

Intervention and Translational Core <u>Expertise and Infrastructure to Assist with Development,</u> <u>Implementation & Evaulation of Culturally Appropriate Interventions</u>



Background

- UAB's Diabetes Research Center (DRC), a second iteration of our Diabetes Research and Translation Center (DRTC), was funded in 2013.
- The DRC is a multi-disciplinary operation with faculty researchers from UAB's Schools of Health Professions, Medicine, and Public Health, among other units.
- The DRC comprises 5 core facilities.
- The Intervention and Translational Core
 (ITC) is one of the 5 facilities led by Dr.
 Beth Lewis and co-directed by Drs. Andrea
 Cherrington

Objective

- To provide expertise and infrastructure to assist investigators with the development, implementation, and evaluation of culturally appropriate interventions.
- To create new knowledge regarding the prevention and management of diabetes and cardio metabolic disease, with an emphasis on reducing health disparities.

Acknowledgements

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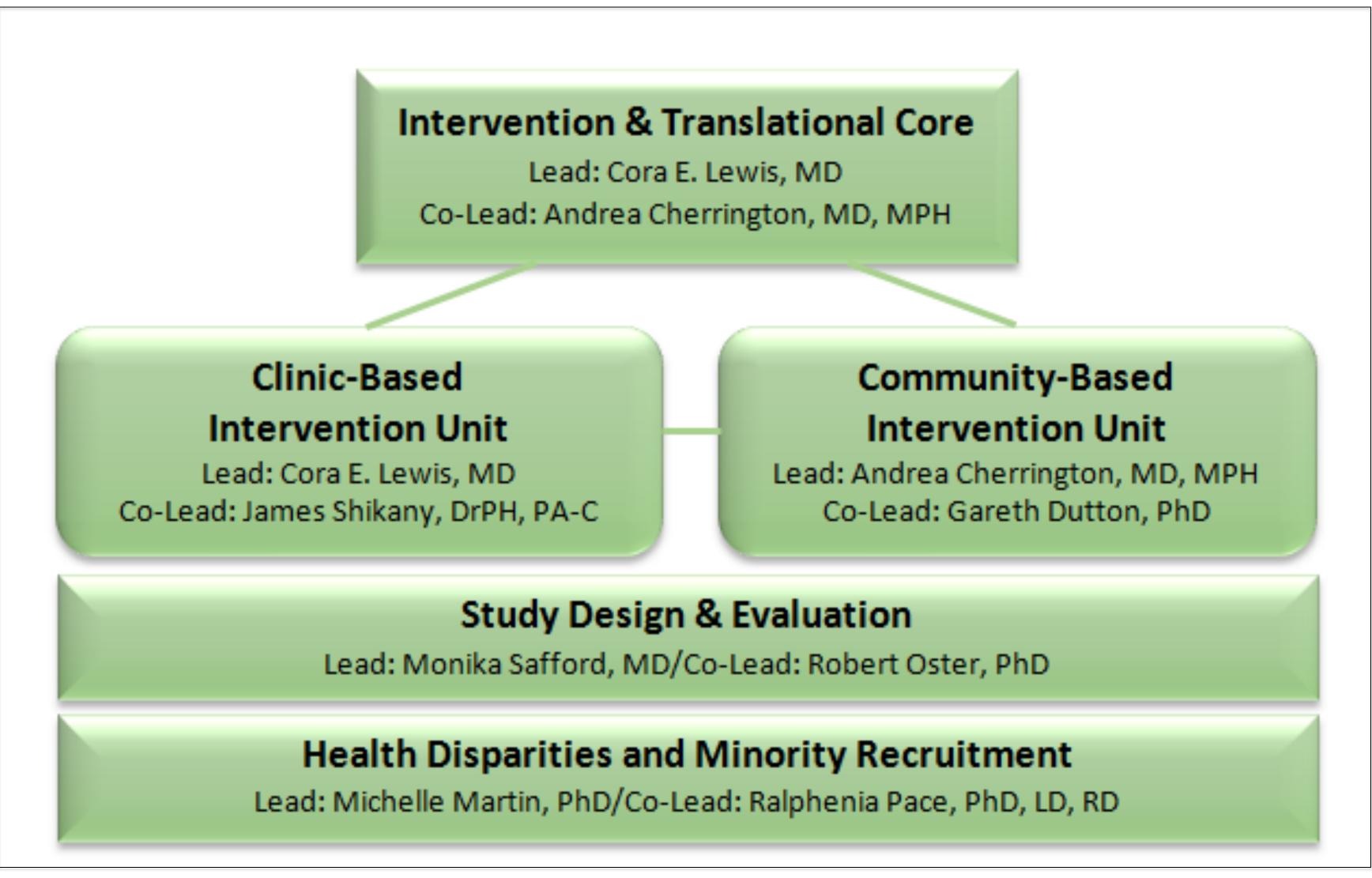
Aims

Table 1. Description of the UAB's DRC Intervention and Translational Core

I ranslational Core		
Aim	Description	
Aim 1	Provide expert consultation for <u>intervention</u>	
	development in diabetes prevention and	
	management for example: (e.g., interventions to	
	optimize weight, exercise/physical activity,	
	medication adherence, and/or glycemic control).	
	This expertise will facilitate translation of basic	
	science findings into efficacy-testing interventions	
	ranging from clinical trials to community based	
	trials.	
Aim 2	Provide expertise on study design and evaluation,	
	including measurement, quality control, quality	
	assurance, and analytic support, for research to	
	prevent and manage diabetes, These studies will	
	include but also go beyond traditional clinical trials.	
	For example, group-randomized trials evaluating	
	weight-loss interventions in community settings	
	require specialized expertise in trial design, data	
	capture and transfer, as well as in interventional and	
	analytic tools.	
Aim 3	Design and facilitate culturally appropriate	
	strategies to enhance the recruitment and	
	retention of minorities and underserved	
	populations in diabetes- related research studies	
	with emphasis on African American and rural	

communities.

Leadership



ITC	Services & Community Outreach	
Table 2. Description of ITC's services and ongoing community outreach		
Services: ITC provides	s a variety of services and expert consultations.	
Service	Description	
Dietary Assessment Consultation & Data Collection	 Food frequency questionnaire 24-hour dietary recall Food record Diet history Newer technologies (computerized data entry, web-based questionnaires, digital images) 	
Physical Activity Monitoring & Consultation	 Ten (10) wActiSleep-BT wireless sleep and wake monitors are available for small pilot studies and includes the the ActiLife software for analysis. The monitors measure energy expenditure, steps taken, activity intensity, as well as, total sleep time, sleep efficiency, sleep latency and many other measurements. Two (2) treadmill testing labs can provide maximal and sub maximal exercise testing for small pilot projects. Physician supervised tests are available for high risk population. 	
	nent: ITC engages and leverages community resources to raise betes, research, and strategies to prevent and manage diabetes.	
MyDiabetesConnect .com (MD)	 MDC is a website developed to help individuals identify and locate existing resources in their community to facilitate diabetes self-management and lifestyle modification. To date over 27 events have engaged 3000+ community members. 	
The Community Advisory Board	CAB is currently seeking members to meet quarterly. The overarching goal is to promote communication and	

engagement between DRC researchers and the targeted

discuss and strategize ongoing and future research.

communities. The CAB will be made up of key stakeholders to

(CAB)