments
 - Newly diagnosed participants were also the segment most likely to select “to live a normal life” (21%) as their goal
 - “Diabetes in remission” was the least popular response with this segment (33%) compared with the other segments... (39%, 38%, 40% respectively)
 - Normal may be the best word to describe their desire for things to back to the way they were before their diagnosis
- While they are the segment most interested in achieving “normal” (96.6% said an A1c below 5.6 was a goal for them) they were also most likely to be against the idea of taking a medication that could get them there (28% would NOT take a medication that could lower their A1c to 5.5 - much higher than any other segment (15.1%, 6.6%, 5.2% respectively)
 - This segment seems to understand that an A1c below 5.5 is a good goal, but some are turned off by medications in general - they see taking medication as NOT “living a normal life”
 - 39% of respondents chose “not having to take medicine anymore” as their description of a “normal” life– the highest of any segment)
 - They want to have good numbers, to not have to worry about diabetes, and be “normal”, but not take medication.
- The newly diagnosed segment mirrors the diagnosed with diabetes 10+ years ago segment in several interesting ways...
 - How much time they spend thinking about diabetes (both over 60% all the time) compared to other two segments (55 and 52% for other segments)
 - Feeling that “they would worry less” if “they didn't have to check blood sugar” (14.7% & 14.6) compared to other two segments (10.7% & 10.5%)
 - Not as concerned about “having an A1c at target and a happy doctor” (26% & 24%) compared to other two segments (31% & 34%)

SURVEY #1

Results By Question

A stylized graphic in the background consisting of a large blue arrow pointing upwards and to the right, overlaid on a series of blue vertical bars of increasing height from left to right, resembling a bar chart.

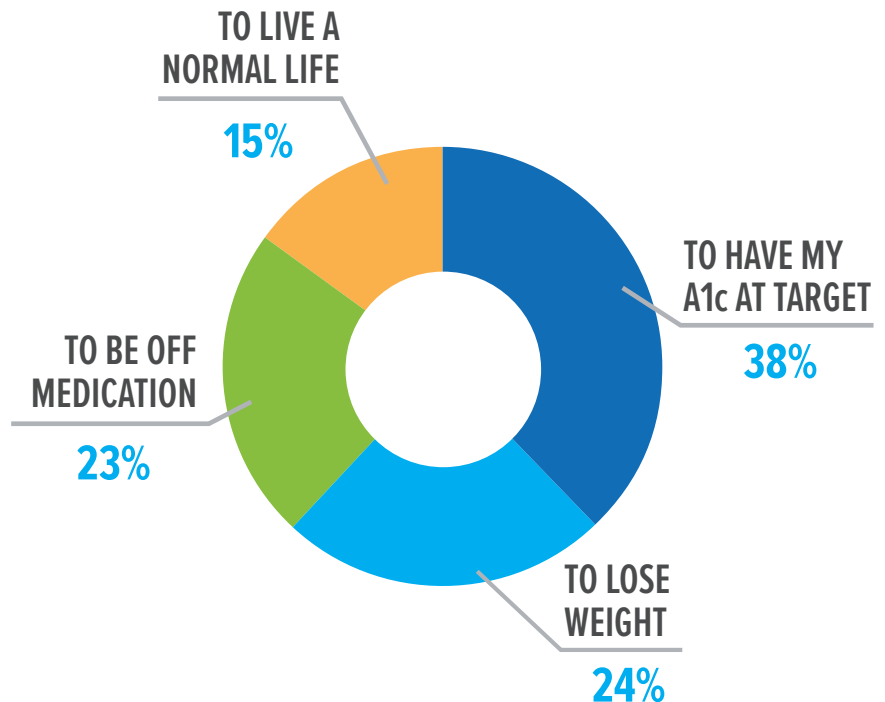
Survey #1 Results (US & CAN)



QUESTION #1

WHAT'S YOUR
GOAL FOR YOUR
DIABETES?

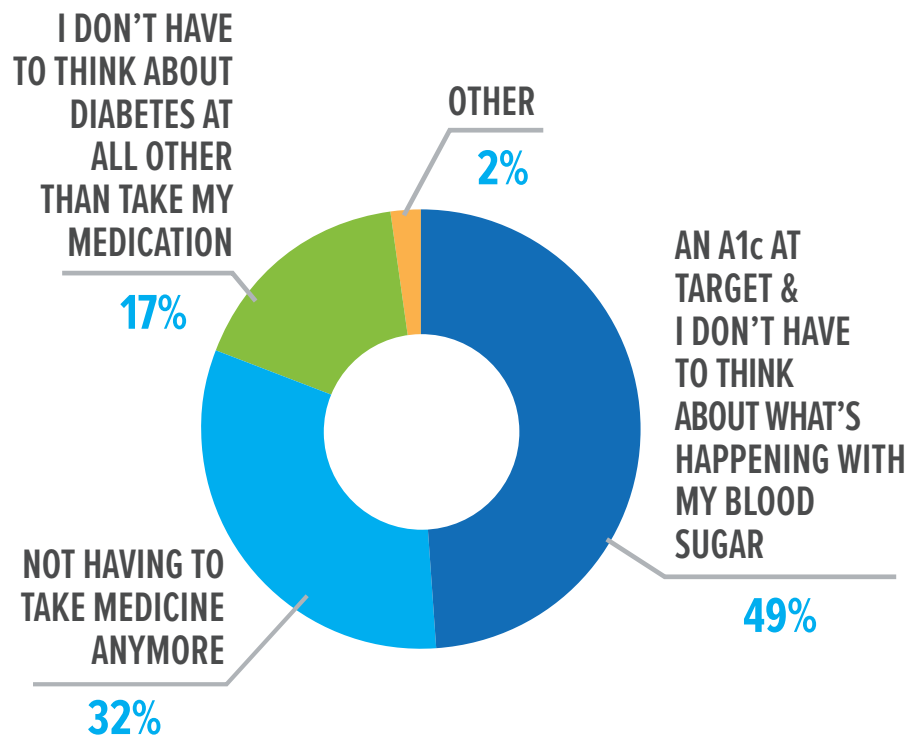
(N = 1,455)



QUESTION #2

WHAT'S THE
CLOSEST
DESCRIPTION
OF WHAT A
"NORMAL"
LIFE WITH
DIABETES
WOULD MEAN
TO YOU?

(N = 1,455)



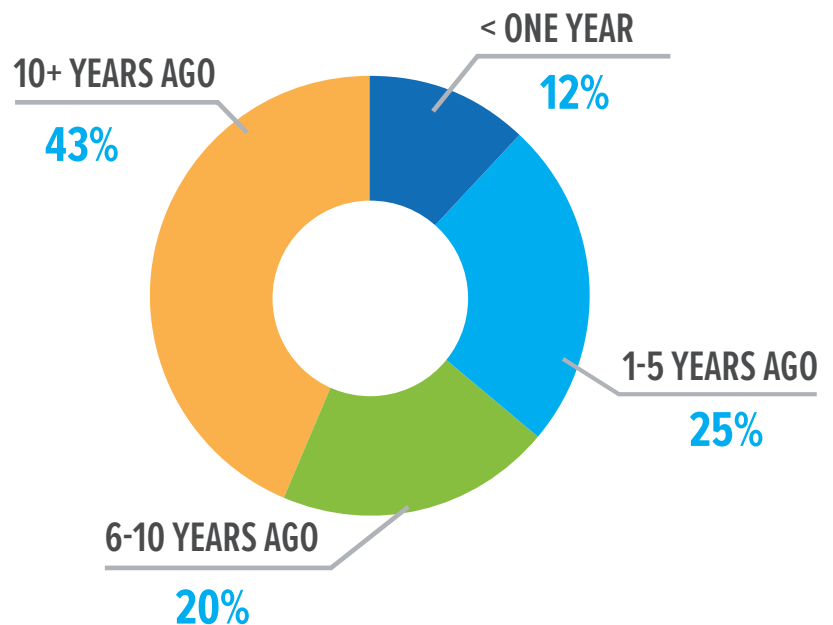
Survey #1 Results (US & CAN)



QUESTION #3

HOW LONG
AGO WERE YOU
DIAGNOSED
WITH
DIABETES?

