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Assessment of Pharmacist-Led Education for Diabetes Self-Management in Americans with Low Socioeconomic Status

Abstract

Objective

Diabetes and the complications of diabetes disproportionately affect patients of low socioeconomic status. Diabetes self-management education programs, or DSME programs, are one way to assist patients in gaining the knowledge needed to help control their diabetes and reduce the risk for complications. The purpose of this study is to obtain feedback on videos created for a pharmacist-led DSME-*like* program that will be used to educate people with diabetes that are of low socioeconomic status.

Methods

A focus group was conducted to evaluate and critique clips from three videos that featured pharmacists educating on different topics of diabetes. The first video included an explanation of the types of diabetes, risk factors, signs and symptoms, and pathophysiology. The second video provided information on the medications used to treat diabetes, including the mechanism of action, side effects, and how to take it. The third video included how to read an OTC label and information about how being sick can affect blood glucose. Participants also completed a brief demographic survey as well as a survey on the videos at the conclusion of the focus group. Participants were adults 18 years and older that were diagnosed with either diabetes or prediabetes and were either on Medicaid or did not have health insurance. In terms of the focus group procedure, one focus group was conducted which consisted of five participants. A faculty moderator led the focus group, and two student investigators took notes. The participants watched a ten-to-fifteen-minute clip of a video and then discussed it with the moderator before moving on to the next video. Data collection was done by combining the student investigators' notes and discussing them with the moderator to ensure completeness. Data analysis was completed by the two student investigators and consisted of sorting their notes into meaningful categories.

Results

All five participants felt they would utilize these videos if they were given access to them, and they also stated that they learned an abundance of new information during the videos. Three out of five participants (60%) responded that they easily understood the information in the videos, and four out of five (80%) stated that the information would help them have better control of their diabetes. When asked about accessing the videos, specifically internet access, all participants stated that they had at least one way to access the internet. However, one did not have an e-mail and therefore felt they would have trouble accessing the videos. Some felt having an additional resource to utilize while watching the videos, such as a PowerPoint handout, would be beneficial because they may be using a small screen such as their phone to watch the videos.

Conclusion

Overall, the focus group was beneficial. It provided valuable insight regarding how these videos will be perceived and utilized by patients. Regardless of if the current video content is changed, feedback from our focus group overall indicated that the videos in this DSME-*like* program were a useful and accessible tool for patients with diabetes in the low socioeconomic population.