Comparing the quality of an in-person versus virtual diabetes education course due to COVID 19 Pandemic

Allie Hamilton

Rickie Brawer, PhD

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Perceptions of an In Person Healthy Communities Program at SKWC and Implications for virtual platform in the context of COVID-19

Allie Hamilton, Rickie Brawer PhD*, Margaret Kushiner, Markell Bishop
Disclosures & Acknowledgments

• Thank you Dr. Brawer for giving me the opportunity to be involved in this project and for your generous support
• Thanks to Margaret Kushiner and Markell Bishop for coordinating interviews with participants
Introduction

• Nearly 13% (~320,000 people) of PA’s Medicaid recipients live in North Philadelphia
• The Department of Human Services, the City of Philadelphia, area hospitals, universities, and community partners acknowledged the need to invest in this community
• In 2016, this group established a Health Enterprise Zone in North Philadelphia with the goal to reduce health disparities, improve health outcomes, and stabilize and reduce health care costs.
Introduction

• Gov. Wolf awarded grants to 5 programs with the goal to address health disparities in children, older adults, and those who are frequent users of medical services by increasing health promotion and education in the HEZ

• Project Home (SKWC) received one of these grants to establish a Healthy Communities Program

• This program involved training CHW’s to recruit participants from the HEZ with diabetes or pre-diabetes to engage in an evidence-based healthy lifestyle program focusing on nutrition, physical activity, healthy food access, and motivational
Introduction

- To evaluate the program, Project Home choose the Jefferson Center for Urban (CUH) Health (aka Dr. Brawer)
- My role: assisted the evaluators by conducting interviews with participants to obtain a qualitative perspective for the evaluation

Inquiry Question:

(1) What are the participant’s perceptions of the in-person program?

(2) What is needed to support participants as the program transitions to an online delivery model?
## Healthy Communities Program Format

<table>
<thead>
<tr>
<th>Participants</th>
<th>Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cohort A</td>
<td>Group Lifestyle Based Program - University of Pittsburgh</td>
</tr>
<tr>
<td>10 participants</td>
<td>• Direct adaption of the NIH Diabetes prevention program</td>
</tr>
<tr>
<td>• Cohort B</td>
<td>• Includes wellness, goal setting, tracking, group programming</td>
</tr>
<tr>
<td>13 participants</td>
<td></td>
</tr>
<tr>
<td>• Cohort C</td>
<td></td>
</tr>
<tr>
<td>12 participants</td>
<td></td>
</tr>
<tr>
<td>• Cohort D</td>
<td></td>
</tr>
<tr>
<td>17 participants</td>
<td></td>
</tr>
<tr>
<td>• Cohort E</td>
<td></td>
</tr>
<tr>
<td>11 participants</td>
<td></td>
</tr>
<tr>
<td>• Cohort F</td>
<td></td>
</tr>
<tr>
<td>10 participants</td>
<td></td>
</tr>
<tr>
<td>• TOTAL</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td></td>
</tr>
</tbody>
</table>

Once a week → 10 WEEKS each → 2019-early 2020
Methods

- **Study Population:** Pre-diabetic and Diabetic patients at Stephen Klein Wellness Center (SKWC)
- **Population size:** 73 total participants, 15 interviewed
- **Study Design:** Conducted 15 interviews over the phone following an interview guide approved by the advisory board
- **IRB status:** N/A
Data Collection

- Data Collection/Analysis:
  - 15 interviews (~20 min) were conducted and recorded
  - Interviews were transcribed
  - NVIVO was used to conduct a content analysis
Results
1. Reason For Signing Up for Program

- **Nutrition Education (11/15)**
  - “I just found I had diabetes and I wanted learn more about things I should eat”
  - “I wanted to make more intelligent decisions about my food”

- **Disease Education (7/15)**
  - “I was just taking the word of my doctors and wanted to learn myself”
  - “Why my A1c goes up and down”

- **Healthy Ageing (4/15)**
  - “Wanted to learn to stay on the planet longer”
2. General Evaluation

- **Expectations Met (15/15)**
  - “Yes I left that class learning a lot more than before I started”

- **Able to make lifestyle changes (15/15)**
  - Majority expressed that they were able to eat healthier (14/15)
    - “I was only eating one time a day and I was gaining weight and now I eat 3 times a day and its better for my metabolism”
  - Others shared that they exercised more (4/15)
    - “Exercise more because of the pedometer they gave me”

- **Strongest element of the program → Group aspect**
  - Supported (9), learned from each other (7), comfortable sharing (7), welcomed (7)
  - “There was one women who didn’t want to take her meds and we encouraged her. And her and another girl paired together and called each other every day to make sure they took their meds and I could tell it made a difference”
3. Impact of COVID-19 on Lifestyle Changes

- **COVID Impacted**
  - Exercising at the gym (8/15)
    - “With COVID I couldn’t go to the gym anymore, I completely stop exercising, except for when I walked my dog”
  - More time at home leading to more snacking (4/15)
    - “because I am in the house a lot I eat a lot of snacks that I am not supposed to have”

- **Not affected by COVID**
  - Still able to buy healthy groceries (5/15)
  - Able to find alternative ways to exercise (3/15)
    - “Before the pandemic I was going to the gym a lot and now I’ve been doing seated exercises on youtube”
4. Opportunities for Improvement

- **Increased group support post program (4)**
  - “Having a buddy system would have been nice. The teachers suggested it but it would have been nice if it was actually built into the program”
  - “It would be nice to meet over zoom to hold each other accountable”

- **Longer than 10 weeks (11)**
  - “The class could have been longer, it could been ongoing forever”
  - “It went to fast If I could still be in that class I would be there now there was always something new to learn”
5. Perceptions of Online Delivery

- Participation in an online program
  - Yes (9)
    - “I think it would be great and people can show each other what they are making in their own kitchen”
    - “Yes during Covid but not if given the option before covid”
  - No (3)
    - “No I'm not that good on the computer and I like to see people in person”
  - Maybe (2)

- Barriers to participation
  - Technology (9)
    - “I don’t have zoom but I wish it could, I would love to do it if I had help”
  - Timing (3)
Conclusion

Overwhelming satisfaction with program
Group support was a major part of the success

Recommendations on Strengthening program:
Provide opportunities for group support post program
Provide opportunities for continued education post program

Considerations for online delivery
Technology is a major barrier for the patient population
Implications for Virtual Platform

- Despite an older demographic and lack of technology, participants are still interested in online program
- Resources needed
  - Computer/tablet
  - Internet
  - Technical support
- Other considerations
  - Lots of interest in a virtual support group for those who have already completed the in-person class
    - Same resources would be needed
  - Supplement curriculum
    - Exercising during a pandemic
    - Healthy eating during a pandemic
Limitations

SMALL SAMPLE SIZE (N=15)

SELECTION BIAS
Resources

University of Pittsburgh, Group Lifestyle Based Program
https://www.diabetesprevention.pitt.edu/for-the-public/


https://healthfederation.org/news-room/wolf-administration-awards-grants-projects-targeting-better-health%C2%A0outcomes-north

NVivo 12, QSR International.
Questions?