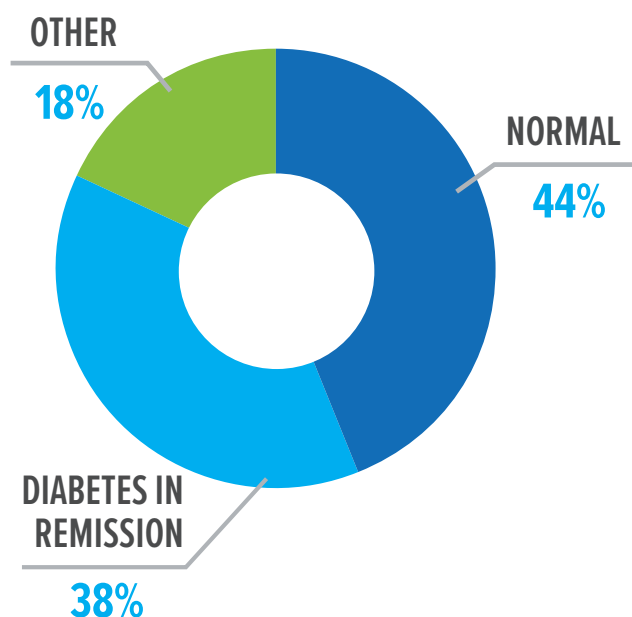
(N = 1,455)



QUESTION #4

IF YOUR A1C
WAS 5.5 OR
LOWER, BUT
YOU WERE STILL
ON MEDICATION,
HOW WOULD
YOU DESCRIBE IT?

(N = 1,455)



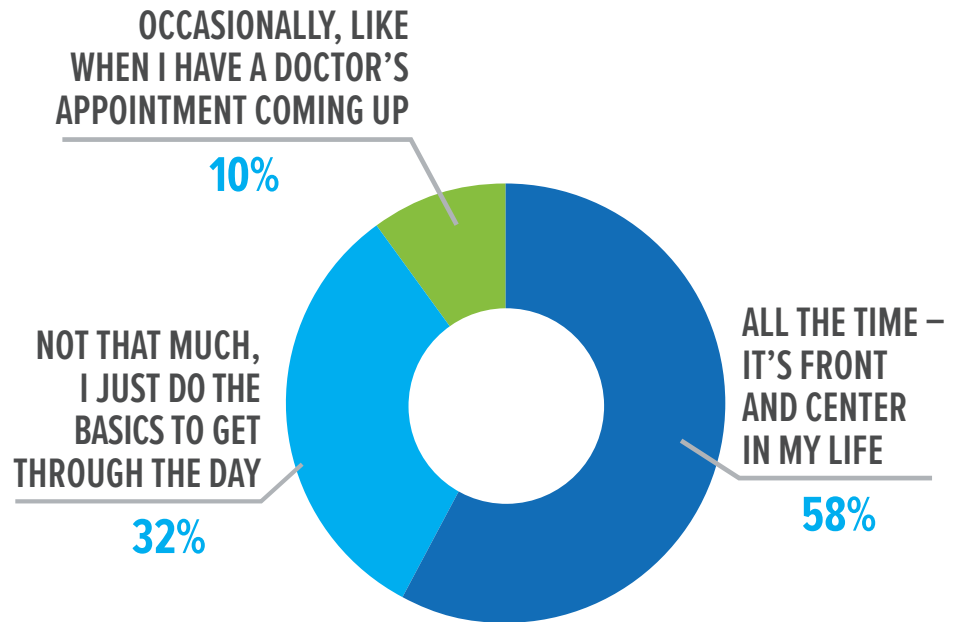
Survey #1 Results (US & CAN)



QUESTION #5

HOW MUCH
TIME DO YOU
SPEND
THINKING
ABOUT
DIABETES?

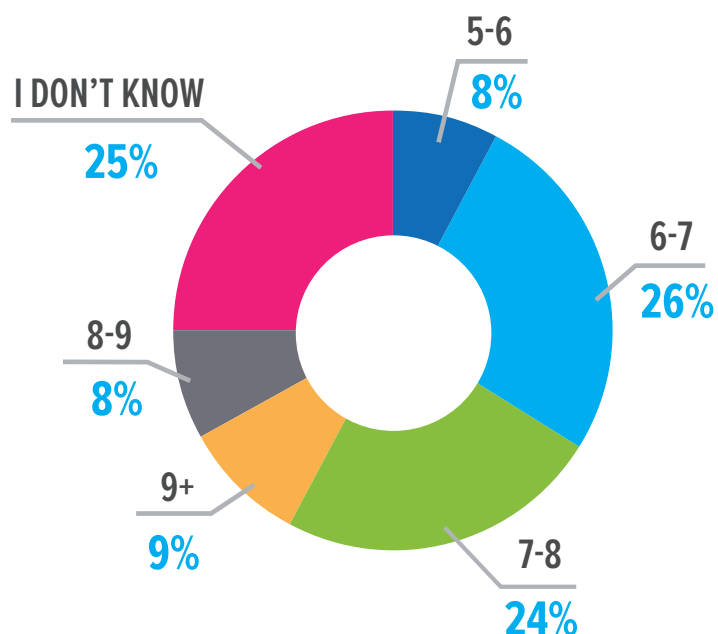
(N = 1,455)



QUESTION #6


WHAT WAS
YOUR MOST
RECENT A1C
TEST RESULT?

(N = 1,455)



SURVEY #1

Breakdown of Answers by Time Since Diagnosis

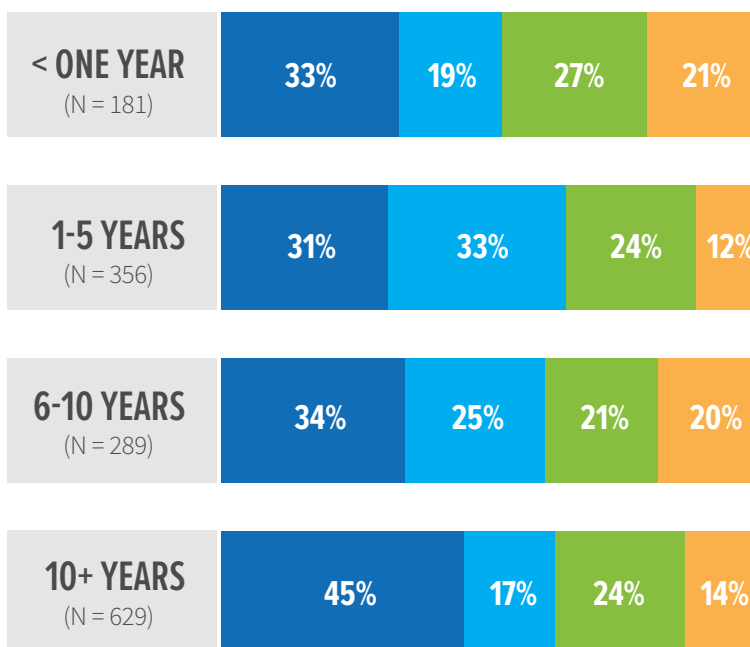
A stylized graphic in the background featuring a blue bar chart with four bars of increasing height from left to right. A large blue arrow points diagonally upwards from the bottom left towards the top right, passing behind the text.

Survey #1 Results (US & CAN)



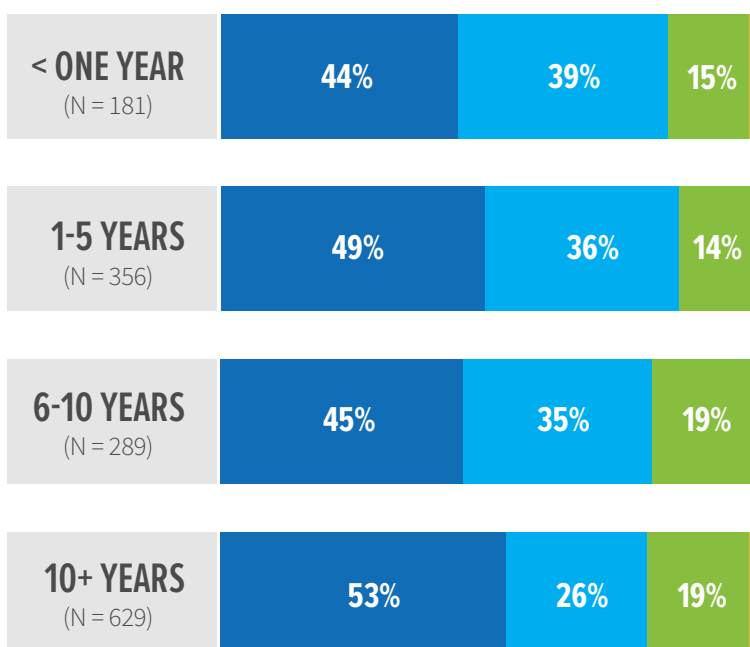
WHAT'S YOUR GOAL FOR YOUR DIABETES?

