**Education program to Help People from a Black Ethnic Minority Background to manage their Type 2 Diabetes in Primary Care Setting and the Community**

**Introduction**

The aim of this assignment is to help people from a Black Ethnic Minority background to manage their type 2 diabetes in primary care setting and the community. The dissertation aims at implementing an education program that will help in enhancing self-management of diabetes, especially among the Black community in the UK. Therefore, the paper will aim at improving care for T2D patients by designing and implementing Diabetes Self-Management Education (DSME) that applies the Chronic Care Model in the provision of education and support. The paper will then highlight how the improvement will be implemented and the objectives of the improvement. The article will outline the management theories and policies that need to be changed in order to help in applying the improvement in T2D. Moreover, the goal of measuring and evaluating the improvement plan is to determine how it is enhancing patient safety and outcome among the Black community. Measuring the outcome of a healthcare improvement is essential to assess its effectiveness.

The topic is important in relation to patient safety or/and outcome such as patient satisfaction, patient experience and quality of life among others. T2D is a main priority and concern for UK public health. Diabetes is a persisting chronic condition that leads to notable mortality and morbidity in the UK (Goff, 2019). Lack of successful and effective management of the condition leads to end-stage complications such as neuropathy, retinopathy, kidney failure, stroke, and heart disease. 3.7 million or 5.6% of the UK population have T2D (Jang et al., 2018). However, the prevalence among the minority group is disproportionately high roughly 3 to 5 times higher than the majority population (Goff, 2019). Health disparities and ethnic inequalities due to different health beliefs and attitudes, cultures, dialects, languages, and religions lead to adverse outcomes and poor patient safety. Change and improvement in DSME are crucial since NHS uses£2.5 billion annually in treating diabetes and older and middle-aged people are at risk due to combined impacts of increasing insulin resistance and impaired pancreatic islet function with aging. Poorly also managed T2D leads to nerve damage, heart disease, hypertension, and kidney disease and therefore it lowers family member well-being as they experience anxiety and stress concerning the well-being of their patient. Furthermore, current DSME programs are ineffective since it is not patient-centred and healthcare providers are unable to understand patients well (Powers et al., 2017). The current education programs does not involve collaborative approaches and different stakeholders in handling the situation. Due to inadequate reimbursement, inadequate health care personnel and insufficient time leads to lack of involvement of other health care providers such as dietitians, nurses, pharmacists, therapists, general practitioners, and caregivers. Moreover, the current DSME programs do not encourage inter-professional collaboration. Therefore, this paper will discuss the current state of diabetes self-management education (DSME), plan to improve DSME, implementation of the plan, and evaluating the change or improvement.

The need for a safety and quality improvement plan infuses health care. According to Wold Health Organization, quality healthcare is the extent whereby health services and support for populations and individuals improve the likelihood of attaining desired outcomes or results and are compatible with contemporary professional knowledge (Kosmala-Anderson et al., 2014). Patient safety is the absence of patients harm and prevention or elimination of unnecessary adverse events by healthcare providers. Since patient outcome and safety is an integral element of nursing practice, nurse leaders play a crucial role in leading, changing, and managing practice through creativity and innovation to enhance patient care in different healthcare settings (Majeed‐Ariss et al., 2015). , nurse leaders are crucial in helping the Black ethnic minority population to self-manage T2D in the community and primary care. Nurse leaders act as patient advocates and ensure patient needs, feedback (both negative and positive), concerns, and experience are constantly attended to. Moreover, they provide compassionate, empowering, respectful, fair, empathic, available, and supportive leadership crucial in promoting change and improvement through innovation. Nurse leaders also promote, hear and act on staff voice within the healthcare setting, and offer practical support for employees to innovate and improve healthcare (Powers et al., 2021). Nurse leader will aim at understanding and communicate individual and community needs, offer support to diabetes patients, ensure equity and fairness in healthcare facilities and provide education in managing T2D. Needs of Black ethnic minority population in improving self-management of diabetes include easy access to health care facilities, education, and support among others. In UK, it is evident that health disparity occurs due to several barriers such as discrimination in the population. Diabetes is very common among the Black community in UK. Therefore, nurses are valuable asset in promoting change and improvement that will enhance health equity. Besides, nurses are able to shape health of patients on community and individual level. Nurse leaders will help in ensuring the end outcome of better DSME for all members in the society.

