

20TH WORLD NURSING EDUCATION CONFERENCE

May 22- 24, 2017 Osaka, Japan

Emerging models for diabetes education delivery in low-income populations

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With the rising disease burden of type 2 diabetes mellitus in the United States, new strategies for diabetes education and healthcare delivery are emerging. Peer-led diabetes group education and diabetes group visits are two models which have shown effectiveness. Homeless and low-income populations have unique challenges that may be overcome by these models. Dr. Davis has implemented these methods in homeless and low-income populations in Michigan, USA. Dr. Davis' implemented a 4-week peer-led education program in a homeless community in Grand Rapids, Michigan. These findings were recently published in the article "A peer-led diabetes education program in a homeless community to improve diabetes knowledge and empowerment" in the Journal of Community Health Nursing. Knowledge scores increased significantly during sessions covering signs, symptoms, and complications of diabetes and diabetes medications ($p < .05$). Empowerment scores after attending the 4-week program were significantly increased when compared to scores prior to the first session ($p = .027$). Field notes and postimplementation focus group support increased empowerment and knowledge among participants. Currently Dr. Davis is implementing diabetes group visits in the primary care setting at a Federally Qualified Health Center in the Metro-Detroit area. Patient cohorts complete a 7-week group visit program following the American Academy of Diabetes Educators 7 Self-Care Behaviors. Group visits consist of group education with a registered nurse and one-on-one time with the provider. The cohort then returns in 3 months for a follow-up group diabetes visit. Data is currently being collected.

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