- TO HAVE MY A1C AT TARGET
- TO BE OFF OF MEDICATION
- TO LOSE WEIGHT
- TO LIVE A "NORMAL" LIFE



WHAT'S THE CLOSEST DESCRIPTION OF WHAT A "NORMAL" LIFE WITH DIABETES WOULD MEAN TO YOU?

- AN A1C AT TARGET & I DON'T HAVE TO THINK ABOUT WHAT'S HAPPENING WITH MY BLOOD SUGAR
- TO BE OFF OF MEDICATION
- I DON'T HAVE TO THINK ABOUT DIABETES AT ALL OTHER THAN TAKE MY MEDICATION
- OTHER

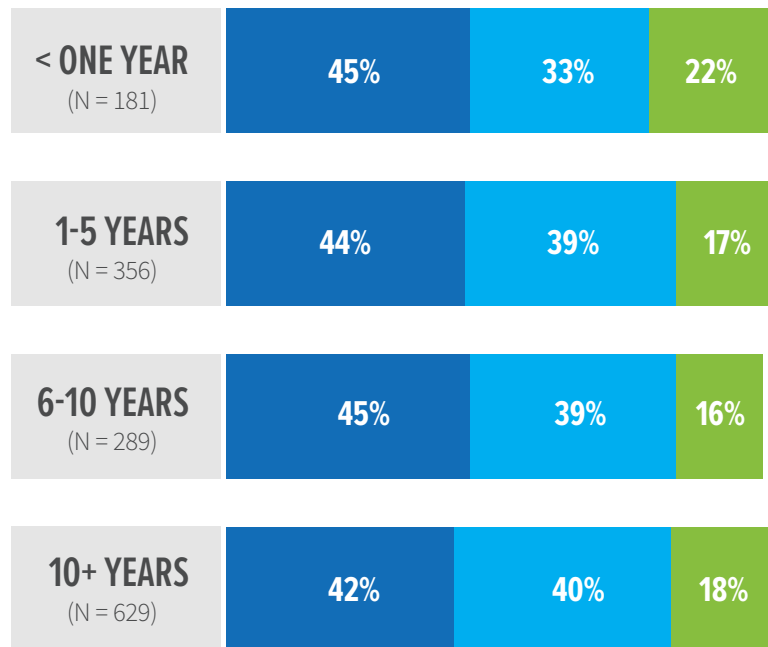


Survey #1 Results (US & CAN)



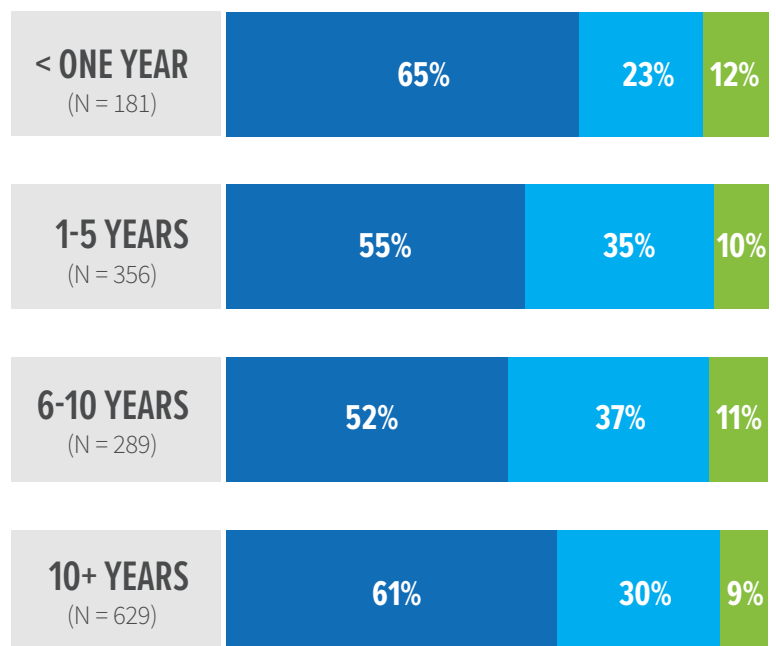
IF YOUR A1C WAS
5.5 OR LOWER,
BUT YOU WERE
STILL ON
MEDICATION,
HOW WOULD YOU
DESCRIBE IT?

- NORMAL
- IN REMISSION
- OTHER



HOW MUCH TIME
DO YOU SPEND
THINKING ABOUT
DIABETES?

- ALL THE TIME, IT'S FRONT AND CENTER IN MY LIFE
- NOT THAT MUCH, I JUST DO THE BASICS TO GET THROUGH THE DAY
- OCCASIONALLY, LIKE WHEN I HAVE A DOCTOR'S APPOINTMENT COMING UP

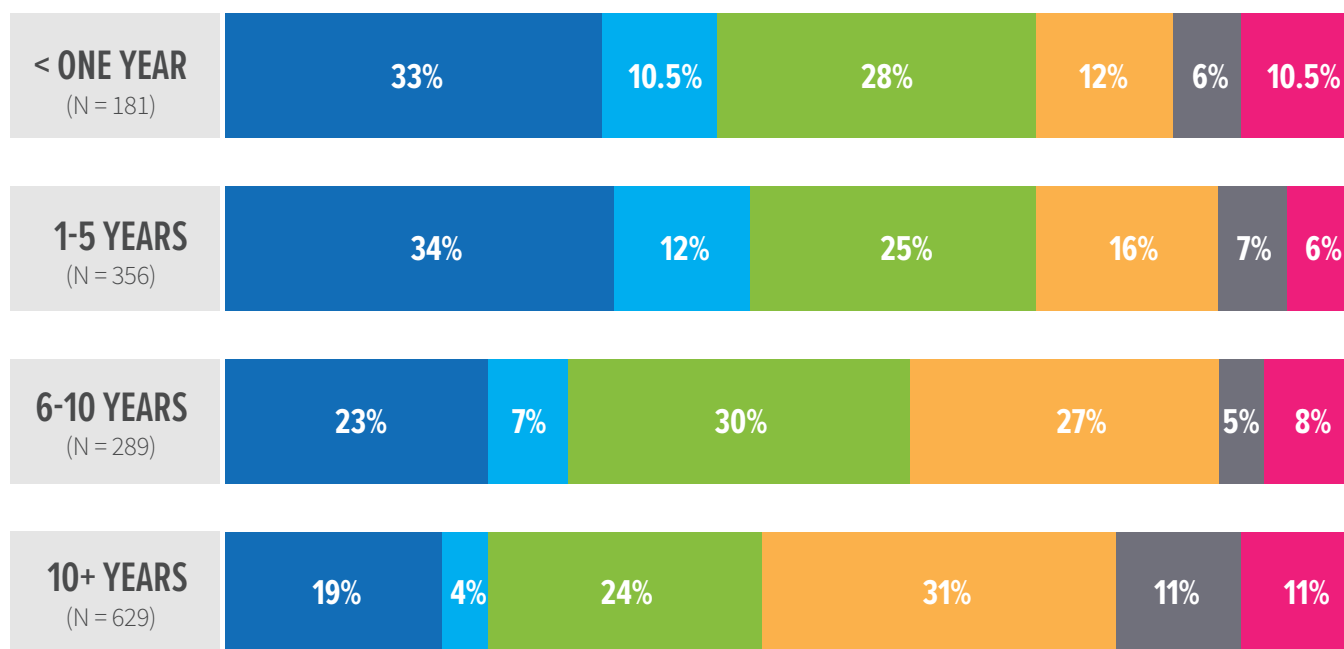


Survey #1 Results (US & CAN)



