FIT BODY AND SOUL: A CHURCH-BASED BEHAVIORAL LIFESTYLE PROGRAM FOR DIABETES PREVENTION IN AFRICAN AMERICANS

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INTRODUCTION

Type 2 diabetes (herein referred to as diabetes), is rapidly becoming one of the most common chronic diseases in the United States and worldwide. In the United States, prevalence, incidence and mortality are high; >7% of the adult population is affected1–3 and annually, almost one million new cases are diagnosed, with >200,000 who die from complications. Diabetes is even more common in the elderly and in some minority populations; Hispanic Americans, African Americans (AAs), Asian and Pacific Island Americans and Native Americans).4 It afflicts 10%–50% of adults. Complications include increased risk (2–4 fold) for cardiovascular diseases (CVD) and stroke.3–5 Even worse, diagnosed diabetes does not include the epidemic of glucose intolerance called pre-diabetes. An additional 17 million Americans have pre-diabetes,6–10 which includes elevated fasting blood sugar (100–125 mg/dL) or impaired glucose tolerance (IGT). Indeed, IGT is more prevalent than diabetes. Besides being a major risk factor for diabetes, IGT is associated with an increased risk of macro-vascular disease.11

Substantial differences exist in the incidence and prevalence of diabetes and its risk factors among US regions and racial and ethnic groups.10,11 For example, the Southeast has historically had disproportionately high rates of diabetes, obesity, CVD and hypertension.11–18 Indeed, this region is called the stroke belt due to the high prevalence of stroke and stroke-associated mortality.16–18 Although diabetes is on the rise generally, the greatest increase has occurred among AAs.8 According to age-adjusted data from the National Health and Nutrition Examination Survey (NHANES III) and the Center for Disease Control (CDC),8,10,18–22 2.7 million AAs aged ≥20 years (11.4%) have diabetes, with rates reaching 25% among AAs aged 65–74 years. The prevalence of IGT in AAs (17.7%)8 is also higher (12.2% in Whites), as is obesity where 31% of AAs are obese compared to 19.6% of Whites.23–27

Diabetes and obesity are associated with unhealthy habits including poor diet and a sedentary lifestyle. The Southeast is certainly no exception. According to the Behavioral Risk Factor Surveillance System (BRFSS), 23.3% of adults living in the South reported no physical activity in the past 30 days and 22.3% reported consuming fewer than five servings of fruit and vegetables per day as compare to other groups.28

Physical inactivity is a major risk factor for obesity, diabetes, CVD, and osteoporosis.28,29 It accounts for 12% of total mortality and for 2.4% of annual healthcare expenditures in the United States.30,31 Physical activity (PA) among AAs is particularly low, only about 30% of AA women are physically active, and AAs are more likely to have a sedentary lifestyle.32–35 Also, AA women are more likely to be overweight.36

To stem the rising tide of diabetes, public health policies need to move upstream toward prevention or at least toward delaying the onset of diabetes. Indeed, a number of recent studies have taken this approach and their results offer scientific evidence and new hope for curtailing the diabetes epidemic. Some of these recent studies show that intensive lifestyle modification – improving nutrition and increasing PA to the point that there is modest weight loss – is an effective preventive intervention for adults at high risk for

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Faith-based initiatives for lifestyle change show promise in helping to promote healthy behaviors in African American communities. It has been suggested that faith communities and programs within faith communities can influence health care practices and health care planning especially in high risk, minority populations. African American individuals are more likely to attend and participate in faith-based services than Whites from similar backgrounds. Our proposed intervention, Fit Body and Soul, has been adopted and modified from the proven diabetes prevention program (DPP) lifestyle intervention program, and uses the church-community experiences of the “Body and Soul” study as a faith-based effort. The intervention has been developed keeping in mind the church mission and goal of being spiritually healthy and has adopted bible scripture to develop a 12-session intervention. In this article, we present the development of the church-based Fit Body and Soul behavioral lifestyle intervention using community-based participatory research in partnership with African American churches. (Ethn Dis. 2009;19:135–141)

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