

PREVENTING DIABETES THROUGH AUGMENTED CARE

BY CARLA MILLER, PROFESSOR, HUMAN SCIENCES

In September 2017, the National Institutes of Health, National Institute for Diabetes and Digestive and Kidney Diseases awarded Carla Miller (Human Sciences) and her colleagues (Jennifer Cheavens and Kentaro Fujita, Psychology, and Brian Focht, Human Sciences) over \$3.2M to evaluate augmented care for people with prediabetes to facilitate weight loss in an effort to prevent type 2 diabetes mellitus (T2DM). About one in three U.S. adults will develop T2DM during their lifetime. The Diabetes Prevention Program (DPP) prevented or delayed the onset of T2DM for up to 12 years through weight loss following implementation of a lifestyle intervention. However, some DPP participants were slower to respond during the intervention which means that more efficacious interventions are needed earlier during treatment through augmented care.

This study, entitled *Impact of augmented care at the worksite for diabetes prevention*, includes a controlled clinical trial to determine the effectiveness of a novel, state-of-the-art intervention. A greater personalized approach that focuses on proven self-regulatory strategies will be used.

All participants will receive weekly group-based sessions during the first four months of the study. During the eight-month maintenance phase of the intervention, participants will be randomly assigned to the treatment group to better evaluate the impact of augmented care on weight loss maintenance following an intensive intervention. The adaptive design will enable the investigators to determine the most effective sequence of intervention treatments for promoting weight maintenance and glucose reduction at an 18-month follow-up.

ABOUT ONE IN THREE U.S. ADULTS WILL DEVELOP TYPE 2 DIABETES DURING
THEIR LIFETIME.

We anticipate that augmented care will better help participants achieve weight loss and weight loss maintenance and recognize that “one size does not fit all” when it comes to adopting a healthy lifestyle. The program includes more than educating people about healthy food choices and physical activity. Findings from the successful pilot study revealed that (1) participants wanted a program that provided support for up to 1 year and (2) the worksite was an effective venue for providing such support. The worksite reaches working adults where they spend the majority of their waking hours, often over many years of employment. Thus, worksite approaches may be more effective than clinic-based programs. If our hypotheses are correct, we will lay the foundation for a potentially sustainable approach to deliver lifestyle interventions in an effort to prevent or delay one of the most burdensome chronic diseases in the United States.

For additional information about this project, contact [Carla Miller](#) or impactstudycontact@gmail.com.