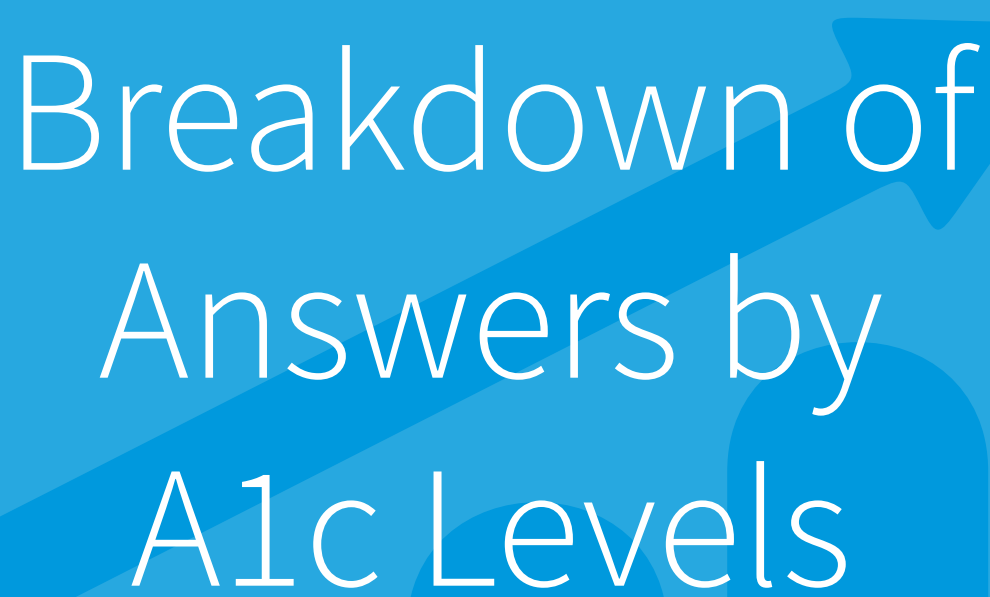
WHAT WAS YOUR MOST RECENT A1C TEST RESULT?

● I DON'T KNOW ● 5-6 ● 6-7 ● 7-8 ● 8-9 ● 9+



SURVEY #1

Breakdown of Answers by A1c Levels

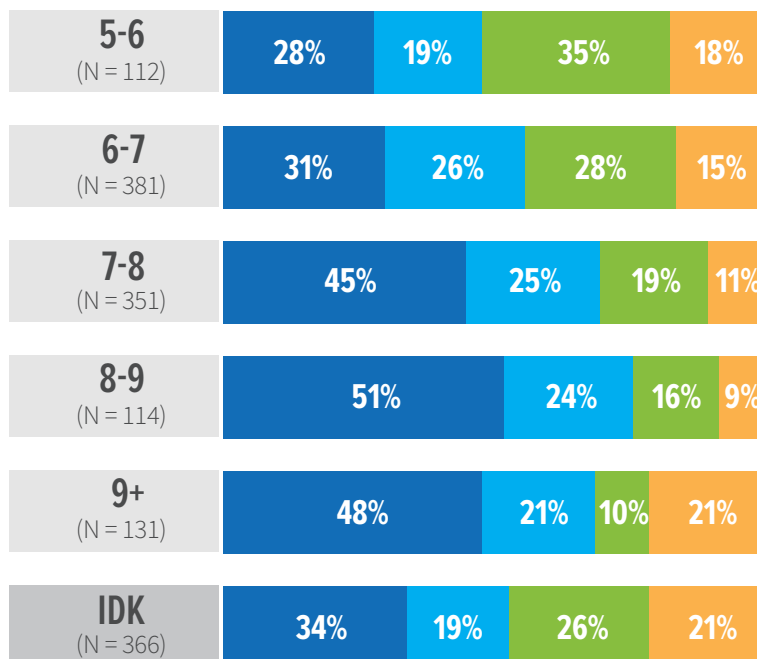
A stylized graphic in the background consisting of a blue bar chart with five bars of increasing height from left to right. A large blue arrow points diagonally upwards from the bottom left towards the top right, passing behind the text.

Survey #1 Results (US & CAN)



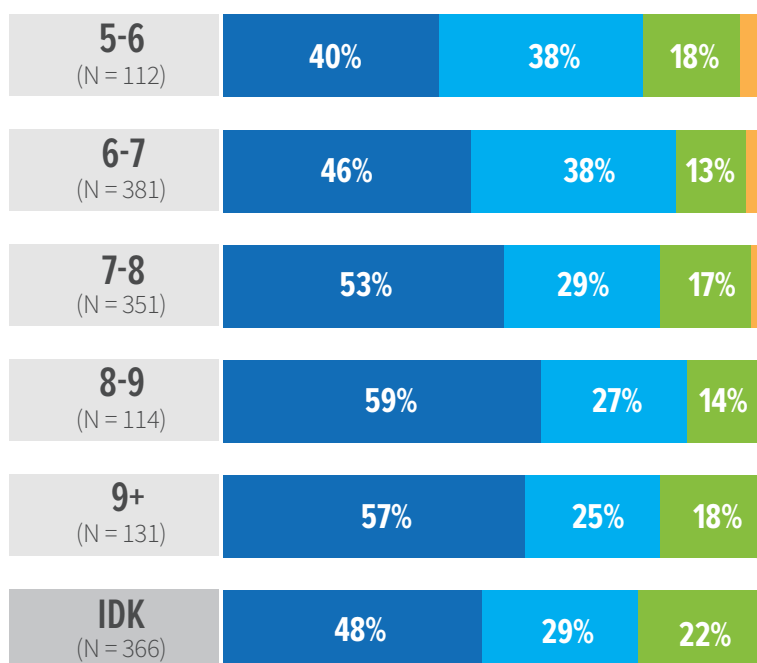
WHAT'S YOUR GOAL FOR YOUR DIABETES?

- TO HAVE MY A1C AT TARGET
- TO BE OFF OF MEDICATION
- TO LOSE WEIGHT
- TO LIVE A "NORMAL" LIFE



WHAT'S THE CLOSEST DESCRIPTION OF WHAT A "NORMAL" LIFE WITH DIABETES WOULD MEAN TO YOU?

- AN A1C AT TARGET & I DON'T HAVE TO THINK ABOUT WHAT'S HAPPENING WITH MY BLOOD SUGAR
- TO BE OFF OF MEDICATION
- I DON'T HAVE TO THINK ABOUT DIABETES AT ALL OTHER THAN TAKE MY MEDICATION
- OTHER

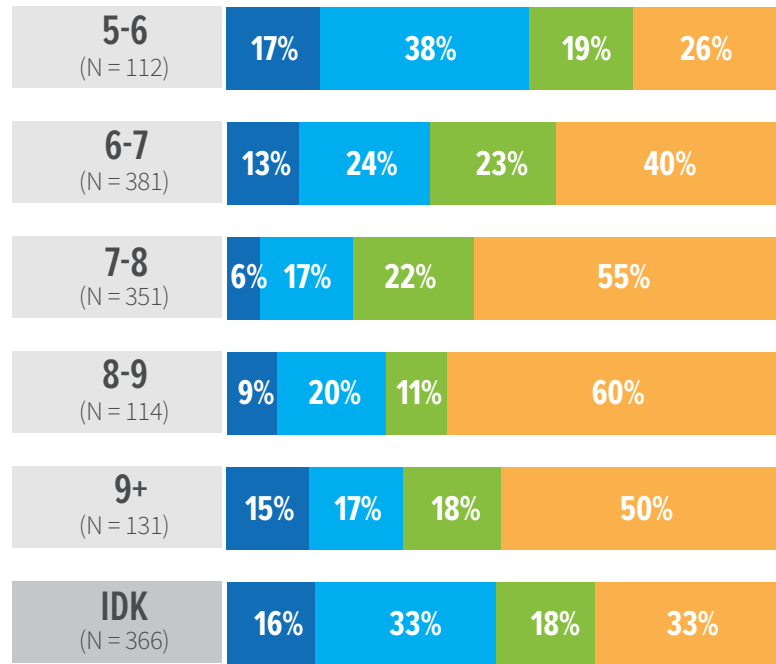


Survey #1 Results (US & CAN)



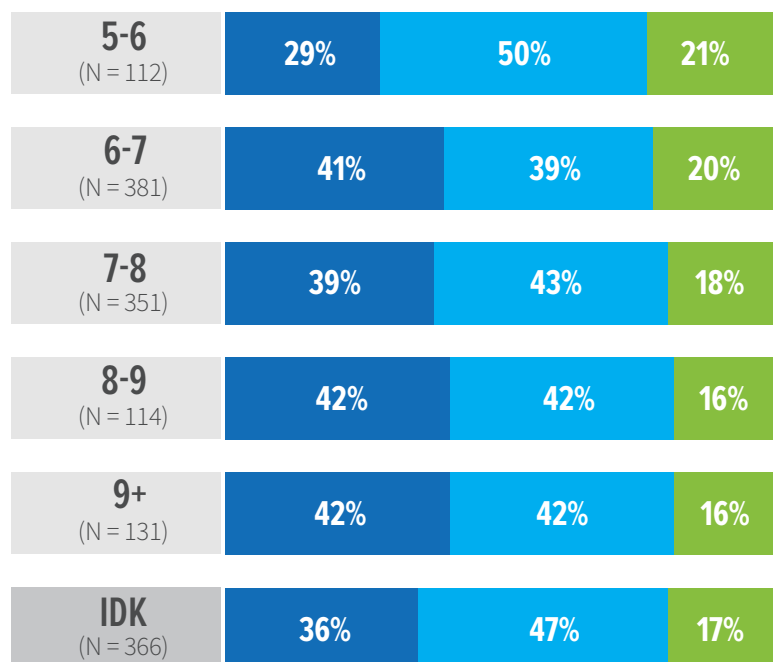
HOW LONG AGO
WERE YOU
DIAGNOSED WITH
DIABETES?

