

Telehealth diabetes prevention intervention for the next generation of African American youth pilot trial

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Purpose of Study: Type 2 Diabetes (T2D) in youth is a growing epidemic, disproportionately affecting racial and ethnic minorities. Intensive lifestyle interventions are proven more efficacious in preventing T2D in adults than pharmacotherapy; however, no gold standard T2D prevention program for youth exists. The TELE-GEN pilot trial tested the implementation and effectiveness of a lifestyle intervention tailored to African American (AA) parents with children at risk for T2D.

Methods Used: A single-arm, repeated measure design tested if a 30 week, parent-focused intervention would reduce body mass index (BMI) in parent-child dyads. Dyads (n = 19) were recruited from a pediatric clinic to participate in a parent-only intervention (15 sessions). Eligibility included a BMI ≥ 25 and a score ≥ 5 on the American Diabetes Association risk test for parents and BMI ≥ 95 th percentile for children. Weekly (n = 11) and monthly maintenance (n = 4) sessions (60 min) were delivered to small groups (n = 3 groups; 5–8 parents) using videoconferencing, led by a trained lifestyle coach (LC). Assessments were conducted at baseline (T1), and 12 (T2), and 30 weeks (T3). BMI and zBMI were modeled using a linear mixed model. Parents (age = 38.3 ± 5.2 years) included 80.5% biological mothers, and 10.5% S404 The American Journal of the Medical Sciences 365(S1) (2023) S1–S416 step- or grandmother. Children (age = 9.9 ± 1.4 years) included 9 males and 10 females.

Summary of Results: Significant BMI variation among parent longitudinal profiles for both intercepts and slopes (p-values

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