

BRIDGING THE GAP

The value of bringing together women
with type 1 and type 2 diabetes

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Produced in partnership with

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EXECUTIVE SUMMARY

Over 12 million women in the United States and 181 million women worldwide are living with diabetes.^{1,2} Traditionally, education and support resources geared toward women with diabetes have been differentiated by diabetes type: either type 1 or type 2 based on the different clinical features present.

Do women with diabetes share common needs, challenges, and fears? Would these similarities make all women with diabetes—regardless of their type—more alike than different?

MicroMass Communications, Inc., a healthcare communications agency with a specific interest in the diabetes-patient experience, and DiabetesSisters, a patient advocacy organization focused on improving the lives of women with diabetes, have partnered on numerous diabetes-related efforts since 2009. Our collective goal is to better understand the unique impact the condition has on women. In order to better understand the psychosocial needs and challenges, MicroMass and DiabetesSisters conducted a study to examine whether there is truly a difference, aside from clinical factors, between women with type 1 and type 2 diabetes.

Findings from the study have important implications for healthcare organizations focused on supporting and improving care among all women with diabetes. While we know there are clinical differences between women with type 1 and type 2 diabetes, our research demonstrates that on an emotional and psychosocial level, these women are often more alike than they are different. Women with diabetes share similar motivators to take care of their health and face similar challenges when it comes to daily diabetes management. They even approach solving problems that come up with their condition in a similar manner. Programs designed to support women with diabetes should focus on these psychosocial factors, rather than spending time and resources to create separate programs based on disease type.

DiabetesSisters recognized these psychosocial factors early. This recognition has paved the way for other support organizations to focus on improving the lives of women with diabetes.

About MicroMass Health Behavior Group

MicroMass Health Behavior Group is a specialty practice within MicroMass that combines health behavior expertise with strong scientific and clinical understanding.

As leading experts in human health behavior, we pave the way for the new healthcare environment by applying strategies that drive lasting change. We've been perfecting our approach for more than 20 years.

We begin with a fundamental understanding of the behaviors that drive patients. We translate this knowledge into evidence-based strategies that can be applied to many stakeholders including patients, healthcare providers, caregivers, payers, and other customer groups.

For more information about MicroMass Health Behavior Group, visit micromasshbg.com.

BACKGROUND

Despite the clinical differences, decades of research point to some commonalities among women with type 1 and type 2 diabetes. These similarities include daily challenges like fluctuating blood sugar due to pregnancy, menses, and menopause. They also experience increased health risks, such as heart disease and depression when compared to women without diabetes.³⁻⁷

DiabetesSisters is one of the few diabetes patient-focused organizations that does not segregate women or serve only a specific diabetes type. The organization believes that segregation by diabetes type is unnecessary, and in some cases counterproductive, given the similarities that exist. DiabetesSisters was established on the premise that women with diabetes—regardless of type—can learn from each other, support one another, and empower each other to live more fully with the condition.

In 2010, MicroMass conducted a study of more than 800 women with diabetes. This study focused on uncovering unique needs. The findings revealed a key attribute among women with diabetes—a “confidence gap”. While women with type 1 and type 2 diabetes are very confident regarding behaviors related to medication management, they are not as confident when making decisions around lifestyle-related behaviors, including healthy eating and weight management. In addition, MicroMass highlighted the importance of behavioral interventions that build skills and self-efficacy in coping and problem-solving.

Despite the research illustrating the common needs of women with diabetes, healthcare organizations and decision makers still question the value and effectiveness of programs that bring women with type 1 and type 2 diabetes together.

About DiabetesSisters, Inc.

DiabetesSisters is a 501(c)(3) national nonprofit organization whose mission is to improve the health and quality of life of women with and at risk of developing diabetes; and to advocate on their behalf. Signature programming includes the PODS Meetup Program, the Life Class Webinar Series, and sisterTALK blogs.

For more information about DiabetesSisters, visit diabetessisters.org.