- < ONE YEAR
- 1-5 YEARS
- 6-10 YEARS
- 10+ YEARS



IF YOUR A1C WAS
5.5 OR LOWER,
BUT YOU WERE
STILL ON
MEDICATION,
HOW WOULD YOU
DESCRIBE IT?

- REMISSION
- NORMAL
- OTHER

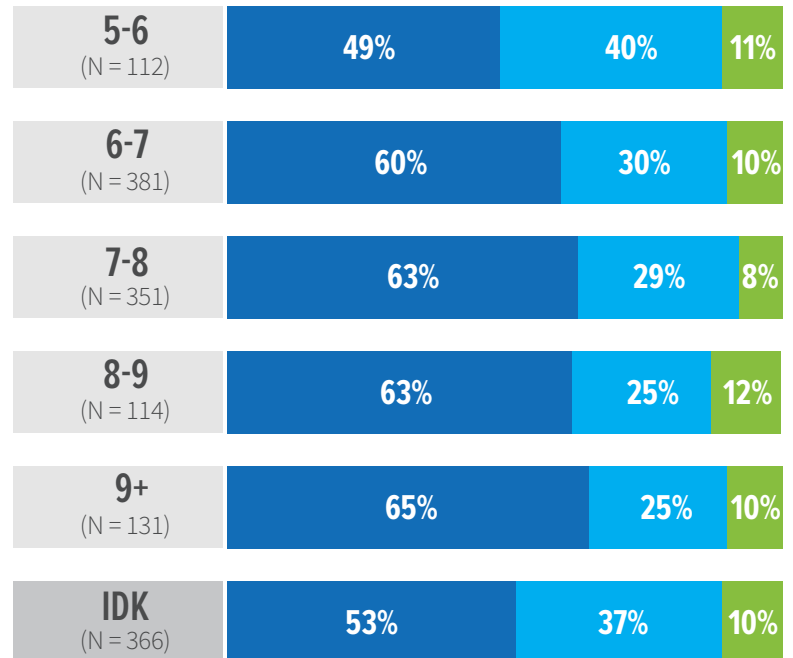


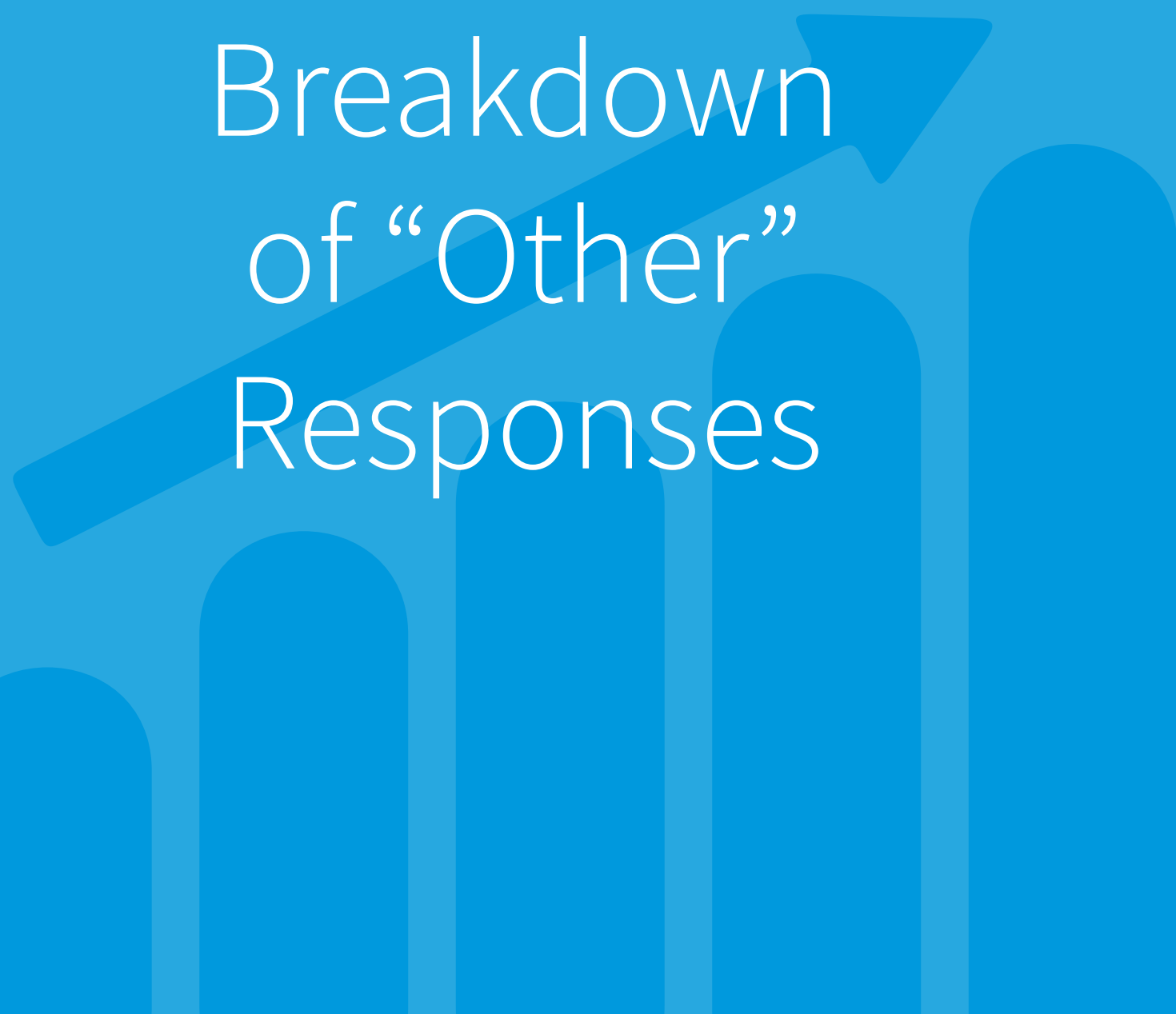
Survey #1 Results (US & CAN)



HOW MUCH TIME DO YOU SPEND THINKING ABOUT DIABETES?

- **ALL THE TIME—
IT'S FRONT AND CENTER IN MY LIFE**
- **NOT THAT MUCH, I JUST DO THE
BASICS TO GET THROUGH THE DAY**
- **OCCASIONALLY, LIKE WHEN I HAVE A
DOCTOR'S APPOINTMENT COMING UP**



The background features a stylized bar chart with five blue bars of increasing height from left to right. A large blue arrow points diagonally upwards from the bottom left towards the top right, passing behind the text.

SURVEY #1

Breakdown of “Other” Responses

Survey #1 Results (US & CAN)



BREAKDOWN OF "OTHER" RESPONSES FROM QUESTION #2

WHAT'S THE CLOSEST DESCRIPTION OF WHAT A "NORMAL" LIFE WITH DIABETES WOULD MEAN TO YOU?

- NOT HAVING TO TAKE MEDICINE ANYMORE
- ENJOYING FOOD, NOT WORRYING ABOUT DIET, EATING WHATEVER I WANT
- BEING HEALTHIER, (EATING HEALTHIER) LOSING WEIGHT, BEING NORMAL
- A1C OR NUMBERS RELATED GOALS
- NOT HAVING DIABETES AND NOT TESTING BLOOD SUGAR
- USING A CGM DEVICE



(N = 28)

BREAKDOWN OF "OTHER" RESPONSES FROM QUESTION #4

IF YOUR A1C WAS 5.5 OR LOWER, BUT YOU WERE STILL ON MEDICATION, HOW WOULD YOU DESCRIBE IT?

