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Diabetes interventions should be localized, study finds

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Factors associated with the prevalence of diabetes vary by geographic region in the United States, according to new research from the Brown School at Washington University in St. Louis.

"In one region of the U.S., poverty and lower education outcomes are more predictive of higher diabetes prevalence, while in other regions physical inactivity and obesity are more predictive," said lead author J. Aaron Hipp, PhD, assistant professor at the Brown School.

The study, recently published in the journal *Preventing Chronic Disease*, suggests that approaches to combating the disease should be localized.

Hipp and co-author Nishesh Chalise, a PhD candidate at the Brown School, analyzed county data from the U.S. Census Bureau and the Centers for Disease Control and Prevention to find attributes associated with diabetes.

They discovered that results varied by region. Poverty levels and inactivity were associated with diabetes, but only in some areas. The percentage of the population cycling or walking to work correlated with lower prevalence of diabetes in most counties, but not in some rural areas of Minnesota, North Dakota and South Dakota.

"Given this clustering of predictors of diabetes prevalence, and knowing the effect of the predictors we used in our study, counties, states and regions should be able to better target the most common predictors of

diabetes in their more local area," said Hipp, who also is a faculty scholar at Washington University's Institute for Public Health.

Provided by Washington University in St. Louis