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RATE OF INCREASE IN DIABETES PREVALENCE REDUCED IN RALEIGH, NC OVER 8 YEARS

CDC Partnership With Community Changes Behavior Towards Diabetes Prevention and Care

Chicago, IL (June 23, 2007) – An 8-year partnership among the Centers for Disease Control and Prevention (CDC), the North Carolina Department of Health and Human Services, Wake County Human Services, and many facets of the community resulted in a significant change in behavior related to diabetes prevention and care, and reduced the expected rate of increase in the prevalence of type 2 diabetes in Raleigh, North Carolina, according to a report presented today at the American Diabetes Association's 67th Annual Scientific Sessions.

“Project DIRECT has been a successful program of outreach, health promotion, and diabetes care, in which the community participated in developing the interventions from the outset,” said Desmond E. Williams, MD, PhD, a Medical Epidemiologist at the CDC and Project Officer of Project DIRECT, in a recent interview. “The rate of increase in the prevalence of diabetes was markedly lower in Raleigh compared to a comparable African American community Greensboro, 80 miles away.” Improvements were also seen in numerous behaviors related to diabetes prevention and care.

Project DIRECT stands for Diabetes Interventions Reaching and Educating Communities Together. Although its research component has now ended, Project DIRECT has been institutionalized in Raleigh under the aegis of a local non-profit organization – Strengthening The Black Family, Inc. – with the support of that group, the CDC, the state and county health departments, and the community.

Nearly 21 million Americans have diabetes, a group of serious diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin. Diabetes can lead to severely debilitating or fatal complications, such as heart disease, blindness, kidney disease, and amputations. It is the sixth leading cause of death in the U.S.

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Type 2 diabetes involves insulin resistance – the body’s inability to properly use its own insulin. It used to occur mainly in adults who were overweight and ages 40 and older. Now, as more children and adolescents in the United States become overweight and inactive, type 2 diabetes is occurring more often in young people. African Americans, Hispanic/Latino Americans, American Indians, and some other ethnic groups are at particularly high risk for type 2 diabetes and its complications.

PROJECT DIRECT – METHODOLOGY

Project DIRECT was designed to test the three-pronged “outreach, health promotion, and care” approach to diabetes prevention and care in the predominantly African American community of Raleigh, using Greensboro as a control community. Both have similar demographic and socio-economic characteristics, and populations of about 25,000.

“All of the local partners were involved in the Executive Committee responsible for planning and supervision of the project,” said Joyce Page, MSPH, MPH, Director, Project DIRECT in the Diabetes Prevention and Control Program at the North Carolina Department of Health and Human Services. “However, the actual implementation of the interventions was done by local Project DIRECT staff, working in coordination with community members.” They received support from members of the North Carolina Central University, and professionals living in and around Southeast Raleigh.

Suggested interventions were modified to make them culturally appropriate for North Carolina, and community members acted as ambassadors for the study to introduce the interventions into the community. The program, which included a church-based component, involved three key areas.

- **Outreach** – A major media campaign was launched with talk show appearances, cooking segments on TV shows, and newspaper ads. Other events included outreach to pastors to encourage them to talk about diabetes prevention and diabetes screenings conducted in churches, and at civic and fraternal group meetings.

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- **Health Promotion** – A ‘Ready, Set, Walk’ program trained lay exercise leaders who then promoted self-paced walking programs based in churches, community centers, YMCAs, senior centers, and other spaces where people naturally congregate, to encourage walking at least 30 minutes a day. Church-based nutrition programs worked with their cooks to help them reduce the fat content in lunches served after services, and worked with their pastors to bring in health messages and professionals to help improve the health of their congregation, such as through cooking classes and health fairs on diabetes.
- **Diabetes Care** – Workshops were held for physicians, nurses, physician assistants, nutritionists, and health educators on the American Diabetes Association guidelines for management and diagnosis of diabetes with the goal of improving the quality of care of the disease. Workshops were given to people with diabetes on basic self-management to help them control their blood glucose and prevent complications. Efforts were also made to assure that those who screened positive for diabetes made doctor’s appointments and went to them, i.e. an escort was provided.

PROJECT DIRECT – RESULTS

Pre- and post-intervention surveys were conducted in each community during 1996-1997 and 2003-2004 using randomly selected samples of the population aged 18 to 75. The 2,311 pre- and 3,083 post-intervention participants were interviewed and had health examinations, including a fasting blood glucose test.

“While total diabetes prevalence increased in both communities, as it has throughout the country, the rate of increase in the prevalence was less in Raleigh than in Greensboro,” said Dr. Williams. The prevalence in Raleigh increased from 10.5% in 1996-1997 to 16.7% in 2003-2004. The prevalence in Greensboro increased from 9.3% in 1996-1997 to 18.6% in 2003-2004. Similar changes occurred with self-reported diabetes: Raleigh, went from 10.5% to 15.1%, whereas Greensboro went from 9.3% to 16.7%.

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“Factors that may have influenced this lower rate of increase in prevalence included significant changes in the health behaviors that lead to diabetes,” said Dr. Williams. “While the control community, Greensboro, and the entire country has heard general messages about improving their diets and getting more exercise, only Raleigh received the locally designed outreach, health promotion and care programs.”

As a result of Project DIRECT, the prevalence of sedentary behavior in Raleigh fell from 39.4% to 29.0%, compared to Greensboro which only went from 35.3% to 32.7%. Intention to maintain or lose weight among those who were overweight or obese was significantly increased in Raleigh from 76.5% to 85.4%, but not in Greensboro, going from 84.3% to 86.6%. Obesity prevalence increased similarly in both communities.

CONCLUSIONS AND NEXT STEPS

“The results demonstrate that the community participation in Raleigh was associated with significant changes in healthy behaviors, such as weight management and physical activity behavior, and a reduction in the rate of increase in diabetes, and this provides an implementation model for effective interventions to reduce the incidence of diabetes in community settings,” said Dr. Williams. The Project DIRECT model of community participatory interventions has already influenced the design of other CDC prevention programs such as REACH (Racial and Ethnic Approaches to Community Health).

“By working with and supporting the community to create partnerships that could be sustained after the research was over, the research has resulted in community empowerment and left an ongoing product in the community,” said Ms. Page.

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Lucille Webb, MEd, Chairperson of the Executive Committee of Project DIRECT and President of Strengthening The Black Family, Inc., sees many possibilities for the future of the program. “We have just begun to transition Project DIRECT to independent operation, and we hope to continue and expand interventions to improve quality of life,” she said. “While our focus is diabetes, many of our activities also apply to other chronic diseases, such as heart attacks, strokes, and hypertension, all of which are a greater risk for people with diabetes.”

The American Diabetes Association is the nation's leading voluntary health organization supporting diabetes research, information and advocacy. Founded in 1940, the Association has offices in every region of the country, providing services to hundreds of communities. For more information, please call the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or visit www.diabetes.org. Information from both these sources is available in English and Spanish.

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