- UNDER CONTROL / IN - CONTROL / CONTROLLED WITH MEDICATION
- THIS IS NOT MY A1C, I CANNOT GET HERE, IT IS NOT/HAS NEVER BEEN THAT LOW, MY A1C IS HIGHER, THIS IS TOO LOW
- THIS WOULD BE GREAT! POSITIVE RESPONSE, THIS WOULD MAKE ME HAPPY
- THIS WOULD BE BAD (NEGATIVE RESPONSE)
- I DON'T KNOW, UNKNOWN, NOT SURE, NA
- IF THIS IS THE CASE, YOU DO NOT NEED MEDICATION/ YOU WOULD BE OFF MEDS / I DON'T CURRENTLY TAKE MEDICATION



(N = 258)

SURVEY #2

Results By Question

A stylized graphic in the background consisting of a large blue arrow pointing upwards and to the right, overlaid on a series of blue vertical bars of increasing height from left to right, resembling a bar chart.

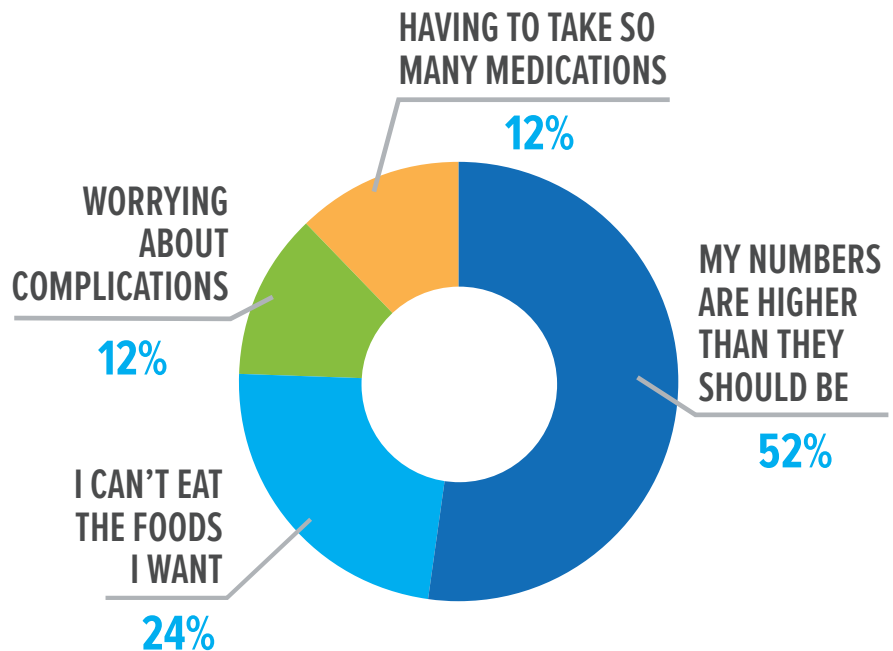
Survey #2 Results (US & CAN)



QUESTION #1

WHAT ABOUT
DIABETES IS
THE BIGGEST
CHALLENGE
FOR YOU?

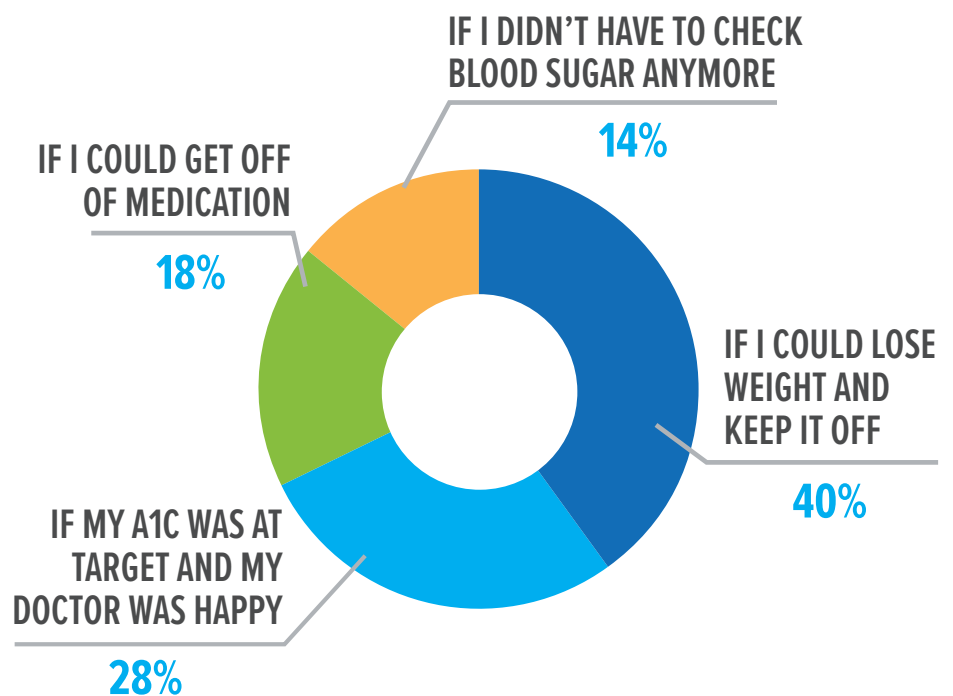
(N = 2,671)



QUESTION #2

WHAT WOULD
MAKE YOU
WORRY LESS
ABOUT
DIABETES?

(N = 2,248)



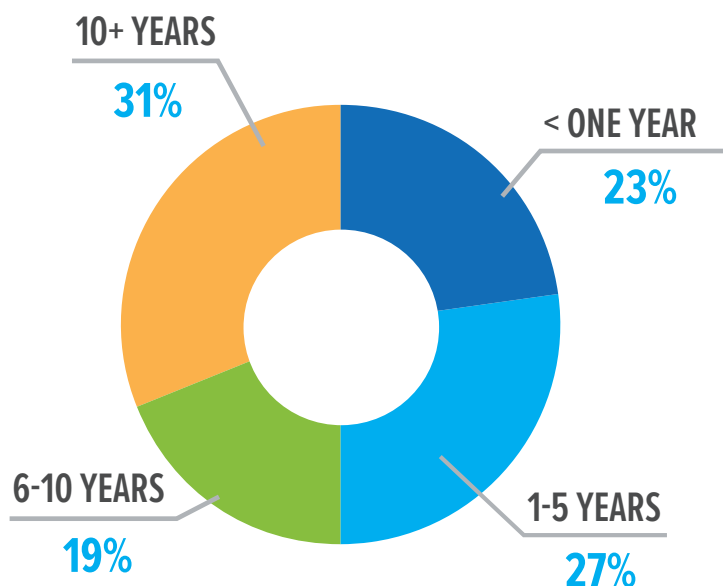
Survey #2 Results (US & CAN)



QUESTION #3

HOW LONG
AGO WERE YOU
DIAGNOSED
WITH
DIABETES?

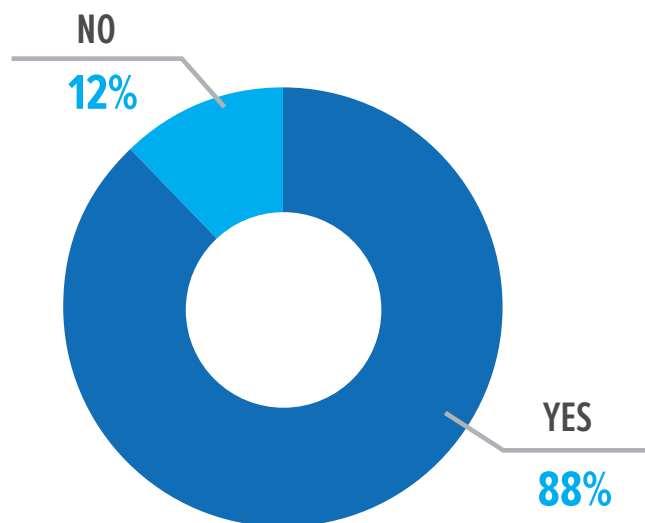
(N = 2,421)



QUESTION #4

IS TRYING TO GET
YOUR DIABETES
INTO REMISSION
A GOAL FOR YOU?

(N = 2,360)



Survey #2 Results (US & CAN)



QUESTION #5

WHY IS TRYING
TO GET YOUR
DIABETES INTO
REMISSION
NOT A GOAL
FOR YOU?

