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Identifying Motivators and Barriers for Wellness Programs to Inform Recruitment and Retention of Diabetes Prevention Programs (DPPs)

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Identifying Motivators and Barriers to Recruitment and Retention of Diabetes Prevention Programs (DPPs)

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Hi everyone my name is **Beenish Kamran**. I am a graduate student studying Public Health in the department of Community and Behavioral Health **and I am here to share** this study which centers around Identifying Motivators and Barriers to Recruitment and Retention of Diabetes Prevention Programs (DPPs).

Diabetes in the United States

Type 2 Diabetes

- 30.3 million
- Most Common Form
- Preventable

Prediabetes

- 1 out of every 3 adults
- 90% are unaware
- Reversible

A1C Average Blood Glucose

Healthy

Prediabetic

Diabetic

<5.7%

5.7-6.4%

>6.4%

- So let's start first by talking about Diabetes in the US specifically Type 2 Diabetes which is the **most common** (94% of cases) form of diabetes. It occurs when the body is unable to properly use insulin, which helps glucose get into the body's cells. Individuals with **A1Cs** or average blood sugar levels greater than 6.4% are considered diabetic. Individuals who are older, have family history, or are inactive are typically at higher risk.
- And while over 30 million people in the US are diabetic, almost **three times the number** are prediabetic (84 million) meaning their blood sugar levels are not high enough to be diabetic but higher than what is considered **healthy**.
- **One out of every 3** adults has prediabetes and what's most shocking is that **90%** don't even know that they have it.
- The good news is that there is strong evidence showing that prediabetes is **reversible**.

<http://www.diabetes.org/diabetes-basics/diagnosis/>

<https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>

Diabetes Prevention Programs (DPPs)

Lifestyle Change Program



National Institute of
Diabetes and Digestive
and Kidney Diseases

Longitudinal Study Outcomes

DPPs	v.	Metformin
58%	At 3 Years	31%
34%	At 10 Years	18%
27%	At 15 Years	18%

- This is where Diabetes Prevention Programs **or DPPs** come in. These evidence-based, low cost interventions aim to create lifestyle changes which have actually proven to **cut the risk of diabetes by half**. These programs are CDC-approved, include group support, are led by a trained lifestyle coach, and last one year. Individuals in the program work to **eat healthier** and **be more active** (*150min/wk*) in order to **lose weight and reduce their risk**.
- The NIDDK has been conducting a study on the outcomes of this program. When compared to **metformin**, a generic treatment medication, the DPP has actually has a much **greater impact** as seen by the higher rates of delay ([source](#)) (*additional source*).
- These outcomes are very promising and with programs all across the country, the risk and rate of diabetes should be decreasing-- unfortunately that is not happening.

1-5%

of individuals who would benefit from the DPP program, actually join.

Why?

- Awareness?
- Time?
- Location?
- Cost?
- Lack of Support?

- This is due to the extremely low recruitment rates of these programs. Studies have shown that only 1-5% of individuals who would benefit from a DPP program, actually join.
- But why is this? Is it a lack of awareness? or inconvenience? Or lack of support for these programs?
- This is the main question we wanted to address in our study in order to know what can be done to improve recruitment and retention into DPPs.

Qualitative Method Design



Employees at University's Administration Building

Out of 215 employees...

Expected

1 in 3 are prediabetic
~72

Recruitment of 1-5%
2 - 11 people

Actual

7 enrolled

3 Focus Groups (n=22)

- 1 with DPP participants
- 2 with non-DPP participants

Incentives

Notes coded to determine themes related to:

Barriers

Motivators

- We partnered with YMCA of Kingsport to bring their **CDC-recognized Diabetes Prevention Program** to employees working in our **University's Administrative Building** at no cost to them. An email invite to an information session was sent to all employees in the building. Out of the **215** employees, 2 attended the first information session, 2 called to show interest, and 3 attended the second information session that had to be held due to the low interest. All **7** of these individuals enrolled in the program in September of 2017. **This enrollment number matched what has been reported in the literature so it was a representative sample for us to understand what's going on in terms of recruitment.**
- We used a qualitative approach to collect data. A total of 3 focus groups were conducted: 1 with the current DPP participants and 2 with the employees who did not enroll or "**non-DPP participants**". Incentives were given in the form of university umbrellas and/or food and **questions centered** around motivators and barriers to wellness programs like DPP. Notes taken during focus groups were coded for themes.