However, it is crucial to evaluate improvement or change initiatives in order to ensure that the plan addresses the needs of all healthcare stakeholders (Toukhsati et al., 2015). Lack of adequate and clear guidance can result in designing and formulating improvement and change in an education program that does not improve the current situation. Moreover, this program should be context-specific, adaptive, and iterative (Okeya & Brundrett, 2016). Therefore, for the improvement or change to be successful, it is important to understand the current situation within healthcare, the weakness and strengths of the current approach, and ways to improve it. In this, nurse leaders together with other healthcare teams can identify the rationale and service gap for improvement or change. Comparison of the current approach and recommended initiative of promoting patient safety and outcome is crucial. Therefore, involving various stakeholders such as NHS, the government, health care providers and BAME community (most important stakeholder) in designing diabetes self-management education beneficial to the Black community in the UK. To get patients feedback, nurses will conduct surveys, and bi-weekly follow-ups to determine the extent of patient’s understanding. Nurses can involve BAME community in innovation through encouraging ideas and opinions on how DSME programs should function and operate.

**Context and Background**

**Current Healthcare Challenges**

Type 2 diabetes is a burdensome and complex illness that requires people with the condition to make various daily choices regarding medications, physical activity, lifestyle, and food (Okeya & Brundrett, 2016). Thus, Diabetes Self-Management Education provides a cornerstone to help individuals with diabetes to handle these activities and decisions to improve patient safety and outcome. DSME offers the support needed for sustaining and implementing coping behaviors, skills, and knowledge to self-manage the condition daily (Chatterjee et al., 2018). However, despite general acceptance and proven benefits, the number of people from Black ethnic minority groups who received diabetes self-management education is low. Only 3 people out of 20 Black people received diabetes education. Both healthcare providers and the Black community experience various challenges that hinder them from providing and accessing DSME respectively (Hurley et al., 2017).

Due to several barriers such as religion, beliefs and languages among others, there is a huge service gap in DSME which leads to Black people are left out of the diabetes education in UK (Hermanns et al., 2020). The cultural or ethnic barrier is a common challenge in healthcare. Varying cultural attitudes and beliefs towards type 2 diabetes make it difficult for nurses and healthcare providers to deliver effectively and quality DSME (Pal et al., 2018). These health care beliefs influence people’s perception and approaches to diet, medicine and general health. For instance, some communities may avoid taking milk, fish and lean meat, which are crucial in managing diabetes. Moreover, the language barrier is another challenge that nurses and healthcare providers face. English is the most used language in the UK. However, some people may not be able to read and speak it well. As a result, nurses and the community may misunderstand each other, reducing patient outcomes and safety. Furthermore, staff insensitivity to people's concerns and illness leads to discouragement and distress. Many staff are insensitive due to lack of education, skills, competence, support, cultural knowledge, and shortage of employees among other factors (Harris et al., 2018). Nurse education is crucial in improving competence, skills and knowledge. Lack of nurse education and support leads to poor skills, cultural knowledge and competence in nurse setting. NHS and government should always offer support to nurses with adequate resource allocation. Lack of important resources such as adequate nurses and funds makes the available nurses insensitive to patient needs, as their aim is to attend to as many patients as possible and not providing quality care. Furthermore, healthcare facilities lack adequate resources for providing quality DSME. Therefore, current DSME programs utilize a one-size-fits-all strategy when delivering care to minority groups despite the dynamic and large variations (Jain et al., 2020). One-size-fits-all strategy is ineffective since it does not recognize individual needs and generalizes all the beneficiaries. Moreover, it provides protocols, checklists, toolkits, and guidelines that nurses should use on every patient. Rather than one-size-fits-all approach, patient-centred care is key in improving patient safety and satisfaction.

**External and Internal Drivers for Change**

In the UK, there are various drivers for change and improvement while providing diabetes self-management education. The UK clinical guidelines such as NICE guideline claim that care and management for adults (aged 18 and over) with type 2 diabetes should focus on patient education, dietary advice, managing cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications. Therefore, healthcare education programs such as diabetes self-management education programs should be culturally sensitive as a key foundation of addressing ethnic inequalities and health disparities in health care access (Saha et al., 2017). Patients also identify culturally-tailored healthcare as a priority and area of concern (Olesen et al., 2020). Therefore, the existing guidelines require DSME programs to involve various stakeholders such as community leaders, community settings, healthcare practitioners, and patients in order to deliver quality and effective education programs. The current education programs are yet to meet these requirements, thus encouraging change and improvement.