(N = 247)

I DON'T WANT TO HAVE TO
MAKE THE CHANGES THAT
IT WOULD REQUIRE

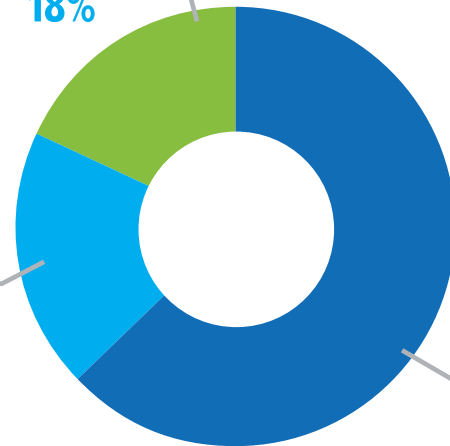
18%

IT DOESN'T
SEEM SAFE

19%

GETTING
DIABETES INTO
REMISSION
DOESN'T SEEM
POSSIBLE

63%



QUESTION #6

IF THERE WAS A
MEDICATION
THAT COULD
GET YOUR A1C
TO "NORMAL"
LEVELS, WOULD
YOU WANT TO
TAKE IT?

(N = 1,455)

MY A1C IS
ALREADY AT TARGET

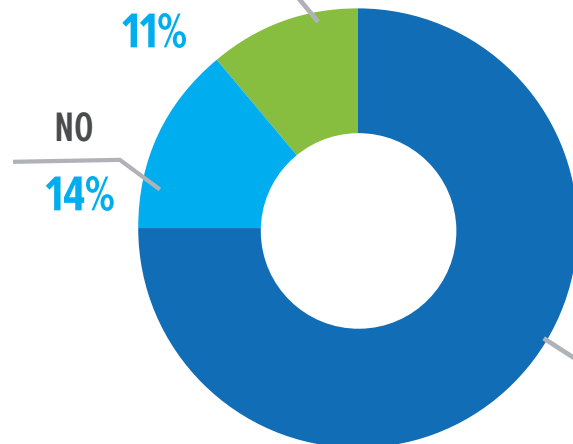
11%

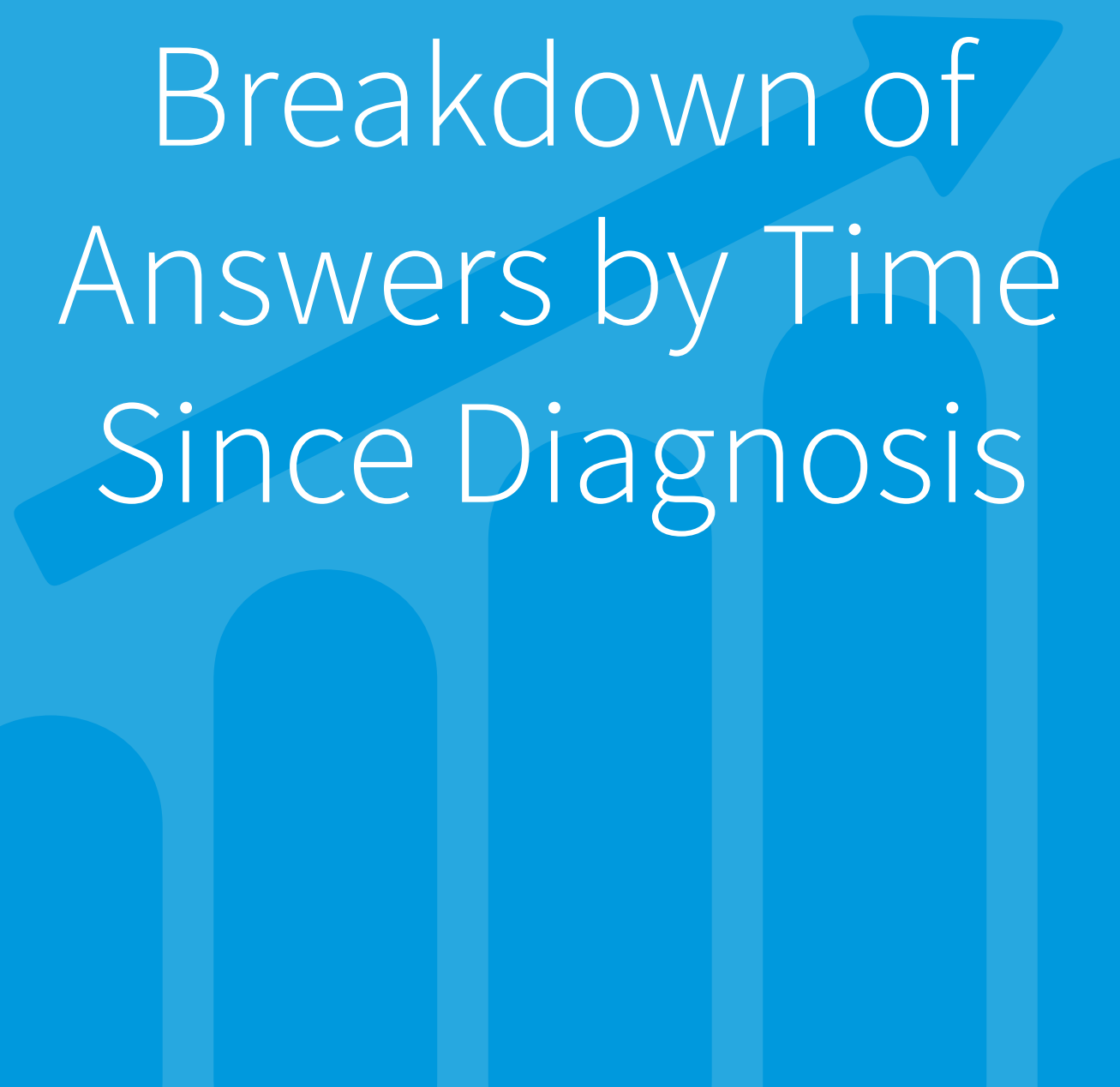
NO

14%

YES

75%



The background features a stylized bar chart with four blue bars of increasing height from left to right. A large blue arrow points diagonally upwards from the bottom left towards the top right, passing behind the text.

SURVEY #2

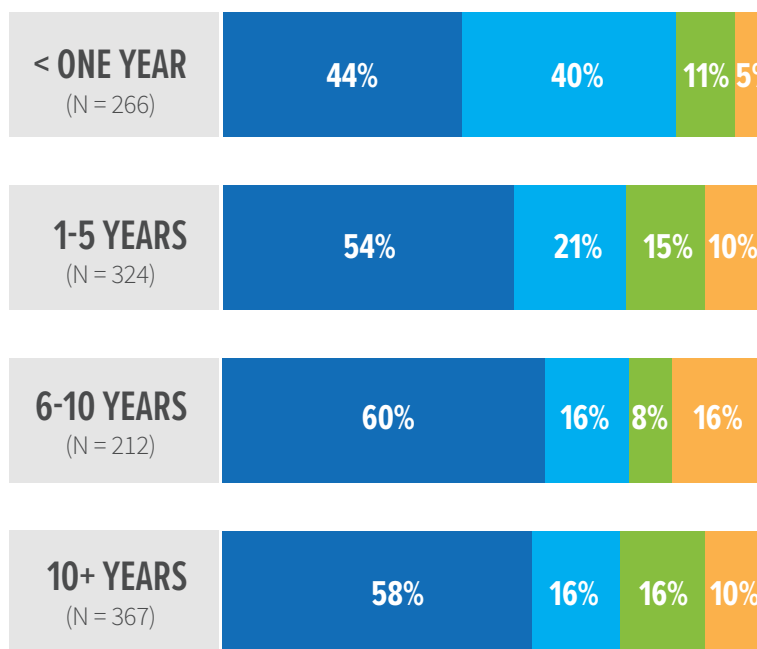
Breakdown of Answers by Time Since Diagnosis

Survey #2 Results (US & CAN)



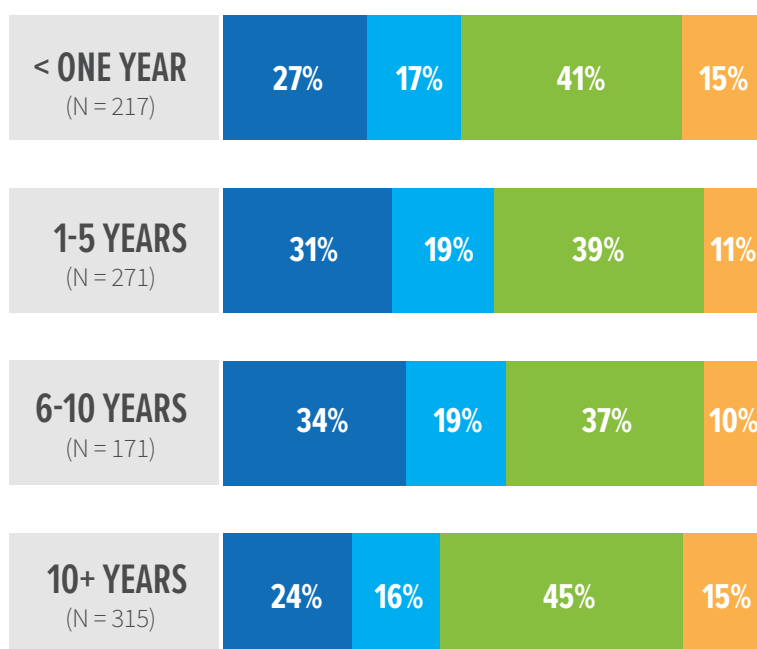
WHAT ABOUT DIABETES IS THE BIGGEST CHALLENGE FOR YOU?

