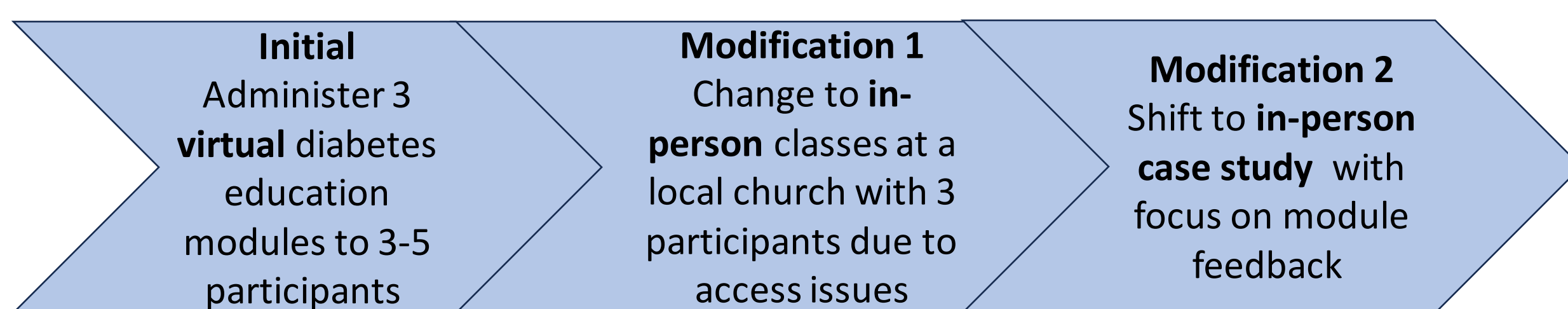


Introduction

Latinos disproportionately affected by diabetes² lack culturally relevant & meaningful education material^{3,4} & experience higher rates of complications & mortality^{1,2} Project objective is to provide meaningful diabetes classes to Latino men, with a focus on foot care

Project Iterations



Participants

- A Spanish-speaking Latino man (45+ y/o) living with type 2 diabetes
- Voluntary response sample from convenience sample, sample size of 1 participants recruited due to challenges with recruitment
- Participant encouraged to bring one friend/family member to each session

Methods

Review of three Spanish 1 hr 20-" in-person- diabetic health-management education modules	Cognitive interview focused on: <ul style="list-style-type: none"> • Personal experience with diabetes • Recommendations for improvement of modules 	Content analysis of audio recordings
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Module 1 Learning Objectives: <ul style="list-style-type: none"> • Basic understanding of: <ul style="list-style-type: none"> ○ Diabetes ○ Secondary complications ○ Foot inspection 	Module 2 Learning Objectives: <ul style="list-style-type: none"> • Identification of: <ul style="list-style-type: none"> ○ secondary complications ○ foot problems during foot inspection • Basic understanding of foot care 	Module 3 Learning Objectives: <ul style="list-style-type: none"> • Identifying: <ul style="list-style-type: none"> ○ Basics of finding a trustworthy health information source online ○ Places to get medical help locally ○ Signs of depression
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Results

Change of Target Population Recommendation

- Change target population to men who have had a recent diagnosis (1 year/less), content should be modified based on the recruited individual's technology literacy level.

Justifications

Diagnosis can occur at any age, content designed to support those recently diagnosed

New Recommended Recruitment Plan

- Word of mouth through existing communities (i.e. church community, volunteer sites, community centers/gardens, family/ friends)
- Building community relations semester before (through volunteering/ through engagement in activities of interest i.e. Sports, dance, music, fiestas)

Justifications

Rapport/trust crucial for population buy-in & participation, community support/ value of info not sufficient for continued participation

