Title of Intervention: Pounds Off With Empowerment (POWER)

Intervention Strategies: Group Education, Individual Education

Purpose of the Intervention: To improve weight and glycemia of rural individuals who have Type 2 diabetes

Population: Primarily African American, over the age of 45 years

Setting: Rural medically-underserved communities in South Carolina; community-based

Partners: University, federally-funded primary health care facilities

Intervention Description:
- Group Education: Group sessions in the POWER intervention featured encouragement and culturally-appropriate suggestions for physical activity and dietary habits. Sessions included information sharing, discussion and cooking classes. The sessions also included information about diabetes care.
- Individual Education: Self-monitoring tools were used for diet and physical activity.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Educator
- Training: Three-day centralized training and certification process for educators
- Technology: Not mentioned
- Space: Classroom space
- Budget: $10 incentives for recruitment, $25 pharmacy and $20 grocery store gift certificates for retention at 6 and 12 months
- Intervention: Cookbook, study t-shirt, self-monitoring tools, transportation
- Evaluation: Materials to complete clinical measures of blood pressure, weight, blood lipid values and glycemic control

Evaluation:
- Design: Randomized controlled trial
- Methods and Measures:
  - Clinical measures that were collected included weight, glycemic control, blood pressure and lipid profile.
  - Attendance was recorded at all sessions.

Outcomes:
- Short Term Impact: Not measured
- Long Term Impact: Participants who attended more sessions had a greater weight loss. Significant weight loss was found among intensive lifestyle intervention participants. Although there were improvements in glycemic control, blood pressure and lipid profiles, they were not significant.

Maintenance: Not mentioned

Lessons Learned: Successful recruitment and retention strategies used in POWER included partnerships with community health centers, hiring staff from the community that reflected the participants' cultural backgrounds, marketing the project to physicians, staff and patients, providing transportation for participants, using positive reinforcement and social support.

Citation(s):