

Highlighting the journey: Participants' Perspectives on the Hāmākua-Kohala Health and Wahiawā Health Centers Diabetes Prevention Program (DPP) efforts



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Purpose, Methods, and Recruitment:



This evaluation seeks to understand participants' perspectives on what encouraged them to enroll and graduate from the Diabetes Prevention Program (DPP) and also explore areas for improvement to increase enrollment and retention in DPP. HHET focused on the full participant experience: from diagnosis, to referral, to enrollment.

Over the past five years, **Hāmākua-Kohala Health** implemented DPP twice with one cohort transitioning from in-person to a virtual platform. **Wahiawā Health** conducted their first pilot cohort, recruiting employees at the Federally Qualified Health Center (FQHC), for an exclusively in-person DPP. Of the 19 participants who enrolled in these 3 DPP cohorts, HHET interviewed 14 people, 7 from each FQHC. Interviews were conducted over Zoom in Spring 2023. HHET was not able to interview those who were referred, but did not enroll in DPP.

Interview Participant Profile:

- Eight completed DPP, six did not
- Reasons for incompleteness: too busy at work, caretaking issues, moved off island

Factors influencing enrollment and participation in DPP:

 Enabled success in enrollment and completion	 Inhibited attendance and completion
Self-motivation to learn more about DPP: increased knowledge made them eager to make changes and enroll	Scheduling and caretaking conflicts
Social support from coach, cohort, and family/friends: provided enjoyment from group activities (e.g., exercise) and comfort and accountability to attend with family/friends	Lack of family support (family continued to prepare unhealthy meals)
Utilized tools to facilitate participation: existing technology (step counters), competition and accountability over social media, related to workbook stories	Not comfortable with technology tools or did not relate to content in workbook and thought it felt "made up"
Flexibility of lifestyle coaches: offered makeup sessions, meeting participants one-on-one who felt discomfort in a group	Outdoor and open class setting felt exposed to both public and inclement weather

DPP were funded through the CDC 1815 cooperative agreement awarded to the Department of Health (DOH), Hawai'i Primary Care Association (HPCA), and six FQHCs.

Participant Perspectives:

On being diagnosed with prediabetes

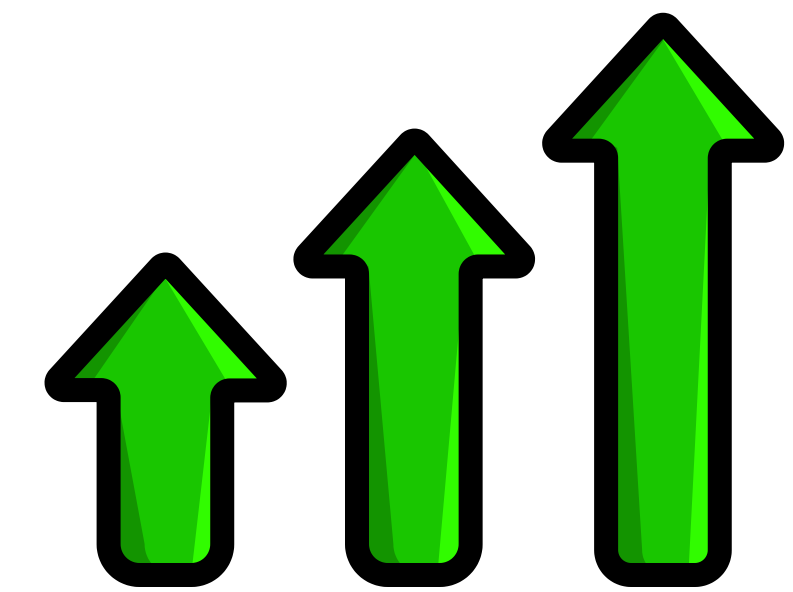
- Felt **shocked, scared, and/or shame** about diagnosis
- **Anticipation of prediabetes** diagnosis based on family history and comorbidities
- **Health perceptions** built on lived experiences and familiarity with diabetes
- **Fear of death and complications** from diabetes (e.g., medication) **provided strong motivators** to want to make a change
- Some healthcare worker participants were **unclear about prediabetes** and confused about how it was different from diabetes

On the impact of participating in DPP

- **Physical and emotional changes:** weight loss, reduction in A1C levels, energy increased
- "Knock on" effect: **spread health knowledge and behaviors** to friends and family effecting and maintaining change outside of class
- **Less scared** about their prediabetes diagnosis and felt **confident** in ability to make and maintain healthy lifestyle changes
- Felt a **greater sense of normalcy** as a result of discussing their diagnosis with the group

On how to improve DPP or enhance the participant experience

- **Believed in benefits of DPP** for wider community and wanted DPP **widely advertised**
- **Sustaining the program** for future cohorts through funding to **hire and train additional lifestyle coaches**, offer a **wider variability of classes** (available on weekends, outside of clinic hours, virtual classes), and a **dedicated and covered location** for DPP classes



Recommendations:

- **Provide continuous education on prediabetes and diabetes** in clinic to ensure all healthcare workers interacting with patients can use this knowledge to **encourage more DPP participation**,
- **Promote routine screening** within FQHCs and **normalize enrollment by staff** diagnosed with prediabetes,
- Offer **two different class modalities**: virtual and in-person cohorts that run simultaneously to meet the spectrum of class preferences and accommodate schedules,
- Conduct DPP classes in a **consistent, private, and sheltered location** to facilitate learning,
- **Create spaces to discuss recipes and substitutions that are relevant to people's individual cultures**, while meeting their nutrition goals,
- Invest in **low-cost tools** (e.g., step counters) **as program incentives**,
- Encourage participants to broaden their engagement using **competitions on social media** to gamify health goals,
- Increase opportunities to **include participants' social support networks** (e.g. family and friends), and
- Place a greater emphasis on **building self-efficacy** to ensure continuity of lifestyle changes outside of the program.