

## *Dining with Diabetes*

### **The Situation**

The total estimated cost of diagnosed diabetes in 2017 is \$327 billion, including \$237 billion in direct medical costs and \$90 billion in reduced productivity. For the cost categories analyzed, care for people with diagnosed diabetes accounts for 1 in 4 health care dollars in the U.S., and more than half of that expenditure is directly attributable to diabetes. People with diagnosed diabetes incur average medical expenditures of ~\$16,750 per year, of which ~\$9,600 is attributed to diabetes. People with diagnosed diabetes, on average, have medical expenditures ~2.3 times higher than what expenditures would be in the absence of diabetes. Indirect costs include increased absenteeism (\$3.3 billion) and reduced productivity while at work (\$26.9 billion) for the employed population, reduced productivity for those not in the labor force (\$2.3 billion), inability to work because of disease-related disability (\$37.5 billion), and lost productivity due to 277,000 premature deaths attributed to diabetes (\$19.9 billion). Diabetes is one of the most costly health conditions in Kansas. More than 50% of spending on type 2 diabetes is for treating health problems that could have been prevented with better diabetes management. Studies have shown that with healthful eating and modest regular physical activity, Type 2 diabetes can be delayed, controlled, and even prevented.

### **Short-Term (Knowledge)**

Increased Knowledge of:

- Clinical tests related to diabetes care, as well as diabetes complications.
- The connection between food choices and the risk of chronic disease
- Nutrition label reading, healthful food selection and menu/meal planning
- Cooking techniques and healthful ingredients
- Physical activity recommendations as a component of diabetes management and control.

#### Indicators

Self report of improved:

- Self-management and self-efficacy in managing diabetes
- Self-awareness about behaviors affecting diabetes prevention/control

### **Medium-Term (Behavior)**

Improved behaviors related to diabetes management and control

#### Indicators

- Decreased financial burden of diabetes
- Healthier society

## Long-Term (Change in Condition)

Improved health through positive lifestyle changes

Reduction in the development of prediabetes and Type 2 diabetes

Reduction in Type 2 diabetes-related complications

### Indicators

- Decreased financial burden of diabetes
- Healthier society

## Outputs

### **What:**

- Agents are required to be trained and complete the DWD Instructor Agreement prior to teaching DWD, in order to access the DWD curriculum, program resources, and on-going updates and training
- Extension agent/educators and specialist market the program to the intended audience
- Extension agent/educators offer a series of four face-to-face educational sessions and a follow-up session
- Extension staff provides opportunity for participants to share and learn from one another
- Local extension staff partners with community partners to promote and deliver the DWD program.
- Local extension staff seeks local support/funding for DWD
- Pre, Post, and Follow Up evaluations are completed and entered into PEARS

### **Who:**

- Adults with or at risk of developing Type 2 diabetes.
- Family members/ caregivers of people with Type 2 diabetes/ prediabetes.
- People interested in healthful eating and reducing the risk of Type 2 diabetes