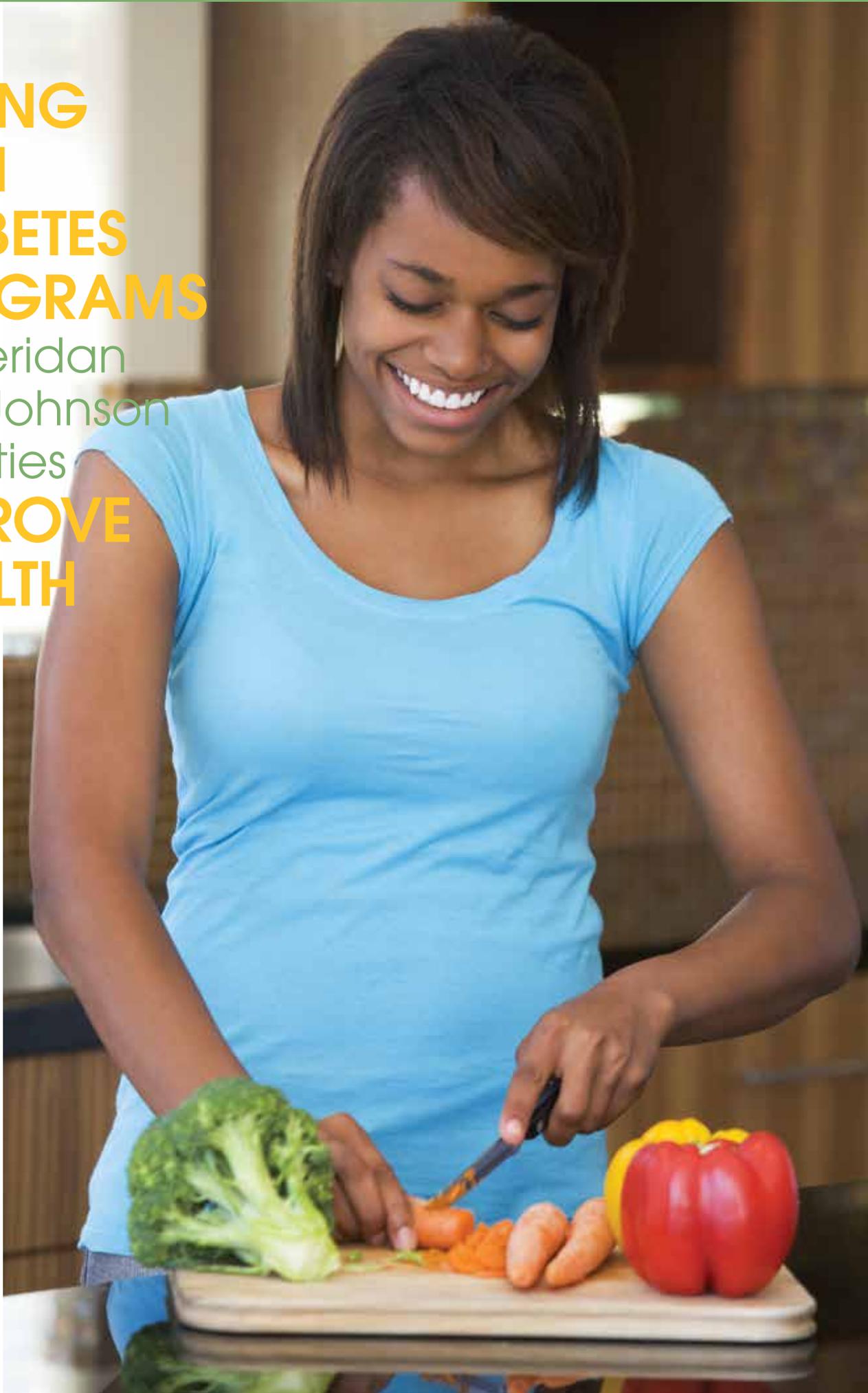


DINING WITH DIABETES PROGRAMS

in Sheridan
and Johnson
counties

IMPROVE HEALTH



Situation:

Recent estimates of diagnosed diabetes cases in the U.S. is near 6 percent. Johnson and Sheridan counties have comparable prevalence rates of 5.4 and 7.6 percent. According to recent census data, this means there are 467 and 2,222 cases of diagnosed diabetes in Johnson and Sheridan counties, respectively.

Diabetes is a costly disease. One in 10 health care dollars spent in the U.S. is attributed to diabetes. People with diabetes spend more than twice the amount in medical costs as those without the disease, with an average annual cost-per-case of \$9,975. By multiplying this cost by the number of cases in Johnson and Sheridan counties, the estimated economic annual burden of diabetes for Johnson County is more than \$4.6 million and more than \$22.1 million annually for Sheridan County.

Dining with Diabetes in Wyoming is a five-session program that involves participants in low-impact physical activities and culinary skills training while teaching nutrition and health concepts specific to diabetes. The program is coordinated statewide through the University of Wyoming Extension in partnership with the Wyoming Department of Health's Diabetes Prevention and Control Program. In Sheridan and Johnson counties, the program is provided through a partnership between the local UW Extension nutrition and food safety educator and a diabetes educator from the local hospitals – the Johnson County Healthcare Center in Buffalo and Sheridan Memorial Hospital in Sheridan. Local senior centers (Buffalo Senior Center and Sheridan Senior Center) generously allow use of their kitchen spaces and equipment and their dining areas for the program.

One program took place in both Sheridan and Buffalo from January to May, 2012. An average of nine (Sheridan) and eight (Buffalo) participants attended each of the five sessions. Session topics included understanding medical assessments, carbohydrates and sweeteners, fats and sodium, vitamins, minerals and fiber, and convenience foods.

“Diabetic food is actually good!”

Impacts:

Short-term: Participant ratings for quality of materials, usefulness of information, and effectiveness of presenters averaged 4.5, 4.6, and 4.7, respectively, on a five-point Likert scale (1=poor, 2=fair, 3=average, 4=good, 5=outstanding). Statewide data indicated the program resulted in an increased proportion of participants who purposefully started to cook and an increased proportion of participants who enjoyed foods that are healthy for people with diabetes.

Long-term: At the three-month follow-up evaluation, participants demonstrated a better understanding of starchy and non-starchy vegetables and an increased awareness of sources of trans-fat (from statewide data).

Participants in Sheridan and Johnson counties reported significant improvements in health, including:

- Weight loss of 8 pounds
- A 1-point drop in hemoglobin A1c concentration
- A 20 mg/dL decrease in regular blood glucose measurements

A sampling of the descriptive feedback:

- I gained confidence in cooking for my diabetes. Thank you!
- The class was very effective. I learned a lot of useful information.
- Presentation and instructions were great. Very thankful I took the class.
- Diabetic food is actually good!



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