Moreover, health care facilities providing DSME programs should have documentation of their goals, mission statement, and organizational structure and should support and identify quality and effective DSME as a crucial element of diabetes care (Winkley et al., 2018). As a result, this documentation can contribute to the effective and efficient provision of support and services. In the business sector, case reports and case studies emphasize the significance of managerial support, defined roles and relationships, and clear objectives and goals (Winkley et al., 2018). While the concept is new to the healthcare setting, health care experts have started to emphasize its importance in improving patient safety and outcome. The documentation process can result in the effective and efficient delivery of DSME, encourage communication among healthcare teams and enhance collaboration approaches (Winkley et al., 2018).

In addition, DSME programs should aim at promoting quality in order to eliminate health disparities and health inequalities. Therefore, the program should include individuals with diabetes, the community members, healthcare experts, government bodies, and healthcare policymakers among others (Ross et al., 2019). New and established systems such as advisory groups, governing bodies, and committees offer a mechanism and forum for exercises that aim to sustain and guide DSME programs. Wide participation of various stakeholders at the initial stage of development, planning, and assessment of outcomes can improve skills and knowledge about Black ethnic community groups and promote joint decision-making and collaborations (Ross et al., 2019). The outcome is the DSME initiative that is more responsive to patient needs and concerns, has the interest of the targeted group, is culturally sensitive and relevant, and patient-centered. Moreover, DSME programs encourage follow-up essential in managing diabetes. The programs should be responsive to changes in psychosocial interventions, changing healthcare settings, educational approaches, treatment strategies, and knowledge.

In addition, NHS policies and recommendations encourage DSME programs to involve various health care providers such as dietitians, nurses, pharmacists, therapists, general practitioners, and caregivers among others. The healthcare providers should have recent experiential and educational knowledge, education, and preparation in diabetes education and management and must continue learning and exploring more on the field (Hailu et al., 2021). Traditionally and even many current DSME programs, dietitians and nurses provide diabetes education. However, due to changes in a healthcare setting such as medical nutrition therapy emergence, expansion of diabetes educator role, and prevalence of diabetes, having various diabetes educators is key (Hailu et al., 2021). These changes encourages involvement of various health care professionals such as registered dietitians, nurses, pharmacists, physicians, podiatrists, optometrists, ophthalmologists, exercise physiologists, and therapists. They all collaborate to deliver links, behavioral support, and information in DSME programs.

Institute for Healthcare Improvement (IHI) is also a useful driver for improvement in DSME. IHI is a non-profit and private entity that aims at improving health care across the globe by offering resources and tools to partner with other entities through advisory services, conferences, and training sessions (Nelson, 2019). Besides, they enhance partnership networks to refine and develop health reform ideas or concepts. Most of their activities and programs consist of partnering with other leaders and organizations in the health sector. The global scope of IHI is improving effectiveness, equity, efficiency, and safety (Nelson, 2019). Thus, IHI is at the forefront of improving the self-management of type 2 diabetes. Therefore, the entity encourages healthcare facilities to collaborate and develop tools important in improving patient outcomes and safety.

Furthermore, NMC code of conduct expects nurses to be leaders throughout their working period. Nurses should always take the lead in providing effective and safe health care and take part in innovating, changing and improving delivery of care throughout their career. The code highlights that as segment of enhancing trust and professionalism, nurses should offer leadership to ensure protection of individuals’ well-being and to enhance their experiences in healthcare system. Therefore, healthcare organization have a mandate of supporting nurses in order to improve services and support to Black community. Black people being left out of DSME, it is the responsibility of nurses to improve services and address this services gap. Furthermore, nurses are aware that other parties such as the community, family and healthcare providers have a valuable contribution in improving patient safety.

Therefore, the paper proposes designing and implementing DSME that applies the Chronic Care Model in the provision of education and support. The initiative will encourage patient-centred care rather than one-size-fits-all strategy. As a result, nurses will be able to interact and understand individuals with diabetes on a personal and family level. Moreover, they will be able to encourage Black people in participating in DSME programs. Black community will feel considered and appreciated in the society. Consequently, there will be an increase in number of Black people participating in DSME programs.

**Proposed Change in DSME**

Effective DSME programs are an effective tool in improving knowledge and awareness and learning behavioral approaches to manage type 2 diabetes (Coxon et al., 2020). The programs aim at empowering patients to manage their conditions and utilize various skills to handle new challenges. Effective DSME programs lead to a beneficial impact on healthcare utilization, health behaviour, and health status of patients reducing healthcare costs of treating diabetes patients. Moreover, the programs lead to reduced diabetes medication needs, improved exercise, and dietary habits reduced blood pressure, increased knowledge, improved weight management, and better glycaemic management. Therefore, the proposed change in DSME is designing and implementing DSME that applies the Chronic Care Model in the provision of education and support (Schinckus et al., 2021). The model will present a foundation for managing T2D based on a set of six crucial components that a coordinated health care team addresses in parallel. The six important elements include community resources, decision support, clinical information systems, delivery system design, self-management support, and health system (Holder, 2018).

