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Title

Feasibility and Acceptability of the Diabetes Homelessness Medication Support (D-Homes) Program for Spanish Speaking People

Priority 1 (Research Category)

Diabetes and endocrine disease

Presenters

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Abstract

Context: People experiencing homelessness (PEH) and type 2 diabetes are hospitalized more often, develop diabetes complications, and die on average 10 years earlier than their housed peers due to poorly controlled chronic physical and behavioral health conditions. This issue disproportionately impacts Spanish-speaking populations who have higher rates of housing insecurity and diabetes and for whom the national diabetes self-management guidelines do not provide culturally appropriate guidance on treatment and support. Objective: The goal of this study is to adapt the Diabetes Homeless Medication Support (D-HOMES) program for Spanish-speaking PEH living with Type 2 diabetes. Study Design and Analysis: This community-engaged study follows the ORBIT model phases 1 and 2 to implement cultural and linguistic adaptations and test the feasibility and acceptability of adapted D-HOMES program with Spanish-speaking people. Setting or Dataset: This presentation shares quantitative and qualitative findings from the Phase 2 single-arm clinical trial of D-HOMES collected in baseline and post-treatment assessments and interviews. Population Studied Participants (n=12) in this study are Spanish-speaking people with type two diabetes (HbA1c of 7.5% or higher) who have experienced homelessness or housing insecurity within the past two years. Intervention/Instrument: The D-HOMES program is a 10-session diabetes coaching program based on evidence-based models of diabetes self-management and behavioral activation. Outcome Measures: for this single-arm treatment development trial included systematic tracking of recruitment and retention efforts, staff feedback, self-reported measures and post-treatment qualitative interviews. The pilot trial's primary target was program satisfaction (via CSQ-8). We also collected targets relevant to a fully powered trial of change in diabetes medication adherence (via ARMS-D) and change in HbA1c (via a point-of-care machine). Results: We found high acceptability on the CSQ-8 with a mean of 30.5 (SD 0.34) of 32 points and 7 of 11 participants rating 31 or 32. HbA1c changed -0.91% (95% CI -0.41, 2.23, d=-0.42, p=0.154) across the group from

baseline to 3-months. Participants described enjoying the program, feeling it helped with their diabetes control, and wishing that the coaching sessions were longer. Conclusions: These results indicate that the D-HOMES program adapted for Spanish speaking people is both feasible and acceptable.

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