Barriers to Participation

"Diabetes" Label

*"I'm not diabetic, I'm overweight"
"That's not me"*

Lack of Interest

"It's for healthy people, I don't fit the profile"

Lack of Familial Support

"Weird person trying to learn how to eat right"

Time Commitment

"Most of us just sit all day...middle of the day could be more useful"

Difficulty Exercising

*"Can't win"
"You want me to put my leg where??"*

So let's start off with our results concerning **barriers**. Here are five main themes:

- First off, since the program is a **Diabetes** Prevention Program, participants in the program have to be prediabetic in order to be enrolled. However this label is not one people are comfortable facing preventing them from even coming to the info session.
- Second, individuals especially non-DPP participants shared an **interest** in knowing more details about the program beforehand in order to gauge whether it meets their interests which is more likely when activities are geared towards **personal interest** such as dance vs. cycling. One participant said *"If I was interested in something, I'd be willing to pay."*
- The third theme is **Time Commitment**. This was noted as one of the hardest parts of joining and staying in a wellness program. Individuals preferred shorter commitments during the work day especially since most of them sit all day.
- Next we have **difficulty exercising**. Many participants expressed a need for motivation to exercise, a comfortable location, as well as activities that help or work around various health concerns.
- And Finally, we noted a **Lack of Support from Family**: this included unhealthy food choices at home, husband not wanting to eat healthy,

and family thinking the individual was “weird” for trying to eat right

Motivators to Participation

Desire to Be in Control of Health

"Health advocate"

"I want to come off blood pressure medication and stomach pills"

Co-worker Support

"We can help each other"
"You'll end up making friends with like-minded people in the program"

Catchy Advertising

"Yoga for chubby/old people"

"It's good to hear other people's stories"

Family History

"Didn't want this to happen to her"

Now when it comes to **motivators**, here are four main themes.

- Individuals in all focus groups showed a desire to be **"health advocates"**. They want to have conversations on how they can take charge of their health and make lifestyle changes.
- Co-worker Support is a motivator almost all individuals saw importance in since it allowed them to be a part of a support system with "like-minded people" which helps increased accountability
- People also want catchier and more personalized advertising where they know what they are getting into. Whether this is sharing other's stories or advertising yoga for chubby people.
- And Finally, having a **Family History** of diabetes was a huge motivator for many individuals who wanted to make sure it "didn't happen to them."

Conclusions

- General Wellness Program
- Individualized
- Control
- Support



Recommendations

- For Diabetes Prevention Program implementers
- For Prediabetic Individuals
- Further research



In Conclusion,

- an **emphasis on improving wellness rather than preventing diabetes** is key when advertising or sharing about this program
- This along with appealing to individualized interests and concerns will encourage individuals to take more ownership of their health.
- And finally, support from families and coworkers plays a huge in retention.

Recommendations

- For **Individuals** implementing these programs, it's important to note how to frame these programs so it is more appealing and encouraging for all individuals to join.
- For **Employers** bringing these programs to their site, ensuring there is a supportive environment for employees will increase interest.
- For **Individuals** thinking to join these programs, this is a chance to take charge of your health with support from many levels.
- And finally, I encourage **further, larger scale research** in communities facing similar recruitment and retention issues.

Study Implications

Nationally

Medicare DPP (MDPP)



11 States Currently Covered

Locally

ParTNeRS for Health

9 locations in TN are covered

- ALL are YMCA DPP Programs



Due to the national and local shifts towards diabetes prevention program, studies like this one are especially important to take into consideration. Many state insurances and even Medicare have started including DPP as a covered benefit. Currently 11 state insurances cover this program and TN is starting to as well which is why this type of research is so relevant for our area. Ensuring the proper recruitment methods are used in order to benefit everyone will have a much larger and long term impact on our health.

Nationally, Medicare Part B enrollees who meet requirements are now eligible to enroll in their expanded Medicare Diabetes Prevention Program (or MDPP). As of April 1st of this year (2018).

Based off these implications and our study results,

ParTNeRS for Health, the state's group health insurance program, has now included TN as apart of

<https://www.tn.gov/health/health-program-areas/mch-diabetes/d/diabetes-prevention-program.html>

https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

Beginning in 2018, Medicare will cover participation in the CDC's National

Diabetes Prevention Program for those who are eligible.

https://innovation.cms.gov/Files/x/MDPP_Overview_Fact_Sheet.pdf

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