Moreover, the model will encourage collaboration of various healthcare experts, patient-centred care, culturally sensitive care, responsiveness to patient needs, and utilize recent technologies in the provision of education. Such change will be crucial in improving the current DSME programs and enhancing patient outcomes and safety. For instance, the DSME program will educate patients on how to utilize technologies and systems such as flash glucose monitoring, insulin pumps, and test strips and monitors in diabetes self-management. Moreover, the proposed change aims at improving DSME and eliminating health disparities and health inequalities. Furthermore, one key area in the management of type 2 diabetes is self-management support which starts with collaborative goal setting. Self-management support is a crucial part of the Chronic Care Model, thus it will be crucial in improving DSME programs (Holder, 2018).

**Discussion**

**Leadership/change management strategies and role of the nurse**

Leadership and change management strategies are crucial in implanting any change or improvement in the healthcare facility. Besides, any change and improvement require nurses to eliminate old behaviors and practices, learn new ones and adopt new workflow or processes as their new behavior (McCarter & Beckering, 2019). Therefore, an effective leadership strategy for the proposed improvement is the transformational leadership approach. The leadership style will be crucial since it will focus on empowering nurses to actively participate in initiating the improvement of DSME programs. As a result, nurses will play a crucial role in enhancing patient safety and outcome. Using a transformational leadership strategy will enable healthcare leaders to share leadership processes with nurses across all levels (Kashani et al., 2020). Moreover, transformational leadership encourages change and improvement, and nurses can demonstrate leadership regardless of their position. Nurses regardless of their position in a health care facility should demonstrate leadership qualities throughout their career, which is important in delivering quality and safe care as well as improving and changing health care system. Consequently, involving nurses in the leadership process will reduce barriers to implementing the proposed change in the DSME.

In addition, transformational leadership will inspire and motivate nurses to strive towards the attainment of equality, efficiency, and safety of healthcare among the Black community in the UK. The approach creates and sustains trust among healthcare leaders and nurses, thus reducing the discomfort and uncertainty of proposed change (Jambawo, 2018). Open and honest communication is essential for organizational change. Furthermore, a transformational leadership approach will help in managing the change process in DSME through actively involving nurses and technologies in the process. Besides, training is a key component of the transformational leadership approach which is also important in successful change. Training of nurses is key in DSME programs for them to be able to utilize their knowledge, competencies, and skills to offer effective care and support to type 2 diabetes patients (Jambawo, 2018). The culture and literacy level of patients from the Black community is a key barrier to effective DSME programs. Therefore, training will help nurses in how to handle various adverse events while providing support and care services to patients. Therefore, a transformational leadership approach will be crucial in is designing and implementing DSME that applies Chronic Care Model in the provided education and support to type 2 diabetes patients (Jambawo, 2018).

Additionally, the improvement process will utilize Lewin’s Change Management Model to implement the change. The model is key in understanding human behavior since it relates to patterns and change of resistance of change. Lewin's Change Management Model comprises three different stages namely; unfreezing, moving, and freezing or refreezing (Saleem et al., 2019). The model will aim to recognize factors that will hinder or promote change in DSME. When healthcare leaders fully comprehend what behaviours oppose or drive change, then strive to reinforce the positive driving factors, change or improvement will occur successfully. Therefore, in the unfreezing stage, health care leaders will focus on understanding the challenges connected to the identified issue (DSME) and strategies developed (incorporating Chronic Care Model in DSME) (Saleem et al., 2019). In other words, the phase will help in creating and assessing the need for improvement and change in DSME. In this phase, participation and effective communication between health care leaders and nurses are crucial. Healthcare leaders need to communicate the importance of the improvement or change to the nurses as well as its benefits. On the other hand, nurses need to communicate their opinions and thoughts regarding the change. As a result, the proposed change will be implemented successfully and have positive impacts on patients with type 2 diabetes.

The second phase is the moving stage that involves the actual implementation of the change. Implementing the Chronic Care Model in DSME will be crucial in improving patient safety and outcome among the Black community with type 2 diabetes. Chronic Care Model in DSME will necessitate a collaborative, personalized way to design, deliver, plan and assess health care and support that is collectively beneficial to the Black community, families, patients, and professionals to surpass obstacles and reduce gaps or niches between current and anticipated performance level of type 2 diabetes (Saleem et al., 2019). Specific educational programs for a particular population that incorporates literacy skills, religion, language, and culture will positively impact patient outcomes and safety. As a result, advantages from cross-discipline and concurrent CCM knowledge application and incorporated policies will be crucial to the establishment of better social change in tackling and managing type 2 diabetes among the Black community in the UK. Nurses will play a crucial role in improving the self-management of type 2 diabetes among the Black community in the UK.

