

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6404

### **Title**

*Addressing diabetes management in the context of social needs: a qualitative study of primary care providers*

### **Priority 1 (Research Category)**

Diabetes and endocrine disease

### **Presenters**

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### **Abstract**

Context: Diabetes management (DM) for patients with Type 2 Diabetes (T2D) can be hindered by non-medical, health-related social needs. A recent review of national diabetes treatment guidelines recommended adjustments to DM to reduce financial strain (eg, selecting lower cost medications), as well as directly intervening in response to an identified social need (eg, referral to a community-based service). However, in practice, these recommendations may not translate into adjustments to DM. Objective: To describe how primary care clinics have considered social needs in DM, and identify opportunities to support primary care clinics. Study Design and Analysis: Qualitative study using semi-structured interviews (n=38) that were analyzed using thematic analysis guided by a process evaluation framework. Setting: Ambulatory clinics (e.g., family medicine, general internal medicine, endocrinology) affiliated with an academic medical center serving a diverse population in a mid-western metropolitan area. Population Studied: Purposive sample of care team members (eg, physicians, social workers, diabetes educators, dietitians, community health workers). Intervention: Randomized controlled trial testing the effect of 2 distinct interventions on A1c for adults ( $\geq 18$  years) who screen positive for food insecurity, have a T2D diagnosis, and an A1c level  $> 7.5\%$ : a 6-week culinary and nutrition education class and community referrals to address unmet social needs. All participants are referred to receive free produce ("standard of care"). Outcome Measure: Themes that emerged from interviews. Results: Common barriers to DM in the context of social needs included: appointment durations; lack of awareness of, and limited existing programs to address social needs; lack of on-site support staff (eg, social workers); and inconsistent transportation services for patients. Some providers felt that even with medication assistance programs and utilizing less expensive medications, medications and testing supplies remain a financial burden to their diabetic patients. Facilitators of DM in the context of social needs included on-site programs to address social needs; diabetes educators providing patients with

education; and flexibility of telemedicine. Conclusions: Common barriers to providing DM in the context of social needs focused on limitations related to addressing the social needs themselves rather than adjusting diabetes management strategy.

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