



Texas Diabetes Prevention Education Efforts Amid the COVID-19 Pandemic

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BACKGROUND

The prevalence of type 2 diabetes mellitus (T2DM) throughout the state of Texas has continually increased over the past 10 years; reaching an estimated 2.3 million people in Texas. Diabetes prevention education programs (DPPs) provide evidence-based education for the prevention of T2DM and have been shown to help delay the progression to T2DM in at-risk adults. These educational programs, often conducted in person, have likely been affected by the onset of the COVID-19 pandemic "shelter in place" mandates along with social distancing orders across Texas. There is currently a lack of evidence on the ability of these essential chronic disease prevention education efforts to continue during the ongoing pandemic.

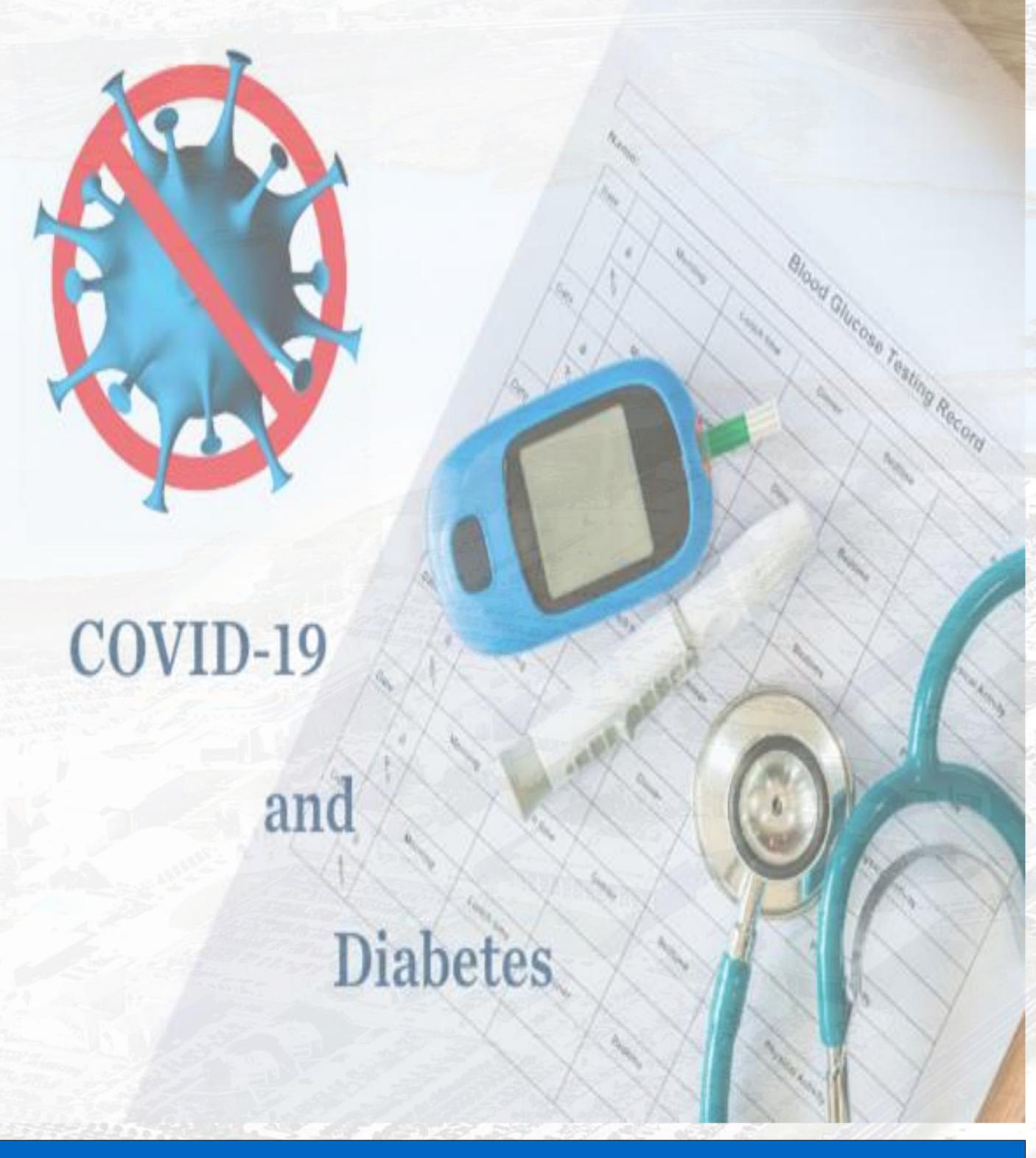
PURPOSE

The purpose of this study was to describe changes in Texas diabetes prevention education programs (DPPs) since the onset of the pandemic and to highlight barriers faced by programs and the innovations and resources employed to approach the challenge.

SPECIFIC AIMS

Specific Aim 1: To determine the extent to which Texas DPPs have been able to continue to deliver essential health promotion and disease prevention education to at-risk Texas populations during the pandemic.

Specific Aim 2: To describe common barriers faced by these DPPs during the pandemic and highlight innovations, resources and solutions used to address them.



METHODS

Design: Cross-sectional descriptive correlational study using a web-based survey including quantitative and qualitative questions. Inclusion criteria: Adult directors or administrative assistants of diabetes prevention education programs in Texas. Survey: Following University IRB approval as an exempt study, an author-created, anonymous, 26-question survey including 10 demographic questions, 11 quantitative and 5 open-ended questions was e-mailed to 64 diabetes prevention education providers across Texas. All potential participants were registered with the Centers for Disease Control and Prevention in the National Diabetes Prevention Program Registry of Recognized Organizations.

METHODS

Survey (cont'd.): An information sheet and Qualtrics link to the survey were provided. A follow-up reminder email and phone call were planned during the 3-week survey.

Analysis: Descriptive statistics will be used to describe the sample demographics and determine the percentage of programs able to continue diabetes education. Correlations will be used to determine any relationships between demographic variables and ability to continue operations. Qualitative content analysis will be used to describe common barriers encountered and innovative solutions employed by the sample.

PRELIMINARY RESULTS

Early results indicate programs offering both online and in-person classes prior to the pandemic restrictions were better able to continue close to normal operations during the pandemic, however participant attendance dropped by at least 50-75% largely due to fear of contracting the virus and lack of knowledge and experience with online platforms by the population over 65 years. Programs related, they often relied on phone calls and group chats to communicate with clients and found much difficulty in providing online classes to the elderly and recruiting new clients at this time.

POTENTIAL IMPLICATIONS

These preliminary results suggest additional and creative outreach methods are needed to continue to reach and educate older aged, and possibly socioeconomically disadvantaged populations at-risk of this chronic disease.