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Title

Perspectives and Lived Experiences of Diabetes Management Among Unstably Housed and Homeless Adults with Type 2 Diabetes

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Approximately 4.5 million Americans experience homelessness in a given year. Similarly to the general population, type 2 diabetes mellitus occurs in roughly 8% of individuals experiencing homelessness, however, evidence indicates large disparities in diabetes outcomes. While homelessness and unstable housing are known to present significant barriers to daily diabetes management, models for effective community-based interventions to improve diabetes outcomes among patients experiencing homelessness are needed. Study Design: Qualitative study consisting of five one-time focus groups and two individual interviews composed of individuals experiencing homelessness and type 2 diabetes. Data was analyzed using a grounded theory approach to identify emerging concepts and emblematic themes. Objective: To identify perspectives and experiences of barriers and facilitators to diabetes management among unstably housed and homeless individuals. Setting: Urban, community settings including an American Indian community center and homeless services organizations. Population Studied: Participants (n= 26) were adults (>18 years) with a self-reported type 2 diabetes diagnosis and a self-report of homelessness. Results: Emblematic self-care themes center on practical adaptations that facilitate personal autonomy, supportive relationships, and routine medical care. Themes specifically related to diabetes self-care barriers include lack of personal security, trade-offs due to the impact of poverty on food access and medication adherence, and the on-going emotional burden from both the daily management of diabetes and the unpredictable nature of enduring homelessness, often in concurrence with comorbid illnesses. The phenomenon of the “domino effect” was also thematic: when housing was lost, a cascade of subsequent losses occurred, further undermining an individual’s capacity to manage diabetes. Conclusions: Understanding perspectives and the lived experiences of individuals experiencing homelessness and type 2 diabetes can identify practical strategies, inflection points for risk mitigation, and supportive resource facilitators to strengthen individual diabetes management. This understanding will inform the essential components of a tailored diabetes intervention delivered in partnership with community-based settings.