The final stage of Lewin's Change Management Model is a refreezing phase. Health care leadership and management will continue stabilizing and managing the change and ensuring the sustainability of the improvement. Moreover, healthcare leaders and managers will reward, motivate and inspire nurses to utilize acquired knowledge and experience to promote self-management and diabetes care (Saleem et al., 2019). Continued support ensures that the implementation is successfully applied. For future reference, the stage will encourage performing the assessment and summary of issues experienced and benefits realized. The stage ensures that nurses are well equipped to provide effective care and support to diabetes patients.

**Delivery Plan**

Culturally designed DSME that incorporates Chronic Care Model will be delivered in two ways; peer-assisted and nurse-led modes of delivery. The two delivery modes encourage a multidisciplinary team model or approach to type 2 diabetes support, education and care. Peer educators or counselors will contribute effectively as a section of the DSME team providing care and support to the Black community in the UK (Angkurawaranon et al., 2020). Nurses will be responsible in identifying peer educators. The peer educator will first act as an assistant to nurses in the first diabetes self-management education session. However, the peer educator will lead the refresher session after six months. Nurse leaders will support and supervise peer educators. Peer educators will be effective if they receive proper training in emotional support, group facilitation, diabetes management, and self-management skills. Moreover, health care management will ensure supervision of peer educators and support from a healthcare professional or diabetes educators in order to tackle questions and problems that are beyond their knowledge or training (Jimenez, 2021). Peer educators are effective in providing diabetes self-management education and support since they reduce health care costs or expenses while enhancing healthcare coverage (Piatt et al., 2018). Therefore, utilizing peer-educated or peer-led education programs will be an inexpensive and effective modes to assist diabetes patients to manage their chronic situations (Angkurawaranon et al., 2020).

Therefore, peer educators will provide informational, appraisal, and emotional support to people with diabetes (Piatt et al., 2018). Furthermore, peer educators will have experiential knowledge of diabetes and have similar conditions or features as the target group to effectively address the issue. Thus, peer educators will be people with diabetes or a family member who has the condition (Angkurawaranon et al., 2020). They will play a crucial role in the management of diabetes among the Black community in the UK by facilitating, identifying, discussing, and sharing behaviours that will eliminate barriers to self-care and care, and improve diabetes self-management (Piatt et al., 2018). Peer educators will aim at equipping or providing patients with skills, support, and knowledge to manage type 2 diabetes (Jimenez, 2021). They will accomplish their tasks through informal meetings with the patients through telephone contact or in-person interactions (Grant et al., 2021).

The other mode of delivery will be nurse-led DSME. Nurse-led DSME will be geared not only towards supporting self-management approaches but also towards reducing resource utilization and healthcare costs, through prevention or reduction of diabetes-related conditions (Hailu et al., 2021). The long-term goal or objective will be attained in various ways. First, one-on-one DSME with patients as well as families using standardized, evidence-based materials and content and comprehensive teaching concerning fundamental diabetes self-management techniques such as reducing risks, solving problems, taking medications, utilizing healthy and effective coping tools, glucose monitoring, physical activity, and nutrition (Jimenez, 2021). Secondly, bi-weekly follow-ups (less or more often depending on patients’ desires and needs) will be crucial (Angkurawaranon et al., 2020). The follow-ups will be between nurses and patients to evaluate patients’ barriers, needs, and progress (Lee, 2018).

In addition, nurse-led DSME will involve collaborative care with the engagement of the Case or Care Management team or group to tackle psychosocial obstacles that patients from the Black community experience and struggle with (Hailu et al., 2021). Besides, a comprehensive and team-based strategy between primary care physicians, clinical nurse leaders, care management, and disease management nurses play a key role to effectively and efficiently design care plans, perform health literacy needs assessment, ensure preventive health metric completion, and manage medications (Jimenez, 2021). Furthermore, the nurses will ensure patients demonstrate adequate comprehending of diabetes self-management approach as well as health behaviours (Angkurawaranon et al., 2020). Additionally, after DSME programs, nurses will conduct program debrief through skills, self-efficacy, and education-quality evaluation surveys that every patient must complete upon finishing the DSME program to determine their extent of comfort and confidence with the principles and materials taught throughout the program (Lee, 2018). Therefore, nurses are able to promote health than any other healthcare discipline.

