Background

With diabetes contributing to the death of 231,404 Americans annually, Penn State Extension Educators are collaborating with national, state, and county organizations (including Harvard’s Joslin Diabetes Center), through the Dining with Diabetes program to help citizens avoid its onset and minimize complications.

Dining with Diabetes is an evidence-based program offering a series of 4-5 lifestyle management lessons with a 3-month follow-up. Partners, recruited through community collaborations, provide facilities, recruitment services, and incentives.

Program Objectives

Engage a broad set of partners to identify/test new care delivery methods
Engage communities in collaborative models featuring nutrition and health knowledge to those with type 2 diabetes
Identify at-risk participants and promote diabetes prevention

Teaching Methods

Using a statewide curriculum, educators share PowerPoint presentations, each featuring lessons in controlling diabetes.
Participants engage in curriculum recipe preparation, exercise and group discussion.
Extension Educators teach the classes with assistance of trained volunteers.
Take-home incentives encourage behavior change.

Results

Since the inception of the 3-year grant from the Center for Medicare and Medicaid Innovation, 2385 participants have enrolled in 201 programs hosted among 42 of Pennsylvania’s rural, suburban, and urban counties.

Changes in Systolic Blood Pressure between Baseline and 3-Month Follow-up Measurements

Changes in Diastolic Blood Pressure between Baseline and 3-Month Follow-up Measurements

Changes in A1C between Baseline and 3-Month Follow-up Measurements

47% of participants with pre-diabetes experienced a decline in their A1C measurement at follow-up.
61% of participants with diabetes experienced a decline in their A1C measurement at follow-up.
65% (89/141) of participants who we identified as Pre-diabetic or Diabetic were unaware of this status. They decreased their A1C measurement between baseline and follow-up.
18% (84/474) of participants who were Pre-diabetic at baseline were re-classified as A1C within normal range at follow-up.
19% (142/736) of participants who were Diabetic at baseline were re-classified as Not Diabetic (pre-diabetic or A1C within normal range) at follow-up.
Together, 6% (75/1166) of participants who were Pre-diabetic or Diabetic at baseline were re-classified as A1C within normal range at follow-up.
*Changes between baseline and follow-up measurements are statistically significant (CI=95%)

Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Age</td>
<td>69</td>
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<tr>
<td>% Female</td>
<td>74.9%</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>% Hispanic/Latino</td>
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<tr>
<td>% Black/African-American</td>
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<tr>
<td>% Hispanic/Latino</td>
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<td>% Native American or Alaska Native</td>
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<tr>
<td>% Native Hawaiian or other Pacific Islander</td>
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<tr>
<td>% White/Caucasian</td>
<td>85.8%</td>
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<tr>
<td>% Other</td>
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</tbody>
</table>

With grant funding, the program offers classes at no charge for Medicare/Medicaid recipients.

“This was a very good class! I especially enjoyed learning about eating healthy meals. The class inspires me to try to make the changes step by small step to better control my diabetes, to reduce my A1C, and improve my blood pressure. Thank you!”

“This class has been great for clearing up misconceptions about all aspects of diabetes. Thanks for a super program”

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