

CONFERENCE ABSTRACT

Evaluation of goal-setting/action planning in a diabetes group self-management education programme for people with type 2 diabetes (DESMOND) in Ireland and England

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Máire T O'Donnell¹, Rosie Horne², Marian E Carey², Melanie J Davies^{2,3}, Sean F Dinneen^{1,4}

1: Discipline of Medicine, NUI Galway, Ireland;

2: Leicester Diabetes Centre, Leicester General Hospital, United Kingdom;

3: Diabetes Research Centre, University of Leicester, United Kingdom;

4: Diabetes Centre, University Hospitals Galway, Ireland

Introduction: Diabetes self-management education (DSME) aims to empower people to engage in effective self-management behaviour and behaviour change. Goal-setting/action planning has been incorporated into many DSMEs to facilitate behaviour change. However, this component of DSMEs is understudied.

Using DESMOND as a model of a DSME, this study measures the number of people who have identified a behavioural change goal and completed an action plan to meet their goal on completion of DESMOND and how successful they have been in sustaining an action plan.

Methods: Copies of completed goal-setting/action-planning forms were collected from participants following completion of DESMOND. Postal questionnaires were sent to participants at one week and at three months following DESMOND to assess individual factors associated with identifying goals and setting and sustaining of action plans.

Results: 55% (279/511) of DESMOND attendees agreed to participate in the study. Four withdrew, leaving 275 for analysis purposes.

Of the 275 included in the analysis, 92% (n = 253) completed a goal-setting/action plan within one week of completion of DESMOND. 87% (n = 220) selected one or more goals they wanted to target. The most common goals targeted were reducing weight (49%), lowering blood glucose (35%) and lowering cholesterol (26%). Over two thirds included physical activity in their action plan with 24% combining it with dietary changes. 27% of participants focused on diet alone.

68% (186/275) of participants returned a three month questionnaire of which 92% (n = 172) responded to the question on whether they were still working on an action plan. 96% (n = 165) indicated that they were still working on an action plan. 87% were successful in sustaining

their action plan with 16% (n = 26) meeting their action plan always and 71% (n = 116) meeting it usually.

Discussion: Our results suggest that goal-setting as part of a DSME can lead to behaviour change with the majority of participants sustaining an action plan three months following completion of DESMOND. Over two thirds of people included physical activity as part of their action plan.

Conclusion: The majority of participants reported successfully setting and sustaining their behaviour change action plan three months following completion of DESMOND.

Lessons learned: Goal-setting as part of a group education self-management programme is acceptable to participants with the majority completing and sustaining their action plans.

Limitations: Participants may have been more likely to complete an action plan than if they were not taking part in the study. Successful behaviour change was based on self-report which may have resulted in some successful behaviour change being reported because of social desirability. The percentage of successful behaviour change may have been overestimated as it was only evaluated in those who returned a 3 month questionnaire. Those lost to follow-up may have been less likely to have sustained their action plan.

Suggestions for future research: The key mechanisms that lead to the successful initiation and sustainment of behaviour change in the real world needs to be better understood in people with type 2 diabetes.

Keywords: type 2 diabetes; self-management education; empowerment; goal-setting; action-planning