New Recommended Learning Objectives

Module 1 <ul style="list-style-type: none"> • Basic understanding of: <ul style="list-style-type: none"> ○ Diabetes ○ Secondary complications ○ Note taking strategies 	Module 2 <ul style="list-style-type: none"> • Basic understanding of <ul style="list-style-type: none"> ○ foot inspection ○ foot care 	Module 3 <ul style="list-style-type: none"> • Identification of <ul style="list-style-type: none"> ○ secondary complications ○ foot problems during foot inspection 	Module 4 <ul style="list-style-type: none"> • Identifying: <ul style="list-style-type: none"> ○ signs of depression ○ places to get medical help locally • Completion of self/assisted foot inspection 	Module 5 <ul style="list-style-type: none"> • Identifying basics of finding trustworthy health information sources online • Review of foot inspection & care
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Module Recommendations Summary

- Change length of modules to 1 hour
- Delay self-foot inspection activity to 3rd module rather than 1st
- Help individual identify support person during consent process
- Keep group size to dyad of 1 participant & their support person to facilitate comfort, question asking & learning
- Provide note taking material & give brief note taking coaching to encourage active learning & post-module learning
- Provide medical terms as supplemental material or embedded throughout module in parenthesis
- Elongate electronic literacy portion of final module & shorten overview to footcare only

Justifications

- ↑ knowledge exchange b/w lead investigator & participant to facilitate self-efficacy/autonomy/trust
- ↓ duration to accommodate varying attention capabilities & knowledge exchange
- Understand extensive impacts of diabetes so that symptoms do not go ignored →delay care
- Foundation in 1st module for independent exploration if withdraw from study
- Slower intro to foot care ↓ intimidation/fear →shut↓ participation
- Support learning during & post-modules

Conclusion

Accessibility:

- Content & language accessible to varying literacy levels
- Although visuals & color selection accessible, sizing of content presents barrier (use of full page, font size 18-20, print out rather than electronic)

Relevance to target population:

- Content relevant to Latino men with type 2 diabetes
- May want to target younger population/earlier after receiving diagnosis to better align with health literacy level & lived experience

Changes to make more meaningful:

- Provide guidance on notetaking and elongate electronic literacy portion of last module
- Identify individual's health literacy level & lived experience during recruitment process to make sure right fit

Special thanks to collaborating content mentors for ensuring project was culturally meaningful, respectful & relevant to target population

References



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Process

Module Development Process

Weekly meetings w/ content consultant (Latina-identifying, researcher & educator, extensive experience w/ population)

Recruitment Barriers identified:

- Access to technology/email
- Electronic literacy level
- Preference for in-person
- Women interest > men

Consent process

- Identified need to shorten consent process
- Literacy level as barrier

Enrollment barriers encountered

- Interest in free healthcare services vs health education
 - # of participants
- Social stigma/privacy w/ foot exam
 - Family driven interest

Revision & troubleshooting

- Computer access barrier
- Electronic literacy level barrier
- Visual impairment as barrier
- Work/life schedule impact

NAVIGATED BARRIERS

Highlights of recommendations:

Selecting project topic <ul style="list-style-type: none"> • Footcare b/c: ↑ amputation rate → ↑ higher mortality & consecutive amputations • OT b/c foot-self inspections are health- management skills → education, habit development, & modifications • Hispanic men b/c ↑ impacted than Hispanic women & ↓ likely to seek help/education 	Considerations <ul style="list-style-type: none"> • Virtual b/c possible transportation & scheduling barriers • Family inclusion to ↑ attendance, address cultural preferences & accountability • recruitment via church to reach individuals lack access to healthcare/healthcare distrust • Spanish ↓ language barriers • East Boston b/c ↑ Hispanic density & ↑ diabetes 	Design <ul style="list-style-type: none"> • PowerPoints/infographics ↑ visual ↓ wording to ↑ accessibility for ↓ literacy levels • Simple language • Inclusive visuals • audio recording to facilitate transcription & thematic analysis • 4-6 participants ease of interpersonal facilitation 	Materials <ul style="list-style-type: none"> • weekly goal to encourage ↑ diabetes management • slow intro to foot care practices & delay showing graphics of foot complications due to potential for distress/fear → w/draw • Provide local resources to ↑ accessibility • Provide trustworthy websites to counter misinformation & support future learning
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