



Family and Consumer Sciences Extension

—*Diabetes Education 2004*

Putting Knowledge to Work for Georgia Families

The University of Georgia

Cooperative Extension Service

The Problem

- Approximately, 6.9% of the adult population in Georgia had diagnosed diabetes in 2001. For every two persons diagnosed with diabetes, another has not yet been diagnosed (Georgia Department of Human Resources).
- Only one-fourth of all Georgians moderately exercise on a regular basis. It is estimated that this inactivity contributes to 18% of all cases of diabetes.
- Diabetes was the 6th leading cause of death in Georgia in 2000. For every death attributed to diabetes, at least two more deaths have diabetes as a contributing factor.
- In the year 2000, diabetes cost approximately \$138 million in hospital charges in Georgia. If all medical costs and costs attributed to pre-mature death and lost job productivity in Georgia were added up, the actual economic impact of diabetes would be closer to \$4 billion per year.
- Diabetes is the leading cause of blindness, kidney disease, non-traumatic amputations and retinopathy in this country.
- The average Georgian between the ages of 18 and 64 with diabetes misses 8.3 days of work per year compared to 1.7 days for someone without diabetes.

Research-based Solutions

- The Diabetes Prevention Program demonstrated that modest weight loss (5-7% of current body weight) and regular physical activity (30 minutes 5 days a week) can reduce the risk for developing Type 2 diabetes.
- The Diabetes Control and Complication Trial demonstrated that lowering the A1C (average blood glucose for three months) to 7% or less could reduce diabetic neuropathy by 60%, retinopathy by 34%, and kidney disease by 56% in those who have Type 1 diabetes.
- The United Kingdom study of Type 2 diabetes control showed that lowering blood glucose could reduce the risk of blindness and kidney failure by 25%; controlling blood pressure as well as blood glucose could lower risk for heart failure by 56% and stroke by 44%.

Extension's Role

- Provide the *Focus on Diabetes* CD to those who are affected by diabetes to teach the basics of diabetes self-management.
- Distribute the *Diabetes Life Lines Newsletter*.
- Participate in community wide programs to promote awareness of diabetes risk in the general population.
- Develop diabetes coalitions in each county with community leaders, health care professionals and people affected by diabetes to enhance diabetes awareness and self-management.
- Conduct *Right Bite Diabetes Cooking Schools* to teach healthy food preparation skills to those affected by diabetes or those at risk for developing diabetes.
- Offer *Walk-a-Weigh* Programs to promote weight control and physical fitness for those who have diabetes or for those who are at risk for developing it.
- Work with diabetes support groups to enhance diabetes self-management and to provide peer support for dealing with the disease.

Extension's Contribution to Solving the Problem

- Diabetes education programs provided over 4,150 hours of diabetes control and prevention instruction to 2,166 Georgians in 2004. Nearly 45% of the participants were low-income Georgians. Diabetes related extension events such as health fairs reached 848 Georgians in 2004.
- The "Walk-A-Weigh" extension program provided 1,523 hours of nutrition and exercise education to 727 Georgians.

- Media was a major strategy for public diabetes education in Georgia: diabetes articles in newsletters reached over 16,722 people; radio spots were broadcast to a listening audience of over 1 million people; newspaper columns went to a circulation of over 279,700 readers; and television programs were targeted to over 80,000 viewers; 10 exhibits reached over 1,750 people.

Impact on Georgians

- Almost 89% of Georgians who participated in diabetes education programs said those sessions were very helpful for them in learning how to control diabetes by practicing healthy habits. Most of the participants improved their diabetes management knowledge and planned to adopt recommended practices. For example, all the participants planned to follow a meal plan to control their carbohydrate intake; 72% planned to keep records of their blood glucose values, food intake, medicine doses and physical activity; 48% planned to modify their recipes to cut sugar, fat, and sodium; 53% planned to have their blood pressure checked regularly; and 42% could identify the signs of low and high blood glucose levels.
- Eighty-six percent of the Georgians who participated in extension weight control programs said the classes helped them to learn about weight control. Most of them improved their knowledge and planned to adopt recommended practices: 91% planned to walk regularly to help manage their weight; 87% planned to read nutrition labels for calories and fat content; and 85% planned to reduce fat intake by frying less.
- A comparison of pre and post program data confirmed that 74% of the participants who completed the *Walk-a-Weigh* program improved their overall dietary and exercise behavior and adopted a healthier lifestyle. The medical data confirmed that *Walk-a-Weigh* participants significantly reduced their body weight, high blood pressure and cholesterol levels. They lost an average of 4 pounds in six weeks. This reduction in risk factors contributed to improvements in their health.

Contact

Connie Crawley, MS, RD, LD, Public Service Associate and Nutrition Specialist,
College of Family and Consumer Sciences, (706) 542-3773, ccrawley@uga.edu
or your local Cooperative Extension Service office

The University of Georgia and Ft. Valley State University,

The U.S. Department of Agriculture and Counties of the State Cooperating. The Cooperative Extension Service offers educational programs, assistance, and materials to all people without regard to race, color, national origin, age, sex, or disability.

The University of Georgia is an equal opportunity/affirmative action institution.

02/11/05