Engaging Community Stake holders to Adapt Home Telemonitoring Interventions forPatients in Underserved Communities: A Community-Based Participatory Research (CBPR)Approach

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INTRODUCTION:

Why adapttele monitoring programs? Studies suggest that

developing culturally tailored interventions may improve patient satisfaction, program adherence and ultimately, clinical out-comes. We will discuss qualitative study approaches (i.e., ADAPT-ITT) to adapting home telemonitoring programs using Community Based Participatory Research (CBPR) forunderserved Hispanic patients with Type 2 Diabetes in the NewYork Metropolitan Area, with the goal of optimizing programusability.

Whatis CBPR?

What is the ADAPT-ITT model?

MATERIALSANDMETHODS:

Conducted in 2019, this qualitative study was thefirst of itstype in Type 2 Diabetes (T2D) Home Telemonitoring. Using the ADAPT-ITT frame work through a community-based participatory research (CBPR) process,adiabetes community advisory board(CAB)was establish edtotailorthe intervention for the population being studied, with the goal of optimizing program usability. The role of the CAB was to advise the study team on all aspects of study design, implementation, evaluation and dissemination. More specifically, the CAB was responsible for program tailoring, for identifying factors impacting acceptance/feasibility among this population and to reduce the impact of such factors on usability. Data reported herein were collected

during focus group sattended by CAB members in the New York Metropolitan Area, including: HispanicT2D patients and caregivers;clinicians,patient advocates and health policyrepresentatives. Following a general needs assessment, Patient and provide radvisory sub committees met separatelyto review the intervention. Each session was audio recorded in private conference rooms.Written text was code from the data. Ethical considerations: The study was granted exempt Status from the Northwell Health Institutional Review Board.

Results:

Based on the analyzed data from focus groups, structured interviews and a pilot study conducted during the formative study phase, we found that adaptation needs focused on woman jorareas: Changestothe Intervention (e.g.,equipment)and Changes to RCT Study Design Process.While over all the mes included better translations, cultural sensitivity and educational resources ,patient feedback emphasized CulturalTranslations, Cultural Educational Videos,Cultural Foods and Tablet Adaptations such as font size and privacy screens

CONCLUSION:

This formative study allowed the research team toadapt the intervention and RCT study process to maximize the effect oftelemon it oringin H/L under served populations. This pilot study provided user feed back for more effective recruitmentstrategies and study operations. Win good and Clemente's ADAPT-ITT framework can be used to adapt a remote diabetes tele monitoring intervention to reach patients who are most likely to experience accessissues ,with the ultimate goal of keeping patients healthy at home.

BIOGRAPHY:

Renee Pekmezaris is an applied research psychologist and Vice President for Community Health and HealthServices Research at Northwell Health. At Northwell Health, one of the largest integrated health systems in theUnited States, sheis responsible for designing and implementing community- based research studies to improvequality of life for patients living with chronic illness across a range of clinical and community based settings inthe New York metropolitan areaand has authored over 100 peer-reviewed publications inthis area. She as extensive experience carrying out-patient centered,community-basedresearchinvestigationsaimedatim provingqualityoflifefor patients with chronicillness.