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Identifying best approach for implementing structured education for people with type 2 diabetes living in remote and rural communities

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Background

Although a number of education programmes have been devised specifically for people with type-2 diabetes, there is little evidence relating to patient preferences for mode of delivery and in particular access to diabetes education in remote and rural area.

Current models such as group sessions may be less feasible in lower population non-urban areas due not only to geography but also to potential participant numbers and access to appropriately trained health care professionals.

Study Aim

To engage with service users and HCPs in remote and rural areas of Highland and the Western Isles to explore how digital technology might support delivery of structured education.

Methods

A mixed methods approach was used.

A questionnaire was distributed to all people with type-2 diabetes in Highland who were on the Scottish Diabetes Research Network (SDRN) register whose postcode identified them as living in urban-rural classification 4 (Remote Small Towns), 5 (Very Remote Small Towns), 7 (Remote Rural) or 8 (Very Remote Rural) (Figure 1).
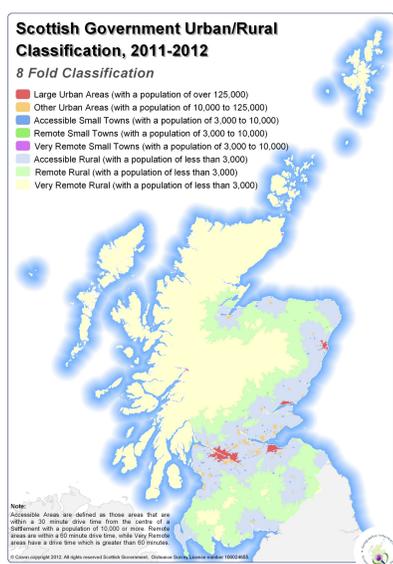

Figure 1
Scottish Government Urban/Rural Classification, 2011-2012.

Focus groups were carried out in Highland and the Western Isles.

Initial focus groups gathered the thoughts and views of participants on diabetes education and how technology might be used to support it. Subsequent focus groups explored how technology could support provision of structured education and were informed by both initial focus group outcomes and questionnaire results.

Outcomes

Completed questionnaires (158, 49.2%) were returned and analysed.

Figure 2 shows the distribution of respondents across the Highlands and Western Isles. Of those questionnaire respondents who used the internet (68%), 86.8% indicated that an online website would be an acceptable way of accessing education (Table 1), with 54% indicating that they would prefer a digital approach over face-to-face group sessions.
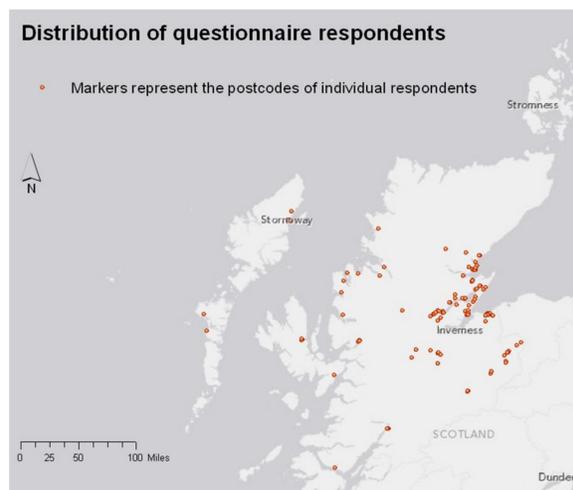

Figure 2

Map showing distribution of questionnaire respondents across the Highlands and Western Isles by postcode.

TABLE 1
Acceptability by service users of different technologies for delivery of diabetes education (internet users only)

Technology	Yes (%)	No (%)	Not sure (%)
On-line website	86.8	5.7	7.5
Tablet apps	29.9	52.9	17.2
Video conference	16.7	53.8	29.5
Smart phone apps	16.5	56.5	27.1
Interactive digital TV	14.1	55.3	30.6
Games console	1.2	82.9	15.9
Virtual world	0	78.0	22.0

Nine service users participated in focus groups in Fort William and Stornoway.

Key attributes of online approaches identified by focus groups were

1. Provision of trusted sources of information,
2. Delivery by HCPs
3. Separate areas for recently diagnosed and those who have been living with the condition longer term
4. The ability to ask and respond to questions

Conclusion

An online approach to delivering structured education is acceptable to service users provided that a number of key attributes are incorporated.

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