- MY NUMBERS ARE HIGHER THAN THEY SHOULD BE
- I CAN'T EAT THE FOODS I WANT
- WORRYING ABOUT COMPLICATIONS
- HAVING TO TAKE SO MANY MEDICATIONS



WHAT WOULD MAKE YOU WORRY LESS ABOUT DIABETES?

- IF MY A1C WAS AT TARGET AND MY DOCTOR WAS HAPPY
- IF I COULD GET OFF OF MEDICATION
- IF I COULD LOSE WEIGHT & KEEP IT OFF
- IF I DIDN'T HAVE TO CHECK BLOOD SUGAR ANYMORE

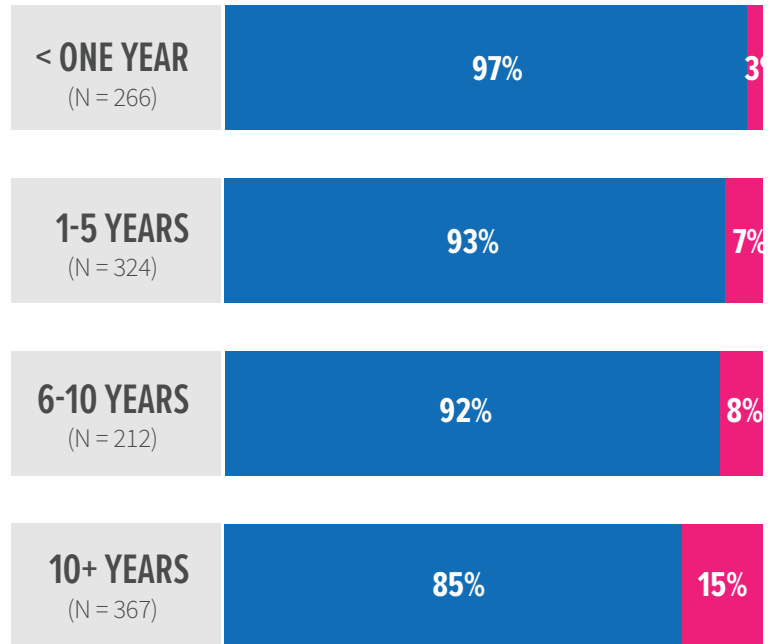


Survey #2 Results (US & CAN)



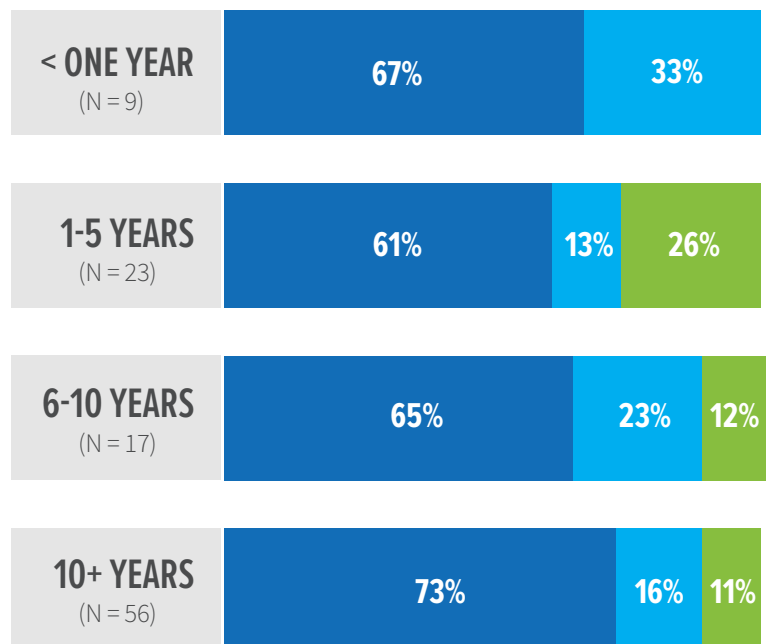
IS TRYING TO GET
YOUR DIABETES
INTO REMISSION
A GOAL FOR YOU?

- YES
- NO



WHY IS TRYING
TO GET YOUR
DIABETES INTO
REMISSION NOT
A GOAL FOR YOU?

- GETTING DIABETES INTO REMISSION DOESN'T SEEM POSSIBLE
- IT DOESN'T SEEM SAFE
- I DON'T WANT TO HAVE TO MAKE THE CHANGES THAT IT WOULD REQUIRE

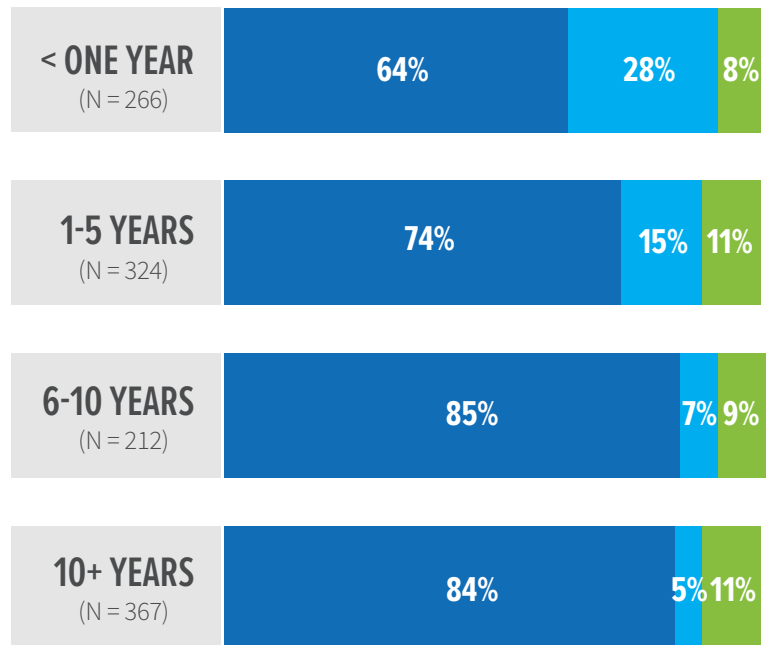


Survey #2 Results (US & CAN)



IF THERE WAS A
MEDICATION
THAT COULD GET
YOUR A1C TO
“NORMAL”
LEVELS, WOULD
YOU WANT TO
TAKE IT?

- YES
- NO
- MY A1C IS ALREADY AT TARGET



QUESTIONS STILL TO BE ADDRESSED

We propose that in Phase 2 of this project, we delve into the questions below more deeply, get a broader survey sample, and specifically assess the answers for each of three patient segmentation methods: time since diagnosis, A1c level and gender.

- How does a person with diabetes currently assess how he/she is doing?
- What will it take for people with type 2 diabetes to think about diabetes less? What do patients require? What will make their worries go away?
- How many people with type 2 diabetes would have remission as their main goal if they believed it was possible / attainable? (We are particularly interested in seeing this by A1c level, which we weren't able to ascertain in this phase.)
- How do patients feel about their current A1c level? (How does this differ by time since diagnosis and actual A1c level?)
- What does a positive treatment experience look like? What is the desire for an efficacious treatment early on?
- Do patients believe that it's important to have blood glucose "in control" for a long time?
- How do the different patient segments (defined above) think about diabetes and the concept of normalization?
- How do therapies that enable "normal" change the experience of being newly diagnosed? How does diabetes education evolve?
- Does this improved experience of initial time after diagnosis eliminate the "denial" phase of having diabetes?