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

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## **Title**

Feasibility of the Diabetes Self-Management Coaching Program for Individuals with Type 2 Diabetes in Primary Care.

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

Diabetes and endocrine disease

## **Presenters**

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## **Abstract**

Context: The rampant rise in the prevalence of diabetes presents a public health burden and a challenge to the primary care setting. Diabetes Self-management Coaching is an emergent, client-centered, solution-focused approach to enhancing self-efficacy and self-care behavior. There is no effective self-management support program for individuals in the PC setting of low-income countries like Ethiopia. Therefore, this study assessed the feasibility, acceptability, and fidelity of implementing the Diabetes Self-Management Coaching Program in primary care in Ethiopia.

Objective: 1. Determine the feasibility of implementing the DSM Coaching Program.

- 2. Assess the acceptability of the DSM Coaching Program by individuals with type 2 diabetes.
- 3. Determine the fidelity of implementing the DSM Coaching Program

Study Design and Analysis: A single-blinded parallel-group mixed methods feasibility randomized control design, qualitative descriptive approach integrated with descriptive analysis of data collected from the RCT process and participant's interview.

Setting and data set: We conducted the study in the primary care of Gondar City, Ethiopia in a selected primary care settings and participants' homes. The study utilized qualitative data collected from intervention group participants. Quantitative data were collected from screening reports, session attendance, and intervention records. In addition, we used the Treatment Acceptability/Adherence Scale to assess the acceptability of the DSM Coaching Program among study participants.

Population Studied: Individuals with type 2 diabetes from November 1, 2022, to April 30, 2023.

Outcome Measures: The current study addressed the eligibility rate, recruitment rate, adherence rate, retention rates, acceptability, and fidelity of the DSM Coaching Program. The predefined progression criteria determine the overall feasibility of the DSM Coaching Program.

Results: The study's eligibility, recruitment, retention, and adherence rates were 23%, 70%, 90%, and 85%, respectively. Both qualitative and quantitative findings showed that the program was feasible, acceptable, and implementable in primary care.

Conclusion: The Diabetes Self-Management Coaching Program was feasible, acceptable, and implementable in primary care in Ethiopia. As a result, we recommend a large-scale multi-center cluster randomized control trial to evaluate the effect of the DSM Coaching program on clinical and behavioral outcomes.

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