

Virtually Prioritizing a Community's Needs: What Would Make it Easier for People who are Experiencing Homelessness to Manage Their Diabetes?

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DOI: 10.15273/hpj.v3i4.11597

Abstract

Introduction: During the pandemic, a group of people with lived experience (co-researchers) was convened for a community-based participatory research (CBPR) project in Calgary, AB that aimed to explore and address barriers to managing diabetes while experiencing homelessness. The group met bi-weekly using a videoconferencing platform on internet-enabled tablets. **Objectives:** Our aim is to explain the process we undertook to virtually engage in priority setting to identify a research priority for the CBPR project. **Methods:** Co-researchers participated in 17 focus group discussions about barriers to managing diabetes while experiencing homelessness, following which they were asked to brainstorm responses to the question, "What would make it easier for people who are experiencing homelessness to manage their diabetes?" In subsequent meetings, the responses were grouped to form categories. From those, the group chose the priority using a modified nominal group process, which involved sequentially ranking, then rating the categories. Ranking involved picking 1st, 2nd, 3rd and 4th choices, and rating involved distributing 0 to 10 points amongst the categories. **Results:** Seven categories were formed: Healthcare; Screening for Diabetes; Housing and Shelter; Access to Medications and Supplies; Healthy Food; Diabetes Awareness; and Diabetes Education. Among these, Diabetes Awareness was given the most votes during the ranking and the most points during the rating exercises. Therefore, this is the topic our research will be focused on. **Conclusion:** We will conduct research for the purpose of increasing diabetes awareness, among shelter staff specifically, and use forum theatre and a short narrative film to share the findings.

Keywords: Diabetes; Homelessness; Diabetes stigma; Priority setting



Virtually Prioritizing a Community's Needs

What would make it easier for people who are experiencing homelessness to manage their diabetes?

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Background

8% of people experiencing homelessness have diabetes (1).
Homelessness creates unique challenges to diabetes management (2).

Working with people who have diabetes and lived experience of homelessness can help design relevant research projects to address these challenges (3).



The **Calgary Diabetes Advocacy Committee (CDAC)** is a group of seven co-researchers (people with lived experience of homelessness and diabetes), a graduate student, a research staff, and an endocrinologist (lead investigator) conducting community-based participatory research in Calgary, AB.

- We aimed to determine the focus of our participatory research project, by completing the following 4 steps:

01

Virtual Focus Group Discussions

- Seven co-researchers were given internet connected tablets to attend 17 focus group discussions over a teleconferencing platform during the COVID-19 pandemic.
- We discussed barriers to diabetes management in the context of homelessness until co-researchers felt each barrier they identified had been fully discussed.
- Discussions were facilitated by a person with diabetes and lived experience of homelessness and an endocrinologist.

02

Brainstorm

Seven co-researchers independently answered:
"What would make it easier for people who are experiencing homelessness to manage their diabetes?"

The research staff and graduate student collected answers over one week through e-mail, phone, or text.

03

Virtual Organization Meetings

24 responses were independently generated → Responses were combined, discussed, & grouped over 4 meetings → 7 categories were formed:

1) Healthcare

A permanent clinic for people with diabetes experiencing homelessness should exist, where people can feel comfortable and safe and share their health concerns and stories without feeling judged.

2) Screening for diabetes

Shelter clients should be given the opportunity to be screened for diabetes using a blood test for HbA1C onsite at the shelter.

3) Housing and shelter

First and foremost, tackle the issue of homelessness. People can't focus on their diabetes without a home.

4) Access to medications and supplies

People should have the ability to access medication and supplies for free or at a significantly reduced cost.

5) Healthy food

Shelters should focus on soliciting donations of fruits, vegetables, and protein sources from donors instead of commonly donated foods that are high in carbohydrates.

6) Diabetes awareness

Shelter staff should have some training on diabetes management, particularly how to spot episodes of high or low blood sugars. People need to feel safe, respected, and appreciated, not stigmatized.

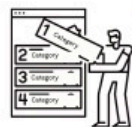
7) Diabetes education

Deliver diabetes education at shelters to alleviate the stress and anxiety that impacts those living with diabetes so they can focus more on their diabetes management.

04

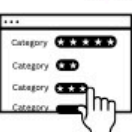
Virtual Prioritization Meeting

Co-researchers first ranked and then rated categories to identify the committee's priority:



Ranking

Number of votes given to 1st, 2nd, 3rd, and 4th choice of the 7 categories



Rating

0 to 10 points assigned in any amount to any of the 7 categories

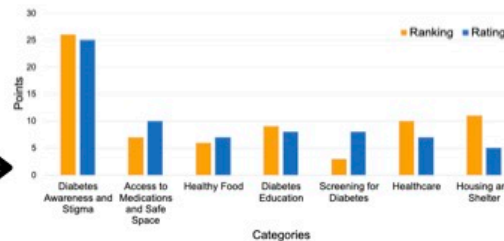


Figure 2: Points assigned to each category during ranking and rating activity

Diabetes Awareness

After some discussion the group chose to use:



- to bring awareness to:
- shelter staff
 - healthcare providers
 - the public

This research was approved by the Conjoint Health Research Ethics Board at the University of Calgary (Ethics ID: REB20-0164)

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