

The Consumer Side of Diabetes 2014 USA Study – Report Outline

The American Diabetes Association asserts that if we do not act soon, one in three Americans will have diabetes by 2050. However, often a medical necessity is not a consumer necessity. *The Consumer Side of Diabetes* is a HealthFocus syndicated study designed to explore this disease from the consumer perspective. This study will gauge the awareness, concern and attitudes of people with diabetes as well as those with pre-diabetes or at high risk. It will discover how many know they are at risk and determine what actions they are willing to take related to diet, lifestyle and medical interventions. The study will help discover how this epidemic will affect consumers and their eating habits and learn how to effectively communicate in a way that will engage and motivate them.

Sample Size & Subgroups

- 1,200 U.S. consumers ages 18-70
- Subgroups:
 - **Diabetics** - Type 2 diabetics (n=593)
 - **At Risk Group** - not diagnosed or don't know they have diabetes but defined as possibly pre-diabetic. (n=303)
 1. Blood sugar too high per medical doctor
 2. Obese, BMI>30 and apple shaped physique (excess weight in stomach) or
 3. Three or more risk factors (e.g., heart disease, high blood pressure, high cholesterol, low HDL cholesterol, high triglycerides, sedentary lifestyle, family history of type 2 diabetes, history of gestational diabetes, etc.)
 - **Control Group** - consumers not at risk (don't have diabetes and are not at high risk)(n=304)

Study Content

Health and Lifestyle

- How do respondents assess their overall level of health?
- Respondent BMI and body shape.
- What are their weight loss motivations and barriers?
- How sedentary or active are their lives?
- What are their exercise habits and attitudes towards exercise?
- What types of workouts are most enticing?
- From what health conditions do they suffer?

Diabetes Attitudes, Understandings and Actions

- Do they understand what diabetes is?
- How concerned are they about diabetes and the associated risks?
- Is the risk being communicated?
 - Is the "at risk" group aware they are at risk for developing pre-diabetes or diabetes?
 - Why do they feel at a risk or why don't they feel at risk?
- What steps are they taking to manage or prevent diabetes?
- How concerned are they about blood sugar levels?

- Which nutritional steps are they taking? How often do they:
 - Limit things like sugar, fat and carbs?
 - Increase fiber or whole grains in their diet?
 - Take supplements for people with diabetes?
 - Drink diet drinks?
 - Eat low GI foods?
 - Avoid white foods?

A Closer Look at People with Diabetes

- How long since they were diagnosed?
- Were they prepared for their diagnosis –
 - How did they react to being diagnosed? Surprised or not surprised?
 - Were they knowledgeable about how to manage the disease?
- Do they feel in control of diabetes?
 - Are they managing it, struggling with it or do they feel defeated?
- What challenges do people with diabetes face when selecting foods/beverages?
- When do people with diabetes test their blood sugar?
 - Is it at certain times in the day or does it revolve around meals/snacks?

Eating Habits

- How do respondents describe their eating style and do those with diabetes differ a lot from others? – 6 different categories ranging from Nutritionally diligent to Freewheeling.
- What are their barriers to healthy eating (e.g., taste, convenience, expense)?
- Eating habits by day part.
 - How often do they eat breakfast, morning snacks, lunch, afternoon snacks, dinner and evening snacks?
- What attributes do they want during different day parts?
 - Evaluated attributes: nutrition, taste, hunger, convenience, energy level, indulgence and blood sugar management.
- How do they indulge?
 - Is it within strict moderation or do they struggle with portion control?
- Attitudes to sugar and sweeteners
 - Will they sacrifice sugar in indulgent food?
 - What sweeteners do they think are best to manage diabetes?
 - Do respondents distinguish between total and added sugar?
 - Respondents are asked to evaluate sweeteners related to how good, bad or neutral they are in diabetes management:
 1. Sugar
 2. Stevia
 3. High fructose corn syrup (HFCS)
 4. Honey
 5. Splenda / Sucralose
 6. Equal / Aspartame
 7. Sweet’N Low / Saccharine
 8. Agave
 9. Cyclamate

10. Fructose

Communications

- What is the best way to communicate to diabetes?
- What information is most important to them on food packaging?
 - Amount of fiber, carbs, sugar, added sugar, calories, total fat, saturated fat, sodium, protein?
- How appealing do they find a series of 15 different communications such as no added sugar, low sugar, high fiber, gluten free, low GI, etc. :
- “Are they aware of the benefits of low GI foods?
 - Which benefits do they associate with low glycemic index (energy, satiety, weight, etc.)?
 - Do they associate GI with diabetes or with cardiovascular disease?
- Which information sources do they use for information about diabetes and pre-diabetes (e.g., Doctors, food labels, internet, dietitians, etc.)? Which websites do they rely on?
- What are the preferred communications about blood sugar, glycemic index and protein?

Food and Beverage Category Evaluation

Respondents are asked to evaluate each of the following to determine if it has a positive, negative or neutral role in managing/avoiding diabetes.

MEAT AND EGGS	MILK AND DAIRY
Beef and other meats	Hard cheeses like cheddar and American
Chicken/other poultry	Cottage cheese
Eggs	Yogurt
Egg whites	Greek yogurt
Salmon	Ice cream/frozen yogurt
Other fish (e.g., tilapia, sea bass)	Low-fat or skim milk
Frozen dinners or meals	Whole milk (regular milk)
Meatless meals	Almond milk
Soup	Soy milk
GRAINS, CEREALS, PASTA & BEANS	Coconut milk
Steel cut oatmeal	NUTS AND SEEDS
Oatmeal or hot cereal	Walnuts
Breakfast cereal (cold)	Sesame seeds
Brown rice	Peanuts
White rice	Almonds
Whole grain bread	Cashews
White bread	Pistachio nuts
Pasta (other than whole grain)	Flax seeds
Whole grain pasta	Chia seeds
Barley	SNACKS
Quinoa	Granola/breakfast bars
Other grains (e.g., spelt, amaranth, etc.)	Salty snacks (potato chips, pretzels)

HealthFocus®

INTERNATIONAL

Beans - (e.g., red, black, kidney, etc.)	Popcorn
FRUITS AND VEGETABLES	High fiber bars (e.g., Fiber One)
Avocado	Sports or energy bars
Green leafy vegetables (e.g., kale, spinach)	Cakes/cookies
Other vegetables (zucchini, broccoli, cauliflower, etc.)	Nuts
Fruits (e.g., melons, apples, bananas, etc.)	OTHER
Raisins	Vitamins/supplements
Dried fruit	Chocolate
Berries (e.g., blueberries and strawberries)	Non-chocolate candy (e.g., Skittles, gummy bears)
BEVERAGES	Extra virgin olive oil
100% fruit juices (e.g., orange, grapefruit)	Gluten free food
Juice drinks or nectars	Sugar substitutes
Regular soft drinks	Sugar-free candies
Diet soft drinks	Sugar-free baked goods
Sports drinks (e.g., Gatorade)	Sugar-free protein/energy/snack bars
Energy drinks (e.g., Red Bull)	Chewing gum
Coconut water	Sugar-free chewing gum