WHAT IS THE CLINICAL DIFFERENCE BETWEEN TYPE 1 AND TYPE 2 DIABETES?⁸

Women with **type 1 diabetes** have a non-functioning pancreas, which means their body does not produce any insulin. These women are insulin dependent and require insulin as part of their daily treatment plan.

Women with **type 2 diabetes** either do not make enough insulin or their body does not use the insulin produced appropriately to keep the blood glucose at a normal level. These women may not require insulin as part of their treatment regimen.

STUDY METHODOLOGY

MicroMass and DiabetesSisters wanted to more closely examine the similarities and differences between women with type 1 and type 2 diabetes.

We examined the following areas:

- > Motivators
- > Challenges
- > Problem-Solving
- > Mental Wellness

Ultimately, our goal was to identify actionable insights that can drive more effective programming resulting in better outcomes among women with type 1 and type 2 diabetes.

A subset of 189 DiabetesSisters' members completed a 10-minute online survey that included multiple choice and open-ended questions. This survey was based on validated behavioral instruments and measured the challenges, motivations, and emotions related to diabetes. Women of all ages from all over the United States responded.

RESPONDENTS	# OF WOMEN
Type 1 diabetes	117
Type 2 diabetes	72
Total respondents	189

AGE	# OF WOMEN
21-30	17
31-40	29
41-50	45
51-60	55
61-70	37
71-80	4
81+	2



I think they all worry about the effect that their diabetes may have on the people they care about, and their ability to do all of the things that they need or want to do.

— type 1 diabetes respondent

NEW INSIGHTS TO DRIVE CHANGE

What we found may surprise you.

Women with type 1 and type 2 diabetes are strikingly similar.

Despite a different clinical presentation, women with type 1 and type 2 diabetes face many common daily difficulties and have similar feelings and emotions around their condition.



My daughters. I have to stay healthy for them.

— type 1 diabetes respondent

Motivators

Several factors emerged as strong motivators for women to manage their diabetes. Motivators were both internal (eg, feeling guilty, feeling shame) and external (eg, thinking others would be upset with them, having the ability to carry out other responsibilities). These motivators suggest women with diabetes care about their current and future health.

Percentage of women who agree or strongly agree that the following reasons are motivators to manage their diabetes.

Type 1	MOTIVATORS	Type 2
97%	I want to take responsibility for my own health	97%
96%	I want to be as healthy as possible	96%
95%	I need to feel my best, so that I can carry out other responsibilities in my life	94%
91%	I worry about the long-term impact of diabetes	97%
82%	I would feel guilty or ashamed of myself if I did not manage my diabetes	78%
75%	Others would be upset with me if I did not manage my diabetes	71%



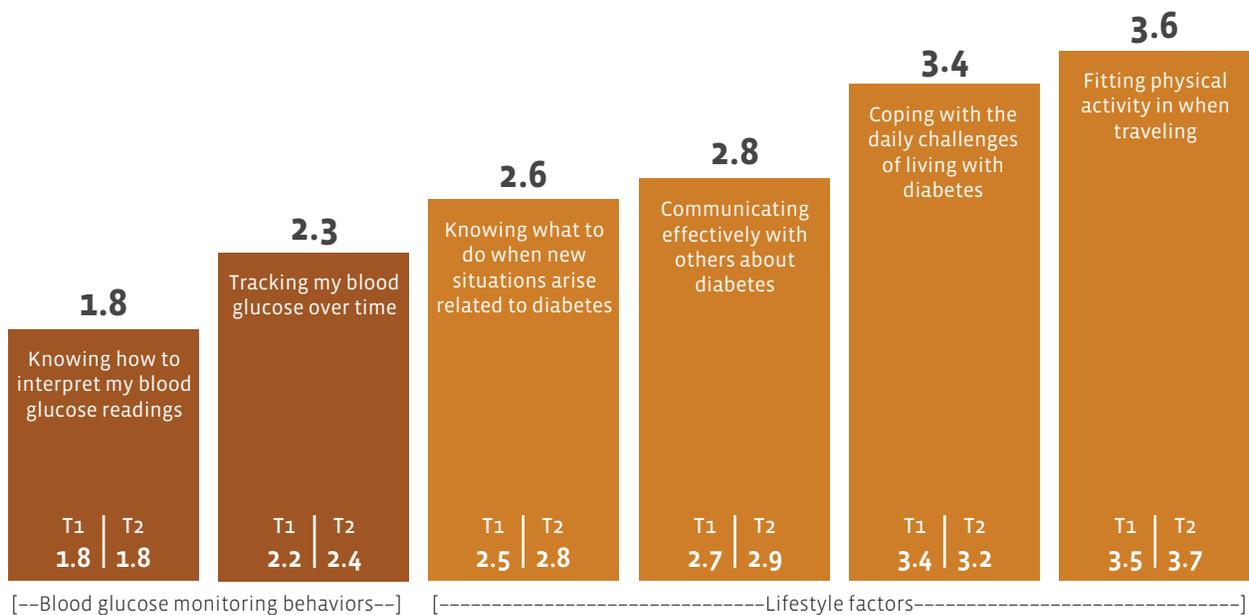
I think we all go through the same emotions and the challenges of every day with diabetes. We all deal with the highs and lows and the pain of testing our blood and the emotions of it.

— type 2 diabetes respondent

Challenges

There was agreement among women with type 1 and type 2 diabetes that certain activities are more challenging when it comes to managing their condition. These findings further support our previous study that women with diabetes have lower self-efficacy to perform lifestyle-related behaviors versus medication management-related behaviors.

How challenging are each of the following for you when it comes to managing your diabetes?*



T1 = type 1 diabetes | T2 = type 2 diabetes

* 1 = Not at all challenging 2 = Slightly challenging 3 = Moderately challenging 4 = Very challenging 5 = Extremely challenging



Women share the same challenges of having to manage diabetes with the other things that are part of daily life. They may also face the same concerns of making their health and well-being a top priority with work, family, and other life activities. Women share the same challenges of having to monitor blood sugar readings, build a good diabetes care team, and make sure there is a good personal support network.

— type 1 diabetes respondent

Problem-Solving

Each woman with diabetes is unique, and each woman may have her own way of managing her condition. With this in mind, we sought to understand if there are similarities in how women approach daily challenges as a result of diabetes.

Respondents with type 1 and type 2 diabetes agreed that they struggle to manage diabetes-related problems that arise.

Percentage of women with type 1 and type 2 diabetes that agree that the following are at least a little true.

Type 1		Type 2
56%	Bad experiences with my diabetes discourage me from trying to solve new problems that come up with my health	47%
60%	I get so upset when a problem comes up with my diabetes that it is hard for me to think straight	53%

Mental Wellness

In addition to responsibilities with their family and career, women with diabetes have to learn how to manage the emotional components of a chronic disease. Our analysis revealed that

- > About **1 in 3 women** with type 1 and type 2 diabetes experience anxiety and depression frequently or every day
- > **Many women with diabetes do not feel emotionally supported.** When asked how satisfied they are with the support they receive, women with type 1 and type 2 diabetes had similar responses. Almost half of both groups felt only slightly satisfied or not satisfied at all. Many women with type 1 and type 2 diabetes would benefit from additional resources to help them cope with their condition

These findings reveal the unique emotional needs that women with type 1 and type 2 diabetes share and point to the importance of obtaining support beyond immediate family and friends.

“ I think we all feel the effects of the anxiety that accompanies being diabetic, the challenge of continually trying to eat right, [and] exercise. And, the depression that goes along with it.

— type 2 diabetes respondent

BRIDGING THE GAP

Important Implications for Diabetes Programs

Many healthcare organizations have a narrow approach to diabetes management. Health experts tend to target support and education resources for women based on diabetes type. Our findings have important implications for Pharma and other health organizations. More effective and efficient resources can be developed to positively impact outcomes for women with type 1 and type 2 diabetes. Furthermore, understanding the motivating factors behind a woman's desire to manage her diabetes is an important first step. There are important coping and disease-management skills that all women with diabetes need to adequately manage their condition. However, as this study shows, many women lack these critical skills. An area of particular concern is everyday problem-solving. The study found

- › When issues arise with diabetes, emotions often prevent women from dealing with them
- › Negative past experiences can be discouraging and can stop future attempts to solve new problems



They are alike in the courage they show to manage the disease.

— type 2 diabetes respondent

These behaviors can lead to poor self-management and negative health outcomes.

Taking the Next Step

Understanding the most important motivating factors to control diabetes can help organizations more effectively engage women with diabetes and increase participation in programming or services. Organizations should provide a unique forum for women with diabetes to come together, share experiences, and find solutions that are relevant to their coping and support needs.

Specifically, education and support services for women with diabetes should focus on common motivations and challenges, including

- › Fitting in physical activity when traveling
- › Coping with daily challenges
- › Communicating effectively with others
- › Knowing what to do when new situations arise

These needs are likely not being addressed by type 1- or type 2-centric offerings, or by providers during brief clinical visits.

Healthcare organizations need to go beyond traditional characteristics, such as age and diabetes type, to develop programs. In order to impact behavior and improve clinical outcomes, diabetes programs should focus on helping women develop the skills to deal with the real-world challenges they face in managing diabetes.

Evidence-Based Solutions Apply to all Women With Diabetes

DiabetesSisters programs are grounded in behavior change techniques and are designed to help women with diabetes build the real-world skills they need to live well with diabetes.

Programs	Behavior Change Techniques ⁹⁻¹¹
<p>PODS Meetups: Support groups that give each woman the opportunity to share, support one another, and build lifelong diabetes management skills.</p>	<p>Goal Setting: Each woman can set small, incremental goals and share her progress at meetings.</p> <p>Participatory Learning: Members are given the opportunity to role play to master new self-management skills.</p>
<p>Conference and Leadership Institute: Weekend-long conference with sessions led by diabetes experts and advocates to help increase sense of support, diabetes knowledge, and keep each woman motivated on her diabetes journey.</p>	<p>Problem-Solving: Attendees learn new ways of working through common diabetes challenges in a supportive environment of peers going through similar situations. Each woman is encouraged and motivated to continue using her new skills beyond the conference in daily life.</p>
<p>Life Class Webinars: These online sessions focus on a variety of topics, disseminating critical diabetes education and skill-building opportunities to viewers.</p>	<p>Consciousness-Raising: Conventional thinking around diabetes is challenged during sessions. Each woman is supported in exploring behaviors she would like to change.</p>

DiabetesSisters is one of the few organizations that does not use the diabetes type to guide the development and execution of its support and education programs. Instead, DiabetesSisters brings women with diabetes together to support and learn from each other. Our research validates this approach. Both type 1 and type 2 women can benefit from programs focused on motivations and challenges they experience.

This approach may necessitate a change in how leaders in the diabetes field think about programming and diabetes in general, but it will save healthcare organizations time and money. And most importantly, it will aid women in managing their diabetes more effectively.

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Authors

Andi Weiss, MPH, **Senior Behaviorist, MicroMass Communications, Inc.**

Andi specializes in developing practical ways of motivating people to make healthy, sustainable lifestyle changes that lead to better patient outcomes. Andi's background in behavioral science and her innate ability to relate to patients combine to make her an authority on how to uncover and overcome challenges commonly faced in healthcare. In addition to helping craft innovative solutions for Pharma clients, Andi serves on the DiabetesSisters Advisory Council.

Brandy Barnes, MSW, **CEO, DiabetesSisters, Inc.**

Brandy is a diabetes patient and women's health advocate with over 15 years of experience in successful strategic leadership in the nonprofit and for-profit healthcare industry. Her expertise in establishing national patient advocacy and health education programs led her to create DiabetesSisters, a national nonprofit organization for women with diabetes.

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