Diabetes is a debilitating disease and if not managed properly it can lead to multiple complications and even premature death. Diabetes continues to disproportionately affect vulnerable populations. The purpose of this three-paper method dissertation was to examine the results from participation in prediabetes and diabetes programs in community and medical settings to serve vulnerable populations at high risk of attrition from traditional educational programs. The first paper was an evaluation of a shortened (from 16 weeks) five-week diabetes prevention program for older adults at a high risk for developing type 2 diabetes mellitus (T2DM). Participants lost a statistically significant amount of weight over the course of six-months and increased their nutrition knowledge significantly. Participants also reported a statistically significant increase in their vegetables intake and their amount of daily vigorous physical activity. The second paper examined changes in knowledge, weight, and A1c (measure of glucose) as the main outcomes of a shortened (from 10 one-hour sessions) diabetes-self management education (DSME) program called IDEAS. IDEAS was a one-time, four-hour program delivered at a clinic that served primarily low-income individuals. There was a statistically significant increase in participants’ knowledge on T2DM. Participants also improved A1c levels, but did not have a change in weight. The third paper, examined referral rates to an American Diabetes Association (ADA)-accredited DSME program and hours of
attendance at this program for patients newly diagnosed with T2DM. The study found that referral rates to DSME programs were low. Only about half of the newly diagnosed patients received a formal referral. Furthermore, almost half of those referred did not attend a DSME program. Patients who attended the one-hour assessment at a DSME program and patients who completed at least 8 hours of the DSME program had a statistically significant similar improvement in their A1c levels compared to those who had no education. Attendance and attrition from diabetes-related programs with multiple sessions remains a concern and shortened programs can lead to positive change. Additional development of short-term programming should be considered, especially for transient populations that also are those at high risk for diabetes and its complications.