DSME will take place at local health care facilities thrice a week. The DSME program will focus on an overview of diabetes and its management, nutrition and diet, exercise and physical activity, and mental health and stress management. Each element will consume approximately two hours. Additionally, in the nurse-led program, nurses will provide diabetes self-management education and support to groups of approximately 5 to 10 participants in every session within the first months of enrolment (Mohsenpour et al., 2017). There will be groups of young people and elders since each group have different needs. After six months of the programs, the participants will be offered a refresher session looking at the four key elements again in six months after enrolment. Nurses will then be conducting bi-weekly follow-ups either face-to-face or via telephone.

In peer-assisted program, the peer educator will focus on providing care at various care settings such as homes and hospitals. Peer educators will receive monthly contacts from various health care providers either via telephone calls or home visits. The contacts will be mainly to discuss progress made, giving encouragement and support, ways to overcome barriers, and setting new goals.

**Collaborative Approaches**

Providing the best and effective experience for diabetes patients from the Black community will require communication and coordination between various health care providers engaged in patient care. Therefore, inter-professional collaboration will be crucial in implementing the Chronic Care Model in diabetes self-management education among the Black population in the UK (Harris, 2017). Moreover, the inter-professional collaboration will allow the participation of various stakeholders such as patients, registered dietitians, nurses, pharmacists, physicians, podiatrists, optometrists, ophthalmologists, exercise physiologists, and therapists among other health care providers (Kashani et al., 2021). Therefore, this collaborative approach will help healthcare providers to work together and provide quality care, education, and support to diabetes patients (Harris, 2017). Moreover, the inter-professional collaboration will help in fostering respect and trust between healthcare providers and enhance the exercise of treating of treating patients equally.

In addition, the inter-professional collaboration will bring together various health care teams with a wide range of practice or functional expertise on diabetes self-management education (Engelhard et al., 2018). The functional expertise and experience will be of importance when teams have distinct perspectives and concepts but similar experiences and skills. Furthermore, diabetes self-management education will be effective when the health care providers apply a diversity of training, skills, and knowledge in the program (Harris, 2017). Moreover, family members, patients, nurses, and other health care providers will ideally engage in the provision of care, support, and education, forming a multifunctional healthcare team (Engelhard et al., 2018). A multifunctional healthcare team will be better, innovative, effective, and efficient at risk management, decision making, problem-solving, and provision of education and risk management (Kashani et al., 2021). This will be attained by establishing an opportunity or room for a wide range of compromises, considerations, and ideas to be handled as early as possible to eliminate miscommunication, rework, and costly errors. Besides, this will be crucial since different health care teams will have goals and values. As a result, nurses and other healthcare providers will be able to identify various risks and challenges while providing educational programs. Some of the risks and challenges will be low health literacy, language barrier, and cultural differences.

Moreover, inter-professional collaboration is essential in the designing and implementation of the proposed change in DSME. The collaboration between health care providers will require the allocation of resources and space, the definition of team roles, exchange of knowledge and skills between health care providers, inter-professional interaction, understanding the scope of practice of each health care team, and effective communication. As a result, the designed DSME program will be effective and suitable for the Black community in the United Kingdom (Harris, 2017). Therefore, it will provide adequate skills, support, care, services, and education regarding self-management of diabetes (Engelhard et al., 2018). Consequently, the team will be able to identify and address the challenges, issues, and needs of patients within the Black community in the UK (Kashani et al., 2021). Thus, diabetes self-management education that incorporates Chronic Care Model will improve patient outcomes and safety in the United Kingdom.

**Evaluation and Measure of Success of Delivery Plan**

Evaluation and measure of success of nurse-led and peer-assisted diabetes self-management are crucial to determine their performances and strengths and weaknesses. Therefore, to determine the success and performance of both nurse-led and peer-assisted delivery models, three evaluation models will be utilized. The three evaluation models include goal-based evaluation, outcome-based evaluation, and process-based evaluations (LeBlanc, 2020). Goal-based evaluation will determine if the aims or objectives of the delivery models are achieved (LeBlanc, 2020). Nurse-led and peer-assisted delivery models will be utilized to ensure health care providers understand the needs, barriers, and concerns of diabetes patients from the Black community and provide patient-centred, quality, timely, and effective diabetes self-management education. Therefore, it is important to sets goals of the delivery models, check their consistency, assess and provide feedback (Mohsenpour et al., 2017). If the delivery models are meeting their objectives, then that means they are effective and suitable. However, if they will not meet their objectives, health care teams have to look at the barriers and try to tackle or eliminate them. The evaluation will take place at the end of the innovation and both staff and selected peers will participate in the assessment.

In addition, outcome-based evaluation refers to the measurements and assessment of the results (LeBlanc, 2020). The assessment will review broader effects and benefits of the nurse-led and peer-assisted delivery models. The delivery models will aim at improving patient safety and outcome through the provision of adequate information, knowledge, support, and skills for patients to manage their diabetic conditions. Nurse-led and peer-assisted diabetes self-management education ought to ensure that patients have confidence and are comfortable in managing diabetes on their own (Mohsenpour et al., 2017). The evaluation will help in identifying what more can be done to improve the outcomes of the delivery models.

Moreover, process-based evaluation refers to the assessment of the strengths and weaknesses of the delivery models (LeBlanc, 2020). In other words, the process-based evaluation will mainly assess the weakness and strengths of this delivery process (Mohsenpour et al., 2017). The evaluation will assess whether the process nurses and peer educators are using to provide DSME programs is effective. The evaluation will take place after the implementation of the change.

In other words, two main evaluation techniques will be utilized, qualitative and qualitative evaluation methods (Brown et al., 2019). For qualitative evaluation methods, focus groups and interviews will help in gathering the qualitative data. Qualitative data will help in gaining an in-depth comprehension of a process, program, and process. Moreover, quantitative evaluation includes the assessment of specific outcomes and measurements of the delivery plan. Quantitative data will be collected from feedback surveys and claims reports (Brown et al., 2019). Both qualitative and quantitative evaluation techniques will help in the evaluation of the goals, outcomes, and process of the nurse-led and peer-assisted delivery plan. Patients may receive the evaluation forms through their mobile phones or email. Moreover, nurses and peers may distribute evaluation forms and conduct interviews while conducting home visits.

Performance metrics and indicators will measure the success of the delivery and implementation plan (Powers, 2017). Healthcare performance indicators will be used to determine the success or failure of the delivery and implementation plan. Some of the healthcare indicators to be used include patient safety, patient outcome, patient experience, timeliness of care, reduced diabetes complications, the effectiveness of care, and improved self-management of diabetes among the Black community in the United Kingdom (Powers, 2017). These indicators will be used to measure and track the achievement of the overall delivery and implementation plan. If the delivery plan leads to positive impacts on the performance indicators, then it will be said to be successful.

Conclusion

Diabetes is among the leading and common causes of disability and death in the United Kingdom with an approximate prevalence of 8.3%. Black, Asian, and Minority ethnic groups are mostly affected by the conditions due to health inequalities and health disparities. Black people in the United Kingdom lack funds, access to health care, indulge in harmful activities such as excessive drinking and smoking, discrimination, and cultural differences. Therefore, it is crucial for health care facilities to design culturally sensitive diabetes self-management education. Nurses and other health care providers need to have adequate competence, knowledge, skills, and experience to interact and deliver care to the Black community in the United Kingdom.

Diabetes self-management education is a fundamental care component for all individuals with diabetes as well as is crucial to enhance patient outcomes and patient safety. DSME national standards are developed to define effective and quality diabetes self-management education and to help health care providers and diabetes educators in the various environment to offer evidence-based support and education. Self-care behaviours have been recognized as fundamental for effective and successful diabetes self-management. They include; healthy coping, risk reduction through health behaviors or habits such as regular dental, foot, and eye examination and smoking cessation, problem-solving skills to solve daily issues, adherence to medication, daily self-monitoring of sugar levels, physical activity, healthy eating.

Therefore, the article proposed the incorporation of a chronic care model in diabetes self-management education. The chronic care model will encourage inter-professional collaboration, nurse-led, and peer-assisted education, and improve patient safety and outcome. Furthermore, it encourages nutritional recommendations and education for patients from the Black community to be individualized. Emphasis on nutrition education is the foundation of healthy eating habits. Exercise can improve glycaemic control, reduce the risk of heart disease and improve insulin sensitivity making it an important part of diabetes management. Self-care behaviours can prevent or reduce the progression of diabetes-related problems by improving problem-solving and decision-making skills in diabetic patients. Problem-solving is considered an important part of diabetes management and helps to achieve other behavioural habits.

**Recommendations**

To improve further the diabetes self-management education programs, health care providers need to incorporate the philosophy of empowerment which will facilitate self-directed patients behaviour change. Self-determination theory and empowerment philosophy will be crucial in the self-management of diabetes (Miller et al., 2020). Self-determination theory posits that a person is more likely to be inspired and motivated (autonomy motivation) to develop capacity and skills to self-regulate the behaviours and lifestyles required to work effectively and efficiently if that person views those behaviours individually useful and meaningful (Miller et al., 2020). Therefore, in diabetes care, autonomy motivation is the degree to which individuals feel they are valuing and initiating particular self-management habits or behaviours for people from the Black community population. Therefore, despite incorporating a chronic care model, DSME should also integrate empowerment philosophy, autonomy motivation, and autonomy support, and self-determination theory (Miller et al., 2020).

Moreover, autonomy support refers to the extent to which nurses, social support teams, and other health care providers comprehend the patients' diabetes-related needs and priorities offer fundamental information, avoid managing patients' behaviour, acknowledge patients’ emotions and feelings, and offer useful self-management choices. People whose health care teams enhance autonomy motivation become more internally inspired and motivated to manage their blood sugar levels, feel more comfortable and competent at sugar monitoring, and exhibit enhancements in their haemoglobin values (Miller et al., 2020).

Moreover, DSME programs should utilize problem-based learning. Problem-based learning will be used to educate patients with diabetes on an extensive problem-solving technique (Benson et al., 2018). In an ever-changing, dynamic, and diverse environment or setting, problem-based learning will enhance conceptual reasoning knowledge and skills, communication skills, self-directed learning, collaborative working approach, and empathy for various viewpoints. Besides, patients will demonstrate reflective skills, useful learning experiences, and improved self-directed behaviour change and learning. By establishing self-management skills and experiences in the lexicon of the issues that they experience daily, patients will acquire direct advantages from the learning experiences, thus improving their motivation for appropriate and sustained self-care habits (Benson et al., 2018). Therefore, it will help patients with type 2 diabetes in educational agendas such as daily problem-solving skills, exercise and dietary behaviour, and monitoring blood sugar levels.

**Reflection**

Self-analysis and self-reflection will allow me, as a nurse and individual to assess my personal growth and maturity, and acknowledge the extent of the personal development. In modern society, nurses have become essential health care providers for millions of people in the world (Wilson, 2017). As a nurse, with the association of nurse proficiency in managing and diagnosing health conditions and illnesses with the additional focus on disease treatment and prevention, they provide all-around and all-inclusive qualities to healthcare management. Nurses successfully control patients or people with chronic conditions and are situated in settings where they may affect change and improvements. While undertaking the course, I have noticed healthcare setting is a dynamic field that requires daily improvement of my skills and knowledge. For instance, while handling this topic or project, it has helped me acquire expertise in nurse practical knowledge and improve patient outcomes and safety (Wilson, 2017). I started this project with the identification of a gap or problem in practice, established ways to improve or eliminate the problem, and responded to the topic through evidence appraisal.

I looked at the significant evidence based on the practicality of responding to the topic within the practice environment of choice. The topic was education programs for the Black community in the UK. The current DSME programs are not patient-centered and do not consider the needs, priorities, and concerns of the patients. Moreover, barriers such as health illiteracy, health disparities, and health inequalities hinder the Black community from seeking diabetes care and support (White, 2020). Therefore, the proposed change is to incorporate the chronic care model in DSME programs. The chronic care model will improve patient outcome and safety by changing routine delivery, productive and positive relationships, and interactions among community groups, individuals, organizations, health care professionals, and community members. However, for maximum diabetes outcome, various barriers should be addressed and stakeholder collaboration is essential.

Additionally, nurses are providing leadership and management capabilities in the redesigning and primary and patient-centered care delivery systems in the management of diseases. Many health care institutions or departments is to offer a diverse society of career experts the opportunity to change themselves as a nurse that can impact positive and better social change. The institutions aim to offer learner-centred, innovative educational programs that incorporate and recognize abilities, skills, and knowledge nursing students take to academic initiative (White, 2020). The study program for nursing degree focuses on refining skills, knowledge, and leadership in scholarly practice areas, practice testing, innovation and improvement of care provision models, and on nursing expertise for nursing education. These competencies are fundamental to my professional objectives.

Therefore, I will have the autonomy to only manage and treat patients' conditions or illnesses, but also emphasize the impact of the condition on the family members. I strongly hold that a patient's response to a condition, and commitment to manage it aligns with health promotion and depend on the family framework and their engagement in the development of a care plan. Therefore, it will be essential to collaborate with not only health care providers or teams but also family members (White, 2020). As a result, communication between health care providers and patients is crucial in improving patient safety and outcome. Moreover, it is crucial to promote autonomy motivation and support to encourage patients to self-regulate and self-manage their conditions. Self-determination is crucial in managing chronic conditions such as diabetes. Thus, encouraging autonomy will encourage patients to feel like they are in control of their behaviours.

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