

Engaging Health Care Providers to Scale and Sustain the National Diabetes Prevention Program

In 2014, with assistance from the Prevention and Public Health Fund, the Centers for Disease Control and Prevention (CDC) launched the "State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke" funding program (DP14-1422). This program awarded states and locals the opportunity to focus on efforts to support healthy lifestyles in high-risk communities that are more susceptible to developing diabetes and heart disease. States and locals were tasked with the implementation of evidence-based engagement strategies, including the National Diabetes Prevention Program (NDPP). The CDC-led program is a partnership of public and private organizations working to reduce the growing problem of prediabetes and type 2 diabetes. The partners work to make it easier for people with prediabetes to participate in evidence-based, affordable, and high-quality lifestyle change programs, aimed at reducing their risk of type 2 diabetes and improving their overall health.

Since January 2016, the National Association of County and City Health Officials (NACCHO) has worked with the CDC to convene a nationwide community of practice (CoP) consisting of 100 local health departments (LHDs), community-based organizations (CBOs), and states, to provide support for engaging Health Care Providers (HCPs) in local-level implementation of the NDPP. As part of the NDPP Local Sub-Awardee Community of Practice project, NACCHO gathered details from three CoPs regarding their progress in scaling and sustaining the project. Each of the stories will feature best practices from the three CoP local health departments that have worked with CBOs and Healthcare Providers, including physicians, optometrists, dentists, nurses, pharmacists and others to integrate the NDPP into clinical and community systems of care.

PartnerSHIP 4 Health Success Story

PartnerSHIP 4 Health, or PS4H, encompasses Becker, Clay, Otter Tail, and Wilkin counties in west central Minnesota, and provided insight on how they engaged healthcare providers and created sustainable partnerships in their communities. PS4H's focus and goal were to engage community and healthcare partners to support and/or offer the National DPP to their employees, patients, and/or community members. The implementation of the program in their region was initiated during the 2013-2015 Statewide Health Improvement Partnership (SHIP), followed up by Community Wellness Grant (CWG) initiatives, and patient interest.

During the third iteration (2013-2015) of SHIP, one of the strategies was the support of the National DPP. The local public health grantee in west central Minnesota, PS4H, reached out to healthcare and community partners to train internal staff and offer the National DPP to their employees, patients, and/or community members. PS4H collaborated with the Minnesota Department of Health to offer lifestyle coach training, and although the training was successful, participating organizations had difficulties in maintaining participants. Then, in 2016, PS4H received a Community Wellness Grant mandating the National DPP program. PS4H again offered the Lifestyle Coach Training but addressed

organizational readiness to ensure commitment, prior to registering participants. In addition, PS4H offered funding and technical assistance to organizations to fully support National DPP classes. The first class in a healthcare setting was initiated by a recommendation from a patient who had previously taken the class, and after she recruited friends for the course, they agreed to offer the National DPP class. The courses were a success and have since been followed by six additional ones.

Key stakeholders and decision-makers that have participated in and supported this initiative were the local health care clinics, a multicultural resource center, the Catholic Church, local library, University of Minnesota extension services, ethnic grocery stores, local newspapers, mental health centers, mental health social clubs, and worksites. All of these organizations and services were engaged during the process by recruiting participants, leading classes, providing financial assistance, disseminating handouts, hosting the program, and translating and leading classes.

With the support from the organizations and the community as a whole, there were many successes during the National DPP development, implementation, and enforcement process. Successes included nine classes held from March 2016-17 with a total of 121 participants. Partnerships were formed and a robust collaboration between all organizations such as the University of MN Extension, YMCA, health clinics, local library, and churches enabled the program to produce countless individual success stories.

One success story is from the Sanford Health Pelican Rapids Clinic, whose 15 participants lost a total of 113 pounds through week 16. Other classes are recruiting for upcoming sessions targeting low-income housing areas and a senior center, and plan to begin in July 2017. Three sites are currently pending the CDC Diabetes Prevention Recognition Program (DPRP), a CDC initiative recognizing outstanding diabetes sites that meet the standards and operating procedure guidelines. All diabetes sites are welcome to apply and if recognized, will receive a certification of membership in the National Registry of Recognized Diabetes Prevention Programs.

Although there were many achievements, recruitment emerged as the primary challenge during this program. PS4H found that not every participant wanted to commit to a 12-month program; individuals did not want to admit to having prediabetes; there were cultural differences regarding prevention; and the lack of transportation, funding, and childcare were all significant barriers. Recruitment is a major undertaking that requires motivational skills to acquire and retain participants; thus, a session on skill-building would have been helpful for recruiters, as well as procuring a translator for non-English speaking participants. PS4H also recommends that more personal interaction is key. Lifestyle coaches and recruiters should follow-up with participants on a consistent and intentional basis. If there is not a personal touch periodically, participation will decrease and the curriculum might seem overwhelming for people including refugee/immigrant/mental health populations.

The types of funding leveraged by PS4H for the National DPP development, implementation, and enforcement included gaining new funding sources; redirecting current funding; and procuring in-kind donations of staff, office space, printing, and interns. Some funding was distributed from the Statewide Health Improvement Partnership (SHIP) and the County Wellness Grant to the local community health boards at the county level. Several organizations used the funds for lifestyle coaches, weight-loss tools, book translations, Walmart, and grocery store gift cards. They partnered with Thrivent to purchase ESL books, walking shoes, and fresh fruits and vegetables to entice participants to engage and attend sessions.

Overall, the program was successful and will continue to be, with sustainable funding. The organization, PS4H, created lasting partnerships with a number of organizations in which diversity is fundamental. Regarding the CDC's requirements for weight loss, PS4H believes that the CDC five percent weight-loss requirement is highly unrealistic for vulnerable populations to achieve. The Mental Health Consumer Group gained knowledge and support from the class but ended up maintaining or even gaining weight. The Somali Group ended up not wanting to weigh themselves weekly and some of the women became pregnant during the 12-month class.

In working with vulnerable populations, two or more lifestyle coaches were needed per session to greet and engage participants in physical activity or discussion while the other one completed the weigh-in task. For the Somali class, four leaders were needed, including one male Somali-trained lifestyle coach who helped with translation, one University of MN lifestyle coach who led the group, one female Somali interpreter, and one adult with the cultural competency to guide the American lifestyle coach through the intricacies of the Somali culture.

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For more information on NACCHO Diabetes resources, visit: http://www.naccho.org/programs/community-health/chronic-disease/diabetes

For Local Health Department information, visit: http://lhd1422cop.ning.com/