

[Abstract Example for Osler Housestaff Clinical Research]

## **PROJECT SUGAR 2: HEALTH EVENTS & COSTS IN DIABETIC BLACKS**

**Context:** Diabetes mellitus imposes a major burden on the public health of the US. This burden falls disproportionately upon African Americans. Suboptimal health care appears to be an important contributing factor.

**Main Hypotheses:** First, a multi-facet behavioral intervention, implemented by a Nurse-Case Manager/Community Health Worker team, can improve metabolic control and reduce the risk of adverse health events. Second, direct costs related to intervention will be largely offset by saving related to decreased health care utilization.

### **Methods**

*Study Design:* A randomized, controlled trial with 36-month follow-up.

*Participants:* 800 African American adults with type 2 diabetes who receive primary care within a managed care organization in inner-city Baltimore.

*Data Collection:* Participants will be randomly assigned to receive either a Minimal Intervention or an Intensive Intervention. Follow-up data will be collected from annual clinical visits, semi-annual telephone interviews, electronic databases, and medical records.

*Main Outcomes:* Metabolic control, occurrence of diabetes-related health events and health care utilizations (e.g. ER visits, hospitalizations), and economic impact (costs and savings).

*Analytic Approach:* Analyses for dichotomous data will include proportions, chi-square tests, and multiple logistic regression. Continuous data will be analyzed using t-tests, analysis of variances, and multiple linear regression. We will also use generalized estimating equations (GEE) for repeated measures over 36 months to adjust for time-dependent covariates.

**Significance:** If our hypotheses are correct, this project will provide strong evidence for the adoption of the Intensive Intervention in managed care organizations. It would also serve as a model for translational research related to other chronic medical conditions in minority populations.

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