

Disparities in Diabetes Self Management Education

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Abstract

Objective: To examine accessibility, availability, and quality of diabetes self management education (DSME) for uninsured adults living in a community with a poverty rate of 19%.

Research Design and Methods: A descriptive needs assessment was conducted in eight healthcare settings serving uninsured adults. An interview guide was utilized to conduct interviews with 22 health care providers, educators, and administrators. Audiotaped, face-to-face interviews were used to capture descriptive characteristics about services provided, adherence to Standards for DSME programs, continuity of care, and organizational function. Interview data was used to rate the Assessment of Primary Care Resources and Supports for Chronic Disease (PCRS).

Results: At the time of this study, 29% percent of adults with diabetes in this community were uninsured or utilizing Medicaid. Only 1 in 9 received ADA Standards of Care for DSME. Education was limited to clinical encounters with providers (86%) which were infrequent and variable in duration. Education time ranged from 2 -120 minutes. At 5 sites, there was no access to DSME; Certified Diabetes Educators (CDE) were available at 3 sites. PCRS ratings showed limited organizational and patient support across settings. Only ADA recognized DSME programs met all criteria. CDE's in ADA recognized programs rated highest on the PCRS.

Conclusion: Uninsured adults or those utilizing Medicaid have inadequate access and severely limited availability of quality DSME programs which can result in devastating and costly complications. This knowledge will be utilized to increase awareness, develop new strategies for improving access and availability of DSME, and reduce health disparities for this vulnerable population.

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