



# Family and Consumer Sciences Extension

## —*Diabetes Education 2003*

*Putting Knowledge to Work for Georgia Families*

The University of Georgia

Cooperative Extension Service

### ***The Problem***

- Only a fourth of all Georgians moderately exercise on a regular basis. It is estimated that inactivity has contributed to 32% of all cases of heart disease; 18% of all cases of high blood pressure; 32% of all strokes; 18% of all diabetes; and 23% of all cases of osteoporosis (Georgia DHR Physical Activity Report).
- Diabetes is the leading cause of blindness, kidney disease, amputations and retinopathy.
- In Georgia, 411,000 adults were diagnosed with diabetes in 2001. For every two people diagnosed with the diabetes, it is estimated that another person goes undiagnosed. That means 633,000 adults could have diabetes in the state. During 1990s, diabetes moved up from the seventh leading cause of death to the sixth leading cause of death in Georgia (Georgia DHR The Burden of Diabetes in Georgia Fact Sheet, 2002).
- In 2000, diabetes caused 13,350 hospitalizations, and cost approximately \$138 million in hospital charges in Georgia. The estimated costs for all diabetes medical care along with the costs attributed to premature death and lost job productivity is believed to be \$4 billion a year (Georgia DHR The Burden of Diabetes in Georgia Fact Sheet, 2002).
- Approximately 15% of health care expenditures are for diabetes.
- A total of 74,927 workers were disabled by diabetes in 1997 and on the average a person with diabetes, between ages 18 and 64, lost 8.3 days from work as compared with 1.7 days for someone without diabetes.

### ***Research-based Solutions***

- The Diabetes Prevention Program demonstrated that individuals who had impaired glucose tolerance, but who did not yet have diabetes, could reduce their risk for developing diabetes by losing 5-7% of their excess body weight and being moderately active for 30 minutes a day.
- The Diabetes Control and Complication Trial showed improved blood glucose control in those with type 1 diabetes reduces diabetic neuropathy by 60%, retinopathy by 34%, and kidney disease by 56%.
- A September, 1998 release of a United Kingdom study of Type 2 diabetes showed lowering blood sugar as close to normal as possible reduced risk for blindness and kidney failure by 25 percent; controlling blood pressure, as well as diabetes, lowered risk of heart failure by 56 percent and stroke by 44 percent.

### ***Extension's Role***

- Offer the *Walk-A-Weigh* program to those at risk for developing diabetes and those who already have the disease.
- Teach clients affected with diabetes how to follow diabetic meal plans.
- Participate in Diabetes Alert Days to identify those who are undiagnosed.
- Teach diabetes cooking schools and support groups.
- Distribute the *Diabetes Life Lines* Newsletter.
- Help develop Diabetes Coalitions within each county.
- Provide the *Focus On Diabetes* self-study CD program to those affected by diabetes.

## ***Extension's Contribution to Solving the Problem***

- Diabetes education programs provided over 9,980 hours of diabetes control and prevention instruction to 5,620 Georgians in 2003. Nearly 36% of the participants were low-income Georgians.
- Media was a major strategy for public diabetes education in Georgia: diabetes articles in newsletters reached over 52,440 people; radio spots were broadcast to a listening audience of over 804,100 people; newspaper columns went to a circulation of over 692,900 and television programs were targeted to over 328,000 viewers; exhibits reached over 13,950 people.

## ***Impact on Georgians***

- Almost 89% of Georgians who participated in diabetes education programs said those sessions were very helpful for them to learn how to control diabetes by practicing healthy habits. Most of the participants planned to adopt learned healthy habits. For example, 90% planned to follow a meal plan to control their carbohydrate intake; 96% planned to use artificial sweeteners to control their sugar intake; 69% planned to modify their recipes to cut sugar, fat, and sodium; 67% planned to have their blood pressure checked regularly; and 97% planned to read nutrition labels.
- The comparison of pre and post evaluations of the *Right Bite Diabetes Cooking Schools* program shows that 57% of the participants improved their overall dietary behavior. A habit survey conducted with the *Right Bite Diabetes Cooking Schools* participants indicates that most of them started healthy nutrition habits to manage their diabetes. For example, 77% used low-fat and non-fat dairy products daily; 67% ate at least three vegetables daily; and 66% ate fish and seafood at least twice a week. Almost 47% of the participants planned to use the diabetes recipes provided at the school to control their diabetes and improve health.
- Nearly 70% of the participants who completed extension weight control programs planned to walk regularly to manage their weight.
- After completion of the *Walk-a-Weigh* extension program, 63% of the participants made a conscious effort to limit fat to 30% of total calories; 55% started to trim fat from meat as a measure to reduce fat intake; and 60% started to eat low-fat snacks and desserts. These practice changes helped participants improve their health.
- Comparison of pre and post evaluation data confirmed that 67% of the *Walk-a-Weigh* participants reduced their blood glucose level by adopting healthy dietary